

**GRAVES' DISEASE WITH
AND WITHOUT
EXOPHTHALMIC GOITRE**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649596591

Graves' Disease with and Without Exophthalmic Goitre by William Hanna Thomson

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WILLIAM HANNA THOMSON

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BY

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WILLIAM WOOD & COMPANY
LIBRARY OF MEDICINE

NEW YORK

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FRANK OF STETTINER BOOKS,
2200 BROADWAY OFFICE,
NEW YORK.

P R E F A C E .

The object of this treatise is to emphasize the fact that the constitutional and general derangements which are characteristic of Graves' Disease, constitute the disease, and not the condition of the thyroid gland, or of its accessories. To what extent a specific disorder of the thyroid is essential to the origin and continued progress of Graves' Disease, is rendered doubtful by the occurrence of cases of Graves' Disease in its severest and even fatal forms who show, however, no evidence of the thyroid being involved at all. In this treatise the clinical histories of twenty-eight patients who at no time showed any signs of Exophthalmic Goitre are compared, symptom by symptom, with the clinical histories of forty-two patients who did have Graves' goitre, each of both classes occurring in my own private practice. The comparison is made to demonstrate that this disease may have no recognizable, and therefore probably no necessary, relation to any state of the thyroid gland. The details of these histories may make tedious reading, but in no other way can this important clinical fact be established, involving as it then does very different conclusions about the pathology and treatment of Graves' Disease from the views of those who define "Basedow's Disease as an infection of the body through morbid activity of the thyroid gland."

NEW YORK, 23 FORTY-SEVENTH STREET, EAST.

March, 1904.



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GRAVES' DISEASE, WITH AND WITHOUT EXOPHTHALMIC GOITRE.

In no disease are the external features more obvious or striking than in a typical case of Exophthalmic Goitre. Aside from the prominent tumor and deformity of the neck, the peculiar appearance of the eyes alone would suffice to attract attention. It was but natural, therefore, that the malady should acquire a name from these two obtrusive symptoms. But another result of the prominence of these symptoms was the suggestion that they bore a causative relationship to the disease itself. This has led many writers, therefore, to regard Graves' Disease as primarily due a specific derangement of the thyroid gland, and to base their deductions as to its pathology and treatment chiefly on this assumption.

The most cursory inspection of the very extensive literature connected with this interesting malady will suffice to illustrate the exclusive sway of this conception; and full weight, therefore, should be accorded to the considerations which have been adduced to support it. Thus it has been pointed out by Möbius and by other writers that the symptoms of myxedema, which are due to deficiency of thyroid secretion from atrophy of the gland, are just the opposite to those of Exophthalmic Goitre, in which the thyroid seems to hypertrophy from over-action. Hence, it is inferred that Exophthalmic Goitre is caused by the presence in the blood of an excessive quantity of thyroid secretion; and this surmise is further supported by the alleged production of some of the circulatory symptoms of Graves' Disease, by the administration of large doses of thyroid extract.

But there are certain important clinical facts to be taken into