ed constantly of great fatigue and dyspnoea upon the slightest exertion. Upon one occasion he fainted soon after leaving the house in a carriage.

Repeated examinations of all the organs and functions failed to show any cause for the persistence of these alarming symptoms. The countenance had never lost the dark, sallow hue noticed early in the illness, and about the middle of March there was seen a decided dark-brown discoloration of the folds of the skin of the neck. The same was seen behind the ears, upon the shoulders and knees, but less marked. It was then ascertained that the change had existed for some time. An accurate examination could not be made, as it was necessary to divert the patient’s mind from the subject. The worst fears were now expressed, but in a few days he began to improve. He had constantly complained of slight nausea, but the appetite now became quite strong, and his daily meals assumed great importance. The strength also improved, so that he went to the dinner table, saw his friends in the parlor, and rode out several times. This continued until a week before his death, but he did not gain flesh, and the discoloration of the skin never diminished. The strength and appetite again declined, but his condition was no more alarming than it had been months before, until the last two days, when nausea, debility and restlessness became very troublesome. Without any other marked change, he died on May 5th.

With the peculiar discoloration of the skin, the most striking symptoms were great debility and dyspnoea, the latter being, however, only another expression of the former, and never indicating any pulmonary disease. The mind was always clear, the pulse but slightly accelerated—though always very feeble, and there was very little fever. With these there was an entire absence of symptoms which indicated disease of any organ to which the attention of the physician is usually called.

At the post-mortem examination, the supra-renal capsules were found to be of twice or thrice the natural size, dense and disorganized, the tissue somewhat resembling tubercle. In some portions of the tissue was found fluid resembling recent pus. No other recent disease was found in the body. The discoloration of the skin was well-marked.

Army Medical Intelligence.

To the Surgeon-General.

NEWBERN, N. C., May 12th, 1863.

Sir,—Knowing your desire to be kept informed of the condition of the Massachusetts troops, I take the liberty to write you now concerning the regiment under my charge.

At present we are engaged in taking down and rebuilding our barracks. Strangely enough, these were built directly in front of Fort
Gaston, and within seventy-five feet of the 32-pounders which look from the embrasures. It is worthy of remark here, that these build-
ings were occupied by a regiment which suffered from the brain dis-
ees which prevailed here the past winter. The 17th moved into the
barracks the same day the other regiment moved out (now nearly four
months ago), and no case of that disease has yet occurred, showing,
as I stated to you in my last letter, that the disease was not wholly
due to green barracks, as it prevailed almost exclusively among those
who had recently arrived here. For military reasons the buildings are
now being taken down, as they long ago should have been for sanitary
purposes. As now constructed, they allow only about 180 cubic feet
of air to a man, with no means of ventilation. They are built not only
too near the ground, but in some places the earth was actually remov-
ed to make room for the sills. In this region, where malaria exists to
a great extent, it is highly important that buildings intended for troops
should be raised at least four feet from the surface, in order that the pal-
dal poison, which hugs the ground, may be as much as possible avoided.
No part of the new barracks will be less than four feet from the ground.
A ridge ventilator, open about one foot, and covered with a hood,
will be made the entire length of the buildings. Ventilators, opening
a foot in width, will be made flush with the floor. That these may be
closed in windy or stormy weather, a cover will be hung (by a hinge
upon the upper edge) upon the outside of the building. This arrange-
ment is highly important, as the ground which we occupy is fine sand,
which is raised with every gust of wind. It will never be necessary,
however, to close these ventilators on both sides of the building at
the same time. I am under obligations to the commander of the regi-
ment (Lt.-Col. Fellows) and also the commander of the brigade (Col.
Amory) for the cheerful and prompt manner in which they have ever
adopted my suggestions, having for their object the preservation of the
health or the comfort of the men.

This is a miserable country. For the past year we have battled con-
stantly with the "shakes"; more recently with the brain affection,
an account of which I gave you in my last letter. A new enemy now
appears in the shape of chronic hepatitis. This disease exists only in
the old regiments that were here the past summer; it does not appear
to depend upon malaria, inasmuch as it originates indiscriminately
among those who have suffered from fever and ague and those who
have not. It is caused by long-continued exposure to heat, and is in-
sidious in its attack.

The first symptom which attracts the notice of the patient is a swell-
ing (the camp name of the disease is "swelled belly") in the epi-
 gastric region, accompanied with tenderness and a dull aching pain,
which prevents him from wearing his accoutrements with ease. The
waistband of his trousers is eight or ten inches too short; he has loss
of appetite, nausea, and occasional vomiting. At this stage of the
disease the patient is in good spirits, and treats his abdominal en-
largement as a matter of joke; after a period of ten days these symp-
toms increase in intensity, the patient becomes depressed in spirits
and gloomy, has pain in the right hypochondriac region, and difficulty
of breathing while in the horizontal posture; tongue covered with
yellowish fur. The enlarged liver can now be readily felt. The disten-
sion of the abdominal walls caused by the enlargement of the liver

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Deaths from Chloroform.

(and in some cases of the spleen also), flatulence and ascites combined, increases slowly, or it may remain nearly stationary for some weeks; it never diminishes, but sooner or later increases until the abdomen is enormously distended.

At this stage of the disease, it is plain that the man will never be able to resume his duties, and he is accordingly discharged the service; hence no opportunity has been offered for a post-mortem examination.

My usual treatment has been, in the first instance—mercurial and saline cathartics, then calomel in alterative doses, iodide of potash, and cream of tartar as a laxative and diuretic. In some cases the nitro-muriatic acid has been given. Quinine appears to aggravate the disease. Externally, cupping, blisters, iodine paint, Croton oil, turpentine epiphiels, and ointment of the iodide of potash. These remedies have been used as indicated by the symptoms, apparently without in the least modifying the progress of the disease; latterly I have pursued nearly an expectant treatment, using only palliative remedies.

I have seen in all about 100 cases; 17 of those belonged to my own regiment. They are all discharged the service. None of them have improved, but all have grown worse, with every indication of a fatal termination. In order to ascertain whether a change of climate would influence the course of the disease, I procured sixty days' furlough for two of the most promising cases, and directed the men to apply at the Mass. Gen. Hospital for treatment; these cases have progressed unfavorably, and to-day I learn the men are discharged from service. Impressed as I am with the fact that none affected with this disease will recover while they remain in the service, especially at this season of the year and in this climate, where the originating cause continues to operate, I shall procure the discharge of all who may hereafter become affected with this disease, as soon as the diagnosis becomes clear. My practice has always been to give every man a chance for his life. When it is evident he can be of no further use to the Government, he should be discharged, if possible, before his disability becomes permanent, or he is beyond the hope of recovery. I am happy to say that this course has been approved by Medical Inspector Mussy, who was here a short time ago.

Many men become so debilitated from repeated attacks of malarious disease, and long-continued exposure in this climate, that unless great care is exercised, their lives may be lost, when by a timely discharge and removal to the North, they would soon regain their health.

I remain, respectfully, your obedient servant,


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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 4, 1863.

In the month of January last, some editorial comments were suggested to us by the mention in the Medical Times and Gazette of Nov. 22, 1862, of two deaths which had then recently been caused, in one London hospital, by the inhalation of chloroform. Our attention is