During this encampment at San Antonio, Texas, of 12,000 men approximately, there has occurred one case of typhoid fever. This man was a civilian teamster and had never been inoculated against typhoid.

With this case of typhoid and the undoubted presence of typhoid carriers in this command, it is our opinion that sanitation alone would never have kept this command free from an epidemic of typhoid fever, and that its present typhoid-free condition has been brought about by the energetic employment of vaccine prophylaxis against typhoid. From a sanitary standpoint, the health record of the present encampment of the United States troops at San Antonio, Texas, has probably never been equaled.

NOTE.—Since this article was written there has occurred in this division an additional case of typhoid fever. This case was in the person of a private of the hospital corps and was of the ambulatory type. This man had had two doses of the vaccine, which so modified the disease that clinically it would not have been recognized, the symptoms consisting only of a little fever and malaise, which lasted for a few days. This additional case and the case previously reported in this paper are cited for the purpose of emphasizing the fact that typhoid fever is present in this camp.

IDIOPATHIC NON-PURULENT ACUTE THYROIDITIS

REPORT OF A CASE, WITH COMPLETE RECOVERY *

HOWARD V. DUTROW, M.D.

ANCON, CANAL ZONE

This case was presented at the sixty-second meeting of the Canal Zone Medical Association, on account of the rarity of this diseased condition of the thyroid gland, at least on the Isthmus, this being the only case diagnosed as such among the records of Ancon Hospital.

History.—The patient was a male laborer, from St. Lucia, aged 30, seven years on the Isthmus, and in fairly well-nourished condition. His father was still living and healthy; his mother had died of senile debility. The patient had never been admitted to the hospital before. He had had rheumatism from time to time; but no attacks of shortness of breath, nor history of previous illness of any kind. His venereal history was negative. Ten days before admission to the hospital, the patient's throat began to swell; two days after the initial onset, the swelling in the region of the thyroid gland became painful.

Examination.—When the patient was admitted, the swelling was not acutely painful to pressure but became so two days later. The mass conformed to the movements of the larynx and adjacent structures during the act of deglutition. There was no dysphagia or dyspnea. There was no pain on firm pressure over the manubrium of the sternum. The swelling gradually increased and a small area of boggiess could be made out on palpation in the median line on a level with the cricoid cartilage. The eyes were negative and the heart's action was slightly accelerated. The temperature was 102 on admission; on the morning of the following day it was 99 and in the evening went up to 101½. For the next ten days it ranged from 100 to 101½, then it dropped to normal and remained so until the date of the patient's discharge. The buccal cavity and pharynx were found to be negative. Laryngoscopic examination of the larynx showed nothing except a slight congestion of the mucous membrane. There was no impairment of the voice. The patient had a leukocytosis of 12,000; chemical and microscopic examinations of the urine were negative. The condition of the blood was not ascertained in this case. A differential diagnosis has to be made between Ludwig's angina, cervical adenitis, mediastinal, peritracheal and periesophageal abscess.

Operation and Treatment.—An exploratory incision was made in the median line over the isthmus of the gland and

* From the Eye, Ear, Nose and Throat Department, Ancon Hospital. This case is reported with the approval of Colonel W. C. Gorgas, Chief Sanitary Officer.

both lobes explored for the presence of pus but none was found. A small amount of colloid material mixed with blood exuded. A small gauze drain was inserted which was removed after forty-eight hours and the wound allowed to close. Ice in an ice-cap was used constantly as a local application, while the constitutional treatment consisted of brisk purgation together with tonics and a full nutritious diet.

Course.—The swelling gradually subsided and the patient made a complete recovery, except for a slight discoloration of the skin over the gland. Whether he will have any subsequent local or general manifestations as a result of the acute inflammatory process in the gland, I am not prepared to say. He had no signs of myxedema when he left the hospital.

Acute thyroiditis may be purulent or non-purulent. When pus is present it is usually in the form of small abscesses scattered throughout the gland. In this case, no apparent cause could be found, either local or constitutional. The etiology of this form of acute thyroiditis is in most cases a mooted question as is the physiology of the gland itself.

I have reported this case because I thought it would be of general interest to the profession, as well as to those who are engaged in special work pertaining to the thyroid gland and its allied pathologic conditions.

AN UNUSUAL FOREIGN BODY IN THE INTESTINE

EDWARD H. MOSS, M.D.

CINCINNATI

The following interesting case is reported, not only as a curiosity, but also as showing to what an extent the human digestive tract can accommodate itself to a large foreign body for so long a time.

In November, 1910, Mrs. H., aged 27, was placed in a private sanatorium, suffering with acute mania, in which she was very destructive, tearing up everything within her reach. The patient afterward told me that the nurse tied her feet with a small piece of rope and that she chewed through it and swallowed it so that the nurse would not know what she did with the rope. She also chewed her gown, bed sheeting and hair and swallowed them.

She left the institution in December, 1910, cured, and did not suffer any inconvenience, having a bowel movement daily, although she states that at times she had a little pain in the pit of the stomach.

Sept. 13, 1911, she came under my care for a gastro-intestinal disturbance following the eating of canned lobster, in which she vomited every few minutes matter consisting mostly of water and a little bile. The temperature was 100, pulse 96. Examination of the abdomen revealed nothing abnormal.

September 14 the vomiting still continued and the bowels were very much distended with gas. The temperature was normal and pulse 86. Examination showed no evidence of appendicitis. I directed the administration of a high enema of soap-suds and turpentine which was repeated an hour later. After the second enema the patient evacuated a small, clay-colored, watery stool with a good deal of gas.

September 15 patient had ceased vomiting and taken some light nourishment. As her bowels had not moved, her stomach being settled, I gave her four drops of croton oil in milk, and ordered the nurse to give a high enema within two hours if the bowels did not move. Following the enema the patient had a copious, watery stool, blackish in color and very foul. On the 16th and 17th the patient was comfortable and ate light diet; the pulse and temperature were normal and she was up and around.

September 18 at 9 o'clock she commenced to vomit again and complained of "awful bearing-down pains." Her bowels were moved by a high enema of Epsom salts (stool very loose, black and foul). She complained of intense pain all day.