Inaugural Dissertation

On

The Diseases

that accompany and follow after

Idiopathic Fever.

J. Abercrombie
The great distinction to be drawn between Symptomatic and Idiopathic Fever is of some consequence in any attempt to arrive at the true nature of the latter.

The mode in which Symptomatic Fever occurs, may serve as a clue to the nature of Idiopathic Fever; and therefore it will be proper to remember that it is after the commencement of Inflammation in some part of the body that Inflammatory Fever becomes established. In the same manner, it is after the continuance of some exhausting discharge that Hectic Fever fairly sets in. Constituted in the manner that it is, the human body requires a constant supply of healthy blood to be transmitted through it; and whenever the blood falls below the standard of health, the organs that derive their nutriment from it, also fall below their perfect condition and undergo degeneration. Now when Inflammation takes place in any part, the capillaries of the inflamed tissue undergo some change, and the blood does not move
freely through them; and since continual motion appears to be essential to the perfect condition of the blood, that portion which remains in the infirmd part necessarily undergoes some change, and perhaps becomes poisonous. Some of the changed blood of course finds its way into the current of the circulation, and whether or not this be the cause of Inflammatory Fever, cannot at present be determined. It is quite possible that poison may be produced in a part and then circulated through the system; and although beautiful theories are readily built upon imaginations of this kind, it would be unsafe to indulge in the production of them, when more good might be done by attending to the more practical details.

An analysis of inflammatory blood will show that it contains a larger amount of spontaneously coagulable matter called Fibrine, and if Fibrine be really the material
Ask the General and the Crown
By which the tissues of the body are repro
duced, then Inflammation would appear to be a higher than ordinary con
dition of nutritive power existing in the system. But if Filtrine be an excrementitious matter, as has been thought by some eminent physiologists, then there is good reason to consider its increase as one indication of degeneration in the blood itself.

From these statements in regard to a substance of such importance as Filtrine, this conclusion may be fairly drawn, namely, that the alteration of the blood during inflammation is scarcely known. But at all events the organs of the body do not get healthily nourished, and the immediate result is a wasting away of the tissues far beyond what occurs in health.

The heart acts with far greater rapidity during the presence of fever than in health: and in accounting for this, some assistance may be derived from the ascertained phenomena
that follow irritation of non-voluntary muscular tissue. When irritation is applied to non-voluntary tissue contraction is not instantaneous, nor of momentary duration, nor strictly confined to the irritated fibres, as in the case of voluntary muscle.

On the contrary in the majority of instances the contraction does not immediately take place, but commences slowly and with alternating relaxation continues for some time. In certain of the non-voluntary muscular organs, indeed, the contraction is very rapid, as is well seen in the heart; but even in the instances where it is most rapid, the rapidity cannot be compared to that of the voluntary fibres.

Now as the capillary structure is in all important points similar to the unstriped fibres, their action under irritation is very similar also. They remain for some time in a state of spasm, and then relax and apparently lose their tonicity in a great measure.
But it is highly probable that the irritation which is applied to the Capillaries in an inflamed part, affects not only those, but, as in other non-voluntary muscular parts, extends along the same tissue and finally reaches the heart itself. But whether this view be right or wrong, I conceive to be of very little consequence in practice and whatever experiments may be instituted for the purpose of discovering the truth, there is good reason to fear that the result will not be at all conclusive. Now, although the circulation of a poison, and the extension of irritation may serve as a feasible explanation of Fever when caused by a local inflammation, it is by no means an easy matter to say how such a state may be induced quite independently of any local action whatever. When Idiopathic Fevers do occur, it is impossible to discover any disease in the system sufficiently powerful to account for their presence.
and hence Pathologists are in the habit of referring the occurrence of such diseases to some poison existing in the atmosphere. Nor is this idea confined to Pathologists alone, for I doubt not but that people of ordinary minds and who are unacquainted with medicine, would naturally turn to the general invigorating medium of the atmosphere for an explanation of the cause that could produce such dire results. To show how mysterious is the action of atmospheric poison, it may be here stated that some fevers are fatal and rapidly so, yet after death no appearance of disease that could account for the fatal results could be perceived. How the poison had acted in these cases it is of course impossible to say: although it may fairly be taken for granted that the effect was on the nervous system and through it upon the heart. Still it may reasonably be taken as a rule in the great majority of cases that some very serious internal or external
disease affects the body during the continuance of Idiopathic Fevers; and it is a fact of the very first consequence, that affections of a very serious character are extremely liable to seize those who are progressing towards a cure. It is the accompanying and subsequent Diseases of Idiopathic Fevers that I intend considering in the present Essay. And first of all it will be proper to remember, that all these Fevers which have not an obvious exciting cause in the system, ought to be considered under the head of Idiopathic. These therefore may be divided as follows.

I
Intermittent.

II
Remittent.

III
Contagious Exanthemata.

IV
Continued Fevers.
1st. Of the diseases that accompany or follow after the Intermittent Fevers. The congestion in internal organs is at once the most obvious result of diminished supply to the skin, and also the most serious part of the disease itself. Whatever effect the internal congestion may produce in the long run, it does not appear to have so evil an influence as might have been anticipated from a distribution of blood so very unequal as must of necessity occur in Ague. The liver and Spleen being the two internal organs that receive about the largest proportion of blood and the latter especially from its peculiar structure being well adapted for accommodating a large increase of that fluid, are especially congested during the presence of the attack. Probably from the inability of these organs to empty themselves in the perfect way that the lungs are capable of doing, they become permanently congested and give rise to those great swellings that
constitute the characteristic diseases of
Ague districts. But the constitutional debility
induced by the presence of severe organic
diseases and those obstructive to circulation
arising from the same causes, give rise to
diseases which may with justice be
considered as secondary to those that have
more immediately resulted from internal
congestion. The diseases to which I refer are,
Rheumatism, Dropsy, Nervous affections, &c,
which although very unpleasant in themselves,
are not to be considered of such paramount
importance as the organic lesions that caused
them. Indeed I believe that all the
injurious effects of Ague may be traced
to the internal congestion produced in
the cold stage of the disease.
The existence of some malerious
poison is no doubt necessary to the
manifestation of the symptoms; but
whether or not any very material change
in the blood does occur, is a matter that
is quite incapable of proof, and
therefore may be passed by
unnoticed.
2nd. The Remittent Fevers are so very similar to the Intermittent that no separate notice requires to be made in regard to them. I make this statement chiefly on the ground that Remittents on the Mediterranean coast may be converted into Intermittents by the transference of the patients to a higher latitude. Still this observation is of much consequence, namely, that all diseases of a febrile character assume more or less closely the characters of Ague, in as far as division into cold, hot, and sweating stages is concerned. First there is the period of depression or shivering; then follows the hot stage which may continue many days; and lastly there comes a period of resolution showing itself in various ways.

3rd. The Contagious Eanthemata, with their attendant and subsequent diseases. That these diseases are highly contagious is a fact so well established, as to require no comment. But why a contagious property should characterize them and
not the Intermittents seems inexplicable on any purely theoretical grounds. Practically however, it is a very well established fact, that the Intermittents are not contagious, whereas this section of the Idiopathic Fevers is remarkably so. The tendency that particular fevers have, to locate themselves in some particular part is well exemplified in this class of diseases, for the particular eruption of Smallpox is quite as distinct as it is constant in its occurrence. The popular eruption of Measles, the continuous redness of Scarlatina, and the peculiar cutaneous affection in Erysipelas, are all well marked and tend to show how very much diseases may differ in their mode of exhibiting a destructive tendency.

1. In regard to Smallpox, it may be stated, that the eruption, which occurs in general from 36 to 50 hours after the first development of the Fever, is of itself a most serious disease and one which affects not only the external surface of the body, but also shows itself on the mucous
linings of internal organs. Perhaps all extensive diseases of an inflammatory kind have an equally depressing effect on the system; but in the case of Small-pox there is not only an extensive disease affecting great surfaces, but the cause that produced it is of the most depressing character. Hence the danger may be considered as of a double kind, first from the poisonous influence of the disease itself, and second from the depressing effect of its inflammatory parts. Various statements have been made in regard to the nature of contagious virus, but all authors on the subject come to the same conclusion: for whatever effect may be produced by the direct contact of matter, which is the result of contagion, such effect is rarely to be compared in severity to what may be developed by the atmospheric medium acting on the system. No analyses that have ever been made, have tended in the least degree to clear up the nature of contagious or infectious matter. Some have supposed that the
cause of fevers was to be sought for in sulphured hydrogen and seleniumated hydrogen, but nothing has ever been done to prove the truth of that notion. There is nothing easier than to start theories, nothing more difficult than to bear them out with good reason. Whatever may be the virus in Small-pox, it lies dormant in the system for some time and after having produced a species of fermentation in the blood it then exhibits itself in an eruption, and this last is the only part with which I propose to meddle. A poison is copiously produced within the body, and like other poisons it must be got rid of. The skin considered as a great gland, is certainly highly suitable for evacuating it, and as an assistant to the skin, the lining mucous membrane is admirably adapted for the same purpose. In its attempt to pass out at the capillaries, these become highly irritated, and the immediate result is a cutaneous inflammation affecting
the glandular part of the skin and mucous membranes, so producing a highly irritating and at the same time depressing effect thereon. When a patient dies from Confluent Small-pox, it is generally said that the system had not sufficient power for the perfect maturation of the pus-tiles and so death took place. It seems more likely that the cutaneous and mucous surfaces having their functions greatly impeded, might serve as a perfectly sufficient reason for death taking place. In such cases the purulent matter never becomes properly matured, but has very much the same character as bad pus presents elsewhere in the body. Death is in all probability owing more to the incapability of the blood to nourish the system; and it is not less likely, that this inability is fully indicated by the copious effusion of Liqueur Sanguinis not having sufficient plasticity to become developed into pus. The same system that pours out inorganic, or lymph, does not itself
possess sufficient power to sustain life. The deduction to be drawn from these statements is, that the constitutional affection is quite sufficiently powerful to destroy life, and that the apparently lethal complications to which we are in the habit of attributing death, are in reality the result, and not the cause of the great and deadly depression so frequently seen in the last stage of Small-pox.

In Measles again there is the same dormant condition of the poison in the system, followed by its development in a very similar manner. The eruption here is papular, that is to say it does not go beyond the stage of papule. The Bronchitis that accompanies Measles may have a sufficiently depressing effect on the system, but cannot in my opinion account for the extreme prostration that is observed in some cases. By its changing into Pneumonia or rather by its extension so as to produce
that more serious disease, considerable increase of danger may result; for Pneumonia is a very serious affection, and of itself might rapidly destroy life. Still I would consider that the accompanying disease was more the result of deficient power of control in the system than of any separate cause of disease. It must always be remarked that during the continuance of the fever the disposition is not towards affections of the organs of locomotion, but to the more vascular parts which have an especial function to perform in purifying the system from deleterious matter. Now in Scarlatina the chief local affection is in the throat, and according to the severity of this affection, so do we generally estimate the severity of the disease. The inflammatory affection may extend into the larynx and along the Eustachian tube; and as in other exanthemata the internal organs may suffer severely; yet there is something very remarkable
in regard to local affections in Scarlatina. The presence of Rheumatic affections during the course of Scarlatina has been observed not infrequently, and I have seen myself in a case in which it was very well marked indeed. This taken in connection with the renal affection that is frequently observed to occur during the process of recovery is a matter of some consequence; for Rheumatism may yet be shown to depend in a very great degree upon derangement of the urinary system; it is certainly accompanied by the increase in the blood of a very important and highly nitrogenous matter designated for excretion by the Kidneys. The accompanying sore throat is however of very high importance; for although when it takes on a very bad type, the cause may be considered as being a purely constitutional one, yet by local applications which we know to have the power of destroying animal poisons, many cases appear to be very greatly benefitted.
In the blood we know that the original poison must cause a fermentation which develops its results in the cutaneous or internal affecting but a reproduction of the poison seems very likely from the effect that disinfecting remedies have upon the general course of the disease. And if this secondary production of poison applies to Small-pox, then a still further explanation of the deadly nature of profuse eruption seems obvious. Sometimes in Scarletina the amount of throat affection is very small, often amounting to nothing more than a slight inflammatory affection. In the mildest cases the chief danger is not a primary one, but arises principally from a feeling on the part of the patient that there is no reason for taking care of himself. It is remarkable that each of the Exanthemata has its own peculiar sequel. Small-pox is liable to be followed by inflammation, rapidly terminating in suffocation in the
subcutaneous cellular tissue, in the orbit, in the joints and also in the parenchymatous organs generally and in the pleura or other serous membranes. The ulcerations that may follow the pustules are the result of excessive action extending beyond what is really necessary for producing the pustule itself. A pustule is the separation of the cuticle from the cutis vera, it being understood that the basement membrane itself is never cut through. An examination of the pustules in the intestinal canal will also show that unless as the effect of ulceration following after the formation of the pustules there is no real destruction of the membrane. There is no one of the eczanthematous so liable to be followed by the development of the scrofulous diathesis as small-pox. The development of this peculiar diathesis is not by any means limited to this variety of typhoid disease: probably not much so than the general...
Impregnations are. Again, it is said that no variety of these eruptive diseases claims for itself more attention than Measles in consideration of the great likelihood that there is of the accompanying Bronchitis gradually passing into Phthisis. Thus it, I conceive, nothing particularly wonderful in this; for the tendency to pulmonary congestion will certainly greatly predispose to disease of the Lungs generally. But however that may be, there is no doubt of the fact itself, and the knowledge of it is of the greatest practical importance in the cure of Measles. Perhaps the most interesting of the Exanthemeata in regard to its sequelae is Scarlatina. The Bright disease and dropsy that are so apt to follow upon it, characterize it most remarkably. Why the Kidney should be so liable to serious affections is scarcely capable of any proper explanation. The sort of eruption that takes place in Scarlet Fever is very remarkable for its uniformity, and for being to all appearances merely an increased vascularity of the skin, which
may in some cases quickly recede and throw the over supply of blood upon the internal organs. The skin and the kidneys have a remarkable similarity in regard to their glandular structure; they are both tubular glands, and although they may not have quite the same arrangement of their elementary structure, it at all events consists with our knowledge that their secretions are in a great measure vicarious with each other. Now the affection of the kidney, which is so liable to occur during the process of recovery from scarlatina, is generally developed some short time after the eruption begins to recede from the surface and would appear to be the immediate result of this recession. The kidney, in those cases that have proved fatal, has been found highly congested, and with fatty deposit here and there in its tissue. Sometimes it presents a granular appearance. Now the fatal result in this case, which is probably owing to the presence of the cause in the blood, and is always preceded by
the appearance of albumen in the urine, no doubt immediately arose from the deficient, because impeded, action of the kidneys. This is perhaps one of the first examples of fatal result from organic disease occurring in the Exanthematà, that cannot be directly traced to the depressing effect of the Typhoid affection in the system. There has always been a great difficulty in explaining properly the changes that occur in acute dropsy, and the reason why it should occur at all. The view that has been given here, in regard to the recession of blood from the surface is only partly borne out by facts: for Dropsy may occur rapidly and yet there may never have been any disease affecting the skin. Some consider that derangement of the circulation is quite sufficient to account for dropsy; yet I believe I have good authority for saying that Dropsy depends for its occurrence more upon the peculiar constitution of the patient affected, than upon any
other cause. Bright's disease, thus, followed by dropsy, and afterwards by convulsions and death, are not unfrequently the results of mild cases of scarlatina; but like the other exanthemata, this is not free from the risk of phthisis and a multitude of other disorders, among which may be mentioned chronic Bright's disease, and Pott's curvature of the spine. This is one sequel in particular that ought to be mentioned before leaving this subject, namely, the extension of the inflammation affection from the pharynx along the nasoethmoid tube, its attack on the tympanum, followed by ulceration and discharge of the ossiclea auditus and ulceration extending into the internal ear, which may finally cause an opening into the lateral sinuses or on the surface of the brain. Some of the most remarkable cases that even medical men meet with, are those of otitis following scarlatina which may last for years and finally terminate as already stated, in stupor and coma; or more slowly, though not necessarily in general
Suffocation throughout the body.

I now proceed to the last great division of Fevers having an Idiopathic character, namely, "The Continued Fevers." It has been already noticed at an early period in this Essay, that some continued fevers destroy life so rapidly and with so little indication of severity that after death no appearance sufficient to account for the fatal result could be detected. Now in regard to these cases, I do not conceive that death is more difficult to explain, than it is in the most rapid cases of Scarlatina in which I have seen a patient die in about 48 hours although many have seen death occur in a much briefer time. In all these cases whether rapid or slow, it must be admitted that the mortified poison whatever it was had acted with great force and ultimate effect. In many of the Idiopathic Fevers, there is observed an eruption over the surface, and this, which may take a variety of forms, probably indicates a certain degree of transudation of the colouring matter of
the blood. Sometimes a Measly sort of eruption, and sometimes a Petechial one is seen and these with a rose coloured one are most commonly met with. I cannot look upon these eruptions as anything more than indications of a bad condition of the blood, for it does not appear to me that they could influence the patients fate in any measure worthy of consideration. The whole course of Idiopathic continued fever ought on the part of the practitioners to be a time of watchfulness, for at any period during its continuance there is a probability of some local complication. Of course the advanced stage is much more likely than the early one to develop the local complications especially those of the abdomen. First of all, the general statement may be made that inflammation of the serous membranes as an accompaniment of Idiopathic Fever, is very rare indeed, and when it does occur its result is usually of the most destructive kind. The diseases that do occur may be
conveniently divided into those affecting the head, the chest, and the abdomen.

The affections of the head that occur in continued fever are sometimes very difficult to detect; sometimes again they present the most marked signs of Inflammation of the Brain. The nausea and vomiting and intolerance of light and sound, with intense pain of the head occasionally occur with a severity as great as may be observed in the most violent forms of Meningitis. Indeed dissection after death, has often proved that real inflammation of the brain may exist in Continued Fever: yet in the great majority of instances no unequivocal symptoms of inflammation can be detected. When severe head affections do occur, death is very likely to take place in the way of coma, that is to say death beginning at the lungs. Now, I think it right to bring forward in this place, the well known fact that when inflammation seizes upon the heart, having extended to it by metastasis in
ordinary Rheumatism, there is observed as an almost unequivocal indication of its presence, a state of muttering delirium; although frequently the delirium is as violent as it can be. This fact is, I think, of some importance as tending to direct attention to the covering or lining membrane of the heart, as the possible (I do not say probable) cause of the delirium, which is not the unfrequent accompaniment of this form of fever.

In the continued Fevers that occur during winter and spring, there is a strong tendency to Chest affections. Now, again, in regard to these much might be said, although perhaps to little purpose: but the general facts may be stated as follows:—In these complications there is not in general a great amount of pain, and indeed in a number of instances if much pain did exist, it would not be much complained of. There are always present, however, the two well marked signs of Chest affections—dyspnea and cough: and it is the presence of these
symptoms, often in the absence of all other, that would tend to raise suspicions in regard to the amount of mischief impending over the patient. It is remarkable that the inflammation in these cases shows but little disposition to change in one way or other and often appears to remain at about the same degree of intensity until the Fever itself begins to show symptoms of being resolved, which it usually does at some period which is a multiple of twenty one. That pulmonary local afection should be very untractable by the ordinary means, does not appear at all wonderful, inasmuch as any bloodletting that may be used for the purpose of removing the inflammation, may in the majority of instances prove highly injurious to the patient's strength, and in this way may favour instead of relieving the severity of the disease. It is a very important fact with respect to continued fever and I disphatic Fevers in general, that they bear bloodletting very ill. The aections of the respiratory organs most frequent in their
occurrence are those of a diphtheritic character when affecting the Larynx, and
some of a catarrhal kind when affecting the bronchial mucous membrane. When
Pneumonia does occur, there is great reason for fear of grey hepatisation, rather
than the red, and it may be remarked, that the former is in all probability an immediate and
not a secondary result of the inflammation. There is nothing at all improbable in the
production of purulent matter at once in the tissue of the lungs, when it is so well
known that all extensive and typhoid effusions tend to development into bad
pus. In the abdomen particularly, there is great likelihood of complication.
There are not necessarily important lesions, because there are derangements of function.
In the Yellow fever of warm countries, we
have ample testimony to the truth of
this statement. In this disease, when
least marked there has been found often
no unusual appearances whatever, either
in the Liver itself or in the apparatus
connected with it. When there are
diseased conditions of the Liver to be seen after death, they are generally such as involve enlargement and softening merely, for I am not at all aware that abscess of the Liver is by any means of unusual occurrence during Contained fever. There may be tenderness on pressure complained of during the course of the disease, but it is often impossible to make anything very definite out of the symptoms.

Passing by the affections of the stomach, which are comparatively rare, I have now to say something about Intestinal affections. It has been observed that the glands of Peyer are much disposed to become developed during the febrile attack, and as we are quite unacquainted with the function of these glands, the pathological meaning of such development remains a great difficulty. They are often however found in a state of ulceration, and this of course may result from the occurrence of inflammation in the mucous membrane. Of course the membrane in the immediate vicinity of the glands is about the most vascular
part of it, yet the reason of its seizing on these appears very ill understood. Independently of inflammation altogether, a deposition of yellow ochre matter is found to occur in the submucous tissue in the vicinity, not only of the aggregations, but also of the solitary Peyerian Glands, and this from the peculiarly fleshy appearance that it causes on the surface has been termed Diphtheritis. Often the patient may die without any opening of the typhoid membra, but more generally there is ulceration which usually has its long diameter situated along the intestine and generally has more or less of a green colour. Diarrhoea generally accompanies this disease, and stools consisting of matter like pea soup are often enough seen to serve as convincing proof that the Diphtheritic matter is the cause of the peculiar appearance. Occasionally the intestine is quite perforated by the ulcers, and in that case symptoms of the most depressing kind will immediately be established: these of course being the result of Peritonitis tending to rapid dissolution.
But very often in an advanced stage in the course of Fever, diarrhea sets in with mucous and bloody discharge strongly resembling the true dysentery in its ordinary appearance and this if not checked speedily may destroy the patient in a very short space of time. There can be no doubt, that the occurrence of inflammatory affections ought, according to the principles of reason to make a very material difference in the chance of life. Still it is remarkable to see how many very dangerous affections do occur in the progress of Fever, and yet the patient recovers while often in cases where there appear to be no local complicating death ensues as rapidly, and even more so than in cases where there were the very severe kinds of local affection. Pneumony occurring during the progress of recovery from Fever may be looked upon as almost certainly fatal; and in this respect it is probably not different from Peritonitis, and other inflammations
of serous membranes. In these cases the effusion rapidly takes on the development of Pus, and of course, as in all cases where that morbid product is rapidly developed, its quality is very bad. With a constitution debilitated by disease, it is not to be wondered at, if almost every affection occurring for some time after Fever should have a tendency to produce great depression and to terminate badly. It is quite certain, that after Typhoid Fevers there is a strong tendency to Fatty degeneration of the Heart; and this, which may be considered merely as a chemical reduction of the nitrogenized Sarin to an oily state, is very probably the result of deficient vitality on the part of the Blood. This is in general a tendency in the blood to the production of unhealthy rather than healthy materials out of the food and when once it is fairly suffered to descend in the scale of Vitality it is perhaps with some difficulty that a recovery is effected.
The observations that have been made with respect to Idiopathic Fever in general and to the Contagious Exanthemata in particular apply I think with far greater force to Puerperal Fever than to any other. Puerperal Fever may be looked upon as merely the result of the reigning epidemic attacking a woman under the shock of injury consequent on Labour; for it is a state of shock perhaps quite as severe as many surgical operations. The shock itself would be easily recovered from, but when a poisonous disease becomes grafted into a constitution so greatly debilitated recovery can scarcely be looked for and indeed rarely takes place. After Puerperal Fever this is the liability to the production of Abscesses in the Joints, Membranes organ and serous membranes, and it must be indeed a very great power of resistance that will save a patient from such dreadful
complications. Whatever the nature of Fever may be, I think it will be granted that its action much more resembles that of an animal or Vegetable poison than any other. The effects of Poisons gases in the system are generally rather rapid and do not prolong their action much beyond the period of their first application. But how different are the Morbid Poisons! their action lasting long and leaving the system very often a prey to the ravaging power of other diseases. Granting that they are either animal or Vegetable ferment, they certainly are also of different kinds and have a disposition to produce their effects within a time which is tolerably limited in duration. The regularity of the eruption in Small-pox, the disposition to resolution on a particular day in Continued Fever, but more particularly the very strange Phenomena of Pustulian, Tertian and Quartan
Aguo, point in a very marked degree to something of a poisonous nature, which the system is capable of throwing off under favourable circumstances. Conclusions in regard to morbid poisons are difficult to arrive at if we have any regard to proper results. It appears to me that between the poison of Syphilis and that of Fever, there is on a great measure a distinction to be drawn from the very different degree of permanence observed in their effects. As far as I can understand the matter, Fever appears to depend on the presence of an animal or vegetable poison causing fermentation in the Blood which after a time passes entirely away leaving only the state of debility from which the injurious results already mentioned arise. But as the Poison of Syphilis is not so rapid in its action neither is it so transient in its effects so also the longer a disease persists in
the frame the longer will it be disposed to do so. Hence may perhaps be derived nearly permanent injury from which it will be almost impossible that the patient can recover.

James Abercrombie.

Procrastination is the thief of time — H.