

smarting in the throat until after the separation of the exudation. Beyond slight swelling of the parotids there were no sequelæ, and these yielded readily to the inunction of the iodide of ammonium in the form of a liniment.

I am anxious to give the carbolic acid its fair due in the success of my treatment in these cases, but I am sure salicylic acid would do quite as well were it not for its insolubility.

I do not look upon this or any other drug in the light of a *specific*. Probably the number of cases I have quoted, is too small upon which to base any firm opinion of the real merits of salicylic acid in the treatment of this disease. But these cases behaved so differently, and progressed so much more favorably than any I ever had before under other remedies, that I shall continue this plan of treatment until either I find a better, or experience some good reason for its disuse. During the progress of these cases, I used this drug in a case of scarlatina anginosa—that step-brother to diphtheria—and with the happiest results. In this case the hypso-sulphites had been administered without other effect than to produce vomiting. Aside from any therapeutical value, salicylic acid has the following points to recommend it. 1st, When reasonably pure it is taken without disgust or difficulty. 2nd, In any ordinary quantity it is not poisonous. 3rd, It is cheap; and lastly I would urge, if this drug be used *give it frequently*, from the invasion until convalescence is fully established.

ON BASEDOW'S (GRAVES') DISEASE.*

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Although a number of authors, among whom *Graves*, had described cases, which we now count among those of Basedow's disease, before Basedow's elaborate paper appeared, the latter was the first one to recognize the combination of palpitation of the heart, swelling of the thyroid gland and exophthalmus (protrusion of the eyeballs) as a separate form of disease. Since Basedow's first communication in 1840, a large number of such cases have been described, and although up to this

date we do not really know the origin of this disease, its ensemble is fully established.

Basedow's disease begins always with an acceleration and intensification of the action of the heart. The symptoms are most pronounced when the patient stoops or exerts himself in any way or after mental excitement. Although there is very seldom any fever combined with Basedow's disease, the pulsations number from 120 to 200 a minute. The heart's shock is much stronger than normal, and may often be seen through the clothes. The dulness of the heart is often considerably increased; however this symptom may be wanting. Although organic disease of the heart is as a rule not present, there are often systolic noises at the apex or base of the heart. The carotid arteries are enlarged and beat fiercely, and the patients often complain of hearing this beating constantly. While the pulsations of the carotid arteries and often also of the abdominal aorta are so intense, those of the radials are generally very weak and small. The jugular veins are also enlarged, overfilled and pulsating. Sooner or later the thyroid gland begins to swell. The struma, however, seldom becomes very large and is often of an intermittent character. The right lobe seems to be earlier, and more frequently and strongly attacked than the left. The struma is soft in the beginning, but becomes often harder as the disease advances. The blood-vessels of the thyroid gland, especially its arteries are dilated and tortuous. In some cases systolic noises can be heard in them.

The symptoms which are often the latest developed are those concerning the eye, among them the exophthalmus is the most marked. The protrusion of the eyeballs varies very much in degree, and it is often more pronounced in the right eye than in the left. Another important eye symptom which was first detected by *Von Graefe*, concerns the eyelids. In the normal condition the upper lids follow the movements of the eyes, so that when the latter are turned downwards, the lids make the same movement, all the while covering the ball to the corneal margin. In Basedow's disease this co-ordinate movement of the eyeballs or upper lids is nearly, or totally abolished, and when the eyes are turned downwards the upper lids will remain behind so as to leave a strip of sclerotic tissue free to view between the upper margin of the cornea and the ciliary margin of the upper lid. A similar lack of

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