

Medical Matters.**THE PRE-TUBERCULAR STAGE.**

It is well recognized, at the present day, that there is what may be termed an incubation stage in nearly every illness, following the introduction into the system of the disease, and prior to the occurrence of the well marked symptoms of the complaint. For example, in the infectious fevers, every one knows that for one, two, four, or even seven, days before the typical rash appears, the patient is evidently more or less out of health; suffering from headache and more or less fever in each case; from sore throat in the case of scarlet fever; coryza in the case of measles; and abdominal pain and diarrhoea in the case of typhoid. So, in like manner, before active symptoms of tubercular disease are exhibited, the patient almost invariably shows certain definite signs; each of which, though slight in itself, is, when grouped with the others, strangely suggestive and almost diagnostic. For example, the gradual, although perhaps slow, loss of weight, going on week after week, without any apparent cause; disorders of digestion, and gradual loss of appetite; increasing languor and lassitude, are all recognized signs when Consumption is well established. And when these various symptoms are found, without any marked change in the lungs, it is only reasonable to suppose that they may be the direct precursors of organic mischief. It would, however, be fair to argue that they are the cause but not the effect of the disease; and that the lung condition occurs in consequence of the deterioration of the general health, as shown by these various symptoms. This argument, however, is weakened by one clinical fact—to which comparatively little attention has hitherto been directed—namely, an abnormal rise in the temperature of the body every afternoon or evening; for which there is no evident cause, but which, in the light of subsequent events, is seen to be undoubtedly due to the existence of small areas of inflammation around minute tubercular deposits. This daily rise of temperature is most important, because it explains the processes upon which the signs already mentioned are dependent; and also tends to prove that they all arise from a common cause of commencing disease in the internal organs of the body.

BOILS.

ONE of the most painful affections to which humanity is liable, is one to which comparatively little sympathy has been given, ever since the days of Job. It is often believed to be a sign of general blood disorder, and for this reason was largely treated in former days by internal remedies. The antiseptic system, however, locally applied, gives the best results, which goes to prove that the affection is chiefly local in its origin and course. It is now known that a bacillus is always found in the skin surrounding a boil, and it is therefore believed that the fresh outbreaks which so frequently occur in the neighbourhood of a boil are simply due to the invasion of surrounding parts by the germ in question. At any rate, the most rapid and successful results are obtained by mopping the surface of the skin around a boil with powerful antiseptics, by which means a further crop is often prevented. The ordinary plan of applying a poultice gives a certain amount of immediate relief; but, on the other hand, it usually causes such an amount of softening of the skin as to increase the extent of the boil, and assist in the production of further eruptions.

ECZEMA.

THERE has always been a considerable amount of doubt and dispute as to the exact nature of eczema, although there is a general agreement amongst specialists that it is a local skin affection due to a parasite. There are forms of eczema which are very contagious, but, on the other hand, many patients have outbreaks of eczema year after year which is never communicated to those with whom they live, and which are cured by internal medication alone. It is probable that there are two distinct forms of eczema—one constitutional and due to irritation of the skin from blood or nerve conditions, while the other is a purely local affection, due to the presence of a specific parasite in the skin. The nature of the parasite in the latter case is well known; the former cases are generally illustrated in the history of gouty patients; who suffer from both the dry and moist form of eczema; and who usually exhibit an eruption of their complaint at some particular time of the year, generally in the spring. Many of these patients are very loath to part with their eczema, because they regard it as a kind of safety valve for their gout.

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