

operative cases it is given by a student, supervised by the resident physician. In normal deliveries, the last year, particularly in primiparae, we have begun the use of anaesthesia during the last part of the second stage. I am personally very much opposed to conducting any labor without the use of an anaesthetic. I think every woman should be given an anaesthetic at least during the second stage. On the other hand, we have been unfortunate down there in being the center of a group of fanatics. We have not only fanatics, but we have the ignorant Mexicans and a certain class of those people who believe that if a child is born of a woman who does not have pain at the time her child is born, the child is condemned to everlasting hell. We are confronted with it repeatedly, so we have to be very careful about giving an anaesthetic, particularly in some types of patients. We have a few Rush men and Eastern men coming in, and gradually we are increasing the number of cases in which we do use ether.

(1021 Pacific Mutual Bldg.)

REPORT OF A CASE OF YAWS IN CALIFORNIA

By HARRY E. ALDERSON, M. D., HARRY C. COE, M. D.
(From the Skin Clinic Stanford University Medical School, San Francisco)

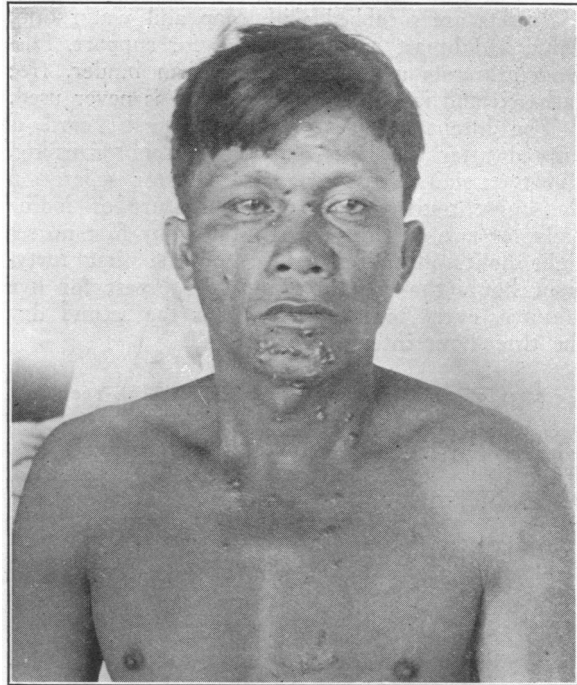
The recent appearance of a well-marked case of yaws in the skin clinic caused us to circularize the profession of the State to find out whether other cases had ever been recognized in California. We sent a comprehensive questionnaire to the dermatologists and all of the health officers of the State. It was also published in the State Board of Health Bulletin.

All replies were in the negative, so we consider that this is the first case diagnosed in California. On account of immigration from Central and South America, and the Orient, it is surprising that the disease has not appeared here. It may be, of course, that on account of its resemblance to syphilis, and the rapid subsidence of the lesions after arsphenamin injections, cases have been missed. Possibly increased watchfulness may result in the detection of more cases in the future.

Patient's Record—The patient, a Filipino, male, twenty-seven years of age, presented verrucous and pustular lesions fairly thickly scattered over his face, neck, chest, and lower limbs, some of which are shown in the photographs. He was fireman on a steamer and formerly was in the United States Navy. Prior to one and a half years ago he had always lived in the Philippines, and his health always had been excellent. There was no evidence of past lues.

In August, 1922, he left for England as cook's helper on a steamer. On his arrival in England he had an eruption on his head and face only, which spread rapidly and to him looked like smallpox. Soon it spread to his trunk and then to his legs. He did not feel ill and continued with his work. Some of the lesions healed, although he had no treatment, and left pigmented scars. Some of the lesions across his shoulders grew large and developed into very painful abscesses.

Our examination showed him to be a muscular and well-nourished young man. He presented small wart-like papular lesions surmounted by yellowish crusts, some of which were grouped, on his face, neck, scalp, upper chest anteriorly and pos-



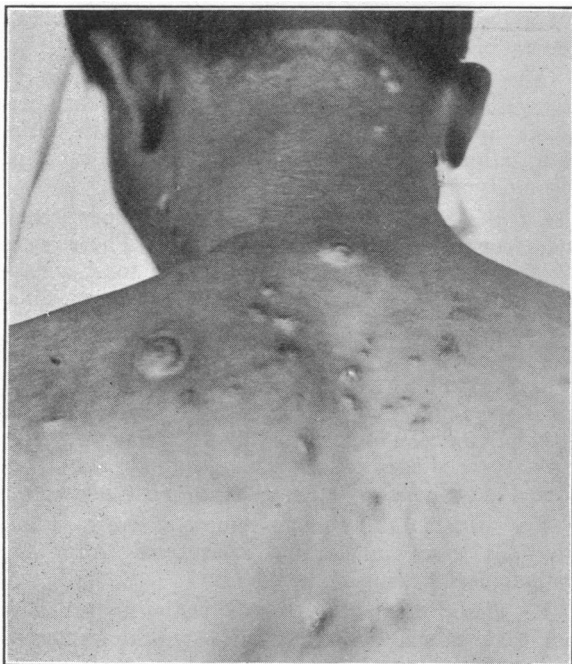
Yaws Case. Note scattered small verrucous lesions.

teriorly, lumbar region, thighs, and legs. Across the shoulders there were several walnut-sized abscesses resembling gummata. They were quite painful. There were also numerous pigmented, slightly depressed scars scattered all over the body. The patient stated that they were produced by earlier lesions of the disease which healed without treatment. He could not state where the initial lesion appeared, but said that he first noticed a group of them on his face. The Filipino ship's cook, with whom he worked, had many lesions that closely resembled our patient's yaws eruption. We believe that this was the probable source of infection.

There were no scars on the genitalia, and he said that there had not been any lesions there. There was general adenopathy. The blood Wassermann was triple plus (with the cholesterinized beef heart, alcoholic extract and acetone insoluble antigens) in both the water bath and ice-box. Pus from one of the small crusted warty lesions on his neck, examined with the dark field microscope, showed an enormous number of the *spirochaetae pertenuis*.

He was given at once neoarsphenamin (0.6) and three days later 0, 9 of the same, and in a week a repetition of the dose. There was no reaction and after the first injection the lesions rapidly subsided. He was given no other medication. The last time he called he was apparently well. He did not return for further physical and laboratory examinations, as promised, but we received a letter from him two weeks later, stating that he was perfectly well and looking for work in the country. Follow-up letters sent by our social service department were returned undelivered, so it is assumed that he had gone to work.

The photographs were kindly taken by Pro-



Yaws Case. Note large gumma-like lesions. These were quite painful.

fessor Blaisdell, to whom we wish to express our thanks. We greatly regret that through a misunderstanding a biopsy and animal inoculations were not made before the first arsphenamin injection. The second time he called it was too late, as most of the lesions had undergone rapid involution. We feel that the typical lesions, manner of development and course of the disease, the positive dark field findings, and prompt response to arsphenamin justifies our diagnosis of yaws.

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The Diagnosis of Conditions Causing Backache—

The causes of backache are tabulated by George F. Straub, Honolulu, Hawaii (Journal A. M. A., March 10, 1923), as follows: (1) extrinsic (remote): gynecologic; genito-urinary; general abdomen; nervous system; constitutional; (2) intrinsic (direct): congenital; static; traumatic; inflammatory; neoplastic. As to treatment, the genito-urinary causes of backache must be left to the urologist. Those due to toxemias will generally yield to treatment of the focus, plus general measures. Backache in connection with anomalies of the lumbo-sacro-iliac apparatus is opening up a vista regarding prophylaxis, while the treatment is essentially of an orthopedic character. Pain in the back due to weak feet disappears like magic with attention to the fundamental pathologic condition. The lumbago of a myalgic character, once it has become chronic, is amenable to treatment only by proper massage of the affected part of the muscle, vigorously applied to strong muscles, but gently to weak muscles, and above all by injection of saline solution, with or without procain, into the individual nodule. Attention to the general condition of all patients is of equal, if not superior, importance. But above all there must be assured the protection of a definite diagnosis.

A CLINICAL AND PATHOLOGICAL STUDY OF FIFTY CASES OF HYPERTHYROIDISM *

By ROBERT B. HILL, M. D., Los Angeles, Cal.

The pathological changes in the thyroid gland of patients who present the clinical symptoms of hyperthyroidism have been the subject of a great deal of discussion for a number of years. In 1908 Wilson of the Mayo Clinic reported his findings in an examination of 600 simple goiters and 294 thyroids from cases of exophthalmic goiter. He stated that it was possible from a study of the glands themselves, supplemented only by a knowledge of the age and sex of the patient, to state on broad general lines, first, that the patient did or did not have an exophthalmic goiter, as it was then defined; second, the stage of the disease at the time the gland was removed; and, third, approximately the severity of the disease. In his opinion this could be done with a fair degree of accuracy in more than 85 per cent of the cases.

A little later Plummer concluded, from a study of over 2000 cases of goiter that had been operated upon, that it was possible to determine from a study of the clinical aspects of the case alone, first, whether or not the gland was hyperplastic, adenomatous or had advanced colloid changes; second, the effect that might be expected from the removal of a given portion of the gland in any individual case. In his opinion this could be done in 95 per cent of the cases.

These statements were so much in advance of the theories of other observers, that quite naturally they attracted considerable attention. Since then several others have reported their work along similar lines. As was to be expected, some of them do not agree with the conclusions of Wilson and Plummer, the majority believing that neither specific nor constant anatomical changes in the thyroid gland of exophthalmic goiter could be demonstrated, and that it was impossible, as yet, to make definite pathological differentiation between adenomas that produce symptoms of hyperthyroidism and those that do not produce such symptoms.

Goetsch, in 1916, emphasized the importance of the relative number of mitochondria in thyroid adenoma. He reported that they were more numerous in the adenomas causing the symptoms of hyperthyroidism, and that thereby a means was afforded of distinguishing, pathologically, between adenomas producing hyperthyroidism and those that did not. This differential feature is apparently not confirmed by the data reported in his later papers. In 1916 Goetsch also expressed the opinion that there is a very different form of intoxication in thyroid adenoma from that found in true exophthalmic goiter. In this respect he agrees with Plummer.

Crile's views on this question do not coincide with those of either Plummer or Goetsch. In his recently published volume, "Crile's Clinic," he says: "The various types of goiter should logically be regarded as varying degrees of the same or similar processes, and that, certainly as far as treatment is concerned, no differentiation should be

* Read before the Pathology and Bacteriology section of the State Medical Society, Yosemite, May 16, 1922.