Original Articles.

A POSSIBLE FACTOR IN THE PRODUCTION AND DISTRIBUTION OF EDEMA.*

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Is there one among us who has not been struck, if not puzzled, by the curious distribution of edema, especially in cases obviously of mechanical obstruction to the circulation? We see, for instance, two cases of mitral disease with failure of the myocardial compensation. The physical signs and symptoms taken altogether indicate lesions similar in kind, as well as degree, and also an approximately equal myocardial weakness. The parallelism between the two cases may be accentuated by an equal rapidity and degree of improvement under, for all practical purposes, identical treatment. The sequence of events is mechanically impeded circulation, dilatation of the right heart annulling compensatory hypertrophy, over-plus of blood in the venous system, stasis, dropsy. A difference in the degree of the dropsy in the two cases may be readily accounted for by differences in the lesion, valvular, myocardial, or both, which elude any means now in our powers to estimate. But it would seem that the distribution of the edema should be essentially the same. It is, however, notoriously not so. In one case we see dropsy chiefly or only in dependent parts, especially the legs; in another the great serous sacs are markedly involved with a varying degree of stasis in the lungs, liver and kidneys and little or no anasarca; in still another stasis shows itself mainly in an enlarged liver; in short, seemingly similar mechanical conditions show results which vary far more widely than one would, off-hand, expect.

Long ago a possible, at least partial, explanation occurred to me. I have not seen it in print or heard it suggested, and venture to lay it before you, keenly realizing its hypothetical nature, and how far removed it seems, at present, from direct evidence. The Bertillon system shows that by a sufficient number of accurate measurements any person can be distinguished from every other person. Even more remarkable proof of the individuality of the individual is afforded by the fact that no two persons have the same finger prints. Is it not at least possible that analogous variations may exist in the texture of the tissues, of the organs, in the blood, or one or another of its constituents, which may be a factor in the distribution of edema?

In the urticarias, perhaps especially the giant form, and in angio-neurotic edemas, a nervous element must play an important part; but it would seem possible that individual peculiarity of tissue may play a part in the localization of the striking superficial changes.

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ON THE SIMULTANEOUS OCCURRENCE AND INTERRELATION OF BASEDOW'S DISEASE AND TABES.

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PIERRE MARIE in 1892 was the first to call attention to the simultaneous appearance and possible interdependence of the symptoms of Basedow's disease with those of incipient or already well developed tabes. In a clinical lecture on the vascular apparatus, as affected by tabes, he says, "les lésions et ces troubles sont multiples et peuvent frapper de façons diverses le cœur et les vaisseaux. En connexion avec ces troubles vasculaires j'aurai l'occasion de vous parler d'une complication signalée tout récemment: le goître exophthalmique." Since Marie's remark on the subject very little has been written about it. Sattler in "Die Basedow'sche Krankheit" issued as a part of Graefes-Sämisch's "Handbuch der Augenheilkunde" mentions and gives a short abstract of the cases reported: by Joffray, 3; Barie, 1; Sechchieri, 3; P. Marie and Marinesco, 1; Ingelhans, 1; Moebius, 1; Lewinek, 1; Timotheef and Mannheim, 2; Kollait, 1; Hudovering, 1; Charcot, 1; Delearde, 1; Wiener, 1; Cohen, 3; Bernhardt, 1. Oppenheim, Eppinger, Strümpell and von Mehring refer to the condition in a few words. In view of the small number of reported cases and the scarcity of literature on the subject, I shall review the salient points as found in a study of the reported cases and literature. Oppenheim in his "Lehrbuch der Nervenheilkunde" raises several interesting points as regards tabes, from the standpoint of the observer also interested in Basedow,—that in tabes epiphora, without local disease of the tear-conducting passages, or tie-like winking of the upper lid, or hyper-esthesia in the neighborhood of the eye, may be found as part of a fifth nerve lesion. These conditions are also not infrequent ones in Basedow's disease. Interesting for the same reasons are the following remarks: "To be especially regarded in early tabes are a number of symptoms displayed as the effect of lesions in the territory of the vago-accessorius. Chief of these is the habitual frequency of pulse, which in not an inconsiderable number of cases may be found early in the disease." In tabes also there may exist, as Oppenheim points out, signs and symptoms directly referable to diabetes mellitus, so that one may be led to the diagnosis of tabes with diabetes, of diabetes with tabes, or finally admit the two to be coexistent, if not dependent