

Exophthalmic goître.

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of shoulder-straps for stooping habits that I have little to add to John Shaw's scientific common sense.

I have observed in numerous instances where shoulder-braces have been worn for several months or longer, and where, from misplaced perseverance and severity, they have been worn extra tightly, that the unfortunate wearer has tried to obtain relief from the excessive pressure of the straps over the coracoid process and adjacent clavicle on each side by throwing the whole upper trunk backward by undue arching of the loins, with the result of producing severe lumbar lordosis in addition to the dorsal kyphosis for which the apparatus was being worn. I am quite aware that dorsal kyphosis is generally accompanied by compensatory lumbar lordosis, but in these cases to which I refer the lumbar hollow is much severer than usual and causes an exaggerated thrusting forward and prominence of the abdomen. Of course I am referring to the kyphosis of muscular debility and not to that due to spinal caries. In spite of these facts, ninety-nine out of a hundred medical men of the present day are in the habit not only of allowing, but even of advising patients to wear these instruments of torture. I understand that large fortunes are being made by the sale of those popular American and other shoulder-braces which are so largely advertised at the present time.

The only way in which shoulder-straps might be worn with benefit—not that I ever recommend them—is well illustrated by the following anecdote, which is also culled from good old John Shaw: An eminent surgeon was consulted by a gentleman who became one of our first tragedians as to the best mode of correcting a stoop which he had acquired. The surgeon told him that neither stays nor straps would do him any essential good, and that the only method of succeeding was to recollect to keep his shoulders braced back by a voluntary effort. But the tragedian replied that this he could not do, as his mind was otherwise occupied. The surgeon then told him that he could give him no further assistance. Shortly after this conversation the actor ordered his tailor to make a coat of the finest kerseymere, so as to fit him very tightly when his shoulders were thrown back. Whenever his shoulders fell forward, he was reminded by a pinch under the arms that his coat cost him six guineas and that it was made of very fragile materials; being thus forced, for the sake of his fine coat, to keep his shoulders back, he soon cured himself of the stoop. He then showed himself again to the surgeon, who ever afterward, when consulted whether young ladies should wear shoulder-straps, permitted them, on condition that they were made of fine muslin or valuable silk, for tearing which there should be a forfeit!

I have not referred to the therapeutics of round shoulders, etc., because my articles "Lateral Curvature," "Antero-posterior Curvature," etc., in Heath's "Dictionary of Practical Surgery," will enable any surgeon who follows the lines of treatment there indicated to cure every case of stoop that presents itself in a few weeks, provided he meets with the willing co-operation of the patient.

My pleasure in acceding to Dr. Gibney's request to contribute a paper to this meeting of the National Orthopædic Association of the United States of America will be in-

creased if I am able to convince some of the members present that shoulder-straps and braces are not only useless but also injurious when prescribed for weak backs.

April 9, 1888.

Correspondence.

LETTER FROM LONDON.

Sir Morell Mackenzie's Reply.—The Insurance of the Lives of Infants.—The Medical Schools.—Post-graduate Instruction in London.—Incision of a Gangrenous Lung.

LONDON, October 20, 1888.

THE long-expected reply of Sir Morell Mackenzie has not made nearly so much stir, either in the professional world or among the general public, as was anticipated when its publication was first announced. This is partly due, no doubt, to the length of time that has elapsed since the events referred to occurred, but partly also to the tone of the book itself. It would have been much wiser and certainly far more dignified if Mackenzie had refrained from violent attacks on the German doctors, even if they were entirely in the wrong, and his threat of an action for libel against any one who should dare to publish a translation of the German report is exceedingly undignified, and has done much to prevent any strong feeling in his favor. On the other hand, the suppression of his book in Germany is a very petty and contemptible action for the Government of a great empire to have taken, and altogether the sooner the whole episode is forgotten the better.

The daily papers have opened their columns recently to a correspondence anent the infant insurance clubs, with which it is certainly very easy to find fault. The insurance of infant lives is a custom that prevails to a very large extent in our chief cities; active canvassing agents go about from house to house, and very easily induce parents to insure their children's lives. It is a hard thing to say and a much harder thing to prove, but I have no doubt that many insured children die every year who would not die if they had not been insured, although in any given case of marasmus it is no doubt exceedingly difficult to say that the child would not have died if more care had been taken of it. The "British Medical Journal," in a recent article on this subject, suggested that statistics should be drawn up of the mortality among insured and uninsured infants. If this could be done in regard to infants of the same station in life and subject to the same hygienic and other surroundings, we should certainly be in a position to decide off-hand whether infant insurance was, as has been asserted, a most fertile cause of infant mortality. The remedy that is proposed, and that seems to meet with a good deal of favor, is that no child should be insured under three years of age. I must confess I hope no such enactment will ever be passed. Granting that some children are put to death or allowed to die (which is the same thing) for the sake of the insurance money, still the very large majority of infant deaths own no such cause, and the numbers would not be very much diminished. All the infants would in future have to be buried at the parish expense, which would not only entail an increase in the rates, but encourage parents in not making some endeavor to provide for contingencies in the future. I think that a law forbidding the insurance companies to do more than pay the actual expenses of the funeral, and this not to the parents but directly to the undertaker, would meet all the difficulties and would not be open to any serious objection.

The medical schools are all in full swing now, but it is too

early yet for any reliable information as to the numbers of new entries. If I am correctly informed, however, at least one school will show a considerable falling off in this respect. With the exception of Charing Cross, they all had some manifestation on the opening day, either an introductory address, a *conversazione*, or a dinner. A public demonstration of some kind is thought to be necessary as an advertisement, but I very much doubt whether these measures are in the least efficacious in attracting new-comers.

The post-graduate lectures have been resumed at Charing Cross, and are, I am told, as well attended as last year; it is not a little surprising that no other school has followed suit, for, seeing the vast number of practitioners in and around London, to say nothing of the occasional visitors, one would think that two or three other classes could be formed without the smallest difficulty. It is quite certain that before long some permanent development of the Charing Cross scheme on a larger basis will have to be made, so as to throw open the unrivaled clinical facilities of some of our special hospitals—not that the practice in them is not already open to professional men, but the instruction at present afforded is not systematized; the physicians and surgeons do what they can for the visitors, but only while seeing their patients, and they are of necessity unable to give the time requisite for a thorough explanation of any individual case. It comes to this, that visitors to any of these hospitals who are anxious to learn will find plenty of opportunity of doing so, but they will have very little chance of being taught.

An interesting case of gangrene of the lung was reported at the first meeting of the Clinical Society by Dr. W. Pasteur. The patient, a boy aged seven, was admitted with a history of acute illness in which he had coughed up some bright blood, and it was said that since then his breath had been very offensive. The physical signs were those of a cavity at the right apex, the rest of the lung being pneumonic. He coughed up from two to four ounces daily of a watery, stinking fluid, mostly saliva. The cavity was incised at the anterior extremity of the second right intercostal space, an inch from the sternum, and large quantities of gangrenous lung and putrid fluid were expelled through the wound. A counter-opening was made in the sixth space, a drainage-tube was put in, and for a week all went well, but the boy then failed rapidly, and died in three days with pericarditis. At the post-mortem the œsophagus was found adherent to the right bronchus, and a sinus communicating was evidently the cause of the gangrene. It was suggested that the child might have swallowed a foreign body, and thus set up the œsophageal trouble. There was a large gangrenous cavity in the apex of the right lung.

Spasmus Nutans in Dentition.—According to the "Lancet," "Dr. E. Tordens's out-patient class in Brussels has been afforded the opportunity of seeing a case of *spasmus nutans*, or *tic de salaam*. This is not a very common affection, but several examples are mentioned by Henoch in his 'Lectures on Children's Diseases.' The Brussels case was that of a little girl of ten months, still at the breast. She had been very healthy, and was fairly robust. A month previously to her admission the mother had noticed a slight but nearly constant nodding motion of the head. When examined for the first time the chief motion was rotatory; the eyes also rolled from side to side, especially when the head was held. There were two teeth. The child was treated with oxide of zinc and bromide of potassium. The next time the patient was brought, a fortnight later, but little improvement could be detected, and a nodding motion was added to the lateral oscillation. Afterward, however, improvement commenced, and at the end of six weeks from the first visit the child was quite well. By that time she had cut two new teeth. There could be little doubt that the affection was a complication, though a rare one, of dentition."

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EXOPHTHALMIC GOÏTRE.

This mysterious malady presents all the attraction common to unexplained phenomena. The mechanism of the symptoms and the nature of the disorder are as yet among the things not found out. A disease capable of producing such remarkable nervous complications as existed in a case cited by Bristowe ("Brain," No. 31) is, to say the least, sufficiently interesting. The symptoms of exophthalmic goitre were followed by almost complete external ophthalmoplegia, and this by complete right hemianæsthesia (including the special senses), epileptic attacks, paralysis with rigidity of the right side, hæmorrhages from the ears, and persistent pyrexia. The origin of these various manifestations remained unsolved at the post-mortem, for there was no discoverable lesion of the nervous system.

The sympathetic has been accused of causing the peculiar conditions common to Graves's, or Basedow's, disease; but of late there is a decided tendency to exonerate in part that much abused and not too well understood portion of the nervous machinery. The pneumogastric—an interesting and decidedly mixed nerve—seems responsible for a few of the queer things that happen. The central nervous system appears also to take part in them, and must eventually plead guilty, thus producing a mass of testimony from which we may reasonably expect something rich at the cross-examination. But we are not there yet. At present the clerks medical are taking down testimony with assiduity and breathless diligence, lest some discovery should escape the one who runs and reads wisely, and another name for this remarkable disorder be thus forever lost to a rewardful and benevolent posterity.

The cardiac disturbance is the essential feature of the disease, a high pulse-rate maintained even in repose always suggesting it. The other classic symptoms may or may not be present. Hence the inexactness and injustice of our present system of cognominal nomenclature. But what's in a name? The trouble is just as hard to bear, whether it afflicts as Graves's disease, or Basedow's disease, or exophthalmic goitre, and is equally perplexing in any guise. The heart goes pitty-pat, like that of the girl in the comic song, but far too often. There is nothing the matter with it as a heart. Its controlling centers have all gone wrong—just as the noblemen did who became pirates off the coast of Penzance. Now, where are the controlling nerve centers, especially those that govern the relation existing between blood-pressure and the frequency of the heart's action? In the sympathetic? Down with thine anatomy from its dusty shelf—or, better still, seize thy bulky Gowers and read the sibylline leaves consolidated on page 1211: "The sympathetic functions are under central control, and the char-

acter of the symptoms is in harmony with the physiological relation between the degree of blood-pressure and the frequency of the heart's action. The chief controlling centers, especially those that determine this relation, are in the region of the medulla oblongata." To this region Filehne in particular has turned his attention, endeavoring by experiment to elicit information concerning which pathological anatomy remains obstinately silent. He divided the anterior fourth of the restiform bodies, producing exophthalmia in one case, enlargement also of the thyreoid in another, and the three classic symptoms in a third. The negative evidence of pathological anatomy and the positive evidence of the symptoms themselves (Gowers) alike suggest that the malady is a neurosis, a disease of the nerve elements proper, having its character determined by their functional relations, and its origin beyond the present range of medical vision. Possibly chemistry may one day throw light on this subject, and reveal to expectant science the exact element in the blood—gas or other toxic agent—capable of producing such marked alteration in functional nerve activity without appreciable change in nerve structure.

With judicial brevity and fairness the "Journal de médecine" for August 26th reviews the present best known methods of treatment. First, there is hygienic treatment, pure and simple; a quiet life in the country, freedom from emotional strain, a milk diet when the heart is not enfeebled, and an abundant ordinary diet when it is, with the addition of coffee and wine. The two methods of medical treatment most in vogue are that of Jaccoud and that of Friedreich. The first consists in the administration of arsenious acid and bromide of potassium. Night and morning, minute doses of arsenious acid are given, and between meals from half a drachm to a drachm of bromide of potassium. This alone is used by Jaccoud in mild cases, Friedreich's method is essentially different; no bromide, no arsenic, but quinine—quinine for an indefinite period. Certain drugs are absolutely contra-indicated. These are the iodides of potassium and sodium, which augment the respiratory difficulty resulting from increased frequency of the heart's action. Digitalis is sometimes useful, sometimes not. When quickened heart-beats are due to loss of cardiac contractility, digitalis is of value in slowing the rapid systole that follows enfeeblement of the myocardium. But when the heart is overexcited without being weakened, digitalis, by strengthening the force of its contractions, must inevitably do harm. Electricity also shows good results, employed in two ways quite distinct. One is the method of Eulenburg and Guttmann, which consists in faradization of the sympathetic, one electrode being applied to the region of the sympathetic in the neck, and the other to the cervical vertebrae. The second mode of electrical treatment is that of Charcot and Vigouroux, who apply galvanism to the precordial region. Hydrotherapy also merits recognition as a valuable adjuvant, though inadmissible in all cases where there is any lesion of the heart or lungs. Sea-bathing, the wet pack, and the needle bath have all been of great benefit. Cheerful companionship and congenial surroundings are advocated by the followers of each and every "method."

If the statements recently made at the Academy of Medicine in regard to hypnotism are just—that it equalizes the circulation and regulates the action of nerve force—then the wizard remedy of France has magnificent possibilities in this peculiar and untried field. From the hypnotic sleep and hypnotic suggestion yet another and novel method may arise. According to the "Lancet," Stiller, of Buda Pesth, obtains remarkable results by sending patients to altitudes varying from 1,500 to 5,000 feet, in the Tyrol and among the Carpathian mountains. Compression of the thyreoid, gradually and systematically increased, has been known to bring about marked diminution of all the symptoms. Sometimes the disease disappears spontaneously, a fact that has probably again and again given repute to some drug or therapeutic agent quite innocent of the cure.

Marriage, pregnancy, and the other duties incident to the maternal state, have caused this disease to vanish forever. Is there any clew here? Has the hygiene of reflex action nothing to do with the case? Health is best secured by the exercise and co-ordination of large numbers of reflex arcs in widely separated parts of the body, and the development and use of associated reflexes is a practical means of modifying nerve-center function. Re-enforcing or inhibiting impressions sent into appropriate areas by the application or removal of particular stimuli affects an advantageous redistribution of nervous energy. The maternal state equalizes the circulation and regulates the action of nerve force. In other words, it calls into normal activity weak, depraved, or overacting cells, and sacrifices all their pet peculiarities to the work of constructing a new creature. This profound impression of law and order remains indefinitely, perhaps forever, and the functional nervous trouble is deprived of *raison d'être*. Treatment with this end in view—to equalize the circulation and regulate nerve force—is certainly based upon a rational premise, whether the result is obtained by means of the wet pack, hypnotism, electricity, or the use of drugs, or through the power of certain agencies as yet only among the possibles.

IS THERE SUCH A DISEASE AS ACRODYNIA?

SOME months ago we gave a short account of the occurrence of arsenical poisoning in a number of persons in Hyères, in France, caused by their drinking wine that had been adulterated with arsenious acid. In the cases that first came under the observation of the physicians of Hyères, the diagnosis of acrodynia was made. In a communication subsequently made to the *Académie de médecine*, by Dr. Vidal, of Hyères, a summary of which is given in the "Union médicale," that gentleman briefly recounted the symptoms observed in some of the cases. As an example, a railway employee, a man of sobriety, living at home, was taken, apart from any known cause, with gastric uneasiness without fever. An emetic caused immediate amelioration, but diarrhœa soon appeared, which was efficiently combated with bismuth. Then other symptoms became predominant; patches of urticaria were developed, with insupportable itching, and between them there were red spots look-

ing like the exanthem of measles. At the same time there was intense fever. The mouth, the larynx, and the bronchi were invaded by the rash, which was succeeded by attacks of dyspnoea, and by mucous râles limited to the larger tubes; there was also coryza with persistent lacrymation. Desquamation took place, the diarrhoea and loss of appetite continuing, and soon new symptoms were shown that led M. Vidal to the diagnosis of acrodynia. Chief among them were numbness, especially of the lower limbs; tingling and disturbances of the sense of touch; loss of tactile sensibility in the feet, with cutaneous hyperæsthesia at times; contractures, spasms, and tremors, especially in the lower limbs; and a difficulty of locomotion that rendered the gait stumbling. In one case there was transitory glycosuria. M. Vidal lays stress on the swelling of the extremities of the limbs, which were bulkier than normal and infiltrated, but free from œdema properly so called. Besides the cutaneous lesions already mentioned, he observed brown patches on the penis, the abdomen, and the scrotum. The desquamation was very abundant, and in the parts where it was most so the tactile sensibility was decidedly diminished.

It must be admitted that in a general way these phenomena do not differ materially from those that are said to characterize acrodynia, a disease that prevailed epidemically in France so recently as sixty years ago; and M. Vidal asks if many of the epidemics so entitled, perhaps all of them, may not have been provoked by the presence of small quantities of arsenical salts in articles of food. This is not the first time that so-called acrodynia has been suspected to be due to poisoning; but it is not arsenic alone that has been supposed to give rise to the phenomena—their similarity to those of ergotism has been pointed out. At present it is probably impossible to answer M. Vidal's question positively, but the facts that he has reported, especially when coupled with what has been said about the features of poisoning with ergot, may well lead to doubt as to the essential or specific nature of acrodynia.

GUM-CHEWING.

THE sight of one or more young persons given over to the somewhat obtrusive chewing of gum is not of the most agreeable. Moreover, the habit has been held to stimulate grown-up women to congregate together for indulgence in scandal. It is not to be wondered at, therefore, that the light wits of the period are fond of inveighing against it after their manner. It is possible, nevertheless, that the chewing of gum, provided care is taken not to indulge in its performance gregariously, is not wholly reprehensible; indeed, it may even be advantageous under certain circumstances. We do not refer, of course, to the factitious products found in the confectioners' shops. Some of the latter, however, may be innocent enough, especially those that have balsam of Tolu as the fundamental ingredient; of those made with paraffin the less said the better. We have in mind the genuine, unadulterated exudation from the hemlock spruce of northern New England and Canada, the *Abies canadensis*, as the school-boy of those regions gathers it by

climbing the trees or in illicit and perilous visits to the "jams" of timber that form when the trunks of these stately trees are floated down the rivers in the spring.

Not long ago a distinguished physician from one of the Gulf States, being in New York in attendance at a meeting of one of the special societies, was observed to take a piece of chewing-gum from his pocket and proceed to chew a portion of it. Perceiving that some of the gentlemen seated near him felt interested in this little procedure, he remarked that he thought it improved his digestion. There seems to be some *a priori* reason for supposing that it may have such an effect. It certainly increases the salivary secretion, and, used at the proper time, it may assist materially in the digestion of amylaceous food by that very fact, besides acting as a gentle stimulant to the stomach by reason of some of its aromatic principles being swallowed with the saliva. It undoubtedly cleanses the teeth very effectually, and it is reasonable to suppose that it may exert a wholesome influence upon the pharynx in catarrhal conditions, perhaps even contributing appreciably to guard the throat against the attacks of morbid germs. On the whole, then, although on presumptive grounds alone, we must set it down as our impression that the chewing of spruce gum is in some respects to be commended.

MINOR PARAGRAPHS.

SPONTANEOUS BACTERIOTHERAPY.

THE occasional cure of a local affection by an attack of erysipelas is a matter of common observation, and the occurrence is not necessarily to be explained as the triumph of one micro-organism over another. In a recent number of the "Giornale internazionale delle scienze mediche," however, Dr. de Biase gives examples in which erysipelas was followed by the subsidence of a systemic disease. He reports three cases of malarial disease that were perfectly cured by an attack of facial erysipelas. Not only did the febrile paroxysms cease, but the phenomena of chronic malarial poisoning disappeared rapidly "after the erysipelas cocci had got the better of the malarial micro-organism."

UTERINE COUGH.

A CONTRIBUTOR to the "Deutsche medicinische Wochenschrift" reports the case of a woman, thirty-five years old, who, when four months advanced in her third pregnancy, was attacked with tickling in the throat and hoarseness after taking cold. According to a summary given in the "Centralblatt für klinische Medicin," the usual catarrhal appearances vanished in a fortnight, but an exceedingly tormenting dry, rough cough remained, excited by an almost inexpressible tickling in the larynx. No cause for the cough could be discovered on physical examination of the chest and the larynx, but a large erosion of the cervix uteri was found, together with two small mucous polypi in the cervical canal. The polypi were removed and the cervical canal was penciled with tincture of iodine, and within a few hours the cough ceased. The author thinks that the predisposing cause of this reflex cough was general debility due to pregnancy and leucorrhœa, and that its exciting cause was the polypi, while the occasion of the conveyance of the irritation to the cough center was a previous heightening of its sensitiveness by the laryngeal and tracheal inflammation.