A Case of Developmental General Paralysis.[1]

By JAS. MIDDLEMASS, M.D., Medical Superintendent, Sunderland Borough Asylum.

WHEN the Divisional Secretary asked me if I could show a clinical case at our meeting to-day, I looked into a number of cases which might be of interest, and ultimately made a selection of one which I thought you would be interested to see, and which was specially interesting to myself. The case is that of a boy, R. B—, admitted to the Sunderland Asylum in March, 1901, æt. 16.

Hereditary history.—The father died in Morpeth Asylum of general paralysis, aged about fifty. He had undoubtedly contracted syphilis. The mother is delicate, but has no evidence of mental instability. The history of her pregnancies is as follows:—First, girl, æt. 17, alive and healthy; second, miscarriage; third, patient; fourth, miscarriage; fifth, girl, æt. 13, living and healthy; sixth, miscarriage; seventh, boy, died after eight months of syphilis. From the history it was ascertained that the husband contracted syphilis between two and three years after marriage, and that the patient was the first child born subsequently. The wife was subjected to antisyphilitic treatment, and so long as it was steadily adhered to she had fairly healthy children, but when it was neglected she had either a miscarriage or a syphilitic child.

Personal history.—The patient had well-marked syphilis at birth, and suffered from a skin eruption, which disappeared gradually under treatment, this being continued for two years. His development was slow. Teething began when he was two, speech when he was three, and walking when he was about four. He was, when young, liable to fits of passion, and was most difficult to manage. He went to school in due course, and was able to pass the usual standard examinations. After leaving school he went to a shipyard, where he was employed as a "catcher." For some time before admission he was observed to be less intelligent than he had been, and his memory, never very good, had been getting worse. In the certificate of admission it was stated that he had the delusion that he had killed a man, and he was also said to have attempted to strangle himself and to stab his sister.

State on admission.—He was undersized, measuring only 56 inches and weighing 84 lbs., but he had no physical deformity beyond an irregular depression on the back of the skull, which, it was afterwards ascertained, had always been present. There were scars in both groins from an operation for double hernia. His teeth were decidedly syphilitic in appearance, and there were scars at the angles of the mouth due to the same disease. His pupils were slightly unequal and sluggish in reaction. There were no muscular tremors, and his speech and gait were not affected. His knee-jerks were rather lively. His temperature

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was 99·2° F. Mentally he showed slight depression. He said he had tried to strangle himself the previous day because he was bad, and also that someone had told him to kill his sister. He complained of having pains in the head at times. He talked quite clearly and intelligently, but his memory was slightly impaired. From the history of gradual mental impairment, the fact that he suffered from congenital syphilis, the slight rise of temperature, and the pupillary symptoms, he was diagnosed as a case of developmental general paralysis. This diagnosis has since been amply confirmed.

Progress.—Since his admission the signs of general paralysis, both physical and mental, have steadily but surely progressed. Emotionally he was most frequently depressed, but as a rule this occurred when he had a severe headache, and this almost invariably was worse at night and disappeared the next morning. Occasionally he was mildly exalted, when he would smile and talk more than was natural to him. He did not express any definite delusions. He was sent to work at first, but his memory became worse and his co-ordination began to be affected, so that this had to be given up. It is only within the last six months that his speech has become distinctly affected, and that muscular tremors have made their appearance. His pupils have always been unequal and sluggish, but in course of time they became irregular also. He has never had a congestive attack, but his temperature has occasionally been a little above normal. At the present time there is little doubt as to the nature of his disease, as the symptoms are all very well marked. [These were demonstrated at the meeting.]

Remarks.—The comments on this case which I am desirous of making will be directed solely to two points. The first of these is the etiology of the disease. I have little doubt in my own mind that the essential factor in this case, as in nearly all similar cases, is syphilis. I need not enter further into this question, as it has been ably discussed already. I would merely add this case to the existing long list of those in which syphilis was distinctly and without dubiety present.

The second point to which I wish to call attention is closely related to this. An investigation of the age at which general paralysis makes its appearance in young people shows that there are cases recorded in which the disease began as early as six years, and as late as twenty-two or even more. A similar investigation with regard to adults shows that it may occur at any age between twenty-five and sixty-five. Practically, then, the two series of cases are continuous, and the only difference between them lies in the fact that in the one case we find inherited syphilis is the cause, while in the majority of the others the syphilis is acquired. In a certain number of the latter no history of acquired syphilis is obtainable, and it is

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possible that in them we have to do with the inherited disease. I would urge every one who meets with such cases to push his inquiries in this direction. In doing so I am only repeating advice given by Mott and Percy Smith, the latter of whom has placed a case on record (*Brit. Med. Journ.*, February, 1901).

(1) Shown at the meeting of the Northern and Midland Division at Morpeth, on October 9th, 1903.

Notes on a Case where Treatment with Thyroid Extract repeatedly resulted in Temporary Benefit.(1)

By NORAH KEMP, M.B., C.M.Glasg., Assistant Medical Officer, The Retreat, York.

IN the treatment of mental disease thyroid extract was first administered in cases of myxœdematous insanity, resulting in the cure both of the myxœdema and the insanity. The next step was to discover that administration of extract of thyroid gland frequently produced a condition of fever in the patient. In view of the fact that a heightened temperature in an insane patient sometimes brought with it an improvement in the mental condition, thyroid extract was again tried, with variable results.

In 1900 Dr. Easterbrook published his analysis of 130 cases treated with thyroid, out of which number 12 recovered, 29 were improved, and 89 remained unimproved. He comes to the conclusion, after a detailed and exhaustive examination of these cases, that the benefit obtained results from the specific effect of the active principle of thyroid extract, which is to stimulate tissue oxidation.

Our experience of thyroid extract at the Retreat has proved disappointing, except in this one case, where very marked improvement took place, but was only temporary, and did not appear until poisonous doses had been given.

This case is one of mania of now nine years' duration, throughout which time there has been little change in the condition of the patient until brought under the influence of thyroid extract, when for a week—and the change came quickly without any gradual, slow improvement,—instead of an excited, noisy, violent, destructive, and badly behaved patient

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