and granular lymph-corpuscles and large multinucleated cells crowd the cavernous tissue and the lymph-passages of the ganglia. This is therefore a kind of catarrhal inflammation. Two forms of tertiary adenitis have been recognized and made the subject of a thesis by Gonnet,[1] who calls them sclerous and gummatous adenitis. He says they may occur together, and the former may be converted into the latter.

Thyroid Body.—In the post-mortem examination of old syphilitic subjects, this gland may be found to be hypertrophied, and to have undergone more or less complete fatty degeneration. The existence of gummy tumors has not been noted.

[1] L'adénopathie syph. tertiare, Thèse de Par., 1878.

CHAPTER VII.

CACHEXIA, CHLORO-ANÆMIA, ASTHENIA.

At certain periods during its course, syphilis produces an adynamic condition of the system, called "syphilitic cachexia." These periods are at, or just before, the evolution of the disease, during its secondary stage, and towards the close of its tertiary stage.

In those cases, fortunately rare, in which *phagedœna* complicates the initial lesion, there may be observed, soon after the onset of this process, loss of appetite and strength, emaciation, and a pale, sallow appearance. The pulse becomes rapid, weak, and small, and the temperature rises. The patient feels dejected, nervous, and apprehensive. The condition becomes graver in proportion to the extent of the local destructive process, and unless this be checked, complications, consisting of numerous functional disorders, accompany the inauguration of the secondary stage. Headache, neuralgic or rheumatoid pains, with severe nocturnal exacerbations, may torment the unfortunate sufferer, whose mind is equally harassed by many forebodings, as, for instance, in the case of phagedæna, by the prospect of losing his genital organs. Decided ganglionic enlargement usually accompanies this condition, and is a valuable symptom, since the secondary lesions of the skin and mucous membranes may be so trifling as to elude search, and the masked character of the initial lesion obscures the diagnosis. I have often noticed the disproportion between the character of the primary lesion and that of the early general manifestations, and I have seen several cases in which the very considerable extent of the local process, and the insignificance of the secondary symptoms, have prevented any suspicion of syphilis, the severity of the systemic disturbance being attributed to the phagedæna. The necessity of thorough and repeated scrutiny of every possible seat of secondary symptoms in all cases is evident.

In some cases, secondary and tertiary lesions, of an extremely severe type, may coexist with the primary lesion, and the patient may lapse into a typhoid state, or serious nervous affections may be developed, and even terminate fatally. Fortunately such a result is rare, but it is not uncommon to see a phagedenic chancre accompanied by a cachexia, which may continue for several months, and from which recovery is tedious and attended by repeated relapses.

The cachexia of the secondary period of syphilis may begin a few months after the onset of the disease. It is seen chiefly in weakly persons oftener than in the robust; and, again, more frequently in those who have had imperfect, or no treatment whatever; hence we have reason to infer that early and adequate treatment will

prevent its occurrence. The general symptoms of cachexia, already given, are repeated, in this stage of syphilis, in a milder form. Frequently nothing can be found to account for the condition, and the only suspicious feature of the case is the occurrence of headache or pain, due to a low grade of inflammation in bony or fibrous tissue, and which are more severe at night.

In most instances there is no reason to anticipate an unfavorable result, but in others these vague symptoms are so alarming as to suggest serious visceral lesions. We have sometimes found slight enlargement and tenderness of the liver, and often marked splenic hypertrophy. The urine, in uncomplicated cases, is usually of very low specific gravity and deficient in mineral ingredients.

In spite of the serious nature of the case, gradual restoration to health may be expected under appropriate treatment.

The cachexia of the tertiary stage is most frequently seen in severe and protracted cases occurring in persons of weak constitution, in drinkers, or in those who have failed to observe the laws of hygiene, or who have not been subjected to proper treatment.

The condition is less alarming than that of the secondary stage, but more chronic and rebellious. Tertiary lesions have probably been developed early and severely, and very likely have relapsed with increased severity.

No definite order of symptoms accompanies the cachexia of the tertiary stage. There is emaciation and debility; the patient is of a pale, earthen hue, which differs from the yellowish-white of the cancerous cachexia, and resembles the tint of the miasmatic cachexia. Remissions may occur, during which, even if the patient's appearance does not improve, his strength is increased, and his general condition is better.

The causes of tertiary cachexia are various. In some instances it is due to the long and severe course of the disease; in others to the exhaustion from extensively destructive lesions, and in others still to visceral lesions.

The prognosis must vary in individual cases. Unless the case has gone too far, treatment may induce cure or decided amelioration, while in other instances nothing more can be accomplished than temporary retardation of the fatal result. Even visceral lesions, if not too extensive or too chronic, may be relieved.

Fournier, the results of whose studies regarding syphilis in women are very valuable, considers that the female is usually more seriously affected than the male sex. He thinks that syphilis produces in the former two conditions, one "chloro-anæmia," and another more severe, "asthenia."

The chloro-anæmic woman has a pale, leaden color, slightly tinged with yellow, is emaciated, weak, and subject to palpitations on slight exertion. Frequently an anæmic bruit may be heard in the large vessels. The patient complains of *muscæ volitantes*, of vertigo, and of excessive nervousness. The appetite may be impaired or it may

be ravenous, large quantities of food being taken and not assimilated. Fournier terms this "*boulimie*," or a temporary exaggeration of the appetite. While admitting its occurrence in those who present many nervous symptoms, he insists on its specific origin. It is probable that "boulimie" and the unnatural thirst termed "polydipsia," which are often associated together, are hysterical symptoms resulting from the depressing influence of syphilis.

The condition of asthenia is regarded by Fournier as totally distinct from chloro-anæmia, since those women who are the subjects of it show no evidence of anæmia in the countenance. They complain of great weakness and prostration, and are low-spirited and indisposed to any kind of exertion, and even gentle exercise induces fainting. Fournier says that the debility is greater than is observed in cases of profuse hæmorrhage or in convalescence from adynamic fevers. The pulse is weak, respiration is slow, digestion is deranged, and nutrition is imperfect. Nervous depression is indicated by dulness of hearing and sight, and by inability to sustain prolonged mental effort.

This condition is often combined with chloro-anæmia, and, like the latter, varies greatly in severity, and is amenable to proper treatment.

The danger in each of these conditions is from the diminished resistance of the system, which lends a malignant feature to any intercurrent affection that may attack the patient.