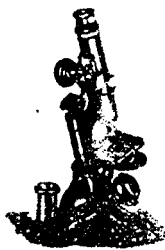


## Medical Matters.

### EMACIATION.



Dr. Richard C. Cabot, in the *Journal of the American Medical Association* thus sums up some of the causes of emaciation. He says: 1. Loss of weight (gradual or fairly rapid) is often observed as a part of the aging process in persons past middle life.

2. This emaciation is often associated with arteriosclerosis, possibly as a result of it, possibly as the concomitant effect of some third (unknown) factor.

3. The rapid gain in weight often seen in growing children and in the convalescence from wasting diseases is not directly a result of abundant food and may occur even when the food supply is far below normal. The gain must be referred to an extraordinary rapid cell production due primarily to heightened growth-energy in the cells themselves.

4. That influences connected with the organs of sex may exert a controlling force on nutrition is strongly suggested by the changes in flesh and figure following parturition and the menopause.

5. The importance of internal secretions in the maintenance or perversion of nutrition is exemplified in the emaciation of Graves' disease, the increased weight of the myxedematous, and perhaps in the more local hypertrophies of acromegaly and Paget's disease.

6. The possibly decisive influence of insomnia on weight is suggested by the rapid emaciation sometimes occurring in cases of aneurism when sleep is prevented by pain, though appetite remains excellent.

### INSUFFICIENT NOURISHMENT IN DYSPEPTICS.

Two German physicians, Drs. Mathien and Roux, in a recently published article on this subject, emphasise especially the tendency of neurasthenics and dyspeptics to cut down their diet imperceptibly until the digestive organs lose, through disuse, their power of assimilating food, and the taking of food even in small quantities is accompanied by a distress due to this loss. The distress caused by eating often deceives the physician, who assumes the existence of some serious lesion of the stomach. The administration of stimulants and narcotics is continued until a gastritis medicamentosa is produced. In such cases increase of diet is accompanied unavoidably by gastric distress, but the patients must be encouraged to persist by the assurance that digestion will become

comfortable in a short time. Decrease in the size of the liver, shown by lessening of percussion dulness, is an almost certain sign of under-nourishment. If the lessening of the amount of food has been gradual, there may be no sensation of hunger, but in many cases the appetite is capricious, or hunger may be replaced by satiety after eating very little. There may be nausea after eating or before meal times, and this may be accompanied by a sense of anxiety or faintness. If this occurs when the stomach is empty, it may be relieved by eating a few mouthfuls, and the patients may be led to keep nibbling frequently, while eating almost nothing in the course of the day. There is always atony of the musculature of the stomach, and whenever food is taken, gastretasis occurs, accompanied by belching and borborygmi. Even small quantities of food may draw the stomach below the umbilicus. The treatment consists almost wholly in the gradual increase in the amount of food taken, and the encouragement of the patient during the three or four weeks that the disagreeable sensations last. In some cases treatment is most difficult, and it may be necessary to feed the patients by force.

### THE CURE OF LEPROSY.

The announcement is made by the physicians of the State Home for Lepers at New Orleans, that two women and a boy, respectively fifty, thirty, and thirteen years of age, have been discharged as cured of Leprosy. It is stated that eight other patients show so much improvement that their recovery is expected. The treatment consisted in the administration of ichthyol, chlorate of potash, strychnine, salicylate of soda, chaulmoogra oil, and arsenic. The physicians declare that there exists absolutely no doubt as to the permanency of the cures.

### VEGETABLES AND APPENDICITIS.

Professor Metchnikoff in the second of the Harben lectures, at King's College, expressed the view that oxyures and ascarides are frequently present in cases of appendicitis. These injure the mucous lining in the area of the appendix, and so lay bare points of entry for germs which caused appendicitis.

He has arrived at these conclusions owing to the fact that the usual vermifuge treatment in appendix cases has largely decreased the number of fatal results.

Washing vegetables in boiling water is not in the Professor's opinion sufficient. They should be scalded, as they are frequently the carriers of ascarides, oxyures, and other pathogenic microbes.

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