Still the question comes up, Have we an aneurism here? Many observers would decide from the evidence which is now before you that there was undoubtedly an aneurism of the transverse arch of the aorta, and they would certainly have a fair show of reason for such an opinion. Personally, however, I should hesitate to make the diagnosis of aneurism in this case until I had kept it under observation for a considerable time. By experience I have learned to be conservative in these matters, and I am positive that I have sometimes met with all the physical signs which are present here when there was no aneurism at all, but only a simple dilatation of the aorta, with thickening of the tissues about that dilatation. Still, the long-continued, deep-seated pain which this patient has complained of (and which is relieved by the pressure caused by lying upon the chest), and the fact that it is increased after exercise, point towards the diagnosis of aneurism. While, then, it is perhaps probable that there is a thoracic aneurism here, we must not forget that we may have only hypertrophy and dilatation of the heart, with considerable mediastinal thickening. It is a curious fact that this condition of the heart, which is undoubtedly present here, is seldom met with in connection with aneurism, and I have often wondered why the heart is not more affected in this disease. With the most enormous aneurisms I have again and again found the heart perfectly normal, and performing its work in the most efficient manner.

Before dismissing the case, I would call your attention to one other point, and that is the possibility of there being disease of the kidney here. If this were found to be the case, it would help us to account for certain of the symptoms present, which now seem to be due entirely to pressure. In any event, however, the prognosis is not a very favorable one in this patient.

THE MALARIAL CACHEXIA.¹

BY J. O. WEBSTER, M. D., AUGUSTA, MAINE.

ALL physicians who have much professional intercourse with the soldiers of our late war soon learn to recognize a peculiar state of the constitution, not well explained in books, but very characteristic, which is commonly ascribed to malarial poisoning. The name of "chronic malarial poisoning," or "toxæmia," is quite generally given to this condition. But to this term there is the objection that it is the appropriate designation of a form of disease caused by long-continued or chronic exposure to the influence of malaria, which was very common in our army, and is abundantly described in medical literature; while in the condition with which we have to do at present, the remote sequence of that disease now observed, there is probably not a saturation of the

¹ Read before the Kennebec County Medical Association, May 22, 1879.

system with the malarial poison, but there is a permanent modification of the constitution, caused originally by the action of that poison. This state of the constitution is analogous to the diatheses, differing, however, in that it is acquired instead of congenital, hence more properly called a cachexia,¹ and the term "malarial cachexia" is adopted for use in this paper.

This name has itself been rather loosely employed, being sometimes applied to the active stage of malarial toxæmia; but wherever used in this paper, *malarial cachexia* means *an acquired modification of the human constitution, the remote consequence of malarial poisoning*.

As a person may be the subject of two diatheses, which mutually modify each other, so the malarial cachexia may be more or less modified by the diathesis of the individual; and, on the other hand, the nervous and bilious diatheses are intensified by this cachexia, especially the latter; but, aside from such modifications, the condition of the subjects of the malarial cachexia is about as follows:—

The skin is sallow, and the body presents the appearance of anæmia and emaciation, the weight being less than that normal to the individual. The tongue is invariably coated, generally with a thick, yellow fur; sometimes it is dry and fissured. There is often complaint of dyspepsia; generally sluggishness of the bowels; in some cases occasional attacks of diarrhœa. The liver is frequently enlarged and tender, and the discharge of bile in the stools evidently scanty. There is a general sense of malaise, or a feeling of being constantly tired; breathlessness on exertion; ability to do but a fractional part of the manual labor formerly possible; and the fatigue after labor is profound, and slowly recovered from. Want of energy is very common, and there are often hypochondria and irritability; all these without any apparent organic disease. In many cases there are frequent attacks of sick headache, or migraine, evidently the result of this cachexia, as they occur in persons who were not naturally disposed to them. The not unusual cases in which there is actual organic disease of the liver, kidneys, etc., the result of malarial poisoning, are beyond our proposed limits.

The malarial cachexia seems to be permanent; indeed, instead of showing a tendency to fade away, it appears to become more deeply impressed upon the constitution with the lapse of time. The subjects of this cachexia have a diminished power of resisting diseases, especially those incident to climatic and meteorological changes. They are particularly subject to catarrhal inflammations, as bronchitis, and to ephemeral fevers. As diseases are modified by the diathesis of the individual patient, so this acquired diathesis modifies them. Acute diseases are more apt to be ushered in with a chill than in other patients. Fevers,

¹ A cachexia is an acquired modification, as compared with a diathesis, which is inherited or congenital. Fothergill, American edition, page 278.

essential or symptomatic, are apt to be more markedly intermittent than is usual, and to vary much in their course, so that it is sometimes difficult to make a diagnosis. Convalescence, after illness, injury, or surgical operation, is slow and unsatisfactory. The above description is written entirely from my own observation. I have been unable to find, in the medical literature to which I have had access, any good account of the condition under consideration, although it is spoken of in English works as a very common state in those who have formerly resided in India, and doubtless descriptions of it exist. "Chronic malarial toxæmia" is well described; but that term, as we have already seen, is applied to the more immediate results of exposure to the influence of the paludal poison, as it occurred, for example, in the Union army, where it was a very common condition. For its bearing upon the ætiology of the malarial cachexia, we quote the following excellent description of "chronic malarial toxæmia:" "The man is evidently out of health, and unfit for duty. He is said to be laboring under 'general debility.' There is a gradual loss of power, and fatigue comes on from slight exertion, with breathlessness and palpitation; the senses are dull and perverted; there are moroseness, despondency, and irritability; headache and neuralgic pains in the course of the fifth pair of nerves; lameness of the muscles of the back and legs is often complained of, after little exertion; occasionally there is more or less diminution of sensibility or motion of the lower extremities, which become enlarged, and the integument is shining, smooth, and pits upon pressure; the appetite is capricious and lessened, and there is constipation alternating with diarrhœa; the urine, at first copious, soon diminishes, with an increase of the urates and phosphates, and frequently of the oxalate of lime, and is loaded with epithelium; the bladder is irritable, with frequent micturition; the skin is harsh, dry, of a greenish-yellow hue, and bronzed in portions, and the hair has a dead look and feel. Persons in this condition are very liable to acute disorders, particularly pneumonia, which are constantly fatal."¹

In those who died at this stage, it was observed that the poison had manifested itself by anatomical changes in the liver, kidneys, spleen, stomach, intestines, and mesentery; and in the viscera drained by the portal circulation are always found the pathological sequences of the malarial poison. In the opinion of Lussana the poison of malarial fever is confined to the portal circulation. In those who did not die, it is a necessary conclusion that the same anatomical changes had taken place, only less in degree. After returning to non-malarial regions they recovered more or less imperfectly from the disease, but were left with some modification of the constitution, perhaps with some structural change in the organs affected, and will remain, for the rest of their lives,

¹ Clymer, in Aitken's Practice, American edition, vol. i., page 461.

subjects of the malarial cachexia. This is not a rare condition. In this little city [Augusta] the subjects of the malarial cachexia may be counted by the score, and all through the North many thousands must be thus affected.

Writers upon "chronic malarial poisoning" appear to take for granted, indeed most of them assert positively, that its subjects, if removed to non-malarial regions and treated with quinine and its *succedanea*, will perfectly recover. How far that is from the fact is shown by the experience of our Northern soldiers. In cases where the exposure to the paludal poison had been brief, and had eventuated in a regular attack of chills and fever, with speedy removal from the sources of the poison, a return to health took place; but in those chronically exposed to the poison, in whom, with or without intermittent fever paroxysms, the condition of "chronic malarial toxæmia" was set up, it would be safe to assert that a very minute percentage ever regained their former state of health. The future prospects of sufferers from the malarial cachexia are not encouraging. The condition shows no natural tendency to disappear but rather to become more intense, and medical treatment is at best only palliative. Their physical debility cripples their energies, and sadly interferes with their success in life; their diminished power of resisting disease makes them liable to fall an easy prey to various acute affections; their lowered vitality makes it improbable that they will attain respectable longevity.

The general principles of treatment of persons laboring under the malarial cachexia may be derived from the description of their symptoms already given. There is nothing specific in the treatment, but the end in view must be the promotion of general nutrition and the palliation of morbid symptoms, so far as practicable. Perhaps the most important symptom that presents itself to our attention is the sluggishness of the abdominal viscera. Until that is relieved, it is useless to direct treatment to other conditions. And there are but two measures that seem effectual for the relief of this symptom, the use of mercurial cathartics and the employment of emetics. Whether mercury is a hepatic stimulant or not, it at least removes a large amount of bile from the intestines, and prevents its reabsorption. A blue pill and seidlitz powder, in these cases, is an excellent beginning of a course of treatment. Emetics are of perhaps even greater utility. For a knowledge of their value in this condition, I am indebted to a prominent physician of the South.¹ An emetic is well known to be a powerful stimulant of the portal circulation and of the viscera drained by it. Either of these measures will need to be occasionally repeated, and meanwhile the bowels must be kept free by proper diet or other means, among the best of which are podophyllin, in small doses, at night, saline and alka-

¹ J. D. Mitchell, M. D., of Jacksonville, Fla.

line laxatives, as the Carlsbad salt, or the following nearly equivalent combination taken early in the morning :—

	Gms.	
R̄ Sodii sulphatis	1	25 (℥i.)
Sodii bicarb.		60 (gr. x.)

To be taken in a cup of warm water.

Tonics are manifestly called for by the symptoms, and the most valuable are quinine and arsenic ; not because they are so-called specifics for malaria, but because they are the best tonics to the digestive organs, as well as to the system generally. They may be given singly or combined, and in pill form it is well to put with them some capsicum, which is considered a hepatic stimulant. The following pill has proved valuable in my experience :—

	Gms.	
R̄ Quinæ sulphatis	12	(gr. ij.)
Acidi arseniosi	002	(gr. $\frac{1}{80}$)
Pulv. capsici	06	(gr. i.)
Ext. taraxaci		q. s.

To be taken before each meal.

The mineral acids, after eating, are of very great utility in these cases, — nitric, muriatic, or their combination, freely diluted.

The anæmia, which is a prominent symptom, would seem to call for iron, but it is not usually well borne, as is the case in other affections where the tongue is coated. Still, if the bowels are kept free, it will sometimes act well, and should be tried. Dialyzed iron is usually as well borne as any form ; but sometimes the following combination will act better than any other :—

	Gms.	
R̄ Ferri et potassii tart.	30	(gr. v.)
Liquoris potassii arsenitis	12	(℥ij.)
Potassii bicarb.	60	(gr. x.)
Tinct. nucis vomicæ	30	(℥v.)
Aquæ	ad 4	(℥i.)

To be taken in a wineglassful of water, before eating.

Another valuable medicine, now recognized as a tonic, is corrosive sublimate, which may be given in doses of one to two milligrams (one sixtieth to one thirtieth grain), in a bitter tincture, and it may advantageously be alternated with the other tonics.

One peculiarity in the treatment of subjects of the malarial cachexia is that no form of medication appears to be beneficial for a long time, but frequent changes are necessary. Of course, many other measures will suggest themselves to the physician. Change of climate, a sea voyage, the hot springs, etc., are worthy of trial. Into the matter of general regimen it is not necessary to enter, although it is of prime importance, for it is governed by principles that are familiar. After all, our treatment will be, in one sense, a failure, for it seems probable that the condition of which we have treated is ineradicable. But, by

the resources of our art, we can get its subjects into, and keep them in, a much better condition than they would be without treatment.

There remains one thing more that the physician can do for these persons. He can advise them that, as "they do not possess a normal amount of health and strength," they should not "aspire to the habits and practices of perfect health, or of a by-past time," but should "moderate their aspirations," and "limit their demands upon themselves to their capacities," and thus "much better health and even length of days would be practicable."¹

In conclusion, I beg of you to judge of this paper as, what it pretends to be, not a dogmatic treatise upon the pathology or treatment of the malarial cachexia, but simply an attempt at a study of this condition from a clinical point of view, and a contribution from my own experience and observation.

A MEDICO-LEGAL CASE OF ABORTION, FOLLOWED BY CONVICTION OF THE ACCUSED ABORTIONIST.¹

BY MEDICAL EXAMINER J. C. GLEASON, M. D., OF ROCKLAND.

In the afternoon of June 8, 1878, in response to a telegram from Dr. J. W. Spooner, I went to Hingham to view the body of Mrs. Rebecca H., a colored cook, living in the family of Mrs. B., in the west part of the town. I found the body of Mrs. H. in ordinary dress, lying upon a bed in an attic chamber, used as the sleeping apartment of the house servants.

I learned that, in apparently perfect health, the woman had gone up to this room at about eleven A. M. with a Dr. Gilson, of Boston, she carrying up with her a basin of warm water; that in twenty-five to thirty minutes he came hurriedly down-stairs for brandy; that servants procured it for him, and, accompanying him up-stairs, found Mrs. H. upon the floor dead. A tub containing a small quantity of bloody water was seen near by. This the doctor directed one of the servants to throw away. Another of the servants had, at a previous visit of the doctor, lent him a common rubber syringe, which had not been returned to its owner. A bottle containing tincture of aloes and myrrh was found in the room, and in the kitchen below another containing a small quantity of fluid extract of cotton root. Further search discovered the syringe concealed in a bureau which stood near the bed. When found it was *still wet*. To the discharge pipe of this syringe a strange nozzle was affixed, which bore evidence of having been filed off, though somewhat roughly, and which was found a few days later to fit quite well a female catheter which the jailer at Plymouth discovered as it dropped

¹ Fothergill, Am. ed., page 25.

² Read before the Massachusetts Medico-Legal Society, June 10, 1879.