

**THE SUNBURNT APPEARANCE OF
THE SKIN AS AN EARLY
DIAGNOSTIC SYMPTOM OF
SUPRA RENAL CAPSULE DISEASE**

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The Sunburnt appearance of the skin as an early diagnostic symptom of supra renal capsule disease by Isaac E. Taylor

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ISAAC E. TAYLOR

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THE
SUNBURNT APPEARANCE OF THE SKIN

AS AN EARLY DIAGNOSTIC SYMPTOM OF

Supra Renal Capsule Disease.

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The Sunburnt Appearance of the Skin

AS AN EARLY DIAGNOSTIC SYMPTOM OF

SUPRA RENAL CAPSULE DISEASE.

THE attention of the medical profession has been directed by Dr. Thomas Addison, of London, in a monograph, published May, 1855, to a new form of disease in which the supra renal capsules are involved, and of so serious a nature, as to prove fatal in every instance that has been reported where an autopsy has been made, and having, as one of its most marked and prominent symptoms, the discoloration of the skin. This discoloration, according to Dr. Addison, at page 5 of his Monograph, "pervades the whole surface of the body, but is commonly most strongly manifested on the face, neck, superior extremities, penis, scrotum, and in the flexures of the axilla, and around the navel. It may be said to present a dingy or smoky appearance, or various tints or shades of deep amber or chesnut brown; and in one instance, the skin was so universally and so deeply darkened, that it might have been mistaken for a mulatto." At page 7, line 17, Dr. Addison further remarks, "that the great distinctive mark of this form of anæmia is the singular dingy or dark discoloration of the skin; nevertheless, at a very early period of the disorder, and when the capsules are less extensively diseased, the discoloration may doubtless be so slight and equivocal as

to render the source of the anæmic condition uncertain; and when, on a searching inquiry into the history of the case, no miasmatic poison can be detected, or malignant visceral disease found, and when to all this is superadded a dark, dingy, or smoky looking discoloration of the integument, he shall be justified at least in entertaining a strong suspicion in some instances—a suspicion amounting almost to certainty in others. It must, however, be observed, that every tinge of yellow, or mere sallowness, throws a still greater doubt over the true nature of the case, and that the more decided the discoloration partakes of the character described, the stronger ought to be our impression as to the capsular origin of the disorder." I have copied these quotations from the monograph of Dr. Addison, as it is probable but few have met with it, and they are given in his own language, for I have not been able to discover, in his essay on the subject, the term "bronze" applied as it appears to have been given to the discoloration, by Dr. Jonathan Hutchinson, in the report of his collected cases, published in the *Medical Times and Gazette*, of London, 1855 and 1856. Though the application of the word "bronze," to the character of the discoloration, might appear proper, yet it could only be in the more advanced cases, for in the early stages of the disease, I have not been able to recognize its adaptation, and even in the advanced cases, the analogy to the color of the mulatto, or rather of a West Indian, seems more correct and just. In the quotation from page 7, line 19, reference is made to the color, "doubtless being so slight and equivocal, as to render the source of the anæmic condition uncertain;" and on page 8, line 1, "Every tinge of yellowness, or mere sallowness, throws a still greater doubt on the true nature of the case." On examining the cases of Dr. Addison, it appears that the discoloration had existed for some length of time, and in some it was not recognized till after death; and that they were not therefore seen in the early stage of the discoloration and disease, and I believe it will be shown that the dingy, or smoky, or deep amber, or chestnut-brown, or mulatto appearance of the discoloration, becomes quite characteristic when the disease is of a chronic nature.

In the publication of the cases which have come under my observation, I would particularly wish to call the attention of the profession to the discoloration of the skin, and the pigment on the lips, as I believe in the early, and in two cases in the incipient, stage of the disease.

During my term of service in Bellevue Hospital, for the months of June and July, six cases were observed, and the seventh is at present in the New York Hospital; to the latter case, Dr. John Watson was so kind as to ask my attention. From the history this patient gives of the discoloration, we learn that it has existed for a year, though, during the last three or four months, it has shown itself more generally over the whole body, the scalp being free, and has the dark line on the lips—resembles in appearance the color of a mulatto. This was the case also in a patient of Drs. J. M. Smith and Bulkley, which was reported by Dr. H. D. Bulkley, in the *New York Medical Times* for September, 1855, and entitled "*A Case of Change of Color of the Skin, in a Young Man, from White to that of the Mulatto,*" and the disease, in this instance, had existed for more than a year, but had not been recognized as having any relation to the supra renal capsules. Since my attention was given to this subject, I have learnt the early history of this patient, which will be referred to in another part of this paper. During the second or third day of my attendance at the hospital, a case similar to the first case reported (that of White) was noticed, and though believed to be this form of disease, was not distinctly diagnosed, but from the exact resemblance to Thomas White, who came into the hospital, June 13, I have now not the slightest doubt of the correctness of the opinion formed at that time.

Case 1.—Reported by Dr. Saunders, House-Physician.—Thomas White, æt. 22; laborer; native of Ireland; single; admitted into Bellevue Hospital, Ward No. 10, June 13, 1856; had been a moderate drinker; his mother died of phthisis; the other members of his family were healthy. He had a cough some three years ago, and spat up some blood at that time. His cough left him, and he was not troubled with it much afterwards. The lymphatic glands of the neck became enlarged and suppurated at this time. He lived in part of the city where intermittent fever was prevalent, and says he had it for a very short time before entering the hospital. He never had any chills after admission. When he entered the hospital, his face and neck were of a light sunburnt hue; was very feeble and emaciated, and complained of pain in the right side; no cough or expectoration; pulse, small and weak; the eyes presented a sickly and pearly appearance; the palpebræ conjunctiva were quite anæmic; his bowels were constipated, with a little nausea and vomiting, retching, as he termed it, occurred sometimes. He would

vomit frequently without any evident cause, and was sometimes flighty. There was no epigastric tenderness. A physical examination of the chest was made, when there was a slight pleurisy found on the right side, where he complained of pain; but no evident signs of phthisis. The treatment, after he was relieved of the pleurisy in a few days, was of the tonic order, as quinine, iron, bitter tonics, and good nourishing diet. Dr. Taylor, on seeing him, advanced the opinion, judging from the color of the skin, and other symptoms, that it might be disease of the supra renal capsules, as described by Dr. T. Addison. He seemed to mend under the treatment for a while; and was able to walk about the yard. The color of the skin grew darker, if anything, and he always complained of being weak and languid. Two days before his death, his friends came to visit him, and brought, without permission, two small bottles of brandy, of which he partook quite freely, with marked exhilaration of feelings. After getting sober, he said he felt very weak; I noticed he was heavy and drowsy, and continued in this condition for twenty-four hours; his bowels had not been moved or his bladder emptied, and on introducing the catheter there was no urine found. There was some tenderness over the region of the kidneys. Dry cups were applied, and a purgative enema; he, however, became comatose, and died at 6 P.M., July, 26.

Autopsy, fifteen hours after Death.—Rigor mortis moderate, emaciated. The discoloration of the skin was most marked on the face and neck; there were slightly darker tinges about the axillæ than other parts of the body; on the right side of the abdomen there was a patch of the size of the hand, of a light shade. On opening the thorax and abdomen, the viscera were found occupying their relative positions. There were several old bands of adhesion on each side, uniting the pleura to their respective parietes; at the apex of each lung were old cicatrices, and through each were scattered a few tubercles. The heart was normal in size and thickness; liver, natural in size and color; spleen, the same; large and small intestines, with stomach, healthy to all appearance.

While extracting the left kidney, we noticed some pus emerging near its upper part, and on closer examination, after removing the left kidney, capsule, and the pancreas together, we found it came from the left supra renal capsule. The capsule had in it a deposit, which proved to be, under the microscope, tuberculous matter. The kidney was pale;

cortical substance deficient, and had undergone some fatty degeneration; the right kidney was fatty, the supra renal capsule had undergone a tuberculous degeneration, but was not so much broken down as the left. Weight of left kidney and capsule, 8½ oz.; of the right, 7½ oz.

Remarks.—The appearance of White, as to his physical constitution, presented a tuberculous diathesis; there was some emaciation. The expression of face was dull, listless, and rather stupid; he answered questions slowly, hesitatingly, and would draw out his words; his mind was feeble. The expression of eye was sickly, earthly; wanting the natural hue and expression. The conjunctiva oculi et palpebræ was pearly, anæmic, and contrasted markedly with the color of his face. The discoloration, when first noticed, was of a light sun-burnt appearance, of a *dirty* shade of yellow, and extended across the centre of the forehead and no higher, being a perfect line of demarkation, to the natural color of the skin. The whole of the scalp was free. The sun-burnt discoloration extended down the temples, along the side of the cheeks on both sides, around the lower portion of the ear, and then to the back of the neck, and engaged the whole neck as low as the half of it. The ears were free, and all the lower part of the scalp. In truth, he was a perfect representation of a man who had been exposed to the sun with his hat on, divested of the cravat, and with collar turned over, and only that part that could be exposed was discolored. The shade and appearance of this color could not be better marked; the posterior part of the neck, and the lateral sides of the cheeks and forehead were the darkest, as though it had been of a longer duration. The spots where the glands of the neck had suppurated, remained free. Every week the appearance of the discoloration became of a more deep and sunburnt character. The upper and lower lips had, when first noticed, several small, darkish red spots; three or four on each lip. These spots were on the outer edge of the lips, and gradually became darker by degrees. They were distinctly evident to a number of the students whose attention was directed to this feature of the case, as aiding in the diagnosis. They appeared very different from the lips in ordinary anæmia or cachetic state, and induced me to feel a stronger conviction in the opinion I entertained of the nature of the disease. The back of the hands also presented the same appearance, which extended to the wrist, the inside was free. There was no albumen in the urine, though