

## 2. ENDOCRINOPATHIES.

**Brooks, Harlow.** HYPERTHYROIDISM IN THE RECRUIT. [New York Acad. Med., Feb. 7, 1918.]

Brooks said that one of the greatest medical surprises to which he had been treated since on active service has been the large number of cases of hyperthyroidism, which in civil life he thought almost entirely a disease of women, particularly those very easily influenced in their youth. He lay no claim to having made a discovery in bringing this type of case to attention, for the British have described the same condition as the effect syndrome, or as "D. A. H."—discovered action of the heart.

This group of circulatory phenomena is an inseparable part of the condition known as shell-shock, which occurs in many people who have never heard the sound of a shell, and particularly among those who earnestly hope never to do so. The most striking feature of nearly every case is a very persistent rapid action of the heart, this being the symptom which brings the patient to the regimental officer. This symptom is the same in recruits presenting themselves for examination as in those who report later, after army life may have upset their circulatory equilibrium still further. The tachycardia is very seldom accompanied by arrhythmia; the rate is usually increased by exercise, although in a few cases it may be slowed by exercise, especially when the attention is distracted. Throbbing of the superficial vessels, particularly the carotids, brachials, and even the femorals are symptoms also observed; in thin people that of the aorta is evident. The polygram would indicate the difference between this condition and aortic incompetence.

It is hard to analyze the heart sounds, though in some cases there is a soft systolic murmur at the apex, transferred at times with less intensity toward the axilla. There are symptoms which are not as important as the tachycardia. The capillary return is slow, and a capillary pulse is simulated. Patients often complain of severe pain in the region of the heart, and it is often possible to indicate areas of very great sensibility to touch or pain. Rapid flushing and paling, fainting and dizziness are also symptoms. Except in over-sensitive patients, the blood pressure is very low. The symptoms are increased by epinephrin, and there seems to be over-sensibility to thyroid. The nitrites also make the symptoms more pronounced, and there is over-sensibility to vasomotor dilators. Digitalis can not control the tachycardia. The bromids give much relief in some cases, but seem to have no effect in others. Emotional instability usually accompanies this disease, and is second in importance to the tachycardia. This symptom is shown by epileptoid attacks, outbursts of passion, tears, profanity, and sometimes convulsive muscular spasms. A stage of great exhaustion follows such emotional outbursts, in fact the state of exhaustion may be so great as to make the patient appear to be dying.

Instability of the vessels of the brain may be further indicated by the tache cerebrale, dermatographia, urticarial rashes, and the symptom of tremor which is almost constant. A very certain indication of the strong emotional element in the disease is furnished by the types of nationalities which are affected.

Brooks says that 50 per cent. of the cases which have come under his observation are Jews, the Italians are next in order, then the Irish, and last of all, the Negroes, where there was found to be only one case, and that one doubtful, from among about 5,000 recruits. Most of the patients are above the average mentally, and it is to be regretted that the condition is very often found among the most promising non-commissioned officers.

There is a definite overgrowth of the thyroid in about two thirds of these cases, or it is at least prominent. The part that heredity plays in the syndrome has a direct bearing on the question of the part played by hyperthyroidism in this condition.

Quite a few of the cases give history of goiter inherited from the maternal side. Also in some cases there is a history of hysteria, insanity, perversions, or of genius. In the long standing cases exophthalmos is found, which proves that these cases present all the principal symptoms of exophthalmic goiter. Rest is what these patients need most, particularly mental and emotional rest.

The affect of emotional shock, fright or mental injury, on exophthalmic goiter is too well known to cause any doubt, and it explains why there are so many of these cases among young men of draft age. So far there has been a question as to whether these patients would make good soldiers. Many of the patients get well under the healthy and normal camp life. If in these cases there should be careful training, not too severe until the recruit is stronger and capable of heavier work; if there is something to relieve the worry and strain, such as games, camp shows, etc., these men, who often have the finest patriotic and spiritual strength, are certain to make good soldiers; but if they are not happy, or if their strength should be overtaxed by heavy work, the recruit may break nervously, or incompetence of the heart may finally develop.

**Lévi, L.** THYROID INSTABILITY AND NEUROTIC JOINTS. [*Presse Médicale*, April 11, 1918.]

Lévi ascribes a train of symptoms appearing in a woman of 31 to a manifest instability of the thyroid gland. There were neuropathic symptoms for years, together with migraine, recurring lumbago, abdominal ptosis, nasal asthma and varicose veins. Local congestion appeared in various organs and localities and there was an anaphylactic crisis after injection of horse serum. At times there was hyperthyroidism, the basis of which was a chronic hypothyroidism, the thyroid gland thus varying in size at different times. Thyroid treatment