siderable amounts of diphtheritic membrane in concealed situations. I have seen quite a number of cases in which there was no evidence of it anywhere, except constitutional symptoms, in which I have, by syringing, washed pieces of membrane from the posterior nares several times in the presence of other physicians. In another case of an adult patient who had previously been frequently subject to grave catarrhal and bronchial attacks, another attack of a week's duration, similar in all its physical signs to the previous ones, under most competent and vigilant medical attendance, terminated fatally—no nasal obstruction, no croupy symptoms of respiration of voice, no visible membrane anywhere. There had been exposure to diphtheritic contagion two weeks before the attack. There were symptoms of toxæmia. The autopsy showed the trachea and bronchial tubes completely lined with diphtheritic membrane; none in the larynx; the posterior nares not examined.

I have no disposition to be "wise above what is written," and am far from asserting that there is never a case of "primarily constitutional" diphtheria; but, according to my experience, the more thoroughly such apparent cases of diphtheria without a *diphthera* are investigated, the fewer do they become.—*New York Medical Record.*

INFANTILE MARASMUS.

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Read in this Section on Diseases of Children of the Ninth International Medical Congress.

In presenting a paper for your consideration, with many misgivings, I select the subject of Infantile Marasmus. I am aware that many other subjects are more alluring, and such as this are, as a rule, unattractive, yet we must remember that nothing in the form of disease is trivial, for a human life is always involved, and all that influences and affects life for good or ill is of the greatest import.

A series of interesting cases met with in private practice during the past few years, compared with other cases occurring in hospital and dispensary practice, have impressed upon my mind the importance of this condition, and the means of antagonizing it.

The term marasmus, like malaria, is a misnomer, and expresses but little as regards the pathology of the disease; it declares simply that our patient is wasting away, repair on the part of the tissues having surrendered partially or completely to decay.

A condition of "Marasmus," wasting or consumption occurs in all forms of exhausting disease, but the name is only applied in cases of wasting unaccompanied with fever or symptoms pointing to any well defined disease.

It is more frequently met with among the young and the aged, but whether infantile or senile, it is usually dependent upon similar causes and conditions. Among infants we meet cases which can clearly be referred to congenital syphilis, which at once takes them off the list of marasmus cases, and places them under the specific classification. Others again have been so classified when they would probably have been more correctly diagnosticated as tuberculosis, tabes mesenterica, etc. Care in eliciting the family history and examining the cases will generally avoid these errors of diagnosis.

Many cases of so called marasmus, if closely investigated, will present a history and general indications of intestinal catarrh.

Niemeyer, in writing upon the subject of chronic intestinal catarrh of children, refers to the fact that the imperfect diagnosis of "marasmus" is frequently assigned to such cases, and he is undoubtedly correct.

Eliminating all cases clearly belonging to other classifications, there remain those cases of wasting or general atrophy, in which no fever or local lesion can be discovered. Pronounced pictures they are too, after a prolonged period of progression; muscles shrunken and flabby, osseous prominences everywhere visible, with the pale, shriveled, dry skin hanging in broad folds and wrinkles about them, like a pair of loose and baggy trousers upon calfless legs; face withered, wrinkled and worn, suggesting the miniature daguerreotype of some emaciated, toothless hag, the most pronounced features in the case being loss of flesh, loss of strength, loss of color, the complexion being of a dull leaden color.

Having excluded all cases of wasting dependent upon tangible conditions, such as tuberculosis, congenital syphilis, intestinal or gastric catarrh, etc., I shall devote my attention to the consideration of the cases which can properly be called marasmus.

They present all the symptoms above referred to, and in marked degree we have inactivity of the secretory glands.

In life there is dryness of everything, skin, alimentary canal and the emunctory organs in general; and after death, upon examination, we find further evidences of lack of fluidity or proper moisture of the tissues, confirming the thought that there has been a lack of secretion and excretion, exosmosis and endosmosis.

Primarily, then, I take the position that inactivity of the glandular system is at fault. In the very outstart of every infantile career we have more or less inactivity of the glands, the liver, with other glands, is larger (being more engorged) at birth relatively than at any later period of life. Attention to the proper establishment of the equilibrium of the circulatory, secretory and excretory system of the infant is of vital importance.

Given this torpid, glandular condition, coupled with improper or insufficient food, and other hygienic errors, we have the factors favorable to the furnishing of a full-fledged case of typical marasmus. The five digestive juices upon which depends the proper preparation of pabulum, for prompt appropriation on the part of the absor-