NOTES ON A CASE OF SPORADIC CRETINISM.

By W. H. GEORGE, M.R.C.S.ENG., L.R.C.P.EDIN.

THE successful treatment of sporadic cretinism by the thyroid method is such an established fact that the repetition of instances may well appear superfluous and unnecessary. But such a striking change in an undoubted case of the congenital disease, and in such a comparatively short space of time as is shown in the accompanying series of photographs, must be my excuse for venturing to publish the notes of yet another case.

R. S., a female, aged 12, first came under observation on May 7th, 1894, when her physical characteristics were those of a marked case of cretinism, and are graphically shown in Fig. 1. [The child is the elder of a family of two, the other

Fig. 1.

child being perfectly healthy and intelligent. The present condition is stated to have existed since birth, the labour being apparently normal in every respect. The child had never learnt to speak, and did not attempt to utter any sounds. The height was 2 feet 9 inches, not having increased perceptibly for six years. The tongue was habitually protruded, and there was constant dribbling of saliva. There was no sign of any permanent teeth, the incisors being notched and the molars carious. The anterior fontanelle was still patent, and the abdomen very protuberant, with a small umbilical hernia. As shown in the illustration (Fig. 1), the left foot was in a condition of semi-talipes.

The parents were both in good health, not related by blood, and without any history of hereditary disease. The father, a tradesman, well educated and intelligent, gave no history of syphilis, nor could any trace of it be discovered in him. The child was at once placed on thyroid treatment, receiving 5 gr. (in Burroughs and Wellcome's tabloids) daily. Owing to distance exact observations could not be made, and the mother was instructed to give one tabloid daily when it could be taken without marked constitutional disturbance, hence about twenty-four tabloids were taken in six weeks at first, but the full number as time went on. In rather less than five weeks afterwards the dull phlegmatic condition was disappearing. A brighter expression was seen in the face, and dawning intelligence was shown in the child's increased observation and attention to its surroundings.

On September 6th, the date of the second photograph (Fig. 2), the child was able to utter unintelligible monosyllables.

Fig. 2.

On November 10th, 1894, the anterior fontanelle had closed, and the height had increased by $1\frac{1}{2}$ inch.

Fig. 3.

On December 21st, 1894, the abdomen was becoming less

prominent. The child was found to be cutting a permanent molar, and was able to say "Dada," "Mamma," and "butter," the words appearing to indicate definite ideas, and not being repeated in parrot-like fashion.

On January 23rd, 1895, a remarkable change was visible in its general condition, as shown in the third photograph (Fig. 3). The height had increased to 2 feet 11 inches. There was entire absence of the vacuous expression originally noticed. Speech was very distinct, and the vocabulary was increasing daily. The hernia had practically disappeared, and the abdomen was nearly of a natural size, whilst the extremities were firm and plumply rounded. By June another half an inch had been gained in stature, and the child was able to talk fairly well.

Even had no mental progress been made, the successful result of the treatment physically alone is worthy of record. Indeed, it is difficult to realise that the first photograph can be that of the same individual as the attractive, intelligent-looking child shown in the third.

It is to be regretted that a fatal attack of diphtheria prevented the further observation of the case.

A CASE OF ACUTE SEPTICÆMIA TREATED BY ANTISTREPTOCOCCUS SERUM: RECOVERY.

BY

P. COLEMAN, M.B., and T. G. WAKELING,
B.S., M.R.C.S. Eng., L.R.C.P. Lond., M.R.C.S. Eng., L.R.C.P. Lond.,
Clacton-on-Sea. Clacton-on-Sea.

DR. —, middle-aged, attended a fatal case of puerperal septicæmia on June 28th. From this time he began to show symptoms of poisoning, suffering from dyspepsia, with vomiting; his skin assumed an icteric tint, and styes appeared on his eyelids. He frequently complained that "he could not get rid of the awful smell."

I was first called in to see him on the afternoon of July 13th. The temperature was 104°, skin pungently hot and jaundiced. Hiccough violent and incessant. A few consonating crepitations could be detected at the base of the right lung. He vomited occasionally some blackish-coloured fluid, complained of cramp in his stomach, and "feeling shivery." He was delirious at times, drowsy at others. Through the night he was extremely restless, and hiccough scarcely ceased; he only dosed for a few minutes at a time.

On the next day, July 14th, he was wildly delirious, and bathed in perspiration. Temperature 104.6°, pulse 110, respirations 50. The tongue was dry and coated. Signs of pneumonia were well marked in the right lung, and a few clicks could be heard over the lower part of the left lung anteriorly. Vomiting occurred several times during the day, and delirium increased. Drs. Laver (Colchester) and Foster (Thorpe) kindly saw the case, and confirmed the diagnosis of septicæmia.

On July 15th the symptoms continued, and in an aggravated form. The respirations increased to 56, and the pulse became more rapid (120) and feeble; he had had no sleep; there was retention of urine—relieved by the catheter—and the consolidation of the lung was increasing.

On July 16th hiccough was constant; there was obstinate constipation, and the patient was becoming very livid. At 11 P.M. his condition was briefly as follows: Pulse running, feeble, intermittent (116); temperature 103.6°; great lividity; patient quite unconscious; bathed in perspiration; hiccough constant, feeble, and half strangled. At the suggestion of Mr. Wakeling (who now saw the patient for the first time) 20 c.cm. of antistreptococcus serum (promptly supplied by Messrs. Burroughs and Wellcome) were injected. The pulse almost immediately became much fuller and slower. At 1.15 A.M. a second injection of 10 c.cm. was given. The temperature continued to go up till 4 o'clock, but at 3 o'clock he became quite conscious for the first time for three days, and talked rationally. The injection of 10 c.cm. was now repeated every four hours.

At 8 A.M. on July 17th, temperature had fallen to 100.2°; hiccough was much less troublesome. There was profuse perspiration. The tongue was much cleaner at tip. In the

evening the temperature again reached 103.6°. Injections were reduced to 5 c.cm., and only given every seven hours, as the supply of serum was running short, and no more could be supplied for three days. The temperature an hour after injection went up to 104°; pulse 122; respirations 54.

At 4 A.M. on July 19th the patient was much worse; pulse 130; respirations 64. He was lying on his back bathed in perspiration, was more delirious, the pupils were widely dilated, the bowels acting constantly, and the motions mixed with blood (hæmorrhoids were present). At 6.30 A.M. an injection of 5 c.cm. serum was given, and at 9.15 A.M. the patient seemed better, and was quite conscious.

On July 20th he was still delirious on and off; hiccough was troublesome; the catheter had to be used.

On July 21st he was much weaker, and had difficulty in swallowing for the first time. At 4 P.M. the temperature was 103°; 10 c.cm. serum were injected at 6.30 P.M. He perspired freely shortly after (temperature went on falling gradually till at noon on July 22nd it had reached the normal). The patient was not conscious all day. The catheter had to be used, but hiccough had ceased. There was twitching of the face and hands. He was able to lie on the left side. The serum injection was discontinued owing to difference of opinion.

On July 22nd the temperature was normal or subnormal all day. Twitching of the muscles of the hands continued. The face had lost its drawn look and lividity, and appeared fuller. The patient asked for a cup of tea; was quite rational when spoken to, but at other times muttered to himself a good deal.

On July 23rd the highest temperature was 98.8°. The catheter was no longer necessary.

On July 24th he was quite conscious all day. The temperature was 101.4° at 4 A.M., normal at midday, but rose again in the afternoon. The patient, who complained of great pain in the bladder, passed a catheter himself.

On July 25th he appeared better, in spite of the temperature remaining high all day.

On July 26th the temperature reached 101.2° at 4 P.M., and 10 c.cm. of serum were injected. The serum was again discontinued. The patient was comfortable and conscious.

On July 27th the temperature fell to 99.2°, rising to 101° at 12 P.M. On July 28th the temperature varied from 98° to 100.4°. On July 29th the patient vomited. The temperature varied from 99° to 101.2°. On July 30th the temperature ranged from 99.2° to 102.8°. On July 31st the patient was worse, perspired profusely, was delirious at times, muttering when asleep. Temperature 99.2° to 100.8°. It was decided to give two injections of 10 c.cm. of serum in every twenty-four hours until the temperature should continue normal. From this time he continued to make a good recovery, the serum being permanently discontinued on August 4th.

REMARKS.—Having read with much interest in the BRITISH MEDICAL JOURNAL of July 4th an account of a case of hæmorrhagic septicæmia successfully treated by antistreptococcus serum we wish to add further testimony to the value of the treatment by the citation of the above case. The diagnosis was confirmed bacteriologically. Cultivations were obtained from the blood two days after the serum treatment had been commenced.

It will be noticed that the serum was not used till three days after the onset of acute symptoms. A peculiar feature of this case is that no local manifestations of the place of entry of the poison were apparent. The patient says he had an abrasion of the right forefinger.

We can fully bear out the remarks made by Messrs. Ballance and Abbott as to the immediate improvement which took place in the pulse, which became slower, fuller and more regular. In four hours the patient became conscious for the first time for two days. The tongue became cleaner and more moist. The temperature after an initial rise began to fall. The mind became clearer.

In the interval when the serum was discontinued (July 21st to July 26th) the patient gradually relapsed. A slight improvement followed the single injection on July 26th, when it was again discontinued until July 31st. The condition of the patient again became much worse. Injections of serum