The first Brazilian neuropsychiatrist, José Martins da Cruz Jobim, tuberculous meningitis and mental disease

O primeiro neuropsiquiatra brasileiro, José Martins da Cruz Jobim, meningite tuberculosa e doença mental

Marleide da Mota Gomes¹, Eliasz Engelhardt², Leila Chimelli³

ABSTRACT

The intersection between infectious diseases, poverty and mental disease was an important subject to the Brazilian Neuropsychiatry in the early 19th century. José Martins da Cruz Jobim (1802–1878) was engaged in a hygienist approach based on symptomatological and anatomo-pathological studies. He wrote “Insânia loquaz” (Loquacious insanity), 1831, the first written text about mental illness in Brazil, founded on clinical and pathological data, compatible with tuberculous meningitis. Thus, Jobim deserves the title of the first neuropsychiatrist in Brazil. The authors critically studied the clinical history and the autopsy findings of his cases, and the main health policies at the time.

Key words: Brazilian Neurology, Neuropsychiatry, tuberculous meningitis, history of Neurosciences.

RESUMO

A intersecção entre as doenças infecciosas, a pobreza e a doença mental foi um assunto importante para a Neuropsiquiatria brasileira no início do século 19. José Martins da Cruz Jobim (1802–1878) estava engajado em uma abordagem higienista baseada em estudos sintomatológicos e anatomopatológicos. Escreveu “Insânia loquaz”, 1831, o primeiro texto escrito sobre doença mental no Brasil, baseado em dados clínicos e patológicos compatíveis com meningite tuberculosa. Assim, Jobim merece o título de primeiro neuropsiquiatra no Brasil. Os autores estudaram criticamente a história clínica e os resultados da autópsia dos seus casos, bem como as principais políticas de saúde da ocasião.

Palavras-Chave: Neurologia brasileira, Neuropsiquiatria, tuberculose meningea, história das Neurociências.
Jose Martins da Cruz Jobim (Rio Pardo - RS, 1802, Rio de Janeiro - RJ, 1878) graduated in Medicine at Faculté de Médecine de Paris (1828). His doctoral thesis was “Dissertation sur le vaccin”2,6. He was strongly influenced by the doctrine of François Broussais (1772–1838) based on the idea that disease is above all caused by irritation of organs and viscera, and treatment should be aimed at controlling inflammation through bloodletting and diets2,6. On returning to Brazil, he was appointed physician of the Santa Casa da Misericórdia do Rio de Janeiro. There he headed one of its wards and was the chief of the Mental Ill Service2,6. Later, he was appointed as the first physician at Dom Pedro II Hospice’s and, additionally, he was Imperial Chamber physician (1840)2,6. He participated in the founding of the Sociedade de Medicina do Rio de Janeiro (SMRJ) (1829), later renamed Academia Imperial de Medicina (1835), and, finally, Academia Nacional de Medicina (1888). He took part of several of its committees and, in 1830, he was in charge of the Committee of Hygiene, to evaluate sanitary conditions in prisons, hospitals, hospices and houses of the exposed (dedicated for care of abandoned children)2,4. On June 30, 1835, Jobim made the “Discourse on the diseases that most afflict the poor class of RJ” at the SMRJ5. In the Faculdade de Medicina do Rio de Janeiro, he was the Forensic Medicine and Toxicology Professor (1833–1854) and later, Director (1842–1872). His political interest led him to occupy elective positions (General Deputy in Rio Grande do Sul [1849–1851], and Senator in Espírito Santo [1851–1878]), on several mandates. On such periods he stayed away from the effective direction of the Faculdade de Medicina do Rio de Janeiro.

Otto Wucherer (1820–1873). This reflected the conflict between new theories of disease and the other driven by tropical illnesses and poverty, based on sanitary and anatomo-clinical knowledge4. This clashing was also seen by Vicente de Torres Homem (1837–1887), who did not accept the idea that microscopic creatures could enslave all cellular pathology and also based on the pre-germ theory that pervades the work of Jean-Martin Charcot (1825–1893) and William Alexander Hammond (1828–1900)7. Regarding the epidemiology at the time, it is remarkable that even the upper classes died of infectious diseases: Dom Pedro I (1834), of tuberculosis, at the age of 36 years in Lisbon, and his 10 years-old daughter, Paula Mariana (1833), in Rio de Janeiro, probably of encephalitis caused by intermittent fever (Jobim was one of her physicians)2,6,8.

THE CASE REPORTS AND JOBIM’S “INFECTIOUS PSYCHIATRY”

On December 30, 1830, Jobim read at the medical meeting of the Sociedade de Medicina do Rio de Janeiro a report about a man “admitted to the Hospital in a state of madness, speaking loud, with hallucinations, where different people appeared, and to whom he talked always in quarrelsome way; this with great fickleness, changing every moment the subject. In the midst of these disorders of intelligence he ate and drank as if nothing had occurred. When he happened to be silent, if one asked him something, vociferations and dialogues began. He loosed weight, released purulent sputum, and died in 1830”. The autopsy showed “in the belly, purulent serosity with some adhesions; in the chest, adhesion of the upper half of the lungs to the costal pleura, the upper part of the lungs were hepatized, in the left there were three large cavities, in the right two small ones, numerous small tubercules irregularly circumscribed; the pericardium was dilated and contained serous fluid. Much serous fluid was present between the arachnoids, beneath this membrane, over the convexity of the right cerebral hemisphere, there was blood evenly spread, the brain substance was in perfect state; the lateral ventricles had the triple of their capacity, and were filled with a clear serous fluid, and the lower end of the transverse septum was ruptured leading to communication between the two ventricles”5.

He mentioned also another patient, a 40 years old white male, with nervous system tuberculosis — a tuberculoma —, in a state of stupor5, described as follows: “[...] a tuberculous mass, the size of a pigeon’s egg, in the middle of the lower part of the median lobe of the left cerebral hemisphere, its circumference was softened, but the center was hard and similar to a tophaceous concretion; the surrounding cerebral substance was softened and suppurated, up to the distance of two to three lines.” Jobim was also interested in other areas of “infectious psychiatry”, such as hydrophobia (1831). This was the subject of his thesis for admission to the Faculdade de Medicina do Rio de Janeiro6.
Jobim’s report display evident symptoms of a confusional state (agitation, vociferation) and psychotic features (hallucinations), characteristic of the acute phase of the disease\textsuperscript{9}, underpinned by pathological findings in the abdominal and thoracic cavities suggestive of tuberculosis, with hepatization, cavitation and the presence of tubercules in the lungs. It is known that tubercles may reach the central nervous system and rupture into the subarachnoid space or into the parenchyma (tuberculomas, abscesses). Serous exudate and hemorrhage in the meninges may be responsible for obstruction of CSF flow and the severe ventricular dilatation (obstructive hydrocephalus). The other reported case, suggestive of tuberculoma, presented different signs, the more prominent being a deterioration of consciousness.

It must be remembered that the first report of tuberculous meningitis is often attributed to the Scottish physician Robert Whytt (1768) and his remarkable treatise “On the Dropsy in the Brain”, and its link with tuberculosis and its pathogen was not made until the end of the next century\textsuperscript{10}.

Jobim’s case report exemplifies a medical practice that would be current in Brazil far later (end of 19\textsuperscript{th} century), the anatomoclinical practice. The author asked himself, already in the title, if the agitated madness, with severe loquacity, humor variations and evidence of hallucinations, could be caused by a severe pulmonary disease, manifested in life and confirmed by autopsy\textsuperscript{3}.

In conclusion, the analysis of the reported cases allows relating the behavioral symptoms with the infectious pathological aggression to the brain and its coverings. It is possible to recognize in such clinical manifestations their neuropsychiatric nature. Jobim, one of the most important pioneers of Psychiatry, was the first one to write a clinical-pathological text on mental disease in Brazil. In this way, he may be considered, without any doubt, a neuropsychiatrist, the first in Brazil.