

In our case, however, as in several others in the literature (as, for instance, in one of Hintze's<sup>(11)</sup> and in Opie's), there was pancreatitis without diabetes; in other words, a condition anatomically of the same order as *diabète bronzé* existed without the clinical features of the disease. We are inclined to believe with Opie that the disease of the pancreas may not have been sufficiently advanced to give rise to symptoms, enough of the gland remaining healthy still to perform its functions. Or the diabetes may have been latent while the patient was under observation. Marie<sup>(12)</sup> notes a tendency in these cases for the diabetes to disappear under treatment, or in the later cachectic stages of the disease, and in six of the cases collected by Anschütz this occurred. At all events cases such as these seem to form a connecting link between the cirrhose pigmentaire, pure and simple, and the *diabète bronzé* of the French school, and would seem to indicate that these two conditions are not separate morbid entities, but stages in the course of one general disease.

The majority of cases of advanced generalised hæmochromatosis, with or without diabetes, seem to have been observed in France, and, as has been said, have been described by French writers as cases of bronzed diabetes or pigmentation cirrhosis. In Germany, on the other hand, where the cases have been fewer, the subject seems from the first to have been viewed from a wider standpoint, to which the later French writers are inclining. All cases in which there is an abnormal deposit of blood pigment in the tissues have been classed together as different stages in the same pathological process, to which in 1889 von Recklinghausen<sup>(13)</sup> gave the name of "hæmochromatosis." The most important studies along these lines are those of Quincke (1880), von Recklinghausen (1889), Hintze (1895), and Kretz (1896).

Among ten miscellaneous cases, in most of which the iron pigment is confined to the liver cells and to the spleen, Quincke includes a case of general hæmochromatosis in diabetes. von Recklinghausen included, under the term hæmochromatosis, cases of pigmentation cirrhosis and *diabète bronzé*, with others in which the pigmentation was limited to the intestinal wall alone. Hintze gives six cases, in two of which there was general hæmochromatosis without diabetes, in one pigmentation confined chiefly to the liver and spleen, in one affecting only the pancreas and retroperitoneal glands, and in two involving the intestinal wall alone.

Kretz in his valuable monograph on hæmosiderin and cirrhosis, in a study of some eighty-eight livers, obtained the following results:—In twenty-six cases of cirrhosis of the liver there was hæmosiderosis fourteen times, in two instances these were cases of *diabète bronzé*; in four other cases—typhoid, pneumonia, chronic tuberculosis with hæmorrhagic pleuritis, and chronic peritonitis with marasmus—there was a moderate deposit of iron pigment in the liver cells not extending to the connective tissue.