

CASE OF ADDISON'S DISEASE; NECROPSY.

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ON Nov. 28th, 1894, I was called to see a farm labourer aged fifty-nine years. He complained of weakness, nausea and vomiting, and had been ill for about nine months. His previous health had been very good, and with the exception of a dislocation of the shoulder-joint, sustained through a severe fall five years before, he had never had any serious accident. He gave a satisfactory family history, but two brothers appear to have died from phthisis. His habits as to food and drink were good; his home was comfortable; and his work, though exposing him occasionally to the inclemencies of the weather, was light and wholesome. His original occupation was that of a butcher, but in 1889 he had been obliged to resign it and turn for a livelihood to farm labour. The illness of which he complained commenced insidiously. The initial symptoms were languor, depression of spirits, and fatigue after exertion, and were first noticed in the previous February. They became gradually more pronounced, and were supplemented in April by attacks of headache, giddiness, palpitation, and shortness of breath. His appetite, moreover, became exceedingly poor, and he began to experience vague pains, shooting and burning in character, in the region of the stomach. He consulted a medical man and was told that he suffered from indigestion. He accordingly had a course of medicinal treatment; but his condition, instead of improving, grew daily worse, and the weakness became at length most distressing. He continued, however, his employment, and throughout July worked hard at the hay harvest. But the severe manual labour and the heat of summer told so disastrously upon his already enfeebled frame that eventually, in the second week of August, he was obliged to give up work and take to bed. His friends noticed that he was looking worn and ill, and that his face and hands had a peculiar yellowish discolouration. He placed himself a second time under treatment, but his condition showed not the least amelioration. He began in September to suffer frequently from nausea and vomiting. The nausea, though usually worst in the morning, persisted often for an entire day, and prevented him taking a due amount of nourishment; while the vomiting attacks, accompanied as they were by intense retching, left him on each occasion sensibly weaker, and reduced him at last to a condition of extreme prostration. His throat was very sore after the vomiting, and occasionally his spatum would be blood-streaked. He had, moreover, developed latterly a slight cough and become emaciated; but had no diarrhoea, night-sweating, or hæmoptysis. When I saw him on Nov. 28th he was utterly exhausted with the recent and severe vomiting. Although of powerful build and muscular development, he was markedly emaciated, and one could not fail to be struck with the peculiar cachectic appearance he presented. The cheeks were hollow, the eyes sunken, the lips somewhat cyanosed; the ocular conjunctivæ were yellowish and slightly injected, while the skin had a distinctly sallow tinge, which on exposed parts, in the flexures of joints, and in the region of the genitals deepened gradually, though decidedly, into shades of walnut-brown, the hands, axillæ, genitals, and back of the neck being the regions most pigmented, while the scalp, front of the chest, abdomen, legs feet, and mucous membrane of the mouth were apparently unaffected. The discolouration varied much in its intensity in different parts, but was of uniform type and uninterrupted by spots or mottling of any kind. The skin was free from eruption, excess of moisture, and itching; and there was, with the exception of blueness of the lips and faint duskiness and clubbing at the finger-tips, no cyanosis and no cedema. There were no evidences of acute suffering, but the whole attitude and expression of the patient betokened great mental depression and physical exhaustion. He lay in a listless, semi-comatose state, sighing and yawning frequently. He had no appetite, and complained much of thirst, heartburn, flatulence, and pyrosis, with dull aching pain in the epigastrium and feelings of distension and weight about the stomach. He had, moreover, been very sick all the morning, and had vomited all his food a few minutes after taking it, each ejection being accompanied and preceded by intense stomachic pain and retching. Examination of the abdomen threw no light upon the causation of such symptoms. There was, indeed, some tenderness on pressure in the epigastric

and hypochondric regions; but no tumour was anywhere discoverable, and the liver and stomach were not enlarged. The bowels were sluggish and the fæcal matter small in amount and pale almost to chalkiness; but neither that nor the vomited matter contained any blood, and the patient did not suffer from hæmorrhoids. There was, however, considerable anæmia. It was unaccompanied by any enlargement of blood glands and was evidently not due to hæmorrhage. The symptoms were headache, giddiness, buzzing in the ears, palpitation, and shortness of breath on exertion. There was a loud hum in the external jugular vein and a systolic murmur in the cardiac pulmonary area. The heart was apparently free from valvular lesion; but the heart sounds, especially the first, were extremely faint. The pulse was regular, moderate in frequency, small in volume, and of low tension. The temperature was subnormal. The urine was clear and straw-coloured, and showed no traces of sugar, albumen, bile, or blood pigments. The patient had a slight cough, with expectoration of scanty, frothy, blood-streaked mucus. The breathing was shallow and the breath sounds almost inaudible. Crepitations, non-consonating, were audible at the base of each lung, and all over the chest were faint rhonchi, while at the right apex there were a few fine crepitations and a slight prolongation of expiration. There was, however, no dulness or other sign of consolidation. After a careful consideration of the symptoms of the case as a whole, and of the possibility respectively of malignant disease, gastric ulcer, biliary obstruction, chronic phthisis, Bright's disease, and pernicious anæmia, the provisional diagnosis of Addison's disease was made. The prognosis was hopeless, and the treatment, which consisted of milk diet, stimulants, and arsenic, was useless. The patient lingered on for three days, semi-comatose and almost pulseless, and died on the evening of Dec. 1st.

Necropsy on Dec. 4th, 1894.—Putrefaction was just beginning to show itself in green discolouration of the abdomen. Rigidity was present in all the muscles and hypostasis was well marked. The pigmentary changes in the skin of various regions were distinct, more so perhaps than in life. The muscles were much wasted, but there was a fair amount of subcutaneous fat. The heart, which was the first organ examined, was small, pale, and uncontracted, rough and lymph-coated on its epicardiac surface, but inside quite free from endocardiac or valvular disease. The lungs were crepitant throughout and had no morbid excavation or consolidation; but the lower lobes of each lung and the apex of the right were profoundly congested. The stomach was of normal size and contained a little milky food. Its mucous lining was pale, covered with glairy mucus, ecchymosed, and slightly mammillated at the pylorus, but without any signs of ulceration or cicatrices. The intestine, beyond slight congestion of its Peyerian patches and prominence of the solitary follicles, showed nothing abnormal. The spleen was small and shrivelled, and its pulp in a liquid condition; but the liver, gall-bladder, and bile-ducts, with the kidneys and the pancreas, were apparently normal. The adrenals both showed remarkable changes. The right one was, in its lower part, quite hard and calcareous, while the left was represented by a caseous, nodulated, cubical mass two and a half inches in diameter, which on section showed rounded cheesy areas of a yellow colour, separated from one another by bands of darker-coloured fibrous tissue. Each supra-renal mass was perfectly circumscribed, but surrounded by a considerable amount of thickened connective tissue, in which many of the nerve fibres connected with the solar plexus were implicated. No change, however, was observed in the surrounding ganglia or in neighbouring lymph glands.

Barnsley.

A CASE OF RUPTURE OF THE UTERUS OCCURRING AT THE FIRST ONSET OF LABOUR.

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AS rupture of the uterus early in labour is of very rare occurrence, I think the following case should be recorded.

The patient, aged thirty-two, mother of seven children, of good physique and accustomed to work hard in household matters, but always having plenty of good nourishment, was attended in her previous confinement by myself, about