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BRONZED SKIN, WITH DISEASE OF SUPRA-RENAL CAPSULES.

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[Communicated for the Boston Medical and Surgical Journal.]

EARLY in February, 1862, I was called in consultation with Dr. B. F. Heywood, of this city, to see Mrs. Currier, of Saundersville—a tall, fleshy, fine-looking lady, aged 51, of light complexion, blue eyes, and dark brown hair. Her disease was scirrhus of the right breast, of several years' growth, of large size, of irregular but unbroken surface, uncomplicated with disease of the lymphatic glands, unattached, and but little painful. I removed it by amputation on the 13th, and she remained under the care of Dr. Heywood, making a rapid and excellent recovery. Soon after, she removed to New Hampshire, and remained there for nearly two years.

For eighteen months her health continued good; but at the expiration of that time (about last September) it began to fail, the first symptoms of disease being occasional paroxysms of pain and distress in the epigastric and right hypochondriac regions, shooting around to the back, and attended with tenderness and soreness, and occasional vomiting. These symptoms increased in severity during the winter, the paroxysms of pain becoming more frequent, more severe, and of longer continuance, and the soreness quite persistent, so as to cause a constant yielding of the body, which in walking was bent forward and to the right side.

In March last (1864) she returned to Massachusetts, and came again under my care. The following is an abstract of my record.

April 4th.—Patient is decidedly anæmic, but not much emaciated; flesh soft and flabby; is very feeble; has a weak, rapid and sometimes almost imperceptible pulse; becomes faint and breathless upon the slightest exertion, and walks in stooping posture on account of pain and soreness in epigastrium. Her position on lying down is upon the right side, with limbs drawn up and head and shoulders depressed. Lying upon the back or left side causes a sensation of "pull-

VOL. LXXI.—No. 4

ing and tearing" in the right hypochondrium, which is very distressing. Upon examination, I find the cicatrix in the breast and the whole region of previous disease healthy. I cannot find any change in the feeling, appearance or position of organs in the part principally complained of. There is, however, a very perceptible change in her complexion, which consists in a *bronzed discoloration* of the skin, most marked upon the backs of the hands and fingers, in the flexures of all the joints, both great and small, and upon the face. She herself has noticed this, and been very much annoyed by it, for several weeks. She is depressed in spirits, but has usually a good appetite; her bowels are regular, urine nearly normal, and sleep quite natural.

May 20th.—Since last record has had almost daily paroxysms of very acute gastric distress, attended with sensations of obstructed accumulation of gas in the stomach, sometimes lasting for hours, and generally relieved by eructations of flatus, or by vomiting. The bronzing of the skin is much increased, both in extent of surface and in intensity. Local and general symptoms unchanged.

June 17th.—Has failed much in general health and strength, and for a fortnight has been confined constantly to bed, decubitus being still upon the right side, with limbs drawn up, and body bent strongly forward. She thinks food increases the gastric uneasiness and pain, and of late is much inclined to refuse it. I can see no evidence that this opinion is correct. The "bronzing" still deepens in intensity. Her hands look like a mulatto's.

June 30th.—On the day following last record, after an unusually severe paroxysm of distress, violent vomiting came on, relieving entirely the pain, but causing great exhaustion and entire inability to take or retain food. This disability, though the vomiting has been mainly controlled, has continued up to the present date, and this evening, at 6 o'clock, the patient died, of exhaustion and inanition. Her mind was clear to the last. The bronzing of the skin had steadily increased and deepened up to the last moment; and "*bronzing*" describes precisely the discoloration. It was like that of a bronze statue, without lustre.

An autopsy was made, twenty-four hours *post mortem*. Emaciation was by no means great, though the flesh was soft and flabby. The discoloration was somewhat faded, yet very well marked. The section of adipose tissue overlying the sternum and abdominal muscles was over an inch in thickness, and there were very large accumulations of fat in the omentum, in the mesentery, and around the kidneys.

Upon turning back the abdominal walls and removing the stomach and intestines, two large, almost spherical tumors were observed occupying the place of the supra-renal capsules, and joined together across the vertebral column by a thickened, corrugated mass of enlarged and diseased lymphatic glands. The tumor upon the right

side was somewhat larger than that upon the left, being about two and a half inches in diameter, and adherent by a strong and broad attachment to the under surface of the liver. From this point of attachment several broad lines of reddish-white, soft deposit radiated into the substance of the liver for a distance of an inch and a half, resembling soft cancer as sometimes seen infiltrated in that organ. *Externally*, the tumors presented a smooth, uniform, glistening surface; *internally*, upon section, a dense, firm, fibrous texture, making a smooth surface, at first white, but speedily becoming covered with a bright, orange-yellow exudation, which after exposure to the air became a dingy, greenish brown. The diseased lymphatic glands presented a very similar texture, but gave upon section none of the bright yellow fluid.

There was no other disease of importance noticed in the thorax or abdomen. The head was not examined.

CASES READ BEFORE THE MIDDLESEX EAST DISTRICT MEDICAL SOCIETY, MAY 18, 1864.

BY R. L. HODGDON, M.D., OF WEST CAMBRIDGE, MASS.

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CASE I.—*Passage through the Alimentary Canal of an Adult of a portion of clay Pipe-stem, six inches in length.*—T. I., on March 6th swallowed a piece of clay pipe-stem. He sent to ask advice. Supposing that he had broken off a piece of stem while smoking, I ordered an ounce of castor oil. On the 13th, he came himself for advice. He reported that the castor oil had acted freely, but without relief to his distress in the region of the cardiac orifice of the stomach. I then learned that, in doing the trick of *swallowing the sword*, he had used a long clay pipe-stem, and supposed that he had swallowed about 4½ inches in length of it. I saw that this was not a case for castor oil, and advised rest from work, a bland diet, and to trust entirely to nature.

On the 15th, at 7, P.M., I was called to him. He had severe pain in the region of the pyloric orifice of the stomach. Gave him one fourth of a grain of sulphate of morphia, and directed it to be repeated till relief was obtained. At 10, P.M., was called again. Pain very severe. Hands and feet cold. Pulse 50. Injected one fourth of a grain of sulphate of morphia under the skin. In about ten minutes relief was obtained. He passed a quiet night, and had no more pain. On the evening of the 19th, thirteen days after the accident, he found in his dejections a piece of pipe-stem six inches in length. The longest piece on record (so far as I know) which has passed, was three and one half inches.

CASE II.—*A complicated Case of Childbed Fever.*—Mrs. B. was de-