Progress of Medical Science.

MEDICINE AND NEUROLOGY

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

Associate Professor of Medicine and Neurology University of Bishop's College,
Physician Western Hospital.

GOITRE, EXOPHTHALMIC GOITRE, THE THYROID BODY AND EXTRACTS.

Recent investigations in regard to the pathology of Graves's disease point to the probability that the phenomena are not due to an undefined neurosis or disease in the medulla oblongata, but rather to some abnormal condition in the thyroid body. The following translation in the *British Medical Fournal* is interesting in this connection:

THE THYROID BODY AND GRAVES'S DISEASE.

The question of the relation of Graves's disease to the thyroid body was discussed (Sem. Med., August 7th, 1895) before the French Congress of Alienists and Neurologists at Bordeaux. saud reviewed the various theories of Graves's disease: (1) The oldest, that the heart affection is primary, and is caused through the sympathetic nervous system (Trousseau); (2) that the primary lesion is bulbar or central; (3) that the thyroid gland causes the disease by secreting toxic substances; (4) that the disease is only a concurrence of symptoms. The only constant symptom is tachycardia, for the goître and exophthalmos may be absent, while the coexistence of Graves's disease and simple goître in the same locality has never been shown to be more than a coincidence. amount of hypertrophy of the gland is variable and not proportional to the severity of the symptoms, and it is quite contrary to facts to conclude from the anatomical changes that excessive thyroid activity is the cause of the disease, for the author found that of 25 adult thyroids, where no symptoms of Graves's disease were present during life, not one was healthy. The usual presence of goître has gone against the bulbar theory; but Filehne and Durduff produced exophthalmos, swelling of the thyroid, and tachycardia simultaneously by cutting the restiform bodies in young rabbits. If this is confirmed, one must agree that the thyroid function may be vitiated by morbid bulbar impulse, and that this perverted function may again produce symptoms. As regards the internal