

A CASE OF EXOPHTHALMIC GOITRE.¹

BY J. N. COOLIDGE, M.D., BOSTON.

It was through the kindness of Dr. J. P. Treanor, of Dorchester, that I saw this case, and to him I also owe the privilege of reporting it.

B. B., twenty-two years old, a domestic, was seen early in August of this year. She was born in Ireland, and brought up under circumstances rather better than usual. She says her grandfather and grandmother died of old age. Her father died at sixty-five, cause not known. Her mother is now over fifty, and is well. Four brothers died of children's diseases; five are living and well. Five sisters also are living and well. One brother and two sisters are known. There is nothing about them to suggest any neuropathic tendency. Until four years ago this woman had never been sick. Then she had grippe, from which she made a good recovery. In June, 1897, she came to this country and found employment as a domestic. Six months later, that is, January, 1898, she felt that she was getting tired out. She was short of breath, but only on exertion. She also had pain in the back and sides. Her appetite was poor. Up to this time she had menstruated regularly.

Between five and six months ago, while drawing water from a well, she felt a sudden, sharp pain in the epigastrium. It was as if some one had struck her. With difficulty she made her way into the house, where she fainted. Finding herself absolutely unfit for work, she left her place, and went to one of her sisters. She was very short of breath and much troubled by palpitation. A tremor of the hands developed and became intense. Her appetite was poor. She was nervous and slept badly. Soon loss of flesh was apparent. Since then she has not menstruated.

It was one month after the attack above mentioned that she had her first medical attention. Her complaint was great pain in the epigastrium and right iliac fossa. The tremor was very marked. To drink she had to hold the glass with both hands. She was restless and talked somewhat incoherently. She was extremely pale. Her temperature was 101°. Her radial pulse was very weak and irregular and with difficulty counted; it was over 160. The heart's apex was one inch outside the nipple line; percussion was unsatisfactory because of the patient's restlessness; the heart sounds were replaced by loud, blowing murmurs, heard all over the cardiac area; there seemed clearly to be a dilated heart. The lungs were negative. The abdomen was soft and tympanitic, but just about the umbilicus and in the right iliac fossa was marked tenderness. At the epigastrium was a violent pulsation. No exophthalmus nor enlarged thyroid was noticed. The condition of the heart overshadowed everything. She was stimulated and given a small dose of morphia. In twenty-four hours the pulse was regular but rapid and weak, keeping at the rate of about 140, never below. In two days the apex had resumed its normal position. Ten days later there was still a blowing, systolic murmur heard plainly at the apex and faintly over the whole heart's area. Her treatment, besides rest, diet and laxatives, had included bromides, and, for a few days only, digitalis. The epigastric pain and tenderness were still present. The pulsation in the upper abdomen con-

tinued, and was in most marked contrast to the almost imperceptible radial pulse. At this time there seemed to be a very slightly prominent thyroid, but neither the patient herself, nor the relatives with whom she was staying, had noticed any change. There was no pulsation in it. There was a strong pulsation in the carotids. Her temperature was 100°, her pulse 140, and very weak. There was no exophthalmus; the pupils were normal. During the next week she improved in general appearance. The tremor diminished, the pain went away, her appetite increased, and she slept better. Most of the physical signs, however, remained the same. The pulse was still 140. Against advice, twelve days after the first visit, she got up and was lost sight of for nearly three weeks; when then seen the dyspnea, palpitation and tremor had all returned, and for the first time there was slight exophthalmus, and a clearly enlarged thyroid. The pulse was 150. She was immediately started on thyroid extract.

Ten days later, though she had been up and about all the time, there was no tremor, no palpitation, and marked improvement in subjective symptoms. Her pulse was 120. There was no change in the size of the thyroid nor in the exophthalmus.

Three weeks later, though still no change in the thyroid nor exophthalmus, and the pulse remained at 120, she felt strong and well, and wanted to go to work. There had been no return of abdominal pain. At no time was there albumin or sugar in the urine.

Again she was lost sight of and has been seen only once since, in response to a request. The thyroid treatment had not been continued. Tremor and palpitation had returned. The goitre and exophthalmus were unchanged.

There may be very few unique features to this case, but a number of points seemed of interest.

So far as it has been possible to learn, there is no hereditary tendency, no history of nervous or mental disorders. It cannot be said that an actual injury was done when the patient lifted the pail of water, resulting in such severe pain and subsequent fainting, nor even that this was the starting-point of the disease. But it is of interest that a physical rather than emotional disturbance should seem to play such an important part. The location of the pain, the feeling as if she had received a "blow in the stomach," may also be significant.

The prominence of the cardiac symptoms was most striking, the condition of the patient when first seen being almost that of collapse.

Little can be said regarding the treatment by thyroid extract, as it was of such short duration. While taking it the goitre and exophthalmus remained unchanged. Though diminished, the pulse was still rapid. On the other hand, palpitation and tremor were absent, and most striking of all was the improvement in the patient's general appearance. She was far less nervous and much more cheerful. She felt well. The last examination made while she was taking thyroid extract was after she had walked at least half a mile.

BUBONIC PLAGUE IN MADAGASCAR. — It is understood that bubonic plague has appeared in Madagascar and has already caused considerable mortality among the natives.

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