*Mental Changes in Graves' Disease.** By A. Maude, L.R.C.P., Westerham.

I have nothing to say on changes of mental state due to loss of thyroid activity; the psychosis of cretinism is well defined and widely known. But I venture to think that the mental changes of exophthalmic goitre are equally defined and not perhaps as widely realized. If this be so, if there are such distinct types of mental aberration, in marked antithesis to each other, which accompany two pathological states of the thyroid, perhaps also in antithesis, this is sufficient to give the subject a place in our discussion.

In the bulky literature of Graves' disease I do not find many attempts to describe the ordinary mental condition of the patients; but we find numerous descriptions of cases which have presented definite and severe forms of mania. Such cases are naturally reported largely by pure alienists under whose charge these patients have been placed; so many histories of this class have been published that they have psychologically overshadowed ordinary cases, and might lead one to the conclusion that mania was a far commoner accompaniment than it is.

For the purpose of this paper I have taken twenty cases, with whom I am well acquainted, and with whose family histories and mental peculiarities I have been familiar for some years. The questions I wish to especially consider are the occurrence and frequency of definite insanity, and whether short of insanity there is not a typical psychical change.

We all know that acute mania and melancholia *do* occur in Graves' disease. No one has described more cases from his personal observation than Dr. Savage; we have, however, no large statistical observations of cases taken at random, from which we can draw any conclusion as to the frequency of severe mental derangement. However, Sir J. Russell Reynolds in 1890 published remarks on 49 cases. He does not mention insanity in any one, so we may fairly conclude none were insane. Of my 20 cases only one could be claimed as at all insane, and she presents a mild form of chronic dementia. I have been informed by one of the officers of one of our largest asylums that no case has

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appeared there for many years. The meeting will doubtless help me on this point.

Now in a large proportion of cases of Graves' disease there is a neurotic ancestry, and I question whether the proportion of acutely insane patients is greater than it would be among other persons of such heredity who were in bad physical health. I do not propose to dwell on these cases of true insanity; there is nothing peculiar about them. When dementia occurs it is of ordinary type, usually acute, often recurrent mania, or melancholia, while delusions of persecution are very common. M. Raymond Martin, a pupil of Professor Joffroy, collected 28 published cases in 1890, and they present such varied forms of amentia that no conclusion can be drawn from them. One point is noteworthy, and has been insisted on by Hirsche, who collected 43 cases of insanity, which is that mania in any form is an occurrence of very grave prognosis; only six of his cases attained even temporary recovery. This is not surprising when we consider the cardiac and other disabilities from which these patients suffer.

Let us pass, then, to what I consider the more distinctive, though milder, form of psychosis in Graves' disease.

My 20 cases are all women, about equally divided in age between early womanhood and the sexual decline; all private patients, and a large proportion in a higher rank of society than the ordinary hospital patient. As I have said, none (or perhaps only one) could be claimed as insane, but only two present at all normal states of mind. In all but three the intellectual powers have suffered; but two of them are ladies of remarkable intelligence and a high degree of education. Both have been affected over twenty years, though in one the disease is quite quiescent. The other presents at times rather severe symptoms, but is nevertheless one of the most cultivated women I know; she is able to work as the administrative head of an important educational establishment, and (besides being an advanced student of philosophical subjects) has persevered at 48 years of age in the study of Greek and Welsh. M. Ball made the remark in 1893 that "a certain degree of intellectual and moral exaltation often exists." It is not quite clear from his description what he means by this expression, but I think if we accepted the words in their literal English translation as I have given them, that there is a good deal of truth in the remark.

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The mental condition of these people is very difficult to describe, but is in its particularities very highly defined.

1. They present an extreme restlessness, resembling that which sometimes accompanies subacute mania and neurasthenia. Many of these patients are continually moving their hands and faces; again, they often have tricks of movement, habit spasms of ordinary type, such as pulling the corners of their mouths, the buttons of their dress, and so on. True chorea is frequently associated with exophthalmic goitre, but has never been present in any of my patients, and has no connection with the sort of movement habit I describe; neither is this restlessness connected with the habitual tremor of the disease.

2. Another point is the ease with which these persons are startled. A very slight interruption or noise will disturb them for hours; this is merely due to the instability of their cardiac action.

3. Sensorial illusions are occasionally present without other signs of insanity. Galezowski has described cases of hallucinations of sight, and Grainger Stewart some of hearing. I have had under observation for many years an elderly woman who has frequent illusions of hearing—thinks she hears people talking round her or calling out, but I attach no importance to this case, for it is altogether an errant one; moreover, she has some chronic eustachian catarrh with great tinnitus and vertigo, and if I were pinned down to the expression of opinion I should say had mild dementia. She is a very remarkable example of exophthalmic goitre, having once developed a train of paralytic symptoms of the basic cerebral nerves quite unique in the history of this disorder; and at another time, under the stress of alarms, a condition resembling ambulatory epilepsy.

Vertigo, even of an extreme degree, is a common symptom, and this has been found associated with recurrent mania in at least one instance. I am unable to satisfy myself that this vertigo, in its milder forms, is not due to middle ear catarrh, for I have found this condition a common one in Graves' disease.

Now we pass to what I consider the true salient mental changes.

These people become irritable, short tempered, discontented, prone to take offence at and quarrel with anything and everybody. In this they merely present the usual attributes of neurasthenics. In addition the patients become

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untruthful, suspicious, and intolerant of contradiction or advice. The memory almost always becomes much impaired, especially memory of current details.

But the most distinctive mental change to my mind is that first described by Sir John Russell Reynolds, who gave it the apt name of "chorea of ideas." The patient finds it impossible to think of anything consecutively. If she makes an effort to write or talk about anything other ideas crowd into her mind and displace the original one; names and motions often in no way connected with the proper thought crop up instead of the one she wants. A patient of mine found herself unable to cut out pieces of material for needlework as she used to do, as she starts cutting out one garment and finds she has ended by trying to cut out another sort—a chemise for a skirt, and so on.

Another mental change I have seen constantly is a morbid sense of duty, an over-sensitive valuation of public opinion, or the opinion of other individuals. This is, I take it, a mild condition of melancholia, but, in my observation at least, it has never acquired the intensity of actual melancholia.

I have also endeavoured in all cases to eliminate the factor of "hysteria." The definition of this term is so vague that I have pinned my faith rather to such physical signs as localized anæsthetic patches and diminished fields of vision rather than to hysterical crises or a so-called hysterical psychosis, and I can only say that my own patients have none of them presented satisfactory signs of hysteria at all. The only physical sign which is frequently associated with hysteria, and which I have also found frequently accompanying Graves' disease, is astasia-abasia in its various forms.

I am quite aware, however, that any or even all the conditions I have described may occur in ordinary neurasthenics or hysterics, but on viewing these central nervous changes as a whole, and in fairly large numbers, I have been struck by the dissimilarity of the assembled psychic changes as compared with those of neurasthenia and hysteria. In fact, some of my patients who have presented in its most typical form the cerebral action of Graves' disease have been furthest removed from neurasthenia, and have shown none of the physical or mental attributes of hysteria.

This condition, which I have endeavoured so imperfectly to describe, stands, I think, in remarkable contrast to the apathetic mental state of myxœdema. And I have discovered

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another curious little point of dissimilarity in the absence of any olfactory illusions in Graves' disease, which (you all know) are common enough in myxœdema.

So marked is this contrast that we must be led unavoidably to the inference (though we cannot yet call it a conclusion) that we have on one side a deficiency, and on the other an overplus of some material which acts as a stimulus or a toxic agent to nerve structures, and among them the nerve structures which especially concern psychologists.

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*Mental States Associated with Visceral Disease in the Sane.**

By HENRY HEAD, M.A., M.D. London.

(*Abstract.*)

The mental changes which accompany disturbances of the viscera may be classified under two groups, as follows:—(*a*) Those changes which accompany the disease directly, and are associated with the presence of some abnormal product or tissue change produced directly by the disease (for example, myxœdema). These may be called the direct mental effects of visceral disease, and will be neglected in this communication. (*b*) Certain mental changes which are only present in those cases where the visceral disturbance causes what is known as referred pain associated with tenderness of the superficial structure of the body and scalp. Now this pain and tenderness are due to changes in some part of the central sympathetic system caused by disturbance of the internal organ to which sensory sympathetic nerves are supplied. Thus the mental changes of this group may be said to be indirect, for they are associated with visceral disturbances through the mediation of the sympathetic system. In this communication only the sensory and emotional changes are considered.

1. The first change to which I wish to draw attention is a melancholia coming on with extreme rapidity, and lasting a variable time (from a few minutes to several hours). Under such circumstances the patient leaves the circle with all the appearance of a person leaving the room to vomit. He sits in some room apart weeping uncontrollably, without any idea of the cause of his sorrow. He may be sitting quietly

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