Case of Argyria.

By F. PARKES WEBER, M.D., and R. H. NORMAN, M.D.

THIS case, when shown recently before the Clinical Section of the Society,[1] was thought to be an example of bluish hæmachromatosis of the skin, similar to the pigmentation in a patient who was formerly in a hospital of Montreal, where she was known amongst the inmates as "Blue Mary." The case of "Blue Mary" had been described by Dr. Maude Abbott,[2] and a Canadian doctor who had seen "Blue Mary" at Montreal had said that the pigmentation in the present case resembled her pigmentation, but was less in degree.

The present patient, an unmarried woman, aged 46, was remarkable for a decided, though slight, ashy-bluish tinge of her skin, which was best seen on the forehead, at the sides of the nose, around the mouth, and on the trunk, but was scarcely noticeable on the arms and legs. The mucous membrane of the mouth had a very slight slaty tinge, similar to, but less marked than, that of the face. On the parts flushed with blood, including the lips, tip of the nose, pinnæ of the ears, and the fingers, the peculiar coloration could only be detected when the blood was pressed out of the skin—for instance, by a flat piece of glass or a glass lens. There was no pigmentation of the sclerotics, such as was found in ochronosis. There was no chromidrosis or "seborrhœa (steatorrhœa) nigricans." There was no true cyanosis, except sometimes in cold weather, when the hands became blue. Nothing abnormal could be detected in the thoracic or abdominal viscera at present. Neither spleen nor liver was enlarged. In 1890, however, she was treated in a London hospital for gastric ulcer. Since then she has suffered occasionally from pains in the epigastrium or chest after eating. In May, 1907, she was operated on by Mr. E. C. Stabb, at the Great Northern Hospital, for hernia, a femoral hernia on the right side being found to contain an adherent vermiform appendix, which was excised. The bluish coloration of the skin was present at that time, and was thought to have come on gradually about six years previously (about 1901). Examination of the patient's blood (Dr. G. Dorner) gave the following results: Hæmoglobin (by Sahli's method), 80 per cent. of the normal; red cells, 4,653,330 in the cubic millimetre; white cells, 12,330 in

[1] *Proceedings* (Clin. Sect.), p. 140.
[2] *Trans. Path. Soc. Lond.*, 1900, li, p. 66.

the cubic millimetre. Stained blood-films showed nothing abnormal. By spectroscopic examination only the normal absorption bands of oxyhæmoglobin could be seen; there was certainly no band due to sulph-hæmoglobin or methæmoglobin. The blood-serum was clear. The urine was free from albumin, sugar, and other abnormal constituents, and did not darken on being kept. Systolic brachial blood-pressure, 135 mm. Hg. Menstruation natural. Excepting for chronic constipation and occasional headache, the patient had no complaints. She thought that the peculiar coloration of her skin was not progressing. She had no idea what could have caused it. No lotions (such as might have contained silver nitrate or carbolic acid) had ever been used. A patent medicine and some "liver pills," which she had employed for many years as purgatives, had been chemically examined for a trace of silver, but with completely negative results. The patient had now, however, produced an old prescription for a pill given her for gastric symptoms, and dated December, 1889. This pill contained $\frac{1}{4}$ gr. of silver nitrate and $\frac{1}{2}$ gr. of opium powder, and was to be taken three times daily. She thought she had taken this pill, on and off, for quite two years after coming out of the hospital in 1890, and had continued to take it occasionally for gastric pain until seven years ago. The present case was of interest in regard to those mentioned by Dr. Radcliffe-Crocker,[1] in which he was inclined to attribute the slaty pigmentation of the skin to hæmachromatosis, because no history of the ingestion of nitrate of silver was forthcoming.

Peculiar Form of Pigmentation of the Face and Neck in a Woman aged 40.

By A. Whitfield, M.D.

The history was that the patient had been under Dr. Whitfield's care about three years ago for chronic eczema of the arms, due to scrubbing, and had also returned about eighteen months ago for a recurrence of the same trouble. On the first occasion nothing peculiar in the way of pigmentation had been observed, but on the second occasion it was noticed that her cheeks were very dark. She had been kept under observation for the last eighteen months, and the pigmentation had certainly become more marked during that time. Quite recently, on

[1] Radcliffe-Crocker, "Diseases of the Skin," 3rd ed., 1903, pp. 614, 615.