

I. Primary inflammatory general paralysis to a large extent corresponding to the so-called "classical" form of the disease as recognised by Bayle and others.

II. The secondary or associated general paralyzes, namely, those secondary to, or associated with, other lesions, on which the inflammatory process (of Group I) becomes grafted; secondary forms of encephalitis being added to the preceding lesions, as a result of secondary infection.

The preceding "other" lesions may be specific luetic ones, or those of chronic alcoholism, or of atheroma of cerebral blood-vessels, or the congenital brain malformations of degenerates and of idiots, or the brain conditions of chronic insanity.

III. The degenerative general paralyzes, sometimes with specific lesions. Herein the lesions are non-inflammatory, and yet producing the clinical aspects of general paralysis.

Should encephalitis supervene in any particular case of this third group, such case would thereby enter Group II.

The subject bristles with difficulties, and any reasonable attempt to solve them is to be welcomed. The inclusion of this third group is open to objection so long as the evidence for it remains insufficient. But the discussion of this aspect of the question would lead us too far afield.

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*Le Myxœdème.* Par le Dr. THIBIERGE. Paris: Masson et Cie., 1898.  
Price fr. 1'25.

Among the series of clinical monographs upon new subjects in medicine, surgery, and biology published in *L'Œuvre Médico-Chirurgical*, Dr. G. Thibierge contributes an able paper upon myxœdema. In the opening paragraphs the author sketches the history of the thyroid gland and its functions from the period of complete ignorance up to our present state of knowledge. He shows how this knowledge was obtained by patient work, accidental coincidences, and deduction from diseased conditions and artificially produced disease the result of operation. For clinical purposes he classifies the disease into—

Spontaneous myxœdema of adults; infantile myxœdema; myxœdema the result of operation; and endemic myxœdema or cretinism.

Spontaneous myxœdema of adults is treated first, being, as the author remarks, the first disorder of the functions of the thyroid to be specially recognised as a specific disease, and as such described by Gull, Ord, and Charcot. The clinical picture of the disease is fully treated, following in its details the classical description given by Sir William Gull. Reference is also made to the researches of Sir Thomas Grainger Stewart, Masoin, and others. The pathological anatomy and ætiology of myxœdema are then reviewed in full.

In section 2, the myxœdema of infancy, Dr. Thibierge shows how the disease differs from that in the adult. He points out how various

are the functions that the gland must play in development, and graphically details the deficiencies in development when the gland is absent or functionless. The pathology of this variety of the disease shows that the chief and ever-present lesions are cranio-cerebral and disease of the thyroid body. He states that the thyroid in such cases is never normal.

Under ætiology the author agrees with M. Bourneville that alcoholism and pulmonary phthisis in the parents are probably the chief factors, but he also brings forward hereditary syphilis as a cause. Cases of partial arrest of development due to failure of the function of the thyroid gland are also noted under this section.

Myxœdema, the result of operation upon the gland, forms the third section of the paper. The gradual onset of the symptoms after complete extirpation of the gland until the disease is fully developed are drawn step by step. The relation of this form of the disease to spontaneous and infantile myxœdema is also shown, accordingly as the interference with thyroid function occurs early in life, before development is complete, or after adult age is reached.

Under cretinism, in section 4, the author comments upon the fact that this form of developmental disease has long been recognised as a disease due in some way to disturbance of thyroid function. The relation between cretinism and myxœdema, however, was not appreciated until it was pointed out that apparent enlargement of the thyroid body did not necessarily imply increased function. Endemic cretinism is always associated with endemic goitre. Cretins are often, if not always, the offspring of parents who suffer from goitre. He refers to the fact that cretinism occurs chiefly in certain districts, chiefly mountainous, and often only in certain valleys of these districts. With regard to the ætiology, the theory of the deficiency of iodine in the water derived from snow is mentioned, but is not considered satisfactory by the author. He concludes by saying that cretinism occurs in all climates and in all latitudes, but is most prevalent in the Alps, both in Switzerland and France, in the Pyrénées, and in the valley d'Aoste in Italy.

The differential diagnosis between myxœdema and allied physical conditions is treated in detail.

Dr. Thibierge then gives a comparative *résumé* of the various abnormal conditions associated with disease of the thyroid gland, and also discusses the different symptoms induced in man and the lower animals after extirpation of the gland. In this connection the parathyroid bodies are also mentioned.

The monograph ends with a history of the treatment of myxœdema. The therapeutics of the present treatment are described, and the various risks run during treatment are fully detailed. The author is thoroughly of the opinion that myxœdemic patients under treatment should be under strict medical supervision.