

Sporadic Cretinoid Amentia: Three Cases in One Family.

By H. FERGUSON WATSON, M.D., D.P.H., F.R.S.Edin., and
GEORGE GIBSON, D.S.O., M.D., F.R.C.P.Edin., Deputy Com-
missioners, General Board of Control for Scotland.

Cretinoid feeble-mindedness was first described by Fagge in 1871. It is a rare disease, not comprising more than a fraction of all aments, and it is not now so frequently seen as formerly, owing to early treatment.

In view of its comparative rarity, and owing to the fact that we have seen three untreated cases in a district where endemic cretinism is unknown, we think that the facts connected with these cases are worth recording, since they illustrate certain interesting features.

The three patients, two brothers and a sister, were first seen by one of us in June, 1920.

CASE 1.—N. M— (male), æt. 24 at that date, height 4 ft. 6½ in., is a stout, well-nourished young man, can dress himself, but is so deliberate in his movements that he takes from two to three hours to put on his clothes. Speech is slow, and the voice is thick and "leathery." He is sulky and prone to attacks of bad temper. Generally he is dull and listless, sits by the fire, seldom rousing himself or taking any interest in his surroundings. He does not often speak; when he does so it is in his native tongue—Gaelic—but even then his parents have difficulty in understanding him. His condition is one of imbecility with some evidence of myxœdema.

CASE 2.—C. M— (female), æt. 18 in 1920, height 3 ft. 4½ in., face sallow, generally of a happy disposition, at times dull and listless. She is easily managed, and her habits are free from fault. Like her brother she feels the cold keenly, and is disinclined to go out to play with other children; indeed she has to be taken out in charge of a younger sister. She is a cretinoid ament.

CASE 3.—M. M— (male), æt. 11; height is 3 ft. 4 in. He, too, is a cretinoid ament, is good tempered, has more intelligence than his sister and brother, and goes out more frequently to play. His habits are correct.

All three patients presented to a marked degree the features of sporadic cretinoid amentia. In each the thyroid was absent; they were dwarfs, lethargic, "leathery" voiced, and "pot"-bellied. The condition of skin, hair, tongue, head and limbs was fairly typical. It is characteristic of cretinism to have a high sugar tolerance, low blood-pressure, and lack of sexual development. These patients never took any food till dinner time, except an occasional drink of tea after getting out of bed. None ever asked for food between meals, and all refused food except that which they were in the habit of eating. Unless food were offered, no one would ask for it.

The family consisted of seven, the patients being the *first*, *third* and *sixth*; the other four members had the following features:

H. M— (male), æt. 21, was able to earn his own living as a deep sea fisherman. At school he had with great difficulty reached the fourth standard, but was unable to proceed further.

M. M— (female), æt. 15, had limited intelligence, and was much behind with her education when at school, though more educable than H. M—.

K. M— (female), æt. 13, is rather less intelligent than her sister, is of poor physique and presents stigmata.

L. M— (female), æt. 8, is the brightest of the family, but is rather backward at her lessons; she is unduly shy.

The father, D. M—, is a man of poor intelligence—so much so that he might be described as feeble-minded, though uncertifiable.

The mother, K. M—, though of fair intelligence, could not be described as brilliant.

The father and mother were third cousins, both bore the same family name, and there was inter-marriage in previous generations.

		D. M—		K. M—			
		(feeble-minded)					
N. M—,	H. M—,	C. M—,	M. M—,	K. M—,	M. M—,	L. M—,	
♂, 24,	♂, 21,	♀, 18,	♀, 15,	♀, 13,	♂, 11,	♀, 8,	
cretinoid	mentally	cretinoid	limited	poor intelli-	cretinoid	dullard.	
ament.	dull.	ament.	intelligence.	gence.	ament.		

As these three patients had not been treated with thyroid, one of us suggested that such a procedure might be adopted.

This treatment has now been carried out for a period of 3½ years, and the patients have been seen from time to time during the interval. They were last seen in October, 1923. The amount of thyroid administered has been 5 gr. per day for each patient.

As was but to be expected, the results of treatment have been more remarkable in the case of the youngest patient, but even his brother and sister have improved physically, and to a slight extent mentally.

Present condition.—N. M— (male), æt. 27, has grown 5 in.; is still slow and deliberate in his movements; still feels the cold keenly, and seldom goes out. Likes to have his own way, and when disturbed is apt to be bad-tempered. There is slight improvement in the mental condition. He is rather more intelligent than formerly, and, though this is difficult to test, since he only speaks in Gaelic, he is neither as stupid nor so dull as formerly. His relations consider him "greatly improved."

C. M— (female), æt. 21, is happy, good tempered, smiles readily and brightly, but is very shy. Mentally she is markedly defective, but, according to her relatives, is said to be quite talkative, though they admit she does not talk much sense. The schoolmaster, who was present when these cases were last seen, concurs in this opinion. Though she still presents a cretinoid appearance, there has been a marked improvement in this respect, and the various characteristics of the disease are not now so pronounced. She has grown 9½ in. in the last 3½ years, and is still growing.

M. M— (male), æt. 14, has shown the greatest improvement. He has grown 11½ in. since he was put on treatment, and that he is still growing is shown by the fact that he added 1½ in. during the five months antecedent to the date of being last seen. His mental condition has improved to such an extent that he has attended an ordinary school for over a year. He has a slight impediment in speech, talks slowly, but in spite of his shyness it was quite possible to inquire into his capabilities. He can now speak and can also read simple English, can spell easy words, writes rather poorly and has a rudimentary knowledge of figures. The schoolmaster considers that at the age of 14 years he has attained the same degree of advancement in his studies as a normal boy of 7—that is to say, he has made as much progress in his year at school as the average child beginning at 6. He has no bad habits, plays with other boys, and seems to enjoy it. He can dress himself and be in time for school, which is one mile distant.

Table to show increase in height during last 3½ years.

Date.	Age.	N. M—	Age.	C. M—	Age.	M. M—
2.6.20	24	4 ft. 6½ in.	18	3 ft. 4½ in.	11	3 ft. 4 in.
Thyroid treatment commenced in August, 1920.						
15.9.20	—	No change	—	No change	—	No change
27.4.21	25	4 ft. 7 in.	19	3 ft. 4½ in.	12	3 ft. 7½ in.
20.9.21	—	In bed ill	—	3 ft. 8½ in.	—	3 ft. 10 in.
17.5.23	27	4 ft. 10 in.	21	4 ft.	14	4 ft. 2 in.
10.10.23	—	4 ft. 11½ in.	—	4 ft. 2 in.	—	4 ft. 3½ in.

In addition to the increase in height, his physical condition shows a marked improvement. His features and his expression have so greatly altered that he could now be described as being normal.

These patients present certain features of interest:

1. The occurrence of three cretinoid aments in one family.
2. A certain degree of mental defect in the other members.
3. The condition appears to be associated with the marked consanguinity of the parents.
4. The family represents an excellent example of "in-breeding."

The results of treatment also call for some remarks:

1. The increase in height in the two oldest patients is notable.
2. Increase was hardly expected in a person 24 years old.
3. He is still growing at the age of 27.
4. All patients are still growing.
5. The mental condition of the two oldest patients shows but little improvement.
6. The mental condition of the youngest suggests that in due course he may attain a stage of development equal to that of, at least, some of the other uncertified members of the family, *i.e.*, he may even reach the lowest level of the so-called "average" person.

Our thanks are due to Dr. J. N. Sutherland, who has recently been in charge of the patients, and who has been most attentive, energetic and obliging; and to Mr. J. Smith, schoolmaster and Inspector of Poor, who has been intensely interested in the educational side. Both of these gentlemen have given us much valuable help in our observations.

A Summary Note on the Use of Collosol Bromine in the Treatment of Insane Epileptics. By GEOFFREY F. COBB, M.R.C.S.Eng., L.R.C.P. Lond., D.P.M., Senior Assistant Physician, Rubery Hill and Hollymoor Mental Hospital, Birmingham.

A PRELIMINARY note on the use of collosol bromine in the treatment of the insane epileptic was published in the *Journal of Mental Science*, July, 1923. As a result of further clinical observation in 22 male cases the following summary note is appended:

The idiosyncrasy of the epileptic, variable as it is, indicates that the trial of different remedies in each individual case is necessary before it can be determined which drug will produce the best effect. The established fact that epileptics benefit by different drugs has been confirmed by clinical observation in the cases under treatment. By a process of trial and elimination, it would appear that collosol bromine may be included amongst the preparations likely to produce