Contributors

Parker, William Rushton. Coupland, W. H. Telford-Smith, Telford King's College London

Publication/Creation

[London] : [publisher not identified], [1897]

Persistent URL

https://wellcomecollection.org/works/jd7pvb22

License and attribution

This material has been provided by This material has been provided by King's College London. The original may be consulted at King's College London. where the originals may be consulted.

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection 183 Euston Road London NW1 2BE UK T +44 (0)20 7611 8722 E library@wellcomecollection.org https://wellcomecollection.org Reprinted for the Author from the BRITISH MEDICAL JOURNAL, May 29th, 1897.

ACQUIRED CRETINISM OR JUVENILE MYXŒDEMA.

BY WILLIAM RUSHTON PARKER, M.A., M.D.CANTAB., Surgeon to the Kendal Hospital.

CRETINISM is the result of loss of thyroid action in youth, and varies in proportion both to the extent of the loss and to the degree of youthfulness. Three varieties may be distinguished both etiologically and pathologically. In one the thyroid is embryologically not developed, or very partially developed, the cause being presumably akin to that which brings about any other embryological deficiency, such as acardia, acephalia, anencephalia, absence or abortion of uterus, ovaries, or testicles. In a second the thyroid undergoes the same changes as in endemic goître, and doubtless from the same cause, any differences being due to loss of thyroid function. In a third the thyroid, after functionating healthily for a time, atrophies, doubtless from causes akin to those of adult myxœdema. This third variety may be distinguished from congenital cretinism and from goîtrous cretinism by the term acquired (non-goîtrous) cretinism or juvenile myxœdema. A few examples may make this variety clear.

1. A young man, under Dr. E. Hertoghe,¹ of Antwerp. Growth stopped without apparent cause at the age of 12. At the age of 27 his voice was childish, his face beardless, his movements slow. his face and hands swollen, his height 4 feet 6 inches. Under thyroid extract he grew an inch and three-quarters in 14 months.

2. A young woman, also under Dr. Hertoghe.¹ Growth stopped without apparent cause at the age of 7. At the age of 20 her face and hands were swollen; she was dull and apathetic; always felt cold; could read and write well; and was just under 4 feet high. In about a year and a half she grew $4\frac{1}{2}$ inches, lost her puffiness, and became bright and cheerful. The photographs are very similar to those of Case 1.

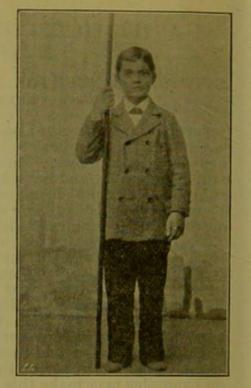
3. A girl, under the late Dr. C. Hilton Fagge. She made good progress at school till a severe attack of measles, with erysipelas, at the age of 8, soon after which growth ceased; her features and hair underwent profound changes; pseudolipomata were noticed at 12; and at $16\frac{3}{4}$ Dr. Fagge diagnosed cretinism.²

4. A girl, under Dr. Dawson Williams. She learnt to talk and walk, and cut her teeth at about the usual age, and seemed in all respects normal until scarlatina with dropsy at the age of 5, after which growth nearly ceased, and a great change came over her mental state. At $18\frac{1}{2}$ she seemed like a child of 5, played with dolls, showed no signs of puberty, was slow in all movements and speech, had a cretinous aspect, stood 3 ft. 8 in. high, and weighed 3 st. 6 lbs. Under thyroid extract she grew 4 inches in about a year, and became much brisker and brighter, but progress was retarded by pronounced scoliosis.

5. I saw a very typical case in the London German Hospital in February, 1886—H. E., aged $17\frac{1}{2}$, who had carried off several prizes at school, and had subsequently been engaged at the *Graphic* office at 10s. per week. At $15\frac{1}{2}$ he gradually



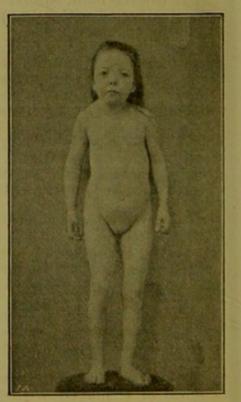
Case 1.-Aged 27.



After 3 months.



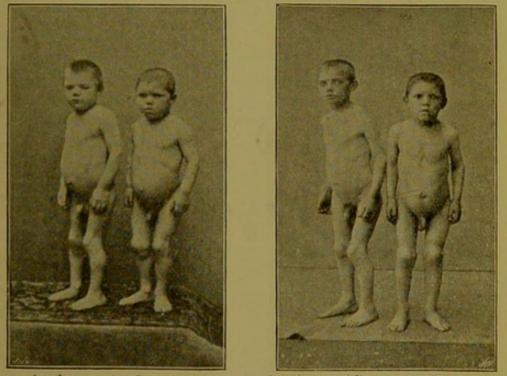
Case 3.-Aged 164 years.



Case 4.- Aged over 19 years.

lost his sight from (apparently primary) optic atrophy, and simultaneously myxcedema developed, so that when I saw him he was very stunted and broad, much swollen in the abdomen, hands, lower limbs, and face; had a staggering gait, very rudimentary genitals, very badly enamelled teeth, and was a complete imbecile. Dr. W. M. Ord diagnosed the case. A younger brother was simultaneously attending at Moorfields Hospital with kerato-iritis and choroiditis; and it was in the search for syphilis in the family that I had hunted out the myxcedematous youth.

6 and 7. Brothers, under Dr. Hertoghe.¹ At 21 and 7 months of age respectively they had suffered simultaneously from a nearly fatal throat affection (diphtheria?), after which growth was slow. They learnt to walk at 7, and were sent to school at 12. At 19 and 18 respectively they stood 3 ft. $8\frac{1}{2}$ in. and 3 ft. 7 in., and under thyroid extract they both grew over 7 in. within two years, losing their cretinous aspect, and acquiring much more intelligent features.



Aged 19. Aged 18. Cases 6 and 7, brothers. After 11 months.

8. A woman, aged 26, under Dr. S. Holgate Owen. Nothing abnormal was noticed till aged 6, when scoliosis was found. She began to menstruate at 23. At 26 she had the characteristic features of cretinism; she stood 3 ft. $4\frac{1}{4}$ in. high, and weighed 3 st. 3 lbs.3

9. A girl, who went to school till 81 years old, reading well, and learning arithmetic. At 13 myxœdema was dia-gnosed by Drs. W. M. Ord and Barlow. Her intelligence was then equal to a child of 4. She had lost her memory, her power of speaking and writing, and the use of most of her voluntary muscles.⁴

10. A woman, aged 20, who had apparently suffered from myxcedema for 5 years, and died suddenly of pneumonia."

REFERENCES.

¹ De l'Influence des Produits Thyroïaiens sur la Croissance. ² Medico-Chi^{*}ur-gical Transactions, vol. liv, p. 159, and plate. ³ Lancet, 1893, December 16th, p. 1516. ⁴ Clinical Society's Report on Myxædema, case 14. ⁵ Report on Myzadema, Case 107.

J. Jelford Smith by Rozal Albert U. Lancaste