

*Termination of the Disease.*—Unfortunately, this knowledge was derived too late to be of any service, for during the night the temperature began to rise and the patient became stuporous and passed away in coma at 2:30 p. m., temperature having reached 106, pulse 200 and respirations 70; the acute symptoms had lasted less than four weeks.

*Autopsy.*—An autopsy was held in the evening. The meninges were slightly congested, but the brain showed no gross lesion and appeared normal in every particular; the thyroid gland was uniformly enlarged, soft in consistence, normal in color. The pericardial sac was empty and the pericardium normal in appearance save for a slight roughening on the visceral portion near the base of the heart and posteriorly. The ventricular walls were hypertrophied, the valves all perfect and smooth, the heart itself not enlarged. The spleen was normal in size and texture. There was no evidence of peritoneal involvement, and the other organs were not examined. From the negative findings in the heart and brain the diagnosis of exophthalmic goiter was confirmed.

*Remarks.*—Such a rapid course and fatal termination is mentioned as occurring in several cases by Osler, Gowers and others. It is likely that the thyroid extract which she had taken in tablet form for over a year and which is now conceded to be contraindicated in this condition, helped to bring on the acute thyroidism. That the disease had existed for upward of two years is evident from the observations made by her friends. They remarked that they noticed the heart beating through the clothes, and the vessels in the neck throbbing, and that her hands trembled, and when they urged her to seek medical advice she replied that the condition was an old one and was not worth considering. The exophthalmus was the only classic symptom not well marked, but her appearance as her friends now recall it was at times staring and fixed.

The peculiar and severe conjunctivitis which developed shortly before her death was not due to the exophthalmus as is the case in the more pronounced types. It may have been due to traumatism, but Ramsay<sup>1</sup> mentions increased lachrymation, acute pain and rapid ulceration of the cornea as sometimes occurring in this malady without extreme exophthalmus, and he is inclined to attribute these symptoms to an affection of the fifth nerve through its close connection with the sympathetic, a form of neuroparalytic ophthalmia. The purpuric eruption about the joints was probably due to disturbance of the vasomotor apparatus since various skin eruptions have at times been observed in this disease. There was no edema at any time or pain about the joints. The vomiting and diarrhea which seemed to accompany the illness is mentioned by many writers. In two other cases which I have seen the patients were women and under 30, which is in accordance with Eshner's statistics, who found the disease four and one-half times more frequent in women than in men and most common in early adult life.

## HAS TYPHOID FEVER INFECTION ANY INFLUENCE ON THE BACILLI OF TUBERCULOSIS?

JOHN A. WYETH, M.D.

NEW YORK CITY.

I have heard recently of two cases of tuberculosis, as diagnosed, which have been either cured or favorably affected as a result of typhoid infection. I submit them through THE JOURNAL to the profession for what they may be worth. I am indebted to Dr. Francis W. Gallagher of El Paso, Texas, for the notes, and I refer all investigators to him for further inquiry. I have observed that patients are, as a rule, in better health after typhoid fever than before. May it not be due to the fact that the typhoid bacillus has killed all the other more or less pathogenic organisms which occupied the

body? Is there not a hint here regarding the possibility of immunity from that fearful scourge, tuberculosis?

CASE 1.—Mr. J. C. W. came from Wisconsin to El Paso in September, 1899. From this time until the middle of November, 1900, he lived in a tent under medical supervision and good hygienic surroundings. During this period he had afternoon temperatures and during the early months it reached 102 F. Physical examination Dec. 21, 1899, revealed on the right side from apex to nipple line abundant crepitant râles, dullness on same side and progressively more marked from apex to lower margin, and on the left side exaggerated and roughened respiratory murmurs with cog-wheel inspiration. There were no râles on this side. Tubercle bacilli were present. In the middle of November, 1900, he contracted typhoid fever and was removed to the Hotel Dieu and was there confined to bed until the middle of January, 1901. Convalescence was uneventful. Jan. 22, 1905, there was no cough, no expectoration, weight 145 pounds. This is as much as he ever weighed when in the best of health. He is constantly occupied as part proprietor and manager of a large newspaper plant.

CASE 2.—Mr. O. C. P. had a pulmonary hemorrhage while at college in January, 1901, and came to El Paso in May of that year. He lived in a tent from this time until September 1 following. During this time he had daily afternoon temperatures of 101 F. and over. Physical examination, May 3, 1901, showed a small cavity at the right apex; at left apex, prolonged expiration; over both lungs, vesicular murmur much diminished. Tubercle bacilli were present. He was removed to the Hotel Dieu, Aug. 31, 1901, with typhoid fever and was there confined to bed until October 12. Convalescence was uneventful. In January, 1905, he was in the City of Mexico. Dr. Gallagher writes that he had not heard from him in several months and has no doubt that he would have heard if he were not well. He has been working at railroad office work since the spring of 1902. He has increased in weight to beyond the normal average before his illness. He has no cough and no expectoration.

## A CASE OF VOLUNTARY IRIS.

J. W. SHERER, M.D.

KANSAS CITY, MO.

I am indebted to my colleague, Dr. Guy H. Black, Madison, Kan., for the facts in this case. This phenomenon is very rare and seems to be generally unknown, as it is not mentioned in the text-books on ophthalmology to which I have had access. In Landois' physiology it is stated that Bechterew had observed a case of unilateral voluntary control of the iris.

The present example is one of bilateral voluntary iris which occurred in a married woman. It was first observed at the age of 9 years. Attention was drawn to the phenomenon at that time by the ability which the child then developed, of rotating the eyeballs in different directions independently of each other. From that time on it was a matter of fact established by almost daily demonstration, and observed by the various members of the family and their friends, that the iris of either eye could be dilated at will to very near the disappearing point. Vigorous exercise of the irides under the control of the will in this anomalous way was accompanied by some aching of the eyeballs. When menstruation was established, at the age of 12, the pupil of the right eye became dilated to twice the size of the left. Later the normal equal size was regained. The color of the irides is brown. No complaint of double vision has been made, and there have been no symptoms of asthenopia, although she has made a good record as a bright student and has gained an enviable reputation as a musician. The power to simulate convergent strabismus which is possessed by some individuals is possessed by this woman to a very marked degree. The patient's mother was American-born of English parents. Her father's father was a Spaniard and her father's mother was a gypsy.

1. External Diseases of the Eye.