ILLUSTRATIONS OF EXCEPTIONAL SYMPTOMS AND EXAMPLES OF RARE FORMS OF DISEASE.

By JONATHAN HUTCHINSON, F.R.S., LL.D.,
Emeritus Professor of Surgery at the London Hospital.

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II.—MICROCEPHALUS (AZTEC HEAD), WITH INDICATIONS OF BILATERAL CEREBRAL ATROPHY: DIFFICULT BIRTH, AND SEVERE CON- VULSIONS DURING THE FIRST WEEK OF LIFE.

A CHILD, brought to me by Dr. Whitfield, on June 7th, 1885, offered a very interesting example of the bilateral cerebral paralysis of infants. It was three years old, the youngest of seven, all the rest of the family being healthy. The parents were both of them strong and robust. The history was that it had been delivered by forceps, and that there had been great difficulty in reviving it after birth. The surgeon who attended said he had never known a child, so nearly dead, recover. During the next few days, it suffered much from convulsions, and continued to be very ill. I take these facts from the mother's statement, not having seen the medical man who attended her. After this, the child's infancy presented nothing particular. But it was soon found that it could not grasp well with its hands; the fontanelles closed, as its mother believed, very early. The child was now, at the age of three, well grown, and healthy looking; good tempered, but, in some matters, distinctly self-willed. Although unable to speak, it was quite able to make its wishes understood. It had no defects of special senses, and no lamellar cataracts. The optic discs are normal. The child is stated to have good power over its sphincters, and to be very cleanly in its habits. Its parents believed that it understood all that was said to it; but it could only say one or two simple words, and these without any clearness of pronunciation. Its head was rather small, and especially contracted across the forehead—that is, there was an approach "to the Aztec type." The prominent defect was in its voluntary muscles; and, so far as I could judge, it appeared to affect them all pretty equally. The mother thought that the left limbs were weaker than the right. It rarely made any attempt to move its hands, although it could manage, as a sort of feat to which it had been trained, to grasp a large object, and to pretend to use it as a pen. It did not, however, hold the pen with the slightest power. It never made any attempt to use its lower extremities, or to stand. There was no special contractures, but the muscles yielded rather slowly to the hand. Its head lolled on to its chest, or was turned on to one or the other shoulder, but was scarcely ever held in the upright position; and it sat all of a heap, with the back bent. When placed on its back, it could, with a little help, just manage to raise itself. There were no defects of nutrition in the limbs, which were quite warm. Its muscles were moderately well developed. I had no opportunity of trying the effect of galvanism. A great many of its teeth, especially those in the upper jaw, had rotted away.

I give this case as a contribution to our clinical knowledge of a very interesting and rare form of paralysis, to which, amongst others, Dr. Hadden has recently given much attention. The first example of it which came under my own notice, and in which, let me say, I was indebted to Dr. Hughlings Jackson for the diagnosis, occurred in a child who was the subject also of very peculiar lesions of the skin. The case was published in the Pathological Society's *Transactions* ten years ago. Since then, I have seen several others. They vary much in degree. In some, there is little more than merely late development, "weak spine," and feeble muscles; whilst in others, the paralysis is general and severe. In most, there is the history of some almost fatal illness during the first week of life. The eyes, the teeth, and the skin may suffer.

III.—RED HANDS AND FEEBLE CIRCULATION: SUSCEPTIBILITY OF SKIN OF HEAD AND FACE: URTICARIA FROM EXPOSURE TO COLD AIR (A MINIMISED FORM OF KAPOSI'S DISEASE).

I COULD not mention a better example of the peculiar condition of feeble circulation which leads to red hands and flushed cheeks, than that of Miss B. This young lady was, when I saw her, 20 years of age, of fair complexion, and delicate skin. Under ordinary conditions, her hands were of a uniform deep red colour, and cold. Her cheeks and ears were also of the deepest possible tint. Susceptibility of her face and neck to the influence of cold was the most marked peculiarity of her case. She could not wash with cold water, or expose herself in the least to wind, without making the skin tingle and become covered with urticarious wheals. When so affected, the skin would burn and feel most uncomfortably tight. She had never known her urticaria to be produced by articles of diet, but she had

found, during the last year or two, that she could not eat shell-fish or shrimps, on account of the indigestion which they produced. Her first nettle-rash had occurred after a cold bath in the sea, and for long she had been obliged to use hot water for washing, on account of the tingling and burning produced by cold. Miss B. had suffered, in earlier life, from chilblains, and so had one of her sisters, but not to any unusual extent. The flushing of her cheeks, when exposed to cold, was so great, that it might almost count as a kind of chilblain. It was, indeed, attended in parts by slight swelling and oedema. There had never been any definite chilblain on the ears or nose.

I have ventured, in the heading of this case, to use the expression, "a minimised form of Kaposi's disease." Now, Kaposi's disease presents certain features of very marked difference from those shown by Miss B. In it, several brothers and sisters are similarly affected, and they are liable, in childhood, to have the skin of the face, hands, arms, and legs inflame, ulcerate, become pigmented, and finally to fungate, and even become the seat of cancerous sores. The essence of the disease is, however, congenital susceptibility of the exposed parts to irritation from external influences. The skin of the face and hands, etc., does not wear well, but inflames on exposure. The same general statement is true of Miss B.'s case, and of many others. In some, the susceptibility results simply in congestions; in others, of changes in nutrition. Thus we may have red hands and cheeks, chilblains, eczema, urticaria, recurring erysipelas with oedema, lupus, or finally Kaposi's disease. In all, the original liability is congenital and inherited. Kaposi's disease is probably the result of the most intense form of inheritance.

IV.—"HOT EYE" IN ASSOCIATION WITH GOUT: REMARKABLY CORROBORATIVE FAMILY HISTORY.

THE following item of evidence is, I think, valuable in reference to the connection of certain diseases of the eye with gout. A gentleman, named W., consulted me on account of attacks of irritability, first of one eye, and then of the other. The eye would become a little red, and feel as if he had sand in it. The attacks would usually last from two to four days, but they recurred very frequently, and were a source of much annoyance. He had made his own diagnosis before coming to me, and remarked, "I never knew what they meant until, a year ago, I had an attack of gout in the great toe." He was of dark complexion. He had, of late, been very careful in his habits, but he inherited gout strongly on both sides. Having noticed the identity of name, I asked him if he was a relative of a certain Dr. W., whose eyes I had treated for gouty iritis more than twenty years ago. "Yes," he said, "I am his first cousin, and there is the same inheritance in both of us." In the latter case, the patient, then a young man, lost one eye from recurrent attacks of iritis, and had much damage to the other. His case is given in the series which I have published, illustrating the peculiar form of destructive iritis which goes with hereditary gout. Thus the two cases support each other, and afford strong evidence: firstly, as to the connection, with inheritance of gout-tendencies, of the destructive form of iritis; and, secondly, with personal proclivity to gout of the "hot eye."

V.—AN EXAMPLE OF EGG-POISONING.

A VERY good example of egg-poisoning came under my observation in April, 1883. A young married lady, whom I was advising as to diet, remarked to me "eggs, in the very smallest quantities, are poisonous to me." She said that a sister of hers had precisely the same peculiarity, and that neither of them could take eggs, in any form, or any quantity, without experiencing inconvenience. The symptoms produced were exactly those which I have noted in other cases. About an hour after taking the egg, a feeling of heat and discomfort would begin at the epigastrium, which would gradually spread over the whole abdomen. Sometimes there would be a feeling of nausea, but never actual sickness. The discomfort, which was often extreme, would last from a few hours to the whole of the day. Both the sisters had been aware of the peculiarity from childhood. It did not exist in their parents; and there was no tradition as to its having occurred in former generations. A physician, under whose care Mrs. — had formerly been, had advised her to overcome it, and to accustom herself to small quantities of egg taken in coffee, and the like. She had found it quite impossible to follow his advice, the wisdom of which I should very much doubt.

A liability to be made ill by eggs is a form of idiosyncrasy not at all uncommon, and which causes many mistakes in diagnosis. Its subjects often never find it out for themselves, but go on taking the article which causes the symptoms which they seek to cure by drugs. I have adverted to the subject in *The Pedigree of Disease*.

[To be continued.]