

January, 1889, a general rise of temperature set in with acceleration of pulse to 120, weak. On 3rd January patient had great pain in neck and paralysis of whole body. Reflex action of spinal cord was normal, contraction of limbs occurring readily on tickling soles of feet. Temperature of body and pulse now continued steadily rising till 8th January, when at 2 p.m. temperature was 104.2° , and at 7 p.m., 106.2° ; pulse, 148. Under the influence of salol, given every three hours in gr. v. doses, both fell, temperature on the 9th being 100.2° , and pulse, 112. Death occurred at 5 a.m. on 10th January, rectal temperature immediately after death reaching 110.2° .

The principal lesions found on post-mortem examination were extensive caries of the third cervical vertebra and inflammation of membranes and substance of spinal cord. When the latter was exposed opposite the third cervical vertebra it was found swollen for about $\frac{1}{4}$ in. upwards and 2 in. below this point, and a mass of inflammatory products adhering to the dura mater.

Myxœdema and its Insanity. By J. CUMMING MACKENZIE, M.B., Assistant Medical Officer of the County Asylum, Morpeth. (*With plate.*)

From the obscurity of this but recently described, although probably not at all uncommon, disease, it may be allowable to enter somewhat fully into the history and description of this case, for it is impossible to say where one, perhaps unconsciously, may be unearthing a fact or trimming a torch that in the hands of others may give light.

A. J. N., æt. 40, married, born in Northumberland, admitted to this asylum 7th June, 1884.

Family History.—Her maternal grandmother died at the age of 86; none of her other grandparents reached that age. Her other relatives are a married, paternal aunt, who suffers from a liver complaint and general debility, and has no family, and a maternal uncle unmarried, but always in good health. The patient's mother died at Rouen of peritonitis and general debility. Her father, a retired engineer, is 68 years of age, suffers from asthma and deafness in the left ear. There is no vice, intemperate habits, or other heredity to the neuroses admitted in her family history. The patient is an only child. When six weeks old her parents removed to Rouen, where she was brought up, and, with the exception of an occasional yearly visit to England, lived up to the time of her marriage in 1860. As a child she was delicate, and,

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Case of Myxoedema
to illustrate Dr Mackenzie's Paper.

West, Newman lith.

being the only one, was petted and spoiled. Her home and surroundings were comfortable and very agreeable, especially before her marriage. Educated at Rouen and Paris, she speaks French and English fluently and well. At the age of five she had a severe attack of typhus fever, from which she emerged after a prolonged convalescence, but is said never to have recovered the brightness characteristic of her life before; and whooping-cough and measles at earlier ages. From childhood she has been subject to bleedings at the nose. Menstruation began at 14; always painful, but regular except when pregnant or nursing, and is of a 28-day type, and a three to four days' duration with a normal quantity.

Married at the age of 22, she immediately accompanied her husband, a mining engineer, to Servia, where they lived for nearly three years. Here her first child, a boy, was born 13 months after marriage, but died of intermittent fever at the age of 16 months. Soon after she had a three months' abortion. They then returned to Caylux, where her next, a boy, was born, and finally to England, where they had three more. About ten years ago, and after the birth of her third child, a daughter, who was rachitic, and died since of some form of fever, the patient had an ulcerated sore-throat for 18 months, which was canterized 27 times, and large abscesses over the outer aspect of the left thigh, lumbar region, and forehead, with feelings of languor and tiredness, and, according to her own account, a swelling of the size of a walnut in each groin.

She was feeble after each confinement, and, as a rule, in bed four weeks, otherwise the puerperium was normal. She nursed her children for periods of ten to twelve months, except the youngest, which she nursed for only half that time, for she began to get more easily fatigued and sleepless at night, ending in January, 1884, in an attack of excitement. She was sent to a private asylum, from which she was discharged recovered in April, but in June of that year was sent to this asylum for outbursts of violent temper and other eccentricities. On admission she looked feeble and depressed, gave a good account of herself, and admitted frequent attacks of excitement at home from misunderstandings with her husband and other anxieties. She was fairly nourished, face somewhat cyanotic, eyelids œdematous-looking, the right more than the left. First cardiac sound almost inaudible; pulse 51, small, feeble, but regular; temp. 96·4°; diagnosis, melancholia with excitement.

In June.—She was quiet, but sleepless, and put on small doses of perchloride of iron.

In July.—She was idle, accusing nurses of cruelty, and patients of stealing her jewellery.

In August.—She was more rational, not excited, and sewing daily.'

In September.—Suspicious, grumbling, and squabbling. Her colour was a little better.

In November.—In deep trouble, and must have a divorce from her husband. Some weeks before, her hair over the vertex became grey, but is now returned to its original colour. This was attributed to the iron. She sometimes said she was Lady A. J. N., but called her neighbours thieves and rubbish. She seemed very anæmic, hair thinner, and face pale.

In January, 1888.—It is noted that she was sometimes quiet and stupid, at other times affected and emotional.

In January, 1889.—Her weight was 136lbs., heavier than she has been for years. Voice slow, thick, and hoarse, and becoming more so, never getting beyond a loud whisper. She now storms at nurses and neighbours for robbery, because her position is not recognized. Again, she is quiet and grave, never speaking unless in answer to questions, except that she may say that she knows she is dying. On other occasions, again, her face is lit up with a broad, happy grin, ordering her carriage, or airing the story of her jewellery and millions. Although gaining weight her weakness seems progressive.

In April, 1889.—Her case is as follows, and may be thus arranged:—Height, five feet. Weight, 138lbs. She is not very muscular, and subcutaneous fat is of small amount. Finger and toe nails are small, thin, ragged, and evidently badly nourished. Surface of skin feels cold and dry. Skin of face smooth, that of other parts of body harsh and dry and of dirty pale colour, except that of the face, which over the lips and tip of nose is of a somewhat palish-blue tint. As a rule the cheeks are suffused with a faint blush, becoming marked, and remaining so for a considerable time if even slightly stroked or touched. The skin of the ears and other parts of the face is pale and waxy, with wrinkling of the forehead and under the lower eyelids. Alæ nasi, lips, and eyelids thickened, especially the upper lids, which droop and cover the upper zone of the pupil. Skin of palms feels dry and thickened, but smooth.

Round the ankles is perceptibly swollen, but capable of pitting. The whole skin-surface looks and feels cold and bloodless. She sometimes perspires at night. There is no anasarca or œdema anywhere apparent. The face, as a whole, looks heavy, dull, and swollen. Her diathesis is considerably strumous. She sleeps, as a rule, on the left side. There is a small cicatrix over forehead, and a cicatricial area of four by five inches over outer upper aspects of left thigh, and one over lumbar region and middle third of left tibia—the indications of old ulcers or abscesses. Temperature in the axilla 97.2° in the afternoon.

Alimentary System.—All the teeth remaining are a right incisor and left bicuspid above, and the four front teeth below.

Gums shrunken, ragged, and somewhat dirty pale. Tongue looks pale, fleshy, and as if boiled, smooth and firm to touch, clean, and without a wrinkle on its surface. It is free from tremor, and its movements are perfect. Breath slightly offensive. Saliva alkaline, somewhat inspissated, but increased. There is a slit about a quarter of an inch long in the left side of soft palate, running upwards and backwards to the middle line, with the small, pale uvula and raphe drawn to that side.

Mastication imperfect. Deglutition difficult, liquids especially apt to regurgitate into the nose, but no pain on swallowing. Appetite fair, and no unusual thirst complained of. There is slight flatulence, and occasionally pain in the left hypochondriac and upper part of lumbar regions. No nausea or vomiting, and the bowels act, as a rule, once a day. The character of the stools seems normal. The abdomen is somewhat prominent and with the usual striæ, but no appearance of ascites, tumours, pulsations, or tenderness. The left lobe of the liver is palpable in the epigastrium. Spleen, pancreas, kidneys, and mesenteric glands are not capable of palpation. The liver-dulness extends from the seventh rib to the costal borders in the right mammillary line. Left lobe passing into the cardiac dulness. Splenic dulness commences between the ninth and tenth rib. Kidneys not percussed. Stomach not apparently enlarged.

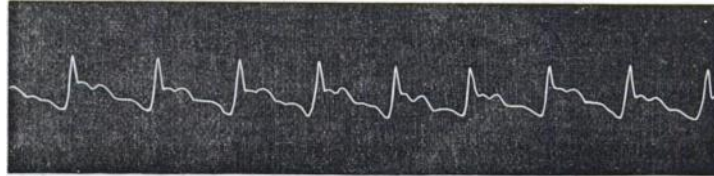
Hæmopoietic System.—The superficial lymphatics are not apparent, nor are the mesenteric, inguinal, axillary, and other lymphatic glands, or thyroid capable of palpation. Enumeration of blood corpuscles by Dr. Gowers' method gives the number of red cells per cm. as about three millions. White cells average about 5 per hæmic unit, and hæmoglobin 28 to 30 per centum. Nothing abnormal to remark about the character or behaviour of the cells except that rouleaux are slow in forming.

Circulatory System.—Occasional pain below the left mamma, and over præcordium, and palpitation on exertion. Faintings before admission, but not since. Often complaining of chilliness. Cardiac impulse slightly diffuse, but very faint. No pulsation in carotids, or any other where apparent except in the radials. Jugular veins on both sides stand out blue and conspicuous. Cardiac dulness in the vertical line begins at the third left rib. Transverse dulness begins at the right sternal border on the level of the fourth rib. Apex in the fifth interspace. In the mitral area the first sound is displaced by a hush, the second is closed and distinct.

In the tricuspid area the first sound is reduced to a soft blowing murmur, but the second is distinct and clear. In the aortic area the second sound only is heard, and is distinct and apparently accentuated.

In the pulmonary area for the first sound there is an almost

inaudible hush; the second is accentuated. Pulse is 72, regular and easily compressed. The tracing is with Dudgeon's sphygmograph. There is no bruit or pulsation apparent in the veins.



Respiratory System.—She every now and again breaks into two or three dry harsh respiratory barks which give her pain in the throat. A small amount of mucous spit in the morning. She complains that her nose is getting larger, and that the voice, always a loud harsh whisper, requires an effort.

Laryngoscopic Examination.—On the right side, the pillars of the fauces are almost coalesced or joined by a smooth pink stripe, and on the left side by a streaked tissue like cicatricial tissue. Colour of fauces is a dirty streaked greyish pink. Vocal cords thickened and reddish grey. The larynx generally is of a dirty pale pink with greyish streaks like cicatricial tissue here and there. The epiglottis is of a dirty grey hue.

The cartilaginous extremities of both second ribs are thickened. Chest conical, and otherwise well formed. Respirations 18, regular and of the abdomino-thoracic type. No vocal fremitus apparent.

The whole chest takes part in the respiratory effort. At the end of ordinary expiration the circumference is 35 inches in the nipple line, and about an inch more at the end of a full inspiration. The antero-posterior diameter is about nine inches. There is considerable relative dulness over the left lung in front and over the base of the right lung posteriorly, with friction, but breathing harsh everywhere.

Integumentary System.—No skin eruption, but the skin is dry and rough, and probably a variety of the cutis anserina, with fine bran-like squamæ, especially over abdomen, and below the knees, with rhagades over heels, and outer borders of feet. She has no itching, but is particularly liable to the pediculus capitis unless carefully watched, and says she has always been so. The cicatrices are already mentioned.

Urinary System.—No unusual subjective phenomena at any time. Urine averages 50 ounces in the 24 hours. Amber coloured, with small flocculent floating clouds. Sp. gr. 1014. Reaction very markedly acid. No sugar, bile, or albumen apparent by the ordinary tests. There is a large whitish mucoid deposit, even in freshly passed urine, consisting of cells, nucleated squames, and other débris, with uric acid crystals. Urea averages $4\frac{2}{5}$ grains to the ounce.

Nervous System.—She has no headaches, neuralgia, numbness, or formication, or any sensory perversion, except cold-water-bag-feeling along the spine.

The sense of pressure and temperature is very accurate everywhere, and that of locality perfect. A painful is more readily responded to than a gentle tactile impression, but not apparently more readily felt, for she often doesn't reply to a gentle one unless roused up.

Muscular sense as tested by weights is fairly acute and accurate.

Sight good, but not so acute for small print. No abnormal encroachment on the visual field. Perception of colours good, and movements of the eyeballs perfect. Sclerotics of a palish blue tint. Pupils somewhat dilated, but not always equal. They react readily to light, and distance. There is nothing peculiar apparent in the fundus except its pale, dirty pinkish hue.

Hearing apparently normal, and taste and smell good and discriminating all round.

Voluntary movements feeble, but not otherwise impaired. Electric excitability of nerves and muscles seems perfect. The plantar and scapular are the only superficial reflexes elicited. They seem normal, but the others are not apparent on the usual stimulation. Patellar reflex readily induced by slight tap, and seems normal. There is no ankle clonus, and general muscular co-ordination, as tested by walking, standing, and other movements, is very fair. But although somewhat feeble on her legs there is no locomotive muscular antagonism apparent. Speech and sleep are already noticed. The cranium is well shaped, hair very thin, scalp thickened and freely movable.

No spinal curvature of any kind, no pain elicited by pressure or hot sponge test, except in region of lower lumbar vertebræ, where there is slight tenderness on pressure. Except the second ribs, already referred to, there is no bony abnormality apparent. There is no tenderness or swelling of joints, and the muscular system seems otherwise normal. There are, however, the feelings of tiredness and being easily fatigued already mentioned.

One would feel disposed to group her mental symptoms into three great phases probably marked by a periodicity running somewhat thus—(a) She is suspicious and in an aggressive mood of petty squabbling and misunderstanding all round. She is idle. (b) Vanity, conceit—she is a millionaire, and as expensive as a general paralytic. (c) Serious, looks about her stupidly and bewildered, only speaking in answer to questions, unless she says she is dying. She does some work.

There are, however, a mental enfeeblement and hebetude apparent as a constant substratum of all these phases.

As to other points that one might emphasize in the case, there is the undoubted syphilitic history, and that coincident with the onset of the insanity. In the cases recorded by Drs. Ord and

Savage there was none. I am sorry that I have not access to Sir W. Gull's works on the subject. Nor as far as I can find is there any case recorded with a syphilitic history. It is further interesting to note that there is nothing of this type of feature apparent in a photograph taken some time after marriage. There is the destruction in the throat, hoarse voice, and apparent absence of glands. The history of typhus, with its sequelæ, may or may not be of interest.

The mentalization in the non-aggressive phase is well expressed by herself in a specimen of her handwriting before me. Her husband and children she addresses with much affection, but she is never facile, and has no hallucinations. The grandeur is referred to by Dr. Clouston and others. The pitting, so invariably absent in the experience of other observers, is certainly present here, but how much of it may be due to the cardiac condition I am not prepared to say. In the anæmia, it is of interest to note, not only the increase of white cells, but the reduction of hæmoglobin out of all proportion to the reduction of red cells. The bleeding at the nose is already noticed. In the photograph the right pupil seems, if anything, the larger, but as a rule the left is so. She is increasing in weight, but progression and locomotion generally are getting slower and more feeble.

The slowness in response is, I think, not due to delay, or slowness, in sensory conduction, but to the mental hebetude. For, when asked to say when she is touched, she does so at first, but unless roused up again, the interval between stimulation and response is becoming longer, and after a few times acknowledgment ceases altogether, but a pin prick or tickling the sole elicits an instant response, as seen by the change of feature, showing that the fault is not in the conducting mechanism, but in the constant tendency to doze off. The temperature is subnormal; the memory is good, but like all brain function, is slow.

My thanks are due to Dr. McDowall for much kindness and help in putting the case together.

OCCASIONAL NOTES OF THE QUARTER.

Pensions.

Now that the Local Government Act is in operation and County Councils established, it may be useful to consider the probable effect of the new state of affairs upon the position of asylum officials.

In the House of Commons Mr. E. S. Norris has this session introduced a Bill "To enable County Councils to provide a