The Professor concluded his lecture by the narration of a very interesting case of eczema exfoliativum which he had at present under treatment; this case was accompanied with all the symptoms already detailed, and, in addition, with loss of the nails and loss of the hair. The patient was a man of gouty diathesis, and was also the subject of *lepra vulgaris*.

"IS IT PROPER FOR CONSUMPTIVES TO MARRY?"

By CHARLES J. B. WILLIAMS, M.D., F.R.S.

THIS question is too wide and vague to admit of a direct answer; but it may be usefully debated by those who have had much study and experience in connexion with the subject.

Holding, as I do, that consumption in its widest sense—including not only cases of distinct tuberculosis, but those also of caseous pneumonia and chronic inflammation, which are only different forms and degrees of the same malady—is a disease of degeneration and decay, it can hardly be supposed that I should generally recommend consumptives, with the seeds of decay in them, either to waste their remaining stamina by sexual indulgence, or to incur the risk of unhealthy propagation from their own decaying stock; and yet I have advised many a consumptive to marry, and in numerous instances the result has been happy and fruitful.

For a patient in *confirmed* or *active* consumption to marry, could never be advised by any rational physician, on either physical or moral grounds. Both reason and experience forbid such a step, as fraught with perils and penalties, present and future.

It is different with many of the now numerous class of cases of *arrested* or *limited* disease, in whom the bodily functions are active and vigorous, and in whom there is a probability of life for many years under *favourable circumstances*. Among these favourable circumstances may often be counted the increased social and domestic comforts and the *enlivening* communion and sympathy of a well assorted and well regulated married life. To those who have not the gift of continence, and whose affections have been already engaged with the hope of marriage, a single life is one of unnatural restraint and disappointment, injurious to health, and likely enough to accelerate disease and decay. To such, a judicious marriage and the moderate exercise of the sexual functions become a source of bodily health, as well as of mental happiness, the beneficial influence of which can hardly be overestimated. To such, the new life seems to have a regenerating influence, with increased vitality and energy, extending even to the organic functions of assimilation and nutrition. I believe that these remarks apply to both sexes, including childbearing and lactation in the female. So long as all these processes go on normally, with good and regular feeding and digestion, the maternal organism receives fresh vigour from the quickening influence of foetal and infantile life; and processes of degeneration and decay are retarded or suspended. So far is correct the common belief that pregnancy and lactation retard the progress of phthisis. But such remarks do not apply to sickly pregnancies, to severe and exhausting confinements, and to excessive or disordered lactation. Such unfortunate contingencies, which cannot always be foreseen, pretty surely impair the vital powers and hasten the progress of decay.

Further, there is a considerable number of consumptive individuals for whom, although the disease be limited and not active, marriage is not desirable. To say, in general terms, that these are *weakly* individuals, does not sufficiently characterise them. Weak they are, both in body and mind; but there is also a nervousness which aggravates the weakness and adds to sensibilities and sufferings. The weakness extends to the sexual function; and although, unfortunately, it does not extinguish desire, it renders the exercise of that function harassing and exhausting. To such persons, married life would prove a perpetual snare and worry; and their safest course is to cultivate the grace of continence in single blessedness.

The apprehension of procreating unhealthy children is an objection more valid with physicians and friends than with the consumptive himself when his affections are engaged; and we are bound to consider that its weight varies also with circumstances. In predicating anything concerning a future generation, it must be borne in mind that we can deal only in terms of probability; and to give them numerical value would require larger statistics than any yet available. Although our experience abounds in examples of children born of consumptive parents being unhealthy, and sooner or later falling victims to some form of the disease, yet the exceptions are numerous also, and prove the power of young life to countervail any inherited proclivity to decay. I could cite many cases, but it would take more time and space than can be given here.

Guided by general principles and experience, we may well warn all consumptives born of one or both consumptive parents, or having several blood-relatives consumptive, that there will be great risk of their own children proving consumptive also, and that the risk is further increased when a consumptive marries into another consumptive family; and on this consideration, as well as for their own sakes, we cannot sanction the union of such consumptive persons.

On the other hand, consumptives whose malady originated in an inflammatory attack, without any clear history of family taint, and whose present condition is that of arrested disease, with good general health, need have no unusual solicitude as to the healthiness of their progeny, if due care be taken with their hygienic and dietetic management. In this respect, as well as in the general treatment of consumptives, the affluent might have a better chance than those in straitened circumstances; for change of air, a salubrious residence, and a variety in the best kinds of food, are potent but expensive means for the restoration and preservation of health. But the indolence and caprices of the affluent often deprive them of their advantages; and, even when they seek advice, they too commonly are guided by their own inclinations as to how far they will follow it. Whilst I was writing these lines, a gentleman entered my consulting-room, saying that he wished for my advice about the propriety of his marrying. Eight years ago, he had been sent home from India, condemned as a consumptive, having spit blood daily for several weeks, and lost much flesh. However, he so far recovered as to be able to return to his military duties in India, from which he again returned invalided two months ago, with a renewal of pectoral symptoms. It is needless to enter into details; but I found signs of limited disease in one lung, which, as I told him, was probably inflammatory, and might be removed with proper treatment and care, and then he might entertain his marrying project. "O!" said he, "I am going to be married the day after to-morrow."

ON MODERN TREATMENT BY DRUGS:

An Extract from the Annual Oration before the Hunterian Society, 1871.

By T. BOOR CROSBY, M.D., F.R.C.S.

LET us now consider the modern method of treatment of disease by drugs. As a natural sequence of altered opinion respecting the utility of bleedings for the suppression of acute disease, the antiphlogistic class of therapeutical agents, especially such direct cardiac depressants as antimony, fell from common use, and are now only employed in special instances. Not only did this change occur, but faith in the curative action of drugs was shaken to its foundation, and thoughtful minds began to question the value of the universal physic-giving practice of former days, from "which scepticism" have arisen great improvements—"a rational selection" and "an improved mode of administration."

Modern therapeutics owes much to the past for many valuable remedies handed down to it, with an authority of the best possible kind—"the test of experience"—more to the application of chemical laws and to results of physiological experiments. Pathology teaches us the stern fact that many morbid conditions are out of the pale of therapeutical control. A careful watching of the efforts of nature herself under disease, unaided by medicines, has shown how powerful is the *vis medicatrix*; these two circumstances have contributed much that is valuable to the *reason-why* of modern medicine. I will now direct your attention to the application of some part of the above reasoning.

To chemistry we owe much that is effective and easily explainable in the employment of drugs, and for the simplification and multiplication of remedial agents. Gout and acute rheumatism are diseases attended with, if not wholly caused by, an accumulation of acid in the system, of uric acid in the former, and lactic acid in the latter. Modern medicine has brought chemistry to its assistance in both, and, by the alkaline treatment, may fairly claim to have diminished the severity and duration of the acute forms of both diseases. Both diseases are accompanied by pain, generally of a severe character; for its relief we have a remedy—colchicum for the one, and of the application of blisters to the swollen and affected joints for the other. For this plan of treatment of rheumatic pain, which experience proves to be most valuable, we are indebted to our able coadjutor Dr. Herbert Davies.

To the empiric experience of the past we are wholly indebted for the valuable specific colchicum—specific certainly it is, as it possesses no

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.*

By T. CLIFFORD ALLBUTT, M.A., M.D. Cantab., F.R.S.,
Member of the Alpine Club, etc.

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.