

the case are, in my opinion: (1) its rarity; (2) its unusual length and somewhat unusual course; and (3) the complete success which has attended its extirpation.

Manchester.

### AN UNUSUAL CASE OF THYROID DISEASE.

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RECENT observations concerning the functions of the thyroid gland make the following case of considerable interest. A young man aged nineteen years came to me some time ago with the following family history. The father was neurotic and criminal; the mother also was neurotic. His friends stated that his manner had been peculiar of late, but could not say in what respect. The patient complained of a feeling of fulness in the head and what he termed "funny feelings," followed by depression of spirits. I noticed that the neck-band of his shirt was unbuttoned; on drawing his attention to it he said that it was too small for his neck. I then examined his throat and found the thyroid gland considerably and uniformly enlarged. His face was slightly flushed and the pupils somewhat dilated. The patient was perfectly rational in his conversation. Bromide of potash in combination with liquor arsenicalis was prescribed. In a week the patient was in his usual health and the thyroid gland had returned to its ordinary size. Three months after I was called to see this patient again. I found him in bed in a state of intense excitement. Several of his friends were in attendance and had considerable difficulty in keeping him from hurting himself. When spoken to he answered rationally, but apparently with great effort. Every now and then he would have exacerbations of excitement, throwing himself about on the bed and punching his own head or trying to dash his head against the bedpost. When he recovered from one of these attacks he usually appeared to be very hungry, generally demanding hot buttered toast. The thyroid gland was much larger than during the first attack; the shirt-band would not button by one inch and a half. The face was usually flushed, but after the exacerbations was pale. There was no exophthalmos. There was no trouble with the excretions. Drugs had no effect. At the end of ten days I had him removed to the workhouse hospital. Whilst there he had two attacks. When he returned home he appeared to be in his ordinary health. The thyroid gland had shrunk to its normal proportions. During the following six months this patient had two slight attacks similar to the first described, and in each the thyroid gland was distinctly enlarged. I have never previously seen nor have I read of a case of this description. The temporary enlargement of the thyroid gland is the most peculiar feature. To me it appears probable that the increased size of the gland was the result of increased physiological action, the nervous symptoms that were such a prominent feature of the case being the result of poisoning by the large and unusual quantities of thyroid secretion thrown into the circulation.

Bolton, Lancashire.

THE DENTAL HOSPITAL OF LONDON.—We have received a copy of the thirty-seventh report of the Governors of this institution, from which it appears that the financial position of the proposed new hospital stands thus: probable cost of site and building £40,000, against which there may be set the estimated value of the site of the existing hospital, say, £15,000 to £20,000 (which, however, cannot be realised until the new building is completed); contributions paid or promised, £11,000; amount required, £14,000. To enable the committee to purchase certain freeholds the bankers of the hospital, Messrs. Barclay Ransom and Co., have considerably made further advances of money, and to them there is now owing £19,650. Having regard to the growing demands on the limited resources of the hospital and the absolute need for increased accommodation for patients, the managing committee consider that they are justified in making a very earnest appeal to the benevolent public and friends of the hospital to assist them to specially reduce this debt, so that the new building may be commenced with the least possible delay.

## A Mirror

OF

### HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium.

#### ST. BARTHOLOMEW'S HOSPITAL.

TWO CASES OF EXOPHTHALMIC GOITRE IN SISTERS, WITH MORBUS CORDIS AND A HISTORY OF RHEUMATIC FEVER IN BOTH; REMARKS.

(Under the care of Dr. SAMUEL WEST.)

THESE two cases well serve to bring the point to which it is desired to draw attention before the profession. Dr. Hector Mackenzie in his clinical lectures on Graves' Disease, which we published in *THE LANCET*,<sup>1</sup> writes: "Quinsy and rheumatism are antecedent or coincident in a significant number of cases. Out of some forty cases I have noted quinsy in nine and acute rheumatism in five. This agrees with the evidence of other observers." He refers to a previous paper by Dr. West on this subject.

CASE 1.—A young woman aged twenty-six was under treatment at St. Bartholomew's Hospital for severe palpitation, which had commenced at the age of eighteen. It came on somewhat suddenly, and was attended at the same time with protrusion of the eyes and enlargement of the thyroid gland. It was diagnosed then as "Graves' disease," and treated for some time. Great improvement followed, and for some years the patient had regarded herself as practically well. When seen she still presented all the signs of Graves' disease, having some exophthalmos, though to no very great degree. There was obvious, but not very marked, enlargement of the whole thyroid gland, with palpitation at times, fine tremors of the hands, and a general nervousness of manner and speaking. The heart's apex was one inch outside the nipple in the fifth space; the cardiac dulness was increased upwards and also to the right somewhat. A loud systolic apex murmur was audible at the apex and behind, so that the patient obviously had mitral regurgitation. She had had an attack of rheumatism five years ago, and though she repudiated the idea of "the fever" she was one week in bed, almost unable to move for pain, and was invalided for seven weeks.

CASE 2.—The patient, the sister of the former, aged twenty-eight, came under treatment for Graves' disease, from which she stated that she had suffered for eighteen months, palpitation being the first distressing symptom, but the protrusion of the eye and the thyroid swelling were observed about the same time. She volunteered the statement that she had the same disease as her sister, and it was in consequence of the statement that her sister was sent for. The most conspicuous symptoms about her besides her exophthalmos were the nervousness of manner and the tremors. The thyroid gland was uniformly enlarged, and the heart like her sister's, with the apex one inch outside the nipple line, and with a loud systolic apex murmur audible in the axilla and behind. She, too, had had rheumatic fever.

Remarks by Dr. WEST.—These cases present two features of interest—viz., first, the occurrence of two cases in sisters, and, secondly, the heart lesion and the history of rheumatic fever in each. In a paper communicated to the Medical Society of London some years ago I drew attention to the frequency with which rheumatic fever occurred in Graves' disease. In the fifty-six cases I then analysed its frequency was 11 per cent. This fact is of some theoretical importance, for when the question is discussed whether palpitation of the heart can ever produce organic lesion appeal is usually made to exophthalmic goitre, but if in 11 per cent. of the cases a history of rheumatic fever is obtained it is pretty certain that five or six of them at least will have morbus cordis. When this number is deducted from the cases of Graves'

<sup>1</sup> THE LANCET, Sept. 13th, 1890.