A Plea for the Myxœdematous

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Any person who has had the pleasure of teaching students clinical medicine must have been struck by the difficulty they experience in eliciting a true history and an accurate account of the patient's symptoms. It is obvious to the teacher that the main reason for his inability to extract information is that they are to a large extent unaware that this information exists. Long after student days are over, one is apt to carry some of this early frame of mind into the consulting-room. This is probably more true with regard to certain diseases than others. Myxœdema is one of the most typical examples—not merely the mild cases that might possibly present some difficulty in diagnosis, but the actual fully-fledged example of the disease.

When myxœdematous patients arrive in the consulting-room, they have often surprisingly few complaints. They do not feel well, they have not much energy, they cannot walk far, they are easily tired, they feel short of breath, dizzy, etc. In other words, their vague complaints might be the complaints of almost anyone who had been leading a life rather too strenuous for their capabilities, physical or mental. They do not mention that their skin has become dry, their hands coarse and lined; they forget that their hair is falling out, and that they rarely feel warm. In fact, they rarely mention any of the classical features of the disease.

It is true that the facies of the myxœdematous patient is most characteristic. If ever a disease was writ large that all who run might read, it is certainly myxœdema. The unfortunate victims, or, to quote a textbook description, these toad-like caricatures of humanity, have their symptoms stamped on their broad, swollen features. The two points that would appear to be most characteristic in sufferers from this disease are the growling voice and the thick bluish underlip. This lip is less blue perhaps than the lip of severe cardiac disease, but always thicker. It is not a feature of the nephritic facies, but it could not be confused with the bluish, pallid lip of the severe anæmias. The voice is unmistakable—it recalls Red Riding Hood's wolf, and cries aloud for chalk. Having noted these two points, if the patient proves to have in addition a slowly-beating heart, the diagnosis is clearly beyond question, and the clinician can already feel a thrill at the thought that this pathetically ill, swollen mass of humanity will, in a very few weeks, trip lightly into the consulting-room.

It is a notable fact that one hears more sincere expressions of gratitude from these people than from almost any other type of patient. According to the more intelligent and highly educated amongst them, it is impossible for anyone who has not been similarly afflicted to appreciate the full horrors of their condition. A "living death" is a favourite description. Some have had to be led about, even carried upstairs. Work of any kind became an impossibility. Hopeless dreariness was their outlook; all joy and laughter had gone from their lives. Their very

affections died, their nearest and dearest ceased to be more to them than the man in the street.

To the casual observer it might appear that there are few conditions, if any, that could be confused with this malady. Unfortunately, however, this is not the case, and such widely differing diagnoses as nephritis, hyperpiesis, brain tumour, myocarditis, disseminated sclerosis, anæmia, are amongst the labels that some of these unfortunates carry about for years, much to their detriment. These diagnoses have no doubt been made owing to too much stress being laid on certain symptoms of the disease. One is apt to forget that these people are liable to dizziness, staggering gait, headaches, serious eye changes, epileptiform attacks, slowness of speech; that they may have a coincident secondary or even primary anæmia and a myocardium suffering as a result of such. Their pulse may be above the normal rate, they may have varying amounts of albumin in their urine, and the blood pressure may be raised. The writer can recall two cases of myxœdema who passed through typical attacks of acute nephritis, and another who has the blood-picture typical in every respect of pernicious anæmia.

One of the saddest features of these cases is that eye changes have often supervened before the disease is diagnosed, and that they do not yield to treatment like the rest of the condition. To see the large, pale, sodden tongue, that can barely be protruded, transform itself within a few weeks into the normal red active muscular organ, is to witness one of the miracles of medicine. But to see the eyes that can no longer read, and to which faces are but at best a blur, is to weep over the limitations of medical science.

One last point that should be stressed as strongly as early diagnosis is the question of adequate dosage in treatment. It is a common thing to find that the case has been correctly diagnosed, and thyroid prescribed, but that the patient after taking the prescription for months, and feeling no benefit, has eventually discarded it. It is somewhat difficult subsequently to persuade these people that the line of treatment was perfectly correct, and must be recommenced in an intensified form. A case that the writer has seen had faithfully continued an inadequate dose for some years, and has unfortunately irreparable eye damage now.

Like every other serious condition that doctors encounter, myxœdema demands both early diagnosis and adequate treatment in order to obtain results which rank amongst the most dramatic in medical science.

FORTHCOMING PAPERS

It is hoped to publish in the April number of THE ULSTER MEDICAL JOURNAL amongst other papers, the following:—

"Recent Advances in Calcium Metabolism in Relation to Clinical Medicine," by Professor W. W. D. Thomson.

"Diagnosis and Treatment of Ante-Partum Hæmorrhage," by Mr. C. H. G. Macafee.

"Heart Block following Coronary Thrombosis," by Dr. S. B. Boyd Campbell.

"The Functional Divisions of the Large Intestine," by Dr. R. H. Hunter.