

counteract the toxic effect of the hypersecretion of the gland upon the sympathetic nervous system.

Class A.—Typical Graves' Disease. In this class the symptoms of the disease develop slowly or sometimes suddenly, frequently with a history of previous long-continued nerve strain or a severe mental shock. Exophthalmos is present and all the other symptoms are well marked and severe. If this type of the disease be not early recognized and treated, it runs a rapid course, and secondary changes soon appear in heart muscle and vessel walls which render impossible an operation, which, if undertaken at an earlier date, would almost certainly have effected a cure.

Including these three classes of Graves' disease, I have operated upon 13 cases, 4 males and 9 females. Ten of these cases improved steadily after operation and to-day consider themselves cured. In regard to the three deaths, all belonged to the typical class of Graves' disease. The first was a male in good mental condition prior to operation. He died in a severe maniacal condition 72 hours afterwards. In this case the operation was an easy one, the tumor was not large, though deeply placed, and there was but little manipulation of the gland, the smaller lobe being left *in situ* as has been my custom. I confess that this case has been a complete puzzle to me. The other two cases were females with the disease altogether too far advanced for operation. On neither of them, with my present experience, would I now operate. One of them died in an asylum three and a half months after the operation. There was a rapid recrudescence of the growth in the remaining lobe, and she died of exhaustion. The other case died six hours after the operation of heart failure. Now, although 13 cases of Graves' disease is but a small number from which to make deductions, yet the fact that 77 per cent. of them were cured has quite decided for me the question of the advisability of operation in these cases. The all important points are for the physician to make his diagnosis early, put the patient to bed, and make his surroundings such as that he will be in a condition of absolute rest, physical and mental. As for medicines, in addition to maintaining strictly the nutrition and functions of the body, I have used phosphate of sodium grs. v., t.i.d. with apparent benefit. Theoretically phosphorus in some form is indicated. Under such treatment some will be cured, others will improve up to a certain point, and the wise physician will soon see when his patient has reached that point and will hand him over to the surgeon long before the disease has advanced to such a stage as will render an operation useless. I believe that every case of Graves' disease, when seen early enough, should be submitted to this rest treatment for two or three weeks before operation.