of 18 months. He had previously always appeared to me to be somewhat deficient, and knowing as I did the family history, I feared lest he too might develop blindness.

The treatment I advised was extract of thymus and cod-liver oil; but, as already mentioned, my absence on holiday apparently prevented the treatment from being carried out.

The case was evidently one of amaurotic family idiocy, and from the table given above it will be evident that practically every second child of this family developed blindness. It is further interesting to note that the first three children were females, while the last four were males. The second child became blind at the age of eighteen months, but, strange to say, recovered at the age of three years after a pretty sharp attack of measles. The mother has since been delivered of twins, both females, at about the eighth month of her pregnancy. They are very small babies, and one of them has a distinctly unhealthy appearance. The labour was easy and uncomplicated.

So far as I can gather, twenty-seven cases have now been recorded of this disease. It is a curious fact that most, if not all, of the cases have occurred in Jewish families. The disease usually proves fatal, as this case did, before the age of two years. I am convinced that it is not of syphilitic origin, but in all probability is due to some defect in the development of the nerve tissue. Meantime, I trust that these rough notes will prove of interest, as this certainly adds one more to a very limited list of recorded cases of this most intractable disease.

Mental Disease with Exophthalmic Goitre. (1)

By R. H. STEEN, M.D.Lond., Senior Assistant Medical Officer, West Sussex County Asylum, Chichester.

MENTAL symptoms are present in almost all cases of exophthalmic goitre, and occasionally these symptoms are of such a pronounced type as to render the patient technically insane, and require his or her admission into an asylum.

Comparatively few such cases have, however, been published, and the text-books on insanity as a rule dismiss the subject in a few lines. Dr. Savage (*Guy's Hospital Reports*, 1883, p. 31) has reported several cases, and comes to the conclusion that, when insanity is associated with exophthalmic goitre, the prognosis is very bad; this statement he reaffirms in his article on the same subject in the *Dictionary of Psychological Medicine*. Other authors are in agreement on this point, asserting that, if the disease does not end in death, dementia is almost certain

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to be the result. It is on this account that I describe the three following cases, which, suffering from exophthalmic goitre with insanity, have made perfect recoveries as regards their mental symptoms.

B. H—, female, æt. 21, single, farmer's daughter.

Family history.—Grandmother had an attack of insanity at the age of 50 and recovered. Mother has always been nervous, and has had "slight swelling in the neck." Two maternal aunts have had "swellings in the neck."

History of present illness.—She had always been a nervous girl of retiring disposition, and had never had any serious illness till the spring of 1898, when her neck was noticed to be enlarged. This disappeared under treatment. In the spring of 1899 this enlargement returned, and on June 25th, 1899, mental symptoms appeared with startling suddenness. While on a visit to a relative she was taken "in a swoon," and was then moved home. She did not realise where she was for several weeks, did not recognise her relatives, was noisy, and whistled and sang, but was not violent, and she refused food and medicine. This condition lasted about six weeks, after which she exhibited symptoms of melancholia with auditory hallucinations, and the delusion that she had killed two of her brothers.

She was admitted into the West Sussex County Asylum on November 25th, 1899, and was a pale, moderately nourished young woman, with well-marked signs of exophthalmic goitre. Pulse 160, the thyroid markedly enlarged, the right lobe being three times as large as the left, the eyes prominent, and Graefe's sign present. Subjective sensory symptoms—*e.g.* "pins and needles," "burning sensations," and at times "numbness"—were present in the legs, and there were no objective sensory signs. Motor system: She had slight tremor in arms when extended, with weakness of hand-grip. She had also pseudochoreic movements, which passed off a few weeks after admission.

The note on her mental state on admission is as follows: She is depressed, at times bursting into tears. Is very slow in conversation, and does not reply till after a question has been frequently repeated to her. She is frightened, and says she is afraid she is going to have her throat cut, feels she must "holler" when she goes out. Mutters disjointed ejaculations, *e.g.* "Peace! mercy!" Has auditory hallucinations; for example, she hears a "bell ringing" in her head, then suddenly asks, "What is a Court Martial?" When asked why this question, she replies, "I heard someone say it." All the conversation is conducted by the patient in a whisper.

She was placed on a mixture containing iron and aloes, to which later on Tr. belladonnæ, ℥v per dose, was added.

For the first few weeks after admission she was kept in bed. She was very restless, and required an occasional hypnotic at night. She was at times dirty in her habits, and required to be dressed, given her food, and generally looked after.

During January, 1900, definite improvement was noticeable, and the pulse rate had fallen from the average of 140 per minute to 90 per

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minute. She was now able to dress herself and do a little work in the ward.

This improvement was maintained during February, though she still suffered from auditory hallucinations, and she had "visions of fishes and strange beasts."

From this time she continued to improve steadily, though slowly. The note on May 29th is as follows: "She is excitable and unstable, laughs without due cause, and rushes about the ward or garden in a childish manner. She is easily upset by trifles, when she is inclined to be sullen, but these fits do not last long. Is industrious and works well in the ward dormitory. Converses quietly and rationally." Has put on one stone in weight since January. Menstruation, which had been absent after admission, made its appearance in January, and has been regular since then. After this her convalescence was uninterrupted, and she was discharged as recovered on August 31st, 1900, fifteen months after the first symptoms had made their appearance. Her eyes were less prominent, but the enlargement of her thyroid was still marked, and the pulse remained at an average of 100 per minute. She has remained well up to the present time, and frequently communicates with us, and sends presents of flowers for the use of the patients.

As regards the treatment in this case, Tr. belladonnæ, given first of all in 5-minim doses, and later on increased to 10 minims thrice daily, appeared to reduce the pulse rate and be beneficial to her. Iron and aloes were successful in bringing on menstruation, but of more value, in all probability, were the general and dietetic measures taken to improve her general health.

This case might be regarded as an attack of adolescent insanity in a young woman with strongly neurotic taint, and in which the exophthalmic goitre was less of a cause than a coincidence. The following case belongs to an entirely different category, and in it the mental symptoms were those of autogenic poisoning, the toxin being produced by the pathological condition underlying exophthalmic goitre.

F. L. A—, female, married, æt. 35, bathing mistress.

Family history.—No heredity of insanity or other neurosis known.

Personal history.—Unimportant.

History of present illness.—Her son died on December 4th, 1899, and after this date her eyes were noticed to be prominent, and her neck commenced to swell. On July 31st, 1900, the anniversary of the dead boy's birthday, she became acutely excited, evinced exalted ideas; *e.g.*, she bought a travelling confectioner's stock to set up a shop. She was admitted into the West Sussex County Asylum on August 4th, 1900.

The note on her admission was as follows: "Physically she is thin and anæmic, and presents the three cardinal symptoms of Graves' disease. The eyes are prominent, upper and lower eyelids retracted,

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and Graefe's sign is present. The thyroid is markedly enlarged, the right lobe being larger than the left, the gland is pulsatile, and a loud bruit is heard over it. The pulse is 120, there is slight dilatation of the heart, and a hæmic murmur is heard over the heart area, being loudest at the pulmonary cartilage. Tongue is dry, teeth coated, and breath foul. Mentally, she is talkative, and mutters to herself. She gesticulates and declaims in a theatrical manner, chiefly on religious topics, and in extravagant language; for example, she says she is 'converted,' that she has been in Paradise, and has there seen 'hundreds and thousands of children all dressed in beautiful white.' She said, "I saw Jesus in the corridor, and He had on Him a beautiful robe.' 'Lions would not hurt me, because God would close their mouths.' 'Thunder, lightning, bricks, mortar, walls, cannons, soldiers or sailors would not hurt me if they fell on me.' She says she intends to build a thousand houses in Littlehampton for poor people, and that she can pay for them, and that she can make 40,000 pillow-cases."

After admission, she was restless by day and night, dirty in her habits, frequently destructive to her clothing, and on one occasion broke a pane of glass. A slight improvement occurred at the end of August, but during September and October she became depressed, actively suicidal, and thus changed from a condition of acute mania to that of agitated melancholia.

The note on November 13th is as follows:—She is very feeble, thin, and is being kept in bed. Heart dilatation has slightly increased, and heart dulness reaches on the left to the nipple line. Thyroid gland and eyes the same as on admission; pulse 100. She is restless and uneasy. She mutters to herself about "lights," "fire," etc. When asked questions, she replies in a whisper that "nobody knows," "I don't understand." She has hallucinations of vision, hearing, and sensation; for example, she saw "lights" round her, sees "people who come and frighten me," says, "voices talk to me and say I can't go down there," and "earwigs crawl on my hair and on my pillow."

After this date she became mentally more enfeebled and seemingly demented. She did not recognise her husband when he visited, was restless, untidy, dirty, and destructive, sleepless at night, refused to converse, but continually muttered to herself.

In April, 1901, she became slightly stronger, and was able to be up for a short time daily. Up to this time the medicinal treatment had consisted of bromides, hyoscyamus, belladonna, digitalis and iron, which had been all tried in turn without producing any apparently beneficial result. In May, 1901, she was placed on supra-renal tabloids, gr. v, one thrice daily. There was little improvement at first, but gradually she became stronger, and her mental condition was less that of stupor, and more that of agitated melancholia. At the end of August, 1901, the note reads: "She is very restless, and wanders aimlessly up and down the ward. Refuses to converse, but answers with a swear, *e.g.*, says 'bloody lie.' Refuses to allow anyone to touch her. Moans and mutters to herself. Has apparently auditory hallucinations, and she talks loudly, as if addressing imaginary people." Her appetite at this time was ravenous, and she had frequently great pain after eating. During September, 1901, she showed some signs of

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improvement, and on rare occasions would talk quietly and rationally. The supra-renal tabloids had now been increased to two thrice daily, and later on to three tabloids thrice daily. In October she was distinctly better, was less restless, and was able to sleep in the dormitory instead of in a single room as formerly. She recognised and conversed rationally with her husband on his visits. She was, however, still unstable, had occasionally fits of crying, at times would again be destructive, and expressed the delusion that her food was poisoned. Her weight commenced to go up, and her hair, which had almost all fallen out, grew again. From this time onward her improvement, though slow, was steady, and on September 26th, 1902, she was discharged, recovered, having had a month's trial. She has been heard of frequently since her discharge, and is keeping well and following her occupation of bathing mistress.

This case is interesting for the following reasons:

1. The very long duration—over two years.

2. The apparent hopelessness of recovery in June, 1901.

3. The marked improvement which took place coincidently with the administration of supra-renal extract.

4. The absence of improvement with other drug treatment.

5. The prevailing mental condition was that of agitated melancholia.

6. The bodily symptoms were marked, and included proptosis of eyes, enlargement of thyroid, tachycardia, at times slight pyrexia, tremor of muscles, digestive disturbances, loss of hair, and malnutrition. Her weight in July, 1901, was 6 st. 4 lbs., and on discharge it had increased to 10 st. 1 lb.

The third case has many points of resemblance to the last. M. A. C—, female, married, æt. 45. Neurotic heredity denied. She has had an enlargement of the neck for the past twenty-five years, but has only suffered from palpitation for the past two years. Married twenty-four years, ten children. The present attack commenced on October 5th, 1903, with loss of memory and delusions of annoyance. She was admitted into the West Sussex County Asylum on October 12th, 1903, and was eight months pregnant. On admission she was anæmic and the skin slightly yellowish in colour. There was marked enlargement of the thyroid, the enlargement being greater on the left side than the right. Faint blowing systolic murmurs present over the edge of the enlarged thyroid. Heart slightly dilated, pulse 98. Eyes not markedly prominent, and Graefe's sign absent. Mentally: She was quiet, well conducted, but markedly confused as regards recent events. She had hallucinations of hearing, sight, and taste, which gave rise to delusions of a persecutory nature. After admission she remained much the same till November 26th, when she gave birth to a male child. After this she gradually became worse both mentally and physically. She began to refuse her food "as it was poisoned," and became very restless, refusing to stay in bed by day or night.

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During December, 1903, and January, 1904, she gradually became worse, and the note on February 15th was as follows:—"She is emaciated and feeble, pulse 76, respiration feeble with frequent sighs. Tongue is red and of raw appearance. There is no nausea, vomiting, or diarrhœa. Abdomen hollowed. There is general muscular weakness and tremor of eyelids, facial muscles and outstretched hands. Knee-jerks weak, plantar reflexes normal. The upper eyelid is retracted, especially under emotion; there is slight lagging of the upper lid on looking down. There is no marked proptosis present. Pupils equal and react to light and accommodation. Voice is feeble, and she only speaks in a whisper. Menstruation absent. Skin yellowish, and dusky pigmentation is present on shoulders, and front of patellæ. Hair is scanty. Slight enlargement of glands of axillæ and groins. Mentally: She looks tired and depressed, and frequently weeps. She is restless in an aimless manner. Frequently tries to get out of bed, and pushes the bedclothes from off her and takes off her night-dress. She is fearful and anxious, and says she is afraid she is going to be 'chopped up.' There is considerable difficulty in persuading her to take sufficient nourishment. She is confused as regards her identity, and says she is single, is not sure if she has any children, and does not think her name is Mrs. C—. She has hallucinations, auditory, visual, and of general sensation. For example, she hears 'voices'; says that she sees a 'woman in white,' who goes into her room, and frightens her; says that 'the food and water are poisoned,' and that she has a 'nasty dark taste' in her mouth. She has tingling sensations in her hands, and a feeling as if water were running over her."

She was placed on supra-renal tabloids, gr. 5, one twice daily, on January 30th, 1904, and this dose was increased to two thrice daily on April 20th.

During the months of March and April little improvement was noticed. She was gradually losing weight, was very depressed, and attempted suicide on two occasions, and frequently required mechanical feeding.

In May she was able to be got out of doors for a short time daily, and there was slight mental and physical improvement, though her weight, which had been 10 st. 5 lbs. in November, 1903, dropped to 5 st. 7 lbs. at the beginning of June.

In June she was taken out in an invalid chair for the greater part of the day, and her weight began to increase. There was also marked mental improvement. The confusion gradually disappeared, and she recognised where she was, and conversed with her husband intelligently, and evinced interest in her home and family. The depression and hallucinations also vanished.

During July and August the improvement in her mental condition continued, the note at the end of August reading: "She is quiet and cheerful, is able to go to church and attend the entertainments; she helps in light ward work. She converses rationally. As regards her general health, she has occasional headaches, and pulse-rate remains high—120 to 130, but she is less 'nervous' and less tremulous. The thyroid is still enlarged, but all eye signs have disappeared. Her weight has increased by 4 stone since June. It is hoped that this patient will

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shortly be able to be discharged, as she is apparently making a good recovery." (2)

The points of interest in this case, which resembles the previous one in many respects, may be summarised as follows:

1. The seemingly hopeless nature of the illness at the early part of 1904.
2. The benefit derived from supra-renal extract.
3. The mental symptoms, in the main those of melancholia.
4. The marked increase in weight coincident with mental improvement.
5. The fact that the patient became much worse after the birth of her child. That there is some relation between the uterus and the thyroid gland has long been known, but the subject is still wrapped in considerable obscurity.

A fourth case of exophthalmic goitre, which has been under my care, has had a less satisfactory termination than that of the preceding cases.

E. L—, female, æt. 31. She had a family history of insanity and exophthalmic goitre. She was admitted into the West Sussex County Asylum on December 9th, 1901. She had marked exophthalmos, enlargement of the thyroid, and tachycardia. Mentally she was restless, noisy, excited, violent, dirty in habits, sleepless, resistive, and refused food and medicine. She continually whispered to herself, and had auditory hallucinations.

On December 16th, one week after admission, she suddenly became cyanotic, her pulse became so rapid as to be uncountable, and she had marked dyspnœa. All remedies were unavailing, and she died within two hours of the onset of these symptoms.

No definite conclusions can be founded on so small a number of cases, but they suggest the following reflections:

1. The mental symptoms in insanity with exophthalmic goitre are in the main those of a restless melancholia.
2. Hallucinations are present, and are frequently intense in character.
3. The onset of pronounced mental symptoms is frequently acute.
4. Recoveries from the mental attack take place even in cases which appear to be hopeless. The danger of a fatal attack of syncope in the acute stage has to be borne in mind.
5. A marked increase in weight accompanies the improvement in the mental state.

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6. Supra-renal extract exercises a beneficial effect on the patient.

(1) A paper prepared for the autumn meeting of the South-Eastern Division, held at the Priory on October 6th, 1904. (2) This patient was discharged recovered on December 2nd, 1904.

A Case of Pseudangina Pectoris in an Epileptic.

By H. ROWE JEREMY, M.R.C.S., L.R.C.P., Assistant Medical Officer to the Canterbury Asylum.

THE following case is one which, whilst being interesting as a typical case of pseudangina or vaso-motory angina pectoris, presents further interest in occurring in a patient suffering from epilepsy.

The patient is a married woman, æt. 39, who was admitted into the Canterbury Asylum on February 5th, 1904, with the history of epileptic fits and recurrent maniacal attacks, coming on usually after a fit. This was her second admission; she had previously been under treatment for the same disease in the asylum from March to November, 1903.

She is a small, thin woman of about 8 stone, markedly anæmic, and of a highly neurotic temperament. She has right dorsal scoliosis, and in consequence her thorax is much flattened on the right side in front and projects posteriorly, and on the left side projects anteriorly and is flattened behind. Her lumbar spine is convex to the left, and her pelvis is tilted down on the left side. This deformity gave rise to difficulty during parturition; she was married at twenty-one years of age, and has had three children, the first a year after her marriage, and forceps were required at each birth. All the children were born alive; she has had no miscarriages.

The scoliosis came on when the patient was sixteen years old, and she believes its appearance was due to a fall she received over a chair.

She first began to have epileptic fits after the birth of her first child, at twenty-two years old, and, although the onset is late, the convulsions are typical in character and show no signs of being due to any local lesion.

There is no history of epilepsy in the family, but there is a history of insanity; her first cousin committed suicide whilst insane, but unfortunately there is no record of the type of insanity.

There is no family history of alcohol, syphilis, gout, or rheumatism. The patient has not had rheumatism, chorea, tonsillitis, gout, or influenza, and has been a temperate drinker. She suffers from dyspepsia and flatulency, largely due to the decayed state of her teeth, and constipation; she frequently has frontal headaches, and at times complains of "pins and needles" in her legs. She shows no signs of approaching menopause.

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