

Montreal General Hospital.

EXOPHTHALMIC GOITRE.

Clinical Lecture by F. W. CAMPBELL, M.A., M.D., L.R.C.P.L., D.C.L.,
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GENTLEMEN,—The patient now before you is a young girl, employed in a factory, of the age of about nineteen years. Her mother, who is with her, says she has enjoyed fair health, eating and sleeping fairly well. She first noticed protuberance of the eyeballs about three months ago, and soon after enlargement of the thyroid. This was followed by nocturnal restlessness and palpitation on the least exertion. It is about six weeks since she was first brought to the clinic. Her general condition then was as follows: marked protuberance of the eyeballs—well defined enlargement of the thyroid—no cardiac murmur—sounds normal, except that the second is markedly accentuated—pulse 140—tongue clean but trembles on protrusion, and trembling of the hands was very marked. She was placed upon tincture of the muriate of iron with tincture of digitalis and enforced rest, either on bed or sofa. To-day, while I cannot say that the eyeballs are less prominent or the thyroid diminished, still there is a marked improvement in her general condition, and I have the hope that in time she will completely recover. As the disease is not common, I have thought that having a case to illustrate it, it might be to our advantage to give a brief survey of it, as recorded by the latest authorities.

It was not till the second quarter of the present century that the attention of the profession was drawn to cases of cardiac palpitation, with an enlarged thyroid and staring eyeballs. In 1835, Dr. Graves, of Dublin, wrote on the subject, and it is still by many called Graves' disease. As a rule it sets in very gradually, and no definite cause can be assigned for it. It has been known to follow mental shock. Trousseau records a case of this kind, where a lady, who had lost her father, cried all night. She suddenly felt her eyes swell and lift up her eyelids, at the same time she had profuse nasal