A CASE OF SPONTANEOUS ACUTE MYXOEDEMA

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The rarity of the rapid development of pronounced myxoedema is reason enough for the publication of the details of this case, which is further signalized by the occurrence of a similar instance in the family.

HISTORY OF CASE

Miss X, aged 63 years, was seen by one of us (H. A. W.) on February 4th, 1932. She complained of drowsiness, swelling of eyelids, increase of weight, and snoring.

I Sept. 30th, 1931. II Feb. 6th, 1932. III March 25th, 1932.

Family History.—The patient had two sisters, one of whom is living and was seen by us. She was of normal stature, but her hair was scanty and brittle, and the margin was situated at least an inch further back than is usual in women. Her garrulity again reminded one of the type of patient with myxoedema who presents this as an outstanding symptom. The other sister, with whom the patient used to manage a farm, was always fat and lethargic, and, in fact, accomplished about one-eighth of the daily work, while our patient did the remainder. In 1930 her weight rose from 11 to 17 stone in less than six months, and, when seen by one of us (H. A. W.) within two days of her death, she presented all the characteristics of well-established myxoedema. She rapidly became comatose, and died in spite of active thyroid medication.

Previous Illnesses.—None. Menopause at 40 years of age.

Present Illness.—The patient had always been thin, wiry, and energetic (see Photograph I), her usual weight being 6 stone. The scalp hair had been scanty as long as she could remember. Her weight was known to be 6 stone at the beginning of October, 1931. She first noticed the onset of lassitude, increasing weight, and shortness of breath in December, 1931. During the last few weeks her voice had developed a muffled quality. On February 3rd she decided to consult her usual medical attendant (H. A. W.), and for this purpose had to travel for some distance by train. This fact is emphasized because it implies ability to attend to details, which was completely lost by February 4th, when she was first seen.

Examination (February 5th).—Weight 9 stone. Hair harsh, brittle, and lifeless. Pubic hair scanty. Eyebrows sparse. The whole body appeared to be swollen, a feature well illustrated in the shapeless fingers. The skin was dry and scaly, with a tendency to crack. The eyelids, especially the upper, were puffy and semi-translucent, suggesting oedema; this, however, was not present. Supraclavicular pads, the size of oranges, were of the consistency of loose fat. Above the patellae the skin of the thighs was thrown into transverse rolls. There was true oedema about the ankles. The lips were thickened and moved en masse. The palate was pale, infiltrated, and mobile only as a semi-rigid sheet. The tongue

was considerably enlarged. The breasts were abnormally small. The voice was monotonous and "leathery." The peculiarities of the nervous system were torpor (from which the patient could be aroused to answer a question), enfeebled memory, and remarkably brisk knee-jerks. If left to herself she would fall at once into a deep sleep, characterized by loud snoring, a feature of three weeks' duration. The temperature was 97° (97.6° rectal at 5 p.m.), the pulse 68. The heart was somewhat enlarged to the left; the blood pressure, 160/90. Respiration was shallow and sixteen per minute: the lungs were normal. There was pronounced pyorrhoea. The thyroid gland could be felt as a shrunken, hard remnant. No other abnormalities were observed, for there were no facilities for estimation of the basal metabolic rate. The three photographs illustrate the pre-myxoedematous and myxoedematous appearances, and also the changes induced by treatment with thyroid extract in a few weeks.

Treatment.—Owing to the rapid increase of drowsiness and weakness in the last twelve hours, and in view of the tragic history of the patient's sister, it was decided to give full doses of thyroid extract at once rather than risk losing valuable time by the usual method of careful gradation of dosage. Accordingly, 3 grains of the extract (15 grains whole gland) were injected subcutaneously, and 8 grains of whole gland given by mouth at the same time. The latter dose was continued thrice daily.

Progress.—Within twenty-four hours the temperature rose to 98° (rectal) and lethargy was less pronounced. In three days the temperature was 99.8 (rectal); pulse 76; respiration 20. The dose was reduced to 4 grains of whole gland three times daily. By February 17th the weight had fallen by 7 lb., and the mentality was quite normal. Photograph III shows the result a few weeks later. The patient has returned to her work and is in normal health. She is now taking 2 grains of whole gland twice daily. In view of the possibility of the dental infection having been responsible for the sudden failure of a thyroid already devoid of reserve, this feature has been dealt with by piecemeal extractions.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

AN UNUSUAL CASE OF RUPTURED SPLEEN

The following case seems worthy of publication in that a severe intra-abdominal injury was sustained after comparatively slight trauma.

A girl, aged 9, was running along a garden, when, just before reaching a step, she tripped and fell, striking her left costal margin and epigastrium on the edge of the step. She got up and went into the house and complained to her mother

that she did not feel well. The mother did not pay much attention to this, and as it was 9 p.m. put the child to bed and took no further notice until she vomited; the child vomited twice more during the night. When I first saw her, at 9 a.m. the following day, she was pallid and collapsed, with pulse rate 120, respiration 30, temperature 98° F. She complained of pain in the left shoulder and mild pain in the epigastrium, which was described as resembling stomach ache. There was no injury or abnormality in the left shoulder area, but on examination of the chest the movements of the lungs were found to be poor; there was dullness at the left base and the breath sounds were indistinct. The abdominal movements were also poor, and there was generalized rigidity and tenderness, the tenderness being greater in the left hypochondrium. A diagnosis of rupture of the spleen was made. When the