CASE OF BRONZED-SKIN CACHEXIA, WITH CON- GENITAL ABSENCE OF THE SUPRA- RENAL CAPSULES.

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ABOUT a year and a half ago, I sent to the BRITISH MEDICAL JOURNAL an account of a fatal case of bronzed skin cachexia, in which a *post mortem* examination discovered a total disorganisation of the suprarenal capsules. I have now to relate a case of the same cachexia, also proving fatal, and in which the autopsy showed the suprarenal capsules to have been entirely absent.

On the 1st of April last, an elderly female sought my advice about the state of her health. She was 53 years of age, very masculine in her physiognomy and general appearance, and had been for some years the housekeeper in a clergyman's family. Her story was almost *verbatim et literatim* the story of all persons who are afflicted with the bronzed skin disease. She had been for some time "out of health"—ailing—suffering from something difficult to define, and out of the category of ordinary nosologies. She looked very pale, the pallor having that dark earthy tint which is ordinarily associated with the existence of malignant disease. When she sat down, she stooped forward like a very aged person, from physical inability to sustain herself upright; and her lassitude and exhaustion appeared to be extreme. No pain was complained of, but she had lately suffered from diarrhoea, although this was not of sufficiently long continuance, nor of sufficient severity, to explain the aggravated spanæmia. Her health, until two months previously, had always been good; and she had apparently been one of those persons who, by "never having known a day's illness", are said by a great humourist to miss one of the finest disciplines of life.

Most of us are probably now pretty vigilant in the detection of bronzed skin disease. There was much *primâ facie* evidence that the present case was an illustration of this cachexia; but it was a guess rather than a diagnosis. Whatever may have been the primary cause, I had to deal with an orderly sequence of phenomena, which proximately depended on a special crisis; and there was no practical use in going further back in the chain of causation than could be positively verified.

The treatment was simple enough, and consisted, in the main, of meeting and counteracting the most obvious symptoms. Diarrhoea and restlessness were alleviated by opium; but the most signal failure attended a persevering attempt to remedy the characteristic spanæmia. The administration of iron, in various forms and in heroic doses, did not arrest the disease, and perhaps did not postpone by a single hour the fatal end.

The *post mortem* examination revealed the entire absence of the suprarenal capsules. The kidneys were healthy; but there was a remarkably anæmic condition of the whole mucous membrane of the alimentary canal—a point to which attention was first directed by Dr. Simpson. Black pigment was accumulated to a considerable extent in the mesenteric and bronchial glands. The latter were so swollen with pigment that they appeared like tough inky tumours, thus literally realising Rokitsansky's words (vol. iv, p. 393, Syd. Soc. edit.). Black pigment was also noticed in the parenchyma of the lungs. The other thoracic and abdominal organs were healthy. The cavity of the head was not examined. The tegumentary discoloration was tolerably uniform, and had a metallic shining character by reflected light. Over the flexures of the great joints, the dark tinge was much increased.

REMARKS. An authentic record of every case of bronzed skin cachexia will assuredly help to evolve the etiology and rational pathology of that disease. At present, we must usually be content to do little more than offer a simple historic outline of the actual phenomena; but from patient observation and research will be gained the materials for future generalisation. Although our method of connecting the details may exhibit imperfect knowledge, yet Dr. Laycock's conclusion will probably command assent, that deposit of pigment, with symptoms of anæmia, indicates, at least, a chronic morbid state of the blood and of the blood-glands. Our existing evidence certainly seems to point to some grave error in the blood-forming processes, as constituting the essence of the disease; though it is difficult to understand why the suprarenal capsules should so often be the exclusive seat of morbid change.

Dr. Aitken has made the important practical remark, that we should discover the early symptoms of the cachexia, independently of bronzing of the skin; because, when the latter has been established, a sign of disease has been manifested which generally denotes the inutility of medical art.*

PHTHISIS: ITS ORIGIN AND ARREST.

By W. H. ROSS, M.D.

WHAT is phthisis? This query, though brief, still remains to be answered. Its causes, its victims, its terrors, and its palliation, have indeed been "treated" of in many a stately volume; but a plain and intelligible solution has hitherto been denied us, apparently because it was never looked for. Pathologists and physicians seem rather to have been anxious to adduce proofs of their industry and research, than to attempt a reconciliation of isolated but observed facts; hence they have wasted their energy in the analysis of tubercle, and frittered their time in the discussion of lung-sounds, and other morbid phenomena. Forgetting that in simplicity must reside the elements of power; that there is thus majesty in an atom, and creative force in a cell; that truth to be triumphant must ever be consistent; and that the Maker of all things creates his works by simple, and not by complex or labyrinthine processes. They have but too often grasped at effects, and ignored the guilt of a cause; and by thus seeking a cure in the mere lopping of branches, have exhausted the tree, and left the offending root untouched.

In the present paper, at the risk of being deemed presumptuous, I would venture to suggest that the true cause of consumption is malassimilation; that the liver is the organ primarily at fault; that that viscus, as the coiner of digestive blood, is oppressed by the character of the chyle brought to it; and that excesses of nutritious food in the delicate children of the rich—and of unwholesome and defective diet in those of the poor—are at the bottom of every case of this distressing complaint. With all humility, I conceive, that the blood thus made out of the products of imperfect digestion, scarcely contains within it that degree of elaboration, which, in the hepatic vein, will allow of its excretory principles passing off by the lungs as carbonic acid and water; that the lungs only discharge their proper functions towards the caval or systemic venous blood; and that being unable to convert the half-developed albuminoid elements of the blood, thus brought into the pulmonary circulation, into a fluid, suited to the due nutrition of the body, they mechanically permit the deposition of the same in their substance by exudation. On this hypothesis the most minute form of tubercle has its origin in disordered liver, while the lung tissues are chiefly infiltrated because they are the nearest excretory organs, and as such must be gradually choked by successive deposition. Presuming that the liver and diet do not change for the better, the deposited tubercle may go on increasing in size until it causes local irritation, when a process of softening will necessarily produce spasmodic cough, and a series of local though limited inflammations. That the tubercle should only be expelled from the lung by degenerating processes, is quite in accordance with natural laws, since the pulmonary lymphatics are neither numerous nor energetic; for if it be retained, it must become also encysted. But whilst tubercle is depositing, it is clear that the systemic arterial blood cannot receive its albumen and plasma from the food introduced from *without*, hence the absorbents are set to work to rob the system from *within* of all the elaborated fibrine which may be in excess, and ultimately even those structures which contain a good deal of albumen. Thus also the absorption of fat contributes largely to promote that wasted look, and painful degree of weakness and attenuation to be observed in the phthisical. A further degree of hepatic and gastric derangement may in the same way affect the sugar, which, according to Bernard, should be normally developed from the portal blood; but which in diabetes, not being able to escape as carbonic acid and water from the lungs, is passed over to the next excretory organ, the kidney, and thus appears in the urine, which is increased in sweetness and volume, the skin being rendered harsh and dry, and all the healthy fluid secretions sensibly diminished. It is precisely upon the same principle that mercury acts so injuriously when administered in the strumous diathesis. It

* In the "Glasgow Medical Journal" of July 1857, Dr. Martini of Florence relates a case of absence of the suprarenal capsules, without discoloration of the integuments.