had no eyes. The only other etiologic moment the family recalls is a fright of the mother during a severe thunderstorm which occurred about three weeks before delivery. It is hardly necessary to say that neither of these causes could be given any consideration. Everything points to a severe inflammation. At my suggestion Dr. Rappoport has made a microscopic examination of the ocular discharge of the infant, and he reports to me the presence of diplococci which did not respond to the gonococcic stain.

There is no doubt in my mind that we deal here with a case of phthisis bulbi, resulting from a suppurative intra-uterine uveitis. The marked local inflammatory symptoms, the absence of any other anatomic anomaly, the pustular eruption on the mother four weeks before the delivery of the child, the presence of the diplococcus in the ocular discharge, and the appearance of the stump make the diagnosis of phthisis bulbi certain. Of course the number of cases of microphthalmus reported in the literature are many, but most of them were the result of some arrest of development.

Opinions on this subject are divided. Hirschberg, von Graefe, Samelsohn and Deutschmann advanced the theory of intra-uterine inflammation, while the developmental theory was defended by Hess and Treacher Collins. There is, however, a definite group of cases in which there can be no reasonable doubt that the condition is one of congenital phthisis bulbi. This is especially true of Schaumberg's[1] case in which the eye continued to shrink after birth. In my case the inflammatory cause is well substantiated by clinical evidence and laboratory findings.

917 Spruce Street.

A SEVERE CASE OF EXOPHTHALMIC GOITER, WITH COMPLETE RECOVERY WITHOUT OPERATION, REST OR MEDICATION

EDWARD SWASEY, M.D., WORCESTER, MASS.
Oculist and Aurist to Worcester City Hospital

It may not be safe or profitable to draw conclusions from any one case of illness, either medical or surgical; and yet a single case may present some features of importance and interest that may render its history worthy of public record. I believe the following case is in this class:

Mary M. is now 24 years of age. When she was 12 I gave her glasses for a rather high degree of astigmatism. She has been under my observation at intervals for these past twelve years. Some five or more years ago her mother first noticed a growth in the neck. This rather rapidly increased in size so that the neck band of her dresses required frequent enlargement. The girl soon began to show signs of nervousness, was easily fatigued, and complained of palpitation on slight exertion. Soon the eyes seemed to enlarge and become prominent. She consulted her family physician who gave her some simple tonics for her evident weakness.

Some months later she came to my office to see if some change in her lenses was necessary. The change in her appearance since her last visit one year before was decided, for now there were all the classical signs and symptoms of a typical case of exophthalmic goiter. The eyes were bulging, so that a line of white sclerotic was seen between the iris and the upper lid. The swelling in the neck was firm and pulsating; the pulse was then more than 150 per minute, soft and compressible. The ear or hand over the cardiac area showed a large pulsating heart, in rapid action. In fact, all the signs and symptoms of a well-established case of Graves' disease were present. I have had the case under observation from that time to the present. I gave her no medicine, but for a time she had a simple tonic from her physician and also from one of the city dispensaries.

The chief interest in this case, I believe, is not that she has entirely recovered, and that all her symptoms have disappeared; but that during the entire duration of these severe symptoms she was daily at her work at the counter of one of the largest department stores in the city. She continued her tonics for a year or more in a somewhat irregular way, but finding no benefit from their use gave them up entirely. A year or more after she had given up all medication she began to improve, in that she felt stronger and more able to do her work; the heart action was less troublesome, the swelling of the neck less evident. This improvement has gone slowly but steadily on until now (for I saw her but a few days since) the neck is free from any swelling, and palpation reveals no thyroid enlargement; the pulse is strong, steady and under 80 per minute; the eyes have returned to the normal in position and appearance. She has never taken any of the modern powders or serums that are now given for this trouble. She has never taken any season of rest in bed, but, on the contrary, has taken no vacation, but worked on. In the months that the symptoms were at their worst I felt certain she would have to come to a surgical operation to save her from the severe toxemia that I thought might overwhelm her in a severe attack of diarrhea or fatal exhaustion; but she said she must keep at her work and would not listen to advice for an operation.

I have recently followed the case of a patient in whom the symptoms were not more severe than in this poor girl, and not so long in duration, that finally came to operation in the Johns Hopkins Hospital, but the patient survived the operation but a few hours. I have had for a number of years a patient who has the eye symptoms and enlarged thyroid. Both of these have been stationary for years.

It may be that cases similar to this are common, and in a somewhat careful search in the literature of the subject I find many recorded cases of recovery, of course; but I have yet to find the history of one with severe symptoms for many months and a total duration of more than five years, yet going on to complete recovery that has not had prolonged course of treatment, either by rest in bed, the use of the modern drugs, the application of some external treatment to the thyroid, the Roentgen ray, or one or all of these at different times. Hence I believe that the case of this patient who had no treatment, but just work, and plenty of it, and yet has gone on to complete recovery, deserves a place in the records of this serious disease.

The question may arise regarding the subsequent history of this patient. Will this great and prolonged activity of the thyroid finally result in an atrophy more or less complete and cause a myxedema? It will be interesting to watch the patient for a few years.

390 Main Street.

1. Schaumberg: Dissertation, Marburg, 1881.

TRAUMATIC RUPTURE OF THE HEALTHY AORTA WITHOUT EXTERNAL SIGNS OF THE CAUSE OF DEATH

GORDON GROTE COPELAND, B.A., M.B., TORONTO

Complete rupture of the healthy aorta without external signs of the cause of death is of sufficient rarity to warrant the publication of a synopsis of necropsy which I made recently.

A laborer, aged about 40 years, was struck by a large mass of falling earth which gave him a glancing blow on the back and knocked him down, though it covered only his legs. A few seconds later he was picked up dead, and was seen by a medical man in a few minutes who could find no cause externally for the sudden death. I examined the body a few hours later but saw no apparent cause of death. There was a large scalp wound on the forehead down to the bone,

but the frontal bone was not fractured. The mouth, nose and ears were free from blood or foreign matter. There was a little frothy mucus in the back of the throat. There were several small bruises on the body, especially over the right loin, and a suspicion that the pelvis was fractured.

The scrotum was torn and the testicles lay loose between the thighs. There was practically no hemorrhage.

The face, tongue, gums and mucous surfaces generally were blanched, and suggested internal hemorrhage.

INTERNAL EXAMINATION

The diaphragm was about 4 inches above the intercostal notch, and did not communicate with the thorax; though it was torn at several places, the rents did not extend through the muscle completely. There were nearly 10 ounces of free blood in the peritoneal cavity. The liver was terribly torn and ruptured so as to admit the whole hand at several spots. The right kidney was torn, but the capsule was intact and the blood did not go into the pelvis of the kidney or the ureter. The bladder was intact although the pelvis was fractured from the symphysis through the body of the pubic bone. The peritoneal surfaces of the intestines and many of the blood-vessels going to them were torn. With these lesions the abdominal cavity should have been filled with blood.

The whole condition was explained when the thorax was opened. The left pleural cavity contained 38 ounces of measured fluid blood. Opening into this cavity were the gaping ends of the descending aorta, which was cut across as cleanly as with a knife. The ends were separated about 1 inch at the widest part and half an inch at the closest part. The rupture was at right angles to the length of the artery. The aorta was quite healthy; the intima was smooth and devoid of plaques and dilatations as far as could be seen or felt. The heart was firmly contracted and the chambers were empty. The valves were normal, as was the heart in every particular. The coronary arteries were patent for a distance of 2 inches. I passed my finger through the aortic valve (the heart being opened *in situ*), and at the proximal opening in the torn artery, my finger tip appeared. The distance from the aortic valve to the tear was about 3½ inches. The right lung was adherent throughout to the chest wall and was very hard to remove. All the lobes were fused and the organ was quite solid and non-crepitant; it resembled the stage of red hepitization of pneumonia. The left upper lobe was normal but the left lower contained a lot of coagulated blood. Aside from the injury to the aorta, the man would have died rapidly from the terrible hemorrhage that would otherwise have resulted from the injuries to the liver, mesenteric vessels, etc. What caused the rupture I am unable to say, though the idea of a force acting like a contrecoup seems tenable.

73 Bloor Street, East.

EXOPHTHALMIC GOITER AS A CLINICAL MANIFESTATION OF HEREDITARY SYPHILIS

OSCAR CLARK, M.D., RIO DE JANEIRO, BRAZIL

I have had the opportunity, during the last five years, of observing an interesting case of exophthalmic goiter in a woman, aged 24, in whom there can be no doubt that it is a late clinical manifestation of hereditary syphilis. The patient began about five years ago to suffer from palpitation and tachycardia, accompanied by violent attacks of nervousness, while her mother also called attention to a swelling of the neck. There was very little protrusion of the eyes.

Four years ago when I was first consulted (shortly before leaving on a journey to Europe, during which I was kept informed of the progress of the case), the clinical symptoms had become decisive and the syndrome grew steadily worse until the patient fell into a drowsy, almost comatose condition, with pulse over 200 beats, the sphincters quite paralyzed, with continuous vomiting lasting a fortnight. Dr. Sylvio Moniz, a well-known Brazilian physician, was summoned to the patient in this very bad condition and had the happy thought of trying the Wassermann reaction. To this he was led by the "Olympic forehead" and the *crône natiforme,* being told also that the girl when 12 years old, had had several "epileptiform" fits. The Wassermann reaction was strongly positive, both with the patient's mother and with the patient herself.

With this diagnosis, Dr. Sylvio Moniz prescribed mercurial frictions and epinephrin (1:1,000 solution, 20 drops three times daily) to relieve the arterial hypertension and the vomiting; the latter rapidly ceased, while the patient had in two days recovered consciousness.

After eight days the pulse was just 150 and the goiter sensibly smaller, while the protrusion of the eyes was a little better. After thirty frictions the patient was much better both as regards the hyperthyroidic manifestation and the general health. The next month she was given two injections of salvarsan (0.3 and 0.6 gm.). By the third month she had quite recovered. Neither the goiter nor the protrusion of the eyes was to be seen. The pulse was 75 beats and the nervousness had disappeared.

The patient returned to North Brazil (she was at Rio de Janeiro), and ceased the mercurial and salvarsan treatment. Twelve months later, however, the Merseburger triad reappeared but a fresh recovery has been effected by the same treatment.

I think that this case is undoubtedly one of hereditary syphilis appearing late, as Dr. Sylvio Moniz made every laboratory test in order to exclude tuberculosis, malaria, etc. The father is dead, of what cause I am not aware; the positive Wassermann in the mother has been mentioned. The patient is from the best society and is virgin and there can be no suspicion of syphilis by contagion. She has never had any clinical sign of infection, but on the other hand, presents skeletal stigmata, and, as previously remarked, had epileptiform fits at the age of 12.

Therapeutics

PREVENTION IS GREATER THAN CURE

(*Continued from page 1855*)

IX

PHYSICAL EXAMINATION AND PHYSICAL EXERCISE

When it is remembered that there are twenty million pupils in the public schools, large percentages (as previously stated) being defective in some form or other, it will not be surprising that the following recommendations for the physical examination of children, as distinct from medical inspection which will be discussed later, is urged. These recommendations seem more or less ideal, but they will come to be the rule, if not the law, nevertheless.

If it is agreed, as advanced by some thoughtful educators and physicians, that from the age of 6 to 8 the time should be devoted to physical culture directed by the public schools, and that book work should not begin until the age of 8, just what would be the method of procedure?

First, no sick child should be allowed in the public schools, whatever the age, and sick children should be immediately sent home to the care of their parents. Every child on entering the public school, we will say at the age of 6, should be carefully examined by a skilled physician. This is more than "medical inspection," which only seeks for contagious or transmittable diseases. The record of each child should be