

In each of the above cases have been recorded the history and traces of any venereal affection from which the patient may have suffered, and without prejudice to the distinctions usually drawn between true syphilis and mere venereal sores.

Myxœdema and its Nervous Symptoms. By GEO. H. SAVAGE,
M.D., Lond.

In this short paper I have no idea of adding one to the already too numerous class-names of insanity, but I am anxious that asylum physicians should have their attention called to a clinical type of disease which may exhibit mental symptoms, and may thus add to the small store of useful knowledge of the subject.

Physicians practising among the insane rarely have good chances of seeing the slighter and earlier mental symptoms, and thus often have difficulties in comprehending the development of the symptoms, and physicians to general hospitals have but scanty experience of insanity, and so the borderland is neglected, yet this borderland is the region where most may be learned and where most good may be done.

Insanity, till recently, was looked upon as a disease of the brain, and not of anything else, and that a man being mad, was so primarily from disease of his brain. But, as Sir W. Gull said to me one day, the brain, like a gentleman having many servants, was often badly served. The brain suffers more or less in all bodily diseases, as seen in the melancholy with some cases of mitral disease, and the suspicion in some phthisical cases. Indigestion may colour a man's views of the world, and repeated gout may affect a country's welfare through its statesmen.

Authors have already begun to notice that many of the physical disorders of the body have special ways of affecting the brain, and no longer do we hear that kidney disease is never seen in the insane.

Most useful results must follow such work as that of Dr. Ord, to whom we are indebted for a careful examination of the disease he calls Myxœdema. I presume that most of my readers do not know the disease, and I will therefore refer them to Sir W. Gull's first paper in the report of the Clinical Society for 1873, "On a Cretinoid State supervening in

Adult Women," then to Dr. Ord's papers in the "Medico-Chirurgical Transactions," Vol. lxi., page 57, and his most recent paper before the Clinical Society in October, 1879 ("Lancet," p. 578.)

With all these descriptions a single view of a well-marked case is required, and I doubt not that most will at once say, "Why, of course I know the disease, but never before saw its special nature."

Dr. Ord has most kindly provided me with the original photographs, from which the accompanying autotype plates are taken, and has most considerately allowed me to see and examine his cases, and shown me his specimens and explained fully his views.

The patients hitherto have all been adult women, but I have one male case now in Bethlem, whose disease is very nearly allied to the one described, if not the same.

The essence of the disease is a deposit of a peculiar mucoid tissue, or a mucoid change and overgrowth of a connective tissue, first noticed in the skin, and Dr. Ord has pointed out that this deposit or transformation is seen in all parts of the body, so that the liver tissue is separated by similar wavy, ill-defined tissue, and the same is seen in muscles, glands, skin, and certainly in the spinal cord, and probably in the brain. The patients have puckering about the eyelids, and you suspect albuminuria and renal disease, but find early in the disease at all events, no albumen, and you also find the œdema is apparent, and does not pit on pressure, but is firm and resisting; the face assumes a shape that is well described by the term cretinoid, the lips become thick and extended, the cheeks over the malar bones have bright congested capillaries, the alæ nasi are thick.

The skin of the whole body is dry and harsh.

The temperature is below normal.

The expression of patients is dull, and they are very slow in appreciating and answering questions.

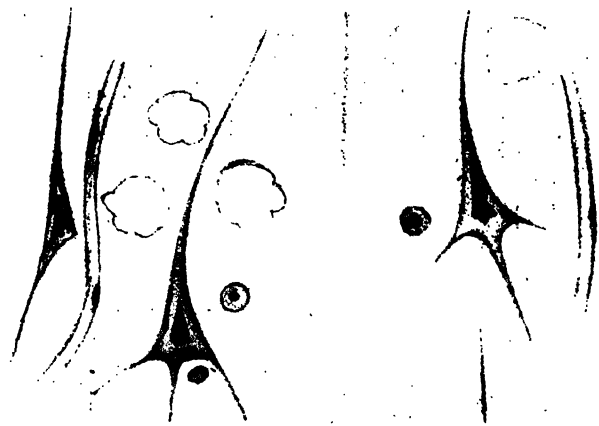
Their speech is slow and peculiar, so that at first I fancied the patient had a provincial mode of speech, till I found the same occurred in all; the memory becomes defective, and the gait staggering, though there is no "limb paralysis."

The patients feel the increasing feebleness, and are distressed about it, nervous and perplexed at their inability to do their work or to avoid dangers; they feel wretched and tired of life; though there are not generally hallucinations; there are perversions of taste and smell.

Fig. 1.



Fig. 2.



© Berjeau lith.

Mintern Broc imp.

Some cases recently in St. Thomas' Hospital were troublesome on account of delusions; they mistook people about them for their daughters, and were violent if prevented going to see them; they talked to themselves, and were restless at night, often getting out of bed and wandering about in an objectless way.

One case was distinctly maniacal—sleepless, incoherent, violent at night, and fairly reasonable in the day-time. She was so troublesome she had to be removed. Dr. Sharkey pointed out these facts to me.

One very important question to be decided is, whether the mental dulness is due, as Dr. Ord thinks, to the padding of the peripheral extremities of the nerves, so that the constant healthy nerve stimulation is cut off, a kind of central nerve starvation, or whether the mental symptoms are due to primary disease of brain or padding round the nerve-cells of the centres.

The question of the annihilation or reduction of peripheral sensations as a cause of delusion is, at present, much interesting me, for in early general paralysis we often see local anæsthesiæ, and I believe these explain some of the symptoms.

Voisin and others have pointed out the frequency with which general paralytics think they have lost their insides, and we have one early case now in Bethlem where the patient is distressed because all his food turns to water, and pervades his body as such, mounting to his head.

Such cases are supposed to be like the miller who could not sleep when the constant noise of his mill was stopped, so the general paralytic becomes conscious of his visceral sensations when these are cut off. I will not longer theorise about the point, but suggest that others should be on the look out for such cases and report them.

My own feeling is that dulness and delusions are more likely to arise from primary brain change, or, at all events, to change of nutrition in the brain. We know that toxic bodies produce such peculiar sets of hallucinations, and I believe that not only alcohol, lead, and similar substances produce these false impressions, but bile and urea may also.

PLATE.

Two autotype reproductions of cases of Myxœdema under the care of Dr. Ord, St. Thomas' Hospital. (Figs 1. and 2.)