A case of bronzed skin (melasma), without disease of the supra-renal capsules / by William Moore, M.D.

Dr. Hughes Bennett
with Dr. Moore's Compliments

A CASE

OF

BRONZED SKIN (MELASMA),

WITHOUT DISEASE

OF THE

SUPRA-RENAL CAPSULES.

BY

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BRONZED SKIN (MELASMA),

WITHOUT

DISEASE OF THE SUPRA-RENAL CAPSULES.

Sarah D——, aged sixty-two, was admitted into Sir P. Dun's Hospital in April last, under the care of Dr. Aquilla Smith, and on the 1st of May she was passed over to my care.

Her father died of some "paralytic" disease, and her mother died of pulmonary phthisis, at twenty-eight.

This patient had always been pale, slight, and delicate, but as her circumstances during her husband's lifetime were "easy," her health was moderately good. She had borne ten children, six of whom died young, two died of phthisis, and two are alive and healthy. She always lived in Dublin or the neighbourhood, and had no "coloured" relations.

On coming under my care she presented the following appearance:—Her face generally was of a dark brown olive colour, whilst the lips and mucous surfaces of the eyelids were anæmic, and the sclerotic coat of the eyes of a "pearly blue colour, the pupils being minutely contracted." There were brownish discolourations on the right half of the tongue, and on the right buccal membrane. The skin on her neck was as dark as an infusion of strong coffee, but it became absolutely black in the axillæ and over the chest, abdomen, groins, pudendum, and inside the thighs. The arms, hands, and legs generally were of an olive brown colour, and the front of both tibiæ were darkly mottled. The skin had a peculiarly soft greasy feel, and the cuticle was peeling off the body and arms in parts. There was a most disgusting odour or emanation from the patient, which the nurse described as "sickening;" it may have been similar to that exhaled from people of colour, but I am not able from experience to state this with confidence. From this description it will be readily seen the patient might have been mistaken for a "mulatto."

Her daughter stated that for the past seven or eight years her body from being pale had gradually been getting discoloured, the extremities being the last to take on the discolouration; for the past two years she had been getting emaciated, and when she came under my care she was reduced to a skeleton, and her appetite was quite gone. Her asthenia was extreme, and she was always in a drowsy state: to speak was a great effort to her, and then it only amounted to a well developed whisper, and gradually the asthenia increased till she gave up speaking almost altogether. A short time before she came into hospital her mind seemed to be giving way, and when I first saw her she was quite "demented," her delusions being of a quiet, passive, romancing order, which continued at intervals till her death.

A physical examination of her chest showed dulness over the apex of the right lung, where a dry râle could be heard; the heart's sounds were so faint as scarcely to be heard, and eventually they became "single."

Dr. Finny was kind enough to make a careful analysis of the urine of this patient, which had an acid re-action; a specific gravity of 1014, and contained neither sugar or albumen; in short, it presented nothing abnormal. My colleague, Dr. Thomas Little, found an excess of white corpuscles in the blood, but whether it was a relative or absolute excess, he was not prepared to state.

This case resisted all medicinal and stimulating treatment; in fact, the only thing the patient would take was "porter," of which she managed to sip about a pint in the twenty-four hours, which was in great part vomited, or more properly regurgitated. Things went on from bad to worse, and she became daily weaker and more drowsy, and finally, as if slept away, having made no complaint of pain from first to last.

In making the *post-mortem* examination I had the able assistance of my colleagues, Drs. Bennett and Little. The body generally was greatly emaciated; the heart was normal in size, and covered with a goodly amount of fat externally, but there was no fatty degeneration.

The liver was pale in colour but healthy, the spleen was normal in size and healthy; there were some peritoneal adhesions, and the glands of the abdomen generally, viz., the mesenteric and lumbar, were masses of tubercle, whilst a small cavity existed in the apex of the right lung, and the left was studded with tubercle.

The brain showed no evidence of disease; the kidneys were

normal, and the capsules of a pale yellowish colour; the left slightly larger than the right, but neither of them enlarged or thickened in any way; their length did not exceed an inch and quarter, whilst their width was somewhat less. A section showed the normal cortical structure (without any adventitious deposit of any kind) with the dark brown central part. Large branches of the semi-lunar ganglion entered the capsules on their upper part, but not larger than those off-sets from the ganglion which are usually seen, nor larger than we could expect from the immediate proximity of these bodies to the ganglia.

A microscopic examination of the capsules showed fine tubules in the cortical structure, which, as far as I could determine, was free from deposit of any kind, whilst the dark central part seemed made up of a fine net-work of veins. However, my colleague, Dr. Little (than whom it would be difficult to get a more competent opinion on an histological point of the kind) assures me he could find no adventitious deposit, or structural disease of any kind.

He says:—"The organs are of very small size, though not perhaps smaller than might be expected in a woman of the advanced age of the patient; this smallness in size will be observed to have occurred almost wholly at the expense of the medullary portion. They presented an universally pale aspect—a characteristic, however, shared by all the other viscera. The capsules are occupied in no part by any local morbid development. The microscopic sections have the natural distinctions of the cortical and medullary regions well and normally marked. There is considerable deficiency (as compared with the healthy adult organ) of the latter."

I regret the semi-lunar ganglia were not examined microscopically.

Dr. Thomas Little has kindly given me the details of a case of bronzed skin, which occurred in the practice of Dr. Lynn, of Sligo, and which he (Dr. Little) had assisted in the examination of. In this case too the supra-renal capsules were found perfectly healthy in structure; the organs were unquestionably of small size, the diminutive size being more remarkable, as the lady was not more than forty-five years of age. This lady, for some time before death, was of unsound mind. Though in sufficiently affluent circumstances, she was perpetually haunted by a fear of poverty, so much so as to deny herself the necessaries of life. This patient had been severely burnt about the hands and face from a gas explosion, and the scars left were the parts on which the discolouration became most strongly

marked. Trousseau[a] makes a similar observation. The bronzing, however, was well marked in other parts of Dr. Lynn's case, especially over the legs and arm-pits. Dr. Lynn writes of the case thus—"I have no hesitation in saying that there could not have been a better marked case of melasma than that of Mrs. C.; still there was no supra-renal disease."

I will now briefly call your attention to some cases of bronzed skin, which have been comparatively recently brought before the Pathological Society, and in what respects my case may be said clinically and pathologically to differ from them.

Dr. Hayden,[b] in 1865, showed the pathology of a case in which asthenia, vomiting, and the main symptoms were analogous to mine, but the discolouration in his case was more in blotches; in this case both supra-renal capsules were much enlarged, hard, and nodulated, and in another case which Dr. Hayden subsequently brought before the Society, the discolouration was in patches over the neck, chest, and abdomen, with intervening white skin, and in this case the cortex of the left supra-renal capsule was occupied by a more solid yellowish matter, which was found to possess all the characters of tubercle, and tubercles existed in the right lung.

In Dr. John Hughes'[c] case, whilst there was slight general discolouration, in some parts the "bronzing" was well marked, especially on the abdomen. Miliary tubercles were found over the pleuræ, and the supra-renal capsules were increased in size, and contained a deposit of lardaceous, yellowish, white substance, like a cut parsnip, which, on a microscopic examination, was manifestly of a strumous nature.

Dr. Heslop, of Birmingham, has published a case (in the *Lancet*, June 4, 1870), in which the deepest tint of "bronzing" was on the penis, except one spot, the cicatrix of a chancre, which remained perfectly white; and the late Professor Trousseau found a "bronzed" appearance of the face, and a blackish colour of the penis in a case of saccharine diabetes, and no morbid state of the supra-renal capsules.

Dr. Habershon's[d] typical case of "bronzed" skin, with disease of the supra-renal capsules (with which we are familiar through the

[a] Vol. iii., p. 536.

[b] Report of the Pathological Society, Dublin, Vol. ii., Part iii., and Vol. iii., Part i.

[c] Dub. Quart. Journal, Nov., 1865.

[d] Guy's Hospital Reports, Vol. x. 3rd Series.

Sydenham Society), if I am to judge from the picture, was not nearly so dark a case as mine. He accounts for the progressive character of the disease by the extensive deposit in the supra-renal capsule, keeping up a persistent irritation and exhaustion of the vaso-motor nerve. He believes the vomiting is due to the irritation of the branches of the pneumogastric nerve supplied to the gland, and the excessive prostration to the extension of the disease to the semi-lunar ganglion. In my case no such supra-renal deposit existed, and yet the symptoms of asthenia, vomiting, dementia, and "bronzing" of the skin, were progressive and persistent.

Dr. Addison said if he saw a patient who presented this peculiar discolouration of the skin, he offered no explanation of as to how, why, or where it came. He observed associated with that discolouration a certain train and combination of general symptoms, a pearly eye, a feeble pulse, a disposition of strongly marked anæmia, and a few other symptoms less constant and less urgent, and he then said, "there is a case in which you will find disorganization of the supra-renal capsules, the body is examined, and no other organs are found diseased,"[a] and Dr. Wilks considers that what is more remarkable than the phenomena of the disease is the fact, that any other conclusion than Addison's can be arrived at concerning it; and further, he says, in most cases published "to disprove the connexion between 'bronzing' of the skin and disease of the supra-renal capsules, the pigmentation has occurred in patches, and in others there can be little doubt that jaundice, pityriasis, ephelis, and ichthyosis have been mistaken for true discolouration." Now, every salient symptom alluded to by Addison was present in my case, whilst the "bronzing" of the skin did not occur in patches, and I can safely say it could not be mistaken for jaundice, pityriasis, ephelis, or ichthyosis; on the contrary, it was general, and to such an extent as to exceed any case I ever saw or read of, and yet there was no evidence of supra-renal disease. Viewing the case fairly, as far as our pathological and histological knowledge goes, it must be called a case of tuberculosis, but with no supra-renal disorganization.

[a] Guy's Hospital Reports, Vol. viii. 3rd Series.