known power of eliminating or neutralising the *materies morbi* of gout, but it nevertheless relieves the severe pain of an acute seizure in a manifest and marked manner. I cannot help thinking that the discredit attaching to this drug as a predisposing cause of a repetition of attack of gout, is due to its non-restriction to the acute stage, its employment being demanded for the relief of pain; its prolonged continuance afterwards would, in common with any other depressing cause, indirectly tend to a recurrence of the disease. Dr. Mason Good, whom I again quote, in speaking of gout, said that it "is a disease concerning the nature and treatment of which physicians were never less agreed"; that it constituted the widest field for empiricism and the hottest for warfare of any that lay within the dominion of medical science. This can no longer be said; modern medicine has wiped out the blot from its escutcheon.

Those of us who in the frequent call of our duties have to prescribe an efficient course of mercury, must have been familiar with the horror and dread of it which prevails; the fear which the patient attaches to the drug leads to the oft-repeated question—How will you get it out of my system again? This dislike to mercury is not confined to the public, but there are some members of our profession, a very limited number, however, who have spoken not a little against its employment, especially in syphilis, and would even stamp it out of the *Pharmacopœia* altogether. The evil results following its profuse administration in former times, and an over-estimation of its curative powers, have led to much of the present dread of its employment, and scepticism of its utility. Let us inquire whether mercury deserves such a proscription—utilised as it is in modern days. [I will venture to say that it is the best known remedy for the removal of the symptoms of syphilitic infection; and, by the selection of proper cases, and by the modern mode of its administration, it is stripped of its evil consequences and no longer deserves either opprobrium or dread.

Firstly, as to the selection of proper cases: in all syphilitic lesions which show, either in their early stage or subsequent progress, signs of induration, either at their base or in a neighbouring lymphatic or its gland, mercury is a most valuable remedy. Experience has proved that the boundary line between infecting and non-infecting sores is not so easily defined at first sight as it was supposed to be by M. Ricord and other modern authors, and that there is a form of soft suppurating and apparently non-infecting sore, which is liable to assume, during its progress, the character of induration, requiring a guarded prognosis; on this point, during the early days of the new and important method of diagnosis, I witnessed many errors made by others, and made many myself. There is a typical unmistakable form called Hunterian, which is certain to be followed by secondary symptoms; also that there is a typical soft, suppurating, mucous sore, which will as certainly escape such consequences, there is no doubt. I do not believe in the duality of the poison; I regard the difference of the character of lesion as due to modified intensity of one, rather than to plurality of poisons. I have noticed that whenever the poison is sufficiently strong, either to destroy tissue and produce phagedæna, no matter whatever be the situation of the sore, or to produce any lesion on true skin surface, constitutional symptoms most frequently follow, although induration may not appear for two or three weeks.

In these cases, where induration is late in appearance, the constitutional effects are generally mild in direct proportion, leading me to conclude that the early appearance of adhesiveness is the test of the severity of the poison, and its non-appearance at any period little or no proof of its plurality.

The curative properties of mercury may be and are by modern practice obtained without any ill results to the constitution; gastric irritations may be avoided by its external employment; its tendency to blood-blanching guarded against by the simultaneous administration of quinine or iron. The bugbear of its cumulation and retention in the system may be satisfactorily disposed of by the action of its copartner, iodide of potassium, forming with the mercurial albuminate a soluble salt, which is readily eliminated by the various secretions. To the non-mercurialist believer in the treatment of syphilis, I must say that the only cases of syphilitic epilepsy which I have seen, occurred in patients who had not been treated by mercury.

In nerve-therapeutics, modern medicine has made the greatest advance. Dr. Marshall Hall did much by his valuable discovery of reflex action to call attention to the origin of nervous diseases being either centric or eccentric; therefrom followed a like line of therapeutical study, the eccentric causes being those mainly under the influence of remedial treatment for a series of years, till the modern physiological discoveries of Brown-Séquard and Bernard opened a central nerve-therapeutism, the value of which cannot be overrated. I allude to the discovery of the influence of the sympathetic nerve-system over the blood-supply, by its controlling action on the unstriped muscular coat

of the arterial system, and the experiments proving that certain remedies, such as belladonna, bromide of potassium, ergot, and cold, possess the power of inducing contraction of vessel-wall; hence limitation of amount of blood-supply, especially in the central organs of the nervous system, thereby placing convulsive diseases under a control never before approached. Though the majority of cases of convulsion are associated with a hyperæmic condition, it is no infrequent accompaniment of anæmia; here, opium, which I would name the antithesis of belladonna, is a well known useful remedy. Opium contracts the pupil; belladonna dilates it. Reasoning still further, may we not fairly claim for opium the power of dilating vessel-wall and increasing blood supply; possibly this may explain its unequalled excellence in the treatment of affections due to exhausted nerves, whether induced by disease, loss of blood, over-mental work, or by alcoholic poisoning. For, notwithstanding all its recent rivals, in subduing delirium tremens it still holds a proud pre-eminence. Any interference with the proper balance of blood-supply to nervous centres being the fertile cause of disturbed function, it is no small advantage to have at ready command remedies capable of controlling its excess and adding to its scarcity. In chloral, of very recent discovery, we have a simple nerve composer, a hypnotic, probably acting on the molecular nerve-tissue itself, hence it has proved of great value in mental sleeplessness and emotional excitation; it bids fair to retain a permanent place in our store of remedial agents; from the same source, the action of inorganic particles on the organic ethers, we may fairly hope for new and important accessions to nerve-therapæia. From this source comes chloroform, the greatest discovery of modern time. From so able a worker as Dr. Richardson in this field, we may hope for a new anæsthetic which shall prove as efficacious as chloroform, and be devoid of all danger in its employment. This is greatly to be desired, and cannot be said either of the bichloride of methylene or of laughing gas.

Whichever direction we look, improved methods of treatment meet our eye, not merely by the employment of drugs, but by the utilisation of science and the test of experiment. As an illustration of the former, the cure of hydatids in the liver by means of electrolysis, as practised at Guy's by Mr. Durham and Dr. Hilton Fagge, deserves prominent mention; of the latter, the closing of large open sores by means of skin-grafting, on the plan originally practised by M. Reverdin, has rendered signal service in a hitherto tedious and troublesome class of cases.

THE EFFECT OF EXERCISE UPON THE BODILY TEMPERATURE.*

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THE object of the author in carrying out the experiments recorded in the present paper was to inquire whether the regulating power of the organisms held good under great variations of muscular exertion. For this purpose he made frequent daily examinations of his own temperatures during a short walking tour in Switzerland, and found that the effect of continuous muscular exertion upon himself was to sharpen the curve of daily variation, the culmination being one-tenth or two-tenths higher than usual, and the evening fall coming on more rapidly and somewhat earlier. Six parts of the daily temperatures were handed in with the paper. The author made reference also to some observations of M. Lortet, which differed from his own. These observations, which did not come into Dr. Clifford Allbutt's hands until his own experiments were partially completed, were adduced by M. Lortet to prove that the human body was very defective in regulating power under the demands of the combustion needed to supply the force expended in muscular exertion. Dr. Clifford Allbutt's results were very decidedly opposed to those of M. Lortet, for only on two occasions did he note the depressions of temperature which M. Lortet regards as constant. It would seem, however, that the body is more or less liable to such depressions when engaged in muscular exertion, but the cause of them is very obscure. Of the two low temperatures noted by the author, one occurred during a very easy ascent of lower slopes, and the second was observed during a descent. The author thinks that they may be due to some accidental deficiency in combustion, and inquires whether the capacity of the chest in different individuals may account for the varying influence of muscular effort upon them, and perhaps for the earlier or later sense of fatigue.

The sphygmographic tracings added by M. Lortet to his temperature-charts seemed to show a great inadequacy of circulation.

* Abstract of paper read before the Royal Society.