

irregular, high temperature and the absence of pus, a diagnosis of streptococcus sore throat was made. During the patient's stay in the hospital, traces of albumin, and hyaline and granular casts were found in the urine. The temperature, however, was reduced by lysis. The kidneys cleared up to a great extent, and she went home in good condition.

About seven weeks after leaving the hospital, she began to complain of some pain over the right side of the neck in the area of the right lobe of the enlarged thyroid, which was quite tender. She also complained of general weakness, some dyspnea on exertion, palpitation, and occasional diarrhea.

Examination revealed a rather striking change in the patient's general appearance. She looked markedly emaciated, had a very decided fine tremor of the hands and tongue, and a rapid pulse, from 150 to 160, but regular. The heart was enlarged; there were ringing sounds, but there was no adventitious sound, and there were no eye signs. The thyroid was larger than it had been, and moderately tender. There was a distinct thrill and, at times, a bruit over the thyroid; the temperature was 100.

A diagnosis of hyperthyroidism was made. The tenderness was thought to be the result of a possible hemorrhage with sudden enlargement and pressure on adjacent nerves.

The patient was put to bed, the diet was regulated and sedatives were given, but no improvement resulted. After about four weeks of medical treatment, I advised an operation, but she refused. Roentgen-ray treatment was, therefore, tried for about three months at Mount Sinai Hospital in the outpatient department, but no improvement was noted. The patient finally decided to be operated on, and she was admitted to the Presbyterian Hospital for operation.

During this period, while under medical and roentgen-ray treatment, she had two attacks of sore throat similar to the ones described, but of a milder character. Both these attacks were treated conservatively, and the patient recovered without incision of the edematous soft palate.

While in the Presbyterian Hospital she was observed on the medical service for several days, and a diagnosis of hyperthyroidism was made by the internists. She was then transferred to the surgical service for operation.

At the operation, which was performed by Dr. McWilliams under gas and oxygen anesthesia, the exposed gland was found to be cystic, especially in the right lobe. This lobe, together with the isthmus and part of the left lobe, was removed.

On sectioning, the gland was found to consist of multiple abscesses filled with a greenish-yellow pus. The report from the laboratory stated that cultures had been made of the pus, and that Type IV pneumococci were recovered. The gland showed areas of acute and chronic inflammation, as well as an increase in glandular material.

The patient's subsequent course in the hospital was rather stormy. After the operation, she developed a parotitis on the left side with edema of the face. She eventually made a good recovery. The pulse rate decreased, and the muscular tremor disappeared gradually. Now, two and one-half years after operation, she is free of all symptoms or signs of hyperthyroidism.

COMMENT

This case of hyperthyroidism appears to have followed repeated attacks of acute peritonsillar and pharyngeal infection. We may, therefore, feel justified in emphasizing these points:

1. Thyrotoxic symptoms may appear in cases of simple goiter, the result of an acute infection.

2. Bacteria may be a factor in the causation of exophthalmic goiter: if not directly so, at least effecting such changes in the physiology of the gland as to make its appearance likely.

3. Suppuration of a thyroid gland should be suspected when there is even slight pain and tenderness over the gland with enlargement, especially when there is a history of a preceding infection.

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WORKMEN'S COMPENSATION, WITH ESPECIAL REFERENCE TO LOSS OF VISION

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Surprise is often expressed concerning inharmonious medical expert testimony. Doubtless dishonest medical evidence is sometimes heard, but most medical opinions expressed in court are honest, and divergent views between witnesses are dependent on varying degrees of knowledge, and personal experience. The human body and its diseases, possessing but little uniformity, can be variably interpreted by a plurality of honest and intelligent observers, especially in borderland cases in which demarcation lines are vague and indistinct.

Long experience in examining plaintiffs for injury cases inevitably produces skepticism and demands for objective indications, as a high percentage of such cases is, more or less, based on fraudulent claims, fostered and nourished by unprincipled attorneys, unwise friends, and the general desire to extract money from wealthy corporations. Employees have themselves to blame, therefore, for having built a structure inimical to their own interests, while employers may be congratulated on a more benevolent attitude toward their employees—even if produced primarily by strikes, unionism, legislation, etc., induced by previous unjust demands on labor by capital. Employers now desire to produce and maintain friendly relations with their employees, and demonstrate such intentions by good wages and working conditions, hospital care, willingness to concede financial awards for honest personal injury claims, etc., whereas union labor, with its bosses and organizations, seems determined to produce conditions as hard as possible for those men endeavoring to conduct the business of our country.

Honest medical expert testimony is, therefore, influenced by various conditions, and as a consequence is frequently inconclusive; and any proper effort toward systematization should fall on receptive minds.

Owing to variable conditions, compensation tables for damages cannot be invariably equitable, and should not be so regarded; they are merely basal conclusions on which to work. An accepted compensation table for monocular visual losses is an unaccomplished necessity; yet it can merely become a steady foundation for judicial consideration, and medical testimony will always be necessary for learned opinions and interpretations of present and future conditions, such as corneal scars, retinal and optic nerve diseases, and vitreous opacities. State laws and medical opinions differ as to whether vision (after injury) should be estimated with or without glasses, forgetful of the fact that almost all eyes improvable by glasses possess refractive errors antedating the injury. As a rule, therefore, a claimant should be required to accept the visual results obtainable by glasses with the exception of monocular traumatic cataract cases in which the required lens is so strong as to create annoyance, through discrepancy, diplopia, etc. Under such circumstances, the chief advantage of an operation is to demonstrate to the patient the visual capacity of the eye, and to restore actually a seeing eye to the injured that can be used in case of accident to the other eye. This is a valid asset, and should be considered when judgment is awarded, especially when all expenses are paid by the employer.

ESTIMATION OF OCULAR DAMAGES

It has been asserted that the payment of sick bills by employers has no significance, for such and such is the law and there is an end to it. But not all laws are just laws, and the justice of this law is questionable. Why should an employer be held liable for accidents over which he has no control? If he furnishes good tools, good wages, a good shop, well ventilated and lighted, and equipped with accident preventing devices, and an employee through ignorance, carelessness or obstinacy is injured, why should the employer be held liable? For these cogent reasons, legislatures and courts should not deal with employers too harshly; heavy responsibilities have been thrust on them and they should be given all reasonable benefits of doubts, instead of being buffeted and excoriated whenever opportunity presents itself. It therefore seems reasonable and just, first, that ocular damages should be estimated on conditions prevailing at the time of litigation, unless reasonably positive and reliable evidence is obtainable as to future conditions; second, that visual conditions should be estimated with glasses, except, third, after cataract operations, when the visual result might be measured on a 50-50 basis; this means, for instance, that if, after a cataract operation, good vision is obtained of, say, 20/20 or 20/30, by a glass, the vision may be reckoned as about one-half of normal and compensation paid accordingly.

Referring to unjust legislation, how unfair to both employer and employee is the law rendering the employer responsible for the loss of both eyes, when one eye was lost before the employee entered his service, and his remaining eye has been destroyed while working for the employer. The law is unjust to the employer because he was not responsible for the loss of the first eye, and it is unjust to the employee because it renders the securing of work difficult, as many employers dislike the presence of the maimed, and refuse the assumption of unnecessary legal and financial responsibilities, however much they might desire to assist the handicapped. Besides this, a one-eyed man is more likely to be injured than a two-eyed man, because he can see on only one side of him, and also for the reason that if his seeing eye is injured during work by a cinder, etc., he is quite helpless, as he cannot see through the other eye. Thus a law intended to benefit the laboring man is obstructive to his prosperity, as it often legislates him out of work. The law should be changed and the employer should be held responsible only for the loss of the eye injured during his own service. The employee cannot even legally give the employer a written document releasing him from responsibility concerning the first eye if the second eye is lost during his service. This is almost, if not quite, unconstitutional, as it debars the employee from exercising the right of personal privilege.

Among the very frequent causes of personal injury litigation are the varying losses of vision in one eye, necessarily followed by estimations concerning visual impairment. This produces discrepant expert testimony, leaving the court in mental uncertainty, usually resulting advantageously to the plaintiff—he being the poor unfortunate, and the employer representing what is called corporate wealth.

As Snellen's test types represent to ophthalmologists varying degrees of vision, it has been assumed that Snellen's fractions must also represent varying losses of vision, and that, for instance, 20/40 indicates 50 per cent. of visual loss, 20/30, 33⅓ per cent. of visual

loss, etc. Such conclusions are erroneous and misleading, for Snellen and his followers never intended these fractions to indicate visual insufficiencies—they were merely an international language interpreting ocular refraction, and I am confident that Snellen himself would be astonished and amused at the absurd use of his fractions in our courts, in the awarding of damages to ocularly injured plaintiffs.

It must be evident to all who intelligently and impartially consider this subject that 20/40 does not indicate 50 per cent. loss of vision, nor 20/30, 33⅓ per cent. loss of vision. Indeed, 20/30 is practically no loss of vision at all, and does not reduce a man's earning capacity one cent a year. Technically, it represents a small visual loss and should be so regarded; but practically, the loss is almost negligible. Why, then, should courts continue such erroneous calculations, entailing great and unjust financial losses on employers, accident insurance companies, etc.? The mistake was natural, especially as it received partial ophthalmologic sanction; and once begun, the custom prevailed, particularly as no saner or more accurate method endorsed by ophthalmologists was proposed. If ophthalmologists will propose and endorse a fair and simple table of compensation for visual losses, of reasonable accuracy, there can be little doubt that our courts will adopt such a table, thus removing at least one element of doubt and discord from our tribunals. It must be remembered, however, that such a table must be exceedingly simple, and devoid of all technicalities, as otherwise it will never be even considered by our courts.

While various compensation tables have been proposed by which to estimate monocular visual losses, no table has as yet been suggested on which all interested factions seem to unite, although they all arrive at about the same financial conclusions; and meanwhile the courts continue delivering unjust decisions, guided by palpably erroneous deductions. In the interest, therefore, of fairness, simplicity and brevity, I submit a table, recently adopted by the Chicago Ophthalmological Society, which it is hoped may be universally and uniformly adopted. In constructing a compensation table for monocular visual losses in working men, three points must be considered:

1. What constitutes industrial blindness in one eye?
2. What is the maximum legal compensation for such blindness?
3. What are fair and diminishing percentages of visual losses from the maximum to the minimum?

Concerning industrial blindness, many opinions are possible. Real blindness in its last analysis means a loss of light perception. I consider an individual industrially blind whose vision is insufficient for ordinary work. The injured may be unable to continue a habitual avocation; but if sufficient vision remains to perform ordinary work by ocular assistance, industrial blindness does not exist. What, then, constitutes "industrial blindness"? The answer must be more or less arbitrary. After consulting with many ophthalmologists, lawyers, industrial commissioners and insurance managers, the Chicago Ophthalmological Society arbitrarily concluded that vision worse than 20/200 constitutes industrial blindness. This opinion is, of course, open to discussion, but it is not remote from a fair conclusion to both employer and employee. Let this view, therefore, be tentatively assumed, and let it be said for the purpose of progress that vision worse

than 20/200 represents industrial blindness or 100 per cent. loss of vision, entitling the injured to the maximum compensation for monocular blindness allowed by the state law. This varies in different states, but in Illinois it entitles the injured to 100 weeks of compensation at \$12 a week, or \$1,200. The minimum to be paid for the total loss of one eye is \$6 a week. In case the maximum or \$12 a week is paid, the amount is increased \$1 a week for each child of the applicant under 16 years of age, up to and including three children. In case the minimum or \$6 a week is to be paid,

COMPENSATION TABLE FOR VISUAL LOSSES OF ONE EYE

20/20 indicates 100% of visual efficiency and no loss of vision					
20/30	94.5%	"	"	"	5.5%
20/40	89.0%	"	"	"	11.0%
20/50	83.5%	"	"	"	16.5%
20/60	78.0%	"	"	"	22.0%
20/70	72.5%	"	"	"	27.5%
20/80	67.0%	"	"	"	33.0%
20/90	61.5%	"	"	"	38.5%
20/100	56.0%	"	"	"	44.0%
20/110	50.0%	"	"	"	50.0%
20/120	41.0%	"	"	"	59.0%
20/130	36.5%	"	"	"	63.5%
20/140	32.0%	"	"	"	68.0%
20/150	28.5%	"	"	"	71.5%
20/160	23.0%	"	"	"	77.0%
20/170	18.5%	"	"	"	81.5%
20/180	14.0%	"	"	"	86.0%
20/190	12.0%	"	"	"	88.0%
20/200	10.0%	"	"	"	90.0%

the amount is increased 50 cents a week for each child of the applicant under 16 years of age, up to and including three children.

Two points in the construction of a compensation table may be said to be now finished, namely, the meaning of industrial blindness, and the maximum compensation payable for this misfortune. The latter, it must be remembered, is definitively settled by most states and we have nothing to say about it. Individuals desiring personally to assume financial responsibility for expensive accident insurance are at liberty to do so; but when insurance is assumed and paid for by the employer, \$1,200 is the maximum amount payable for the loss of one eye in Illinois. The last step to be taken in constructing a compensation schedule is fairly and equitably to grade down the percentages and compensations, to accord with the amount of vision that is lost. This has been attempted in the accompanying Chicago Ophthalmological Society table.

EXAMINATION OF APPLICANTS BEFORE EMPLOYMENT

Before the subject of compensation for monocular visual deficiencies is dismissed, it seems desirable to suggest to employers of labor a simple method for extensively reducing the frequency of claims for personal injury, not only for ocular damage, but for all other accidents as well. Reference is here made to the skilful physical examination of applicants before assignment to employment. Perfunctory examinations should be discountenanced, as errors in either direction may lead to unfortunate results. Eye and ear examinations, for instance, should be performed by competent specialists, that correct ocular and aural conditions may be ascertained. Two instances will demonstrate the necessity for such examinations before employment:

CASE 1.—A man received a slight head blow three weeks after obtaining employment. Shortly after he claimed blindness in one eye. Examination disclosed old chronic simple glaucoma with atrophied disk.

CASE 2.—A man was struck on the head by a piece of coal; no wound was produced. In five weeks he complained of

deafness and discharge from one ear. Examination disclosed an old chronic otorrhea, necrosis, foul discharge, and tympanic polyp.

In spite of convincing medical testimony, both men recovered damages. If these men had been properly examined before employment, both these diseases would have been detected, and litigation would probably not have been begun, but if begun would have been unsuccessful. The proper examination before employment of applicants for work is an economical necessity, but it is useful only if properly performed by skilful and conscientious physicians. In this way physical records are established that are bound in many instances to save, in the aggregate, enormous sums of money—much more, in fact, than the cost of proper medical examinations. Besides this, many employees have unknown physical infirmities which, when disclosed, can be cared for, and perhaps cured, to the great satisfaction of the employees themselves. Finally, when bodily imperfections are understood by both employer and employee, such knowledge can make employers more considerate of the afflicted, and inspire them to offer suitable occupation for individual needs. Some labor leaders demand the abandonment of physical examinations, thus clearly disclosing their sinister intentions, and ignoring the fact that such examinations should be welcomed by both honest employers and honest employees. Nor can the idea be ignored that, if employers are to be held liable for accidents, they certainly have a right to know the physical conditions of their employees before they assign them to work.

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ENDOTHELIOMA OF THE PLEURA

REPORT OF CASE

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This case is reported not only because of the rarity of the occurrence of the condition, but also because of the interesting conditions which prevailed throughout the course of the illness.

REPORT OF CASE

History.—A white man, aged 31, first reported at sick call, Oct. 29, 1918, and was sent to a field hospital, where a diagnosis of ileocolitis was made. From there he was immediately transferred to a base hospital. There he gave a history of having had diarrhea for two weeks previously. He was suffering from headache, and incontinence of feces, but he had no fever; mentally he was stupid and somnolent. November 9, on the discovery that the right side of the chest was partially flat, 500 c.c. of serosanguineous fluid were removed. Apparently no pus cells nor organisms were found in the fluid. As the mental condition grew worse, and definite auditory hallucinations were present, a diagnosis of a hebephrenic type of dementia praecox was made.

December 22, the patient was sent to the psychiatric department at Bazoilles, where examination disclosed that his memory was poor, that he had persecutory delusions, and that he was confused and disoriented. After physical examination the diagnosis of fluid in the right chest, with possible empyema, was made. The mental condition was then