

average health of human life, as well as relieving disease.

It is only reasonable to believe that, as we gain more exact knowledge of the laws which govern the changes occurring in man's organism, and of the conditions by which these may be modified injuriously or beneficially, this improved knowledge will be turned to practical use. As the physical conditions under which life is carried on become improved, the average amount of labour performed by the different individuals of a community will be greater; each will do more work in his time, because he will enjoy better health and live longer. The work will be better work, and its performance will be accompanied with a greater amount of happiness.

It is clear that, as our means of investigation become more perfect and more exact, the inquiry into the nature of physiological and pathological changes will be more minute and our knowledge more exact. The results of these inquiries may lead us to reduce the number of reputed remedies now employed in treatment; but we shall certainly learn more exactly in what cases and in what particular manner we may interfere with the best prospect of success. Such inquiries will teach us more of the real nature of the processes we have to excite, oppose, or modify, and we shall, therefore, act with more confidence and decision.

[To be continued.]

**CASE OF KLEPTOMANIA.** According to Tallemant des Reaux, Henri Quatre was troubled with this disease. He says of the King: "Il estoit larron naturellement; il ne pouvoit s'empescher de prendre ce qu'il trouvoit; mais il le renvoyoit. Il disoit que s'il n'eust esté roy, il eust esté pendu."

**DARWIN'S HYPOTHESIS.** One of the difficulties in the Darwinian hypothesis is the want of evidence of progression of species. Progression in form as in the vertebrates seems probable from the geological record, though even here there is a difficulty relating to the adaptation of forms to surrounding circumstances; but progression in the separate forms is not yet conclusively shown. Modification is not necessarily progression even though the modified animal should have some forms and properties superior in certain senses to those of its ancestor. Here I may notice the controversy between Professor Owen and two continental anatomists, Schröder van der Kolk and Vrolik, both of whom, following Tiedemann and Gratiolet, have demonstrated the existence of a posterior lobe of the brain in the higher quadrumana. Owen denies the existence of any such development, and on this founds an argument against the Darwinian hypothesis. The Dutch anatomists complain that, while Professor Owen compliments them upon the great accuracy of their dissections and plates, in which this portion of the brain is clearly shown, he continues to deny its existence altogether, and in its absence thinks he finds a triumphant refutation of the whole theory. Van der Kolk and Vrolik pertinently observe that if he had studied their dissections and plates he must have seen the posterior lobe with its constituent parts, and are at a loss to understand why the accuracy of their drawings should be lauded, while Mr. Owen still holds to the absence of the parts which they have delineated. But it is plain that even if in the brain of the orang outang and chimpanzee, there was no posterior lobe, it would make little or nothing against the views of Darwin, for it could at once be argued that this was but a case of missing links. (*Professor Stokes' Address.*)

## Original Communications.

### INFLUENCE OF CONSTITUTIONAL SYPHILIS IN MODIFYING THE CHARACTER OF ORDINARY DISEASE.

By THOMAS WILLIAMS, M.D., F.R.S., Physician to the  
Swansea Infirmary.

If there be truth in the axiom, "Naturam morbi remedium ostendit," the following cases afford not only practical instruction, but open up to the student a new sphere of inquiry. The nature of the disease is shown by the action of the remedy. This is a point of view from which disease has been little studied. Within certain limits, our knowledge upon this subject has already assumed a complete and convincing form. Vaccine lymph in relation to small-pox, bark to ague, mercury and iodide of potassium to venereal disease, are illustrations. It is not intended here to apply these general statements in too abstract and absolute a sense. They will be adopted only as guides, by which the mind may be conducted upwards from facts and details to interpretation and principles. Syphilis, in its multitudinous and endless forms, has immemorably engaged the study of the ablest men. But there remain, even at the present time, many bearings and relations in which this animal poison has been little, if at all investigated. The following paper is a humble contribution towards a better knowledge of syphilitic disease, in one only of its consequences. Let the point be put under the form of a question:—

Does any or every disease\* of any or every organ, internal as well as external, of the body, assume the same pathological characters, and yield to the same remedies in a system which has never been syphilitically tainted, as in one which has been affected with constitutional syphilis?

Preparatory to the further discussion of the subject, the following cases—only a few out of a considerable number which might be related—which present materials well adapted to aid in the solution of the question, may be studied with advantage.

**CASE I.** Two years ago, with Mr. Cook, of Morriston, I attended a married lady who was suffering under rupia syphilitica. She was about 29 years of age. She was not aware that she had ever had any primary affection whatever. The child born before the occurrence of the attack is now alive, and is quite well. Another, born about six months ago, lately died of undoubted syphilis, viz.: mucous patches on skin and mucous membranes, cracked and coppery erythematous blotches about the lips and anus and thighs: it died in convulsions. Now, between the conception and birth of this child, the mother never had any manifest syphilitic affection whatever, and during the same period the father was quite well. Therefore, although the attack of rupia which the mother experienced more than two years before the birth of the last child was apparently cured, and although during this period of two years she looked and considered herself "quite well," the child born at the end of this term in two months became the subject of constitutional syphilis, and died. It fortunately happened that, when I was called to this lady in six weeks after her last labour, I remembered that I had attended her two years before for syphilitic rupia. In listening to her story, and that of her friends around her, the question immediately oc-

\* Of course, I mean a supposed non-syphilitic disease, such as pneumonia, bronchitis, etc., not any of the recognised syphilitic diseases.

curred to my mind, "I wonder whether it is possible that this can be another manifestation of syphilis?" She was submitted to a most careful examination. The lochia had stopped; the milk had stopped; she had not suckled the child since birth; she was cadaverously pale and sallow, the sallowness wearing a jaundiced tinge, the white spots of the rupia appearing on this yellowish ground; the pulse was 120; the breathing about 23 per minute; the skin was profusely wet, especially at night; the state of the lungs was such as at first sight to lead me to believe that she was dying of consumption—the chest afforded no unquestionable evidence; there were sibilant and sonorous rhonchi, abundantly sufficient to prove the existence of a congestive, turgescient condition of the mucous membrane of the bronchial tubes; no sign of tubercular or other consolidation could be discovered; the sputum consisted only of mucus; our patient was extremely prostrate and exhausted, and she seemed to be dying, as if of consumption.

In consultation it was argued that, although the case seemed to approach most closely to that of a person in the last stage of pulmonary consumption, the physical stethoscopic signs were wanting. The conclusion was at length arrived at, that it was better to regard the peculiar group of symptoms of which the case consisted, as dependent upon the syphilitic taint still lurking in the system. It was accordingly determined that it should be at once treated by antisyphilitic remedies.

Ten grains of the iodide of potassium, with three of sesquicarbonate of ammonia, in camphor mixture, were ordered three times a day. In six days afterwards this lady was literally quite well. The strength of muscle and nerve had returned; the sallow tint of the skin had almost disappeared; the profuse perspiration had ceased; the pulse had come down from 120 to 80; the appetite had become vigorous; and the mind had regained its wonted energy and activity. This patient's restoration was as complete as it was rapid.

Does the preceding case justify the acceptance of the theoretical rule, "Naturam morbi remedium ostendit?"

CASE II. Some months ago I was requested by my friend, Mr. Hall, to visit with him a man who was supposed to be dying of softening of the brain. He had been lying in this state for six weeks. He was 49 years of age, an engineer, and a strong, hearty man. Though his head was shaved, and his features altered, I immediately identified the case as that of a man who some three or four years ago had been treated by me for syphilitic sore throat and leprous coppery spots over the body, of which he was cured by mercury and iodide of potassium. He was now labouring under the following symptoms: his pulse was about 40; his respiration slow; he had a sallow, dirty, state of skin; he had entirely lost his appetite; he appeared to have almost entirely lost his mind; he could not understand a question—even to the shortest, put to him in a sharp, loud tone, he would only give a slow, broken, dubious answer; he spoke idiotically; he would creep out of bed, and steal in the middle of the night to the garret; his wife could not obtain from him an intelligible answer to any question; his countenance wore a vacant, staring expression, the pupils being somewhat dilated. He had been treated for "ramollissement" of the brain with all sorts of things, but nothing seemed to have the slightest effect upon his case.

In consultation, I related to Mr. Hall the circumstances under which the patient had been under my care some four years previously, and I raised the question whether it was not possible, even after the interval of four years, that the assemblage of symptoms then present in the case might in truth be due to a syphilitic taint still prevalent in the system. It was agreed that nothing but pure antisyphilitic remedies should be tried. Ten grains of the iodide of potassium with ammonia

were advised, three times a day. In five or six days the man was literally quite well. His pulse had increased in frequency; his skin had assumed a cleansed hue; his eye had reacquired life and intelligence; he could talk and laugh, eat, drink, sleep, and walk about his room. In a fortnight he was again about the roads like any other man!

What inference is deducible from this case, if it be not embodied in the classic maxim, "Naturam morbi remedium ostendit?"

CASE III. A short time since, a German, aged 40, was admitted into our infirmary, under my care. He spoke nasally. I looked at his throat and found that he had lost the uvula, and was still the subject of a perforating or excavating ulcer, which threatened soon to cut the soft palate into two parts. It was also evident that some time before he had been the subject of rupia—white spots were distributed over his dirty, sallow countenance. He confessed that he had. Mr. Thomas, our house-surgeon, then drew my attention to a pneumonic crepitation which he had discovered under the left scapula. We made a careful examination with the wooden, and with Alison's differential stethoscope. The crepitations were found to be somewhat larger than those of ordinary pneumonia, and were very audible, both during expiration and inspiration. The sputum was in some places (in the vessel) rusty, in others pus-like, in others streaked with blood. We could not convince ourselves that any dulness existed in the percussion note, nor could we discover any tubular or puerile breathing. The pulse was rapid, and the perspirations were profuse at night, and the man seemed altogether very ill. My diagnosis was that, the ulcer in the throat was unquestionably syphilitic, and that the condition of the lung, though differing from ordinary pneumonia in several of its characters, was also syphilitic. He was treated accordingly. The throat almost immediately got well, and the lung and the constitution in a short time rallied.

Now, what lesson does this case teach? It teaches nothing if it be denied that there is any truth in the axiom, "Naturam morbi remedium ostendit."

CASE IV. Ten years ago, a gentleman, about forty years of age, became the subject of secondary symptoms, for which he was carefully treated. During the nine subsequent years, no syphilitic disease of any kind occurred. He reports himself as having enjoyed perfect health. Two years ago, in the tenth year after his attack of syphilis, he became the subject of "epileptic fits." These fits, with variable frequency, had now lasted for nearly two years. They had been treated with belladonna, quinine, etc. All these remedies appeared only to intensify the attacks, and to increase their frequency. In consultation upon the case, I recalled to his mind the fact that ten years ago he suffered under symptoms of constitutional syphilis. He recollected and admitted the fact. It was then suggested that those remedies which exerted an anti-syphilitic power were the most likely means by which to effect the cure of his epilepsy. The iodide of potassium with ammonia were accordingly given freely. From that moment no epileptic fit has occurred. Several months have now elapsed since the last fit; before, they were of almost daily occurrence.

What inference does this case justify? It is, I feel convinced, expressed in the aphorism, "Naturam morbi remedium ostendit."

No merit for subtlety of diagnosis is claimed in these cases. In the first two and in the fourth the previous history was known; it was so suggestive that only one idea could arise in a reflective mind. In the third, the whole character of the disease was engraven on its outward aspect, and only one suspicion could be seized.

But suppose that all these associative and suggestive

circumstances had been wanting, I ask who could have formed (except possibly in the third), in any of these cases a judgment even approximating a correct diagnosis? In the physical evidence there was nothing distinctive; nothing but the *remedy* brought proof as to the nature of the disease. If antisyphilitic remedies had not been used, what would have become of these patients? There rests upon my mind the deepest conviction that all would have died. Let us reflect. Will it not be admitted by every practitioner in the country that syphilis ramifies under thousands of veiled and obscure forms into the great mass of society? Does it occur to any physician in treating disease, to inquire—"Have you ever suffered under constitutional syphilis?" (for primary syphilis I entirely exclude.) Think of the diseases of the eye which Mr. Jonathan Hutchinson has brought into notice in connection with this subject! When the history of the syphilitic poison is better known than it is at the present time, it is certain that Mr. Henry Lee will have to withdraw the remark "that the syphilitic poison in a very great majority of cases produces its principal effect upon the skin." The child who dies of constitutional syphilis does not die of the skin affection of which it is the subject, but of the operation of the virus upon the internal vital organs of the body. The time will assuredly come when many diseases, which are now supposed to be classifiable under the category of ordinary non-syphilitic diseases, will be referred to their right causes. In hundreds of cases of death which in this country occur every year under a syphilitic taint, it is my firm conviction that death takes place not from disease of the skin, but from a general contamination, poisoning of the body, in which the blood, nervous system, all the vital organs, every tissue in the body are affected, even though the skin may show no signs of disease. In me it would appear presumptuous to say anything on any of several important points in connection with this subject. I leave them to those zealous men more favourably situated than I am. But I will put questions which, as far as I know, have never been asked before, and which I hope will evoke an answer from some one of those experienced observers in connection with the large lock hospitals of the country, who are so much more able than myself to afford the information required.

1. Is it possible to prove by credible data that a person who has once become the subject of constitutional syphilis, throughout after life, in all diseases under which he may suffer, is benefited more by antisyphilitic or special remedies, than by those which apparently under the same morbid conditions suffice to effect a cure in persons who have never been the subject of syphilis?

2. Are there any one or more signs which may be received in the present state of our knowledge, as proofs that the system is still subject to or radically purified of the syphilitic taint, in a person who has once been the subject of constitutional syphilis?

If it were possible to determine these questions in relation to syphilis, the solution of similar questions in relation to other diseases would soon become practicable.

Are we in a position in the present state of knowledge to declare that every germ of constitutional syphilis, once planted in the system, is capable of being thoroughly, radically, and for ever, beyond all possibility of recurrence, extinguished? Numerous cases which have been brought under my notice during the last ten years compel me to answer—No: we are not in that position. One invasion of constitutional syphilis establishes a "diathesis," that is, a peculiar tendency to a special form of disease in any or every part or organ of the body, which may manifest itself in the system of the affected person for at least very many years afterwards. Under an apparent absence of all disease, the subtle taint exists, though veiled and concealed by the

deceptive garb of health, and may be communicated by the parent to the child. Now, here the question of diathesis (i.e., a latent vital power which is capable of imparting a special direction to all morbid processes which may occur in the body during the period of its prevalence), is brought in the clearest and most incontrovertible manner within the satisfactory bounds of direct demonstration. In the cure of constitutional syphilis, the chief indication should obviously be not alone to remove an outward disease or sign, but permanently to correct the diathesis. In those cases in which I know that secondary symptoms have happened, I strongly advise a *periodical recurrence* to the use of antisyphilitic remedies for years after the first outbreak of the disease. If a second vaccination can do anything, it must be that it intensifies the protective power of the first. A second, a third, or a fourth repetition of an antisyphilitic "course of medicine" will only augment the force of the guarantee afforded by the first. The system of the patient must necessarily be *more certainly* in a purified state after the second than after the first use of special remedies. Mercury does little constitutional harm, if administered endermically as recommended by Mr. Lee and Mr. Parker. Iodide of potassium is far more rapid than mercury in the cure of secondary syphilitic disease; but mercury is positively required to destroy and eradicate the syphilitic diathesis or taint. After the former, the disease will manifest itself again and again; by mercury, when properly administered, it is believed by many able men that it is curative and permanently uprooted.

## MEDICAL PSYCHOLOGY.

By ROBERT DUNN, F.R.C.S.E.

### III. On the Psychological Phenomena or Symptoms of Disease.

[Continued from page 358.]

*Cerebritis and Pressure.* There is, however, a form of delirium and coma dependent upon other and very different pathological conditions, and which it is of the utmost importance in practice to recognise and detect. I mean the *delirium* which is manifested in inflammation of the superficies of the brain and its investing membranes, and the *coma* that is caused by compression of its substance, whether from the effusion of blood or of serum. Inflammation of the superficial cerebral substances, and of the meninges of the brain, is a fearful, but happily, in adult life, a most rare disease. In the traumatic form, it is occasionally met with; and sometimes, idiopathically, among children of a strumous habit. While I agree with Dr. Abercrombie that it is impossible to separate, either in diagnosis or treatment, inflammation of the arachnoid and pia mater, I am quite of Mr. Solly's opinion, that it is equally as impossible to diagnose inflammation of the membranes from that of the superficies of the brain. Nor need this be a matter of surprise, seeing that no part is more abundantly supplied with blood-vessels. "The pia mater, which lies in contact with the whole of the undulating surface of the convolutions, is a membrane of blood-vessels, from which innumerable minute vessels penetrate the vesicular matter. A piece of this grey matter of the convolutions, successfully injected, appears perfectly red, from the multitude and proximity of these blood vessels." Dr. Abercrombie, in my opinion, justly considers the *phrenitis* of former writers to be *meningitis* or inflammation of the membranes of the brain, and "as characterised by fever, watchfulness, acute headache, impatience of light, suffusion of the eyes, and maniacal delirium."

Out of a number of well-marked cases of inflammation