

On the unity of poison in diseases heretofore usually considered to be separate and entirely distinct : or the evolution of one from another, apparently quite different, and of many diseases, seemingly all different, from one unity or common origin / by G. de Gorrequer Griffith.

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ON

THE UNITY OF POISON

In Diseases heretofore usually considered to be Separate and Entirely Distinct; or the Evolution of one from another, apparently quite different, and of many Diseases—seemingly all different—from One Unity or Common Origin.

BY

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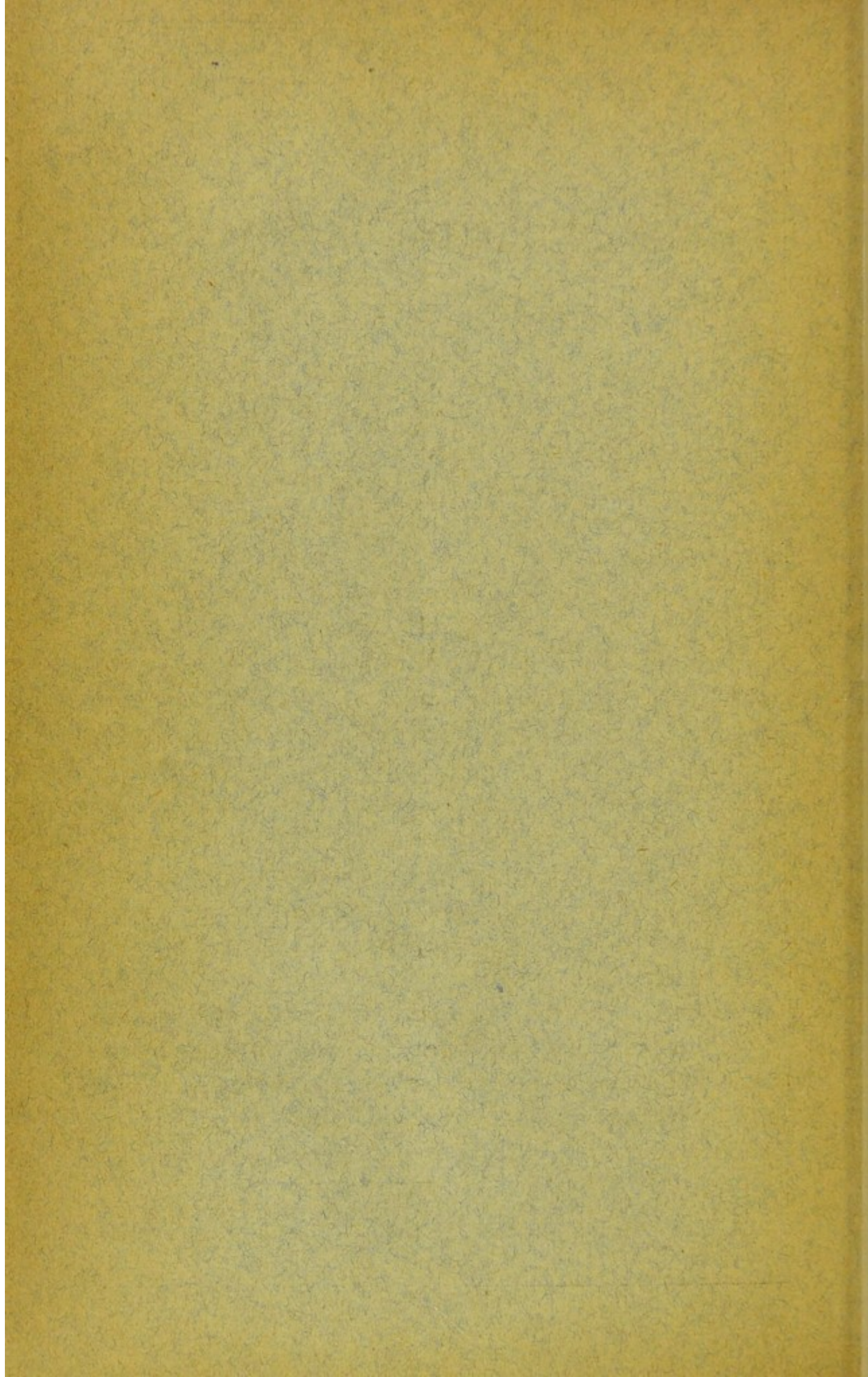
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ON THE UNITY OF POISONS IN DISEASES.

IN the brief space necessarily allotted each member, it would not be possible for me to do more than give a very short summary of this subject.

In the year 1875, I first called attention to the fact, that what is termed scarlatina occurring in the puerperal is frequently not scarlatina at all. But, before I proceed further, I must explain what I mean. I hold that there are two forms of scarlatina: the orthodox—viz., that contracted from a previously affected person, or something infected thereby—and the septicæmic, or toxæmic—viz., that which is evolved or generated *de novo*, as a result of autogenetic blood-poisoning, such as occurs in puerperal cases, or is evolved as a consequence of hetero-genetic blood-poisoning, such as arises (where no scarlatina had existed before) from drains, sewers, imbibition or ingestion of deleterious articles of drink—water, milk, cream, &c.—or of food; and from decomposing animal or vegetable substances. This toxæmic or septicæmic scarlatina, which is evolved from the above causes, is identical with the “surgical scarlatina” of Paget: and will, on strict investigation, be found to be the form of scarlatina which more usually prevails among puerperals. In saying, “It is not scarlatina at all,” I mean it is not the orthodox—namely,

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that which is recognised by all the profession ; and is, as all agree, contracted from a previously infected person or thing.

While carrying on this investigation, I was struck with the unity of origin in cases of puerperal fever, and typhoid also ; and, in pursuing the inquiry, found how, from the same source, there would spring erysipelas ; scarlatina, typhoid, puerperal, and diphtheria fevers ; sore umbilicus in infants, sore eyes, sore mouth, and sore throats, embracing a very wide area of inflammation and inflammatory conditions of palate, tonsils, pharynx ; and, passing still further on in the respiratory tract, the larynx, the bronchi, the pleuræ, or the pleuræ and lung, would be found involved ; so that toxæmic or septicæmic laryngitis, bronchitis, pleurisy, pneumonia, and pleuropneumonia, attacking a variety of persons, may all, as in the case of the other forenamed ailments, viz., toxæmic, typhoid, &c.—as I call them to distinguish them from the orthodox—be traced to the same causes ; as could also hepatitis, diarrhœa, dysentery, cholera, enteritis, hæmorrhoids, and a large number of affections hitherto considered to be utterly distinct, and as having no connection with each other, no point in common, no place where all meet together, because they diverge so much afterwards. Hence I formulated, as a heading to my papers, unity (as regards origin) of poison in the diseases I have just enumerated, and in many others, usually considered to be separate and entirely distinct.

This unity and differentiation in the course of evolution is now recognised by many medical men. Moreover, I found one disease (I adhere to the current word), or, as I term it, one set of symptoms, to be evolved from another, in some cases so far apart in nosological arrangement as to be said to be wholly and entirely distinct, distinct even to specificity ; and a number of nosologically divided diseases (sets of symptoms) to be evolved from the one unity-point,

the one common ancestry—differentiated no matter how widely, as they actually become, afterwards. I have, therefore, extended the formulated heading into “Unity of poison in diseases usually considered to be separate and entirely distinct; and the evolution of one from another apparently quite distinct, and of many diseases—seemingly all different—from one unity or common origin;” evolution from this unity leading to differentiations. Further, I recognise that symptoms occurring in the course of an affection, say such as scarlatina, symptoms which ordinarily are termed “complications,” may become primary motors of disease, originating a fresh epidemic, it may be—fresh, inasmuch as it would differ from that in the course of which it was itself evolved. For example: Diphtheria not unfrequently is met with as a “complication” of scarlatina (I would say it was part and parcel of the scarlatina), which, in this instance, would be spoken of as the primary disease, the other as being secondary; this latter would be conveyed to a number of persons, even to such a number, it may be, as to constitute an epidemic, spreading fast from one to another. Then this diphtheria would cease to propagate itself, or would cause something quite different to be evolved, or would cause diphtheria to be evolved in the persons exposed, or in the course of these evolutions it would hark back to that which set it agoing—viz., scarlatina; or there would originate or evolve, in a number of the exposed, certain other symptoms, usually considered sequelæ, but not actually part of the scarlatina; so that another outburst of something, seemingly altogether different from scarlatina and diphtheria, would take place, to cause perhaps another new evolution; or again, to hark back to scarlatina or diphtheria, or both combined, as it would be termed; or would, as it were, leap forward and cause to be evolved, in a certain number of cases, a very

ulterior sequelæ of scarlatina—say rheumatism, or rheumatic fever, and heart and pericardic* affections; or the latter *per se*; or, it may be, nephritis (the scarlatinal form) would be evolved, without any other intermediate symptoms being noticed, or any pre-existing warnings having been detected, or indeed been noticeable or detectable, such a form of nephritis as would be infectious—infective nephritis, I would call it—inasmuch as it has the power to set up scarlatina, or diphtheria, or any other ailment or group of symptoms coming within the range of its infectivity. In this way, new sets of symptoms may be evolved, new outward manifestations of the inward workings or evolution, a new disease in fact, as would be said in current medical phraseology. In this I am fortified by the Bradshawe Lecture of Sir James Paget, and his and Sir William Gull's addresses on "Collective Investigation of Disease."

By unity of poison, I would beg my hearers to bear in mind I mean, not that the poison is always the same, but that the one poison—the one *origo mali*—whatever it may be, will originate several so-called different affections—widely different seemingly, widely different they would be spoken of, widely different even to be considered in every respect "specific."

* See Dr. Sansom's recent Lettsomian Lectures, in which is confirmation of this.

