

the military surgeon, just returned, under whose care the young man was treated in the Crimea, some notes taken may be of interest.

The young man is only 18 years of age, slightly made, and delicate looking. He was first severely wounded at the battle of the Alma, by a grape-shot, in the chest, from the effects of which he had only just recovered, when, about the middle of April of last year (April 16th, 1855), while serving in the trenches, he received the present formidable wound in the right lumbar region, nearly in a line with the second lumbar vertebra, and about two inches to the right of the spinous processes. The curious point is, that, though at the *right* side, the wound has many of the characteristics of a wound at the *left* side: in other words, the Russian bullet seems to have performed "Amussat's operation", in a manner of its own, after tearing through the bones of the spine; the fecal contents and flatulence escaping through a long valve-like opening at the right side. The original wound seems to have extended upwards and inwards through a circular opening in the lumbar fascia, the most remarkable symptom at first having been pain of a constant aching character, referred to the left shoulder. He exhibited also symptoms of dyspnoea; the bowels were moved; there was little or no hæmorrhage from the wound; and the first night he had an opiate.

April 19th. This day—three days since the wound—he passed the bullet by stool, which is now in Mr. Birkett's possession at Guy's. The uneasiness of shoulder and pain in the left lumbar region continued; but, after the bullet was passed, the pain in the shoulder disappeared, showing, perhaps, that the bullet had become entangled amongst the nerves of the *latissimus dorsi*, as shown by this symptom, and those of the *serratus magnus*, or *sacro-lumbalis*, or *quadratus lumborum*, as evinced by the dyspnoea, without any other assignable cause. The patient was now kept very quiet, without medicine, and fed on chicken broth, arrow-root, etc. Minute spicula of bone were imbedded in the bullet, the latter weighing over an ounce and a quarter of lead, and at present appearing as if it had been flattened by impinging on the vertebral bones. It seems a very frightful missile indeed.

April 20th. This day, as might have been feared, the discharge from the external wound became feculent for the first time. He complains now of pain along the outer part of each thigh.

April 25th. A small piece of bone passed from the wound to-day. Granulations of the wound look healthy; bowels freely opened *per vias naturales*, at the same time that there was also a fecal discharge from wound. A creasote wash was found to check the annoyance of the odour from the wound.

May 2nd. After some severe lancinating pain, another spicula of bone came away.

May 5th. Not so well. Slept part of the night, but towards morning began to rave. Complains of general pain in the left side; great tenderness when pressure is made over the course of the sigmoid flexure of the colon. When lying on his back, he draws up his legs, and he feels uneasy when his legs are stretched out. He cannot lie on the left side. Is otherwise apparently pretty well; skin cool and moist; pulse moderate; tongue clean; appetite good. He complains, however, of pain on pressing the spine immediately above the wound.

May 8th. This tenderness of spine continues. The discharge of fecal matter from wound is less.

During the remainder of the year, very little change occurred. He was "knocked about at Balaklava", he says; but, except a certain amount of tenderness in the *left* lumbar region, which still exists up to the present date (August 1856), with a sense of fulness, inviting Amussat's operation, at the *left* side, there does not seem very much change. His appetite is good; bowels open freely; he sleeps well. A fistulous communication with the intestine still continues. As it is the large intestine, he suffers no emaciation.

K.

Original Communications.

ON DISEASE OF THE SUPRA-RENAL CAPSULES.

By W. H. RANKING, M.D. Cantab., Physician to the Norfolk and Norwich Hospital, Norwich.

[Read before the Suffolk Branch, June 26th, 1856.]

THE progress of discovery in practical medicine is often fitful, but it is nevertheless progressive. At one time, we are startled by some sudden light thrown upon a disease till then involved in darkness; and our sphere of knowledge is enlarged by the addition of a new and palpable item in nosology. More generally, a field already in cultivation is year by year tilled with increased assiduity, and the broad outlines of a subject already in some degree familiar to us are filled in with more and more minuteness, until our once meagre acquaintance with its details merges into something that is complete and satisfactory. The instances of the latter mode in which medical science has been advanced are numerous. Such has it been with reference to the diseases of the lungs and heart, and more particularly of the uterus. But of the former, and as it were fortuitous discoveries of new forms of disease, our examples are not frequent. Malignant cholera thus made itself known to us in a guise not to be mistaken or slighted; and the disease named after its talented investigator, Dr. Bright, was also thus made to assume its present very important place in the catalogue of "ills which flesh is heir to". With these exceptions, later years have happily not been productive in the announcement of new or previously overlooked forms of diseased action; and it is only quite recently that we have been again called upon to admit another claimant to a nosological status.

Upon this new form of disease, "degeneration of the supra-renal capsules," it is my intention now to offer a few observations, founded upon an instance which has recently proved fatal in my own practice, but in which the peculiar features were so manifest that I did not hesitate to pronounce upon its nature and predict its termination several months before death took place. For the earliest notice of this peculiar disease we are, I believe, indebted to Dr. Addison, of Guy's Hospital; or, at all events, he has been the first to call attention to it in a special publication (*On the Constitutional and Local Effects of Disease of the Supra-Renal Capsules*). It appears that a form of anæmia, which doubtless has not really been of rare occurrence, attracted his attention, as differing in many respects from those varieties of cachexia with which we are more familiar as constituting the chlorotic state, the cancerous habit, and the results of direct abstraction of blood. The cases in question almost invariably proved fatal; but the eyes of the pathologist, confidently bent upon the finding of a lesion of some of those important organs to which we are accustomed to look for the causes of death, failed to be gratified, and the disorder remained for some time longer a mystery. It then followed that, accidentally (for he speaks of "having stumbled upon the curious facts" which he makes known to the profession), Dr. Addison was led to examine into the condition of a class of organs hitherto treated with great *nonchalance* by pathologists, viz., the supra-renal capsules; and he discovered in them a morbid condition, which his acute mind did not fail at once to grasp as a clue to the elucidation of the mystery. These organs, so long neglected, were found in these cases to offer the chief indications of disease; and, however difficult it may be to explain the real association of their lesions with the symptoms during life, the constant presence of such lesions, to the exclusion of lesions of other organs, left no room for doubt that they were associated in the relations of cause and effect.

Then came the question, *How* does disease of organs,

hitherto considered so unimportant that they were even not looked at in nine *post mortems* out of ten, produce such a train of symptoms as, in all well marked cases, have invariably resulted in death? This question is still unsolved: Dr. Addison does not attempt an explanation; neither does the reporter in the *Medical Times*, who has collated all the recorded cases with the utmost caution and accuracy.

The reason of our ignorance on this point is patent. Before we can draw legitimate conclusions on the pathology of an organ, we must know its physiology; and here we are bound to confess our ignorance. Let us consult any or all the works on physiology within our reach, and we shall find little to enlighten us. According to some, the supra-renal capsules form one of a series of blood-perfecting organs, such as the spleen, the thyroid, and the thymus—blood-glands without ducts, which are supposed to elaborate a something necessary to the due constitution of the vital fluid, which is at once reabsorbed. Among other and older writers there seemed to be a vague idea, but perhaps the truer one, that they are intimately associated with the nervous system, through the agency of the solar plexuses. But which, if either, is the correct view, we must at present leave in abeyance, satisfied simply with the fact, which is, I think, sufficiently established, that there is a disease marked by a certain train of symptoms during life, which, after death, exhibits a disease of the supra-renal capsules as the special lesion, to the exclusion of any disease of other organs which may not be accounted for by collateral morbid phenomena. And more than this has been ascertained; viz., that, in a large series of *post mortem* examinations instituted with reference to this very point, no disease has been found in these organs, where the peculiar train of symptoms in question has not existed.

What these symptoms are I will now briefly state, premising that they may occur in either sex, though generally, but not universally, after the middle period of life. These symptoms (I draw my description from a well marked instance) are, a gradual and almost imperceptible failure of strength, a gradual but not an extreme loss of flesh, a feeling of sinking in the epigastrium, constant nausea and indisposition to take food, depression of spirits, and failure in power without quickening of the circulation. At some indefinite period, the *pathognomonic sign* makes its appearance, in a peculiar discoloration of the skin, most marked on the exposed surfaces. This is unlike any other discoloration with which I am acquainted. It is not the pallor of chlorosis, the dirty sallow colour of the cancerous diathesis, or the yellow of jaundice; it is something *sui generis*. Once seen, it cannot fail to be recognised, and by this sign alone, perhaps some here present may call to mind cases which have previously been inexplicable to them. The colour is a peculiar dark coppery or bronzy hue, such as is seen in some oriental nations, very marked in the face and hands, less so on the body, and here varying in intensity, so as to give a patchy appearance. This symptom increases *pari passu* with the disease, as does also the inscrutable debility which resists every form of tonic and stimulant treatment. Pains in the joints resembling rheumatism are after a time superadded, and the patient gradually sinks; the liver, kidneys, and other emunctories, discharging their duties fully, until at last the patient becomes delirious or comatose, from sheer exhaustion, and dies.

But I cannot give a better idea of this disease than by the detail of the case to which I have alluded.

CASE. The subject was a lady, aged 58 years, of remarkably tall and robust frame, and of great obesity previously to the commencement of her fatal illness. Her habits of life were peculiar, especially in her partiality for fatty matters, and her abstinence from farinaceous diet. She was also a considerable consumer of porter and wine. When she first consulted me, in August 1855, I was struck with the diminution of her bulk, and her great general prostration. Her chief complaint was of debility. Her appetite was bad, and she suffered from constant nausea and sinking at the pit of the stomach. She also incidentally called my attention to her colour, being particularly dissa-

tified with the appearance of her hands, which resembled those of a creole. I confess that, on this occasion, I paid no attention to this apparently unimportant symptom, being interested only in the endeavour to discover a cause for the emaciation and exhaustion. I examined the heart, the lungs, and, on a subsequent occasion, the urine, without finding any such disease as could explain the nature of the case. The heart's action was feeble, and its sounds sharp; and the only conclusion I could come to at the time was, that I had a case of general decadence of the digestive powers from over-stimulation, together with fatty degeneration of the heart. The latter suspicion was borne out by the results of the *post mortem* examination.

She paid me several visits, but made no satisfactory progress; and the discoloration of the skin gradually deepened, perplexing me as much as it annoyed the patient. At this time I noticed the first of a series of cases publishing in the *Medical Times*, and I at once saw a clue to the enigma. I published the case at the time, and at once informed the friends of the peculiarity of the disease, and my conviction of its ultimate fatality. To be brief, the progress was, with some fluctuations, daily for the worse; and, in the month of March, there were the additional symptoms of pains in the joints, neck, and limbs, which continued to the time of her death. In the latter two months of her life, she emaciated rapidly; and, in the final days, she had alternations of delirium and coma, the kidneys and bowels, however, acting naturally to the very last.

The *post mortem* examination exhibited the following appearances. The body was emaciated. The integuments, especially the face and hands, were of a deep bronzy colour. The eyes were sunken; the conjunctivæ pearly white. The subcutaneous fat, as well as that in the omentum and other internal parts, was firm, and of a deep chrome yellow. The head was not examined. The thoracic organs were healthy, with the exception of the heart, which was dilated, and in a state of fatty degeneration. The liver was softened, but otherwise healthy. The stomach was dilated, and its coats atrophied and destitute of rugæ. The spleen was of natural size and consistence. The intestines were healthy. The kidneys were congested and flabby. The *supra-renal capsules* were both enlarged, nodulated externally, and, when divided, were seen to be filled with tubercular deposit of various consistency, some portions being almost cartilaginous, others of the fluidity of serofulous pus.

I have but little to add to this interesting case, further than to remark, that it offers one of the most perfect specimens of the disease yet placed on record. I do not venture on an opinion as to its true pathology. Whether the disease in the supra-renal capsules is the *fons et origo mali*, or only the chief local manifestation of a new and general cachexia, remains yet to be proved. All that can be affirmed at present is, that the two facts are coincident, and that their conjunction is manifested by a train of symptoms against which medicine is inoperative.

TREATMENT OF CONTRACTED NECK AFTER BURNS: THE ADVANTAGES OF THE SCREW COLLAR IN THIS AND OTHER MALADIES.

By J. H. JAMES, Esq., Surgeon to the Devon and Exeter Hospital.

IN the number of the ASSOCIATION JOURNAL for July 12th is the substance of a Clinical Lecture by Professor Quain, on the subject of Deformities of the Neck after Burns, in which is narrated a case, with illustrative engravings of an apparatus which in many respects much resembles that which I described in a paper published in the 13th volume of the *Medico-Chirurgical Transactions* in the year 1825,* in which paper I endeavoured to show the true principles of treatment in those cases of contracted neck from burns

* "On the Treatment by a New Method of Contracted Neck after Burns."