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Complete

Gente

Dr. H...
On Exophthalmic Goitre.

by

David Glatt

1865
Enophthalmic Goitre.

In the subsequent remarks my only aim will be to give a slight sketch of an interesting subject.

In choosing this subject for my thesis I was aware that I had seen two cases of the affection that I could write nothing that might lay claim to the title of "original observations" and that my remarks could only be based on the observations and experience of others. However as the subject is an interesting one and has given rise to opinions the most contradictory, I considered that it would not be unprofitable labour to enquire into it, to carefully examine what has been said on all sides, and to give my opinion regarding the opinions of others.
Therefore all its subsequent remarks do not lay claim to the title of originality as it is generally regarded, they at least lay claim to be original in all except the data and observations on which the remarks are founded. The entity of this affection (which from two of its most striking symptoms has received the name of Phrenotic Tonic Goitre) has been denied, and it has been said that it cannot be regarded as a specific morbid state or disease; but considering the whole history of the affection the remarkable combination of symptoms, and the regularity with which they occur, we must be satisfied that it is well entitled to be styled a disease, and one indeed of no rare occurrence. The combination of symptoms referred to that characterize this disease are

1. Excited action of the heart 2. Greatly increased pulsation of the arteries 3. Enlargement of the
thyroid gland 1 4". Prominence of the eyeballs. That a disease like the present of comparatively common occurrence, and presenting symptoms of such a marked and striking character should have been so long overlooked seems wonderful, yet it is only in recent times that it has at all become familiar to the profession.

Japan was in all probability one of the first who noticed this affection; but he only seems to have noticed it in a casual and imperfect manner, speaking of a connection that he had occasionally noticed between disorder of the heart's action, and enlargement of the thyroid gland, but without making any mention at all of the protrusion of the eyeballs or hinging of the original cause of the malady, or rather he seems to have regarded the thyroid gland as the origin of part and by its pressure giving rise to the other symptoms he tells us, "I applied myself solely to this treatmen
of the tumour, the cellular gland was evidently the seat of the malady, its substance being occupied as well as the surrounding cellular tissue by an acid humour. Such being the nature of the disease, he continues, the indication for cure must consist in effective resolution of the deposited humour. Dr. Perry however noticed the exudation from faithfully and described them more minutely, but he also overlooked the most evident, the latest symptom of the appearance viz. the exophthalmos or protrusion of the eyeballs. He treated his cases with blood letting and diuretics and displayed an amount of candor highly commendable when he remarks, To the Report "The bleeding was ordered to be repeated and the diuretics continued. From this time no further application was made to the respecting this patient, who probably soon paid her debt to nature." Altho' Dr. Perry described what he thought of this remarkable effect with great distinctness.
and ever regarded the theory that the thyroid gland is a
whirlpools where the blood is to be transported to the brain, to be a part of the blood
which cannot reach its great force by various causes might
result in destroying the function of that important organ.
Although the disease has not been described it was not until 1835 when the attention of the profession was called to
it by Dr. Graces of Dublin. He noticed the close and intimate
relationship between the cardiac excitement and the
enlargement and pulsation of the thyroid gland, and
suggested that the latter might be slightly analogous
in structure to the tissues properly called erectile, and that
the fibrous hypertrophy which we see in hypertrophic pyelitis
is not necessarily a simple nervous affection, but really
arises from a temporary enlargement of the thyroid.

On hearing one of his clinical lectures on this subject
Dr. Stokes informs us that he called Dr. Graces' attention
to the case of a young lady who in addition to the
symptoms already noticed had persistent congestion of the eye
balls, and in this case noticed resembles for the first
time later have the matter of symptoms complete. Since then we have had many other labourers in the field of science, who have thrown upon this disease, its nature, relations, and probable cause, the light of their researches and observations, and this as in things else, to reach truth we are yet forced to wade through the quagmires of error. I think we may now hold its nature, relations, and causes to be probably ascertained. I say probably, because in many quarters there still remains much difference of opinion, but I believe that, and admitting all the while that designation in an uncertain science like medicine is unbecoming, I may I think admit the explanation of the primary cause given by Dr. Beville as the correct one. But before I am venturing on to the theories advanced on this point, it would be better to observe the symptoms of the disease itself. I may first say that this affection has occurred in both sexes, and at different ages, but it is far less common in the male than in the female. When it occurs in the female it is generally between the ages of 20 and 30 years, and when in the
Male most commonly farther on at life. The reason for this distinction being that at the age above stated females are more liable to the debilitating influences connected with, and dependent on the iniquity and demoralization of the Catameneria, and the diverse disorders connected with child bearing and delivery. While the debilitating influences which operate on the male are hemorrhoidal and other prolonged discharges, the manifold ill effects dependent on impeded digestion and assimilation, all of which are more apt to occur at or about middle life. Instead of giving the symptoms of this affection in the abstract since give an accountment of them as they occurred in a case that I had an opportunity, in Dr. Rogers Ward's two years ago, and as it is reported in the Edinburgh Medical Journal for Sept. 1863 —

Case: P. B. age 34. Admitted into Ward E. Royal Infirmary 25th Nov. 1862 — Ill married nine years, and has had one child. Has for a long period suffered from scanty menstruation with occasional intervals.
of total absence of the discharge. One of these intervals extended over a period of eleven months. Her epi- 
the whole system. Indeed, she felt more health than before it. For some months previous to Feb'y 1861, she 
from prolonged constipation, and after recovery from this attack, in a very weak state. In June had several protracted bleeding 
the nostrils, and these attacks the learned in society 
have continued to recur till the present time. While so 
suffering, about June she began to have palpitation 
of the heart, from the first accompanied by buzzing noises 
in the head, and severe headache. About a month after 
the palpitation had commenced, she observed a fullness 
about her neck, and after the lapse of another month, 
her friends had remarked an altered expression, and 
prominent appearance of the eyes. Throughout the summer 
she had frequent looseness of the bowels, and has 
noticed that the stools often contained portions of 
undigested food. Has lately become very nervous and 
depressed in spirits. In admission the patient has
A decidedly anaemic appearance, the eyes have a prominent aspect, and peculiar wild expression. The eyes feel hot and tense to the patient, but her sight is unaffected. There is no peculiarity about the pulse, or the muscular apparatus of the eyeballs or eyelids, no oedema in the face. There is a bruit audible of considerable size, more prominent to the right than the left side of the neck, and much pulsation in the thyroidal and carotid arteries; the popliteal and thyroidal veins appear dilated. With the stethoscope a soft, low, and hollow sound closely synchronous with the systolic action of the heart is audible, and when the hand is applied over the tumour a distinct strike is distinguished. The heart’s action is much excited, it falls 120 per minute. The pulse feels considerably. 

The skin is free and a distinct chillness is not expressed. Soft, low, hollow, resonant with first sound at base, loud, and deep, double at the arteries of neck, arms and lower limbs. Very cold in abdominal region, the palpati
of which is readily seen, and prove distressing to the
patient. She is easily agitated and now somewhat
disposed to — the underwent a course of treatment
into the details of which I need not now enter. But
with the effect that (as the report tells us) she left
the hospital a little of the Christmas greatly improved
in health. Dr. Seebie concludes: The last time I saw
her — only a few days ago — found the eyes normal;
the bronchite still existing but not as a vascular
bronchite: a small firm tumour alone remained,
while Cardiac palpitation and vascular pulsations
have vanished. Her appearance is no longer anxious
and tense since she left the hospital menstruation
has taken place. This case presents several points of
interest, showing very well the causal vital symptom
and physical signs of the disease, the general order
of their occurrence, and the distressing condition to
which (while they last) they give rise. These are points
of interest too in the exhaustion affections under
which she laboured previous to her admission.
In the profuse leucocyteen, in the homoe and repeated
bleeding's from the nose. Between these indistinct, and the
subsequent digestive, we discern the close and natural
relation between cause and effect. This point of
interest is; that the disease yielded to treatment.

This of course being the ultimate aim and object
of medicine, the true qua non of our art. and by far
the most satisfactory both to patient & practiser.

The question is, what does this distressing of disorders, this "odd
form of disease" as Mr. Thomson styles it, depend on?
What potent influence can it be that these large bodies to
the very entrails of organic life, and forming the staple of
that it lends force to its dependants at every trust, and making
life a burden instead of a blessing? We all admit
that between the disease and Alzium there is a relation, there
are unwilling to consider the Alzumia as the primary cause, and
regard the starting point as existing in the arrangement of
the human system, which if severe and long continued will
induce an Alzumia or cachectic aspect in these suffering
from it. Dr. Stobbe takes it to what he calls a Carcinia,
Memoirs and perhaps also a memoirs of the cerebral vessels" and another writer thus expresses his views as to its origin: "We must therefore adhere to the opinion that we have in such cases to deal with a nervous affection of the heart which may indeed give rise to organic cardiac disease; but does not necessarily do so. To attempt to demonstrate the source of the affection, would as we cannot find it in the cerebral with our present materials, be an

fruitless labour and lead us too far into the region of hypothesis." Hoche and Dr. Gran both believe that it is to be explained by and referred to lesion of the sympathetic nerve. Thomeeau utterly repels the cerebral theory as to its cause. Staphle the cerebral in our sympathecomy which very often does not exist until all the other symptoms have been developed, and addsuce cases where in the above mentioned symptoms were the first to shew themselves, and that the cerebral was only noticed after they had existed for some time. His theory of it is a nervous with local constrictions having its perpetua
Cause in a modification of the face motor apparatus.

And this theory of its origin is supported by some and satisfactory, because it presupposes some nervous change or lesion, which there is no proof, and even granting that all the symptoms of Anæmia may be produced by disorders of the nervous system, still we have the Anæmic Exudation existing in innumerable instances long before there was any nervous disorder or manifestation at all, that we cannot hold this hypothesis. The bolsters of the nervous theory forget that in the majority of cases it does not afford a satisfactory explanation, and seem chiefly to have adopted it because they adhere to the Anæmic theory will not account for all the cases that many meet with. Dr. Thorneycroft instance letter 4 reports it because it happens at the very time to have a case in his hands who only put on the features of Anæmia after her admission, although the disease had existed for nine months previously; but I consider that Dr. Reggio has well shown that Anæmia may be in existence.
with all the patient presenting any marked fever of
continuance. These may have been the presence of a slow but
lukewarm debilitating influence, as a small but yet repeated
remittent and florid flux in a slightly protracted catarrhal
illness, and this, of the first instance, fail short of
causing an equivocal condition of the life, blanishing
the cheek and resolving the face into marble. They may
still disturb the heart and hurry the circulation, as
what we term melancholy. Then will detect in the
well known hummur at the base of the heart, in the
humming sound of the unapprehended voice and the
throttling pulse of the unfilled arteries. Again if traced
in the primary nervous region, how it is that palpitation
of the heart may occur so often in early life with all
these concomitant symptoms manifesting themselves. Then are
some rare instances on record of students (probably medical)
who wrought so hard as to bring on nervous palpitation
of severe character. These are instances for more numerous
of students who drank and worked as hard as to
produce a like result, but in any of these cases was there
was there Caesarea, Balasram 7. the city with its presence of the eyeballs. I was such the result, I greatly fear many of our aspirants for telepathic power would run great risks by inducing what Messerae somewhat unimponently terms "the faggle-eyed cackhoo." We find this is not the case, but when the affection occurs its symptoms fully manifested does occur in the same subject it occurs at a period later in life, when he is more liable to debilitating influences and blood imperfection from hemorrhoids, diseases of the digestive organs, and chronic affections of the liver, spleen and kidneys. If the disease were primarily due to nervous excitation as Dr. Stokes says, then to abate at the cost of the sufferer would be to declare instead sedative remedies, but we find that the sedatives are useful in controlling distressing symptoms, that they will not cure the disease which requires for its cure remedies and treatment that rectify the quality of the blood.

The Cheneseic theory of it origin seems to be by far the most consistent with known facts, and explains what could
Not be explained on other grounds. So Dr. Bingley gives the credit of particularly noticing this affection to connection with
Cerebrospinal condition of the septum, and shows why that this
one was clearly the result of the other. There are many circum-
stances that suggest and confirm this view of the subject.
In a great proportion of the cases for instance there has been
an antecedent history of diseases leading to block-
empyema ventriculi. Whether that these are consisted of interior
irregularities, hemorhoidal fluxes, angular displacement or
dissimilation, or whether it might be traced to prolonged
lactation, enteritis or diarrhea, there was at least a
sufficient existing to alter and influence the nutritive
fluid and to give rise to sickness to the various symptoms
that follow in the train of such a condition. It is true
indeed that whilst so suffering the enlargement of the
thyroid gland and protrusion of the eyeballs may have
been preceded by some cause acting insidiously on these
nerve centers, such as violent mental emotion, shock, illness,
Such may undoubtedly take place, still it is only as to its true and primary cause has been already in existence.

Then again in many of the cases, the symptoms of Anaemia did exist well marked, exhibiting itself in its pallid countenance, its enveloped limbs, its plastered tissues, and tendency to ledema, its palpitation of the heart, and the various characteristic circulatory phenomena that have been already mentioned, and it has been then, when these undeniable proofs of Anaemia had existed for some time, that the enlargement of the thyroid and protrusion of the eyes occurred. Again, the treatment which awaits in Anaemia is found to be the most serviceable in the treatment of this affection, and lastly, the structural changes effected in the heart by the long continuance of this disease are identical with those produced by Anaemia consequent of its ordinary character. I think that these are sufficient reasons for tracing the cause of the affection back to the blood itself, and when we consider that this fluid is the grand, "Alla Mater" of the tissues and organs, and reflect that it is distributed to all parts of the body, need we
that wonder that学问 is attended with symptoms, conditions, appearances and feelings of the most varied and complicated in their character. The discussion of this theory by no means ignores the influence the various reflex exercises over the disease. All they say is that "it is not found the originating cause. It is the symptom which is first in its occurrence viz. palpitation and excited action of the heart. The various element plays a very important part. This palpitation is distressing to the patient, and is the symptom for which the time to seek medical advice.

"It is generally vehement, often it is tumultuous, always it is rapid, being precisely of the same nature, the usually more violent as the palpitation with which we are familiar in ordinary instances ofannelus inflammatiens."

In the first stages of the disease at least the affection of the heart is purely functional, but as all those that long continued functional disturbance of any organ will sooner or later lead to organic changes, the anaemic heart that now beats with an unwonted and restless energy will in process of time have its walls thickened...
and its cavities mortally dilated, and will put in the symptoms that accompany these conditions to the disorder which we are speaking of the functional disturbance of the circulation must be held as depending on the peculiar state of the nerves of the cardiacplexus. In the general impairment of the vital fluid, all parts suffer and the nerves in question with their ganglia being but indifferent feel refuse to discharge their office with satisfaction, and the heart in consequence instead of following the blow and rage just that which it would, falls into a state of cardiac insufficiency and indolence in movements the most violent and unphysiological. And may it be an Dr. Beqize suggests that the attenuated blood is the cause of the over excitement of the nerves of the heart in consequence of the fluid reaching the source of the circulation with a much reduced velocity, a velocity proportionate to the impairment present it has been accentuated and thus acting directly in producing this excitement and disorder of action.

The above remarks may be held as applicable also to the increased pulsation of the arteries of the neck.
And other parts of the body. In ordinary Cardia and
Colic we very often have the same condition present. The
same leptom spectra which govern the movements of the
heart also govern the contractions of the blood vessels, and
in consequence of the latter and more intense action in the
blood vessels which if long
continued rise as in the case of the heart which is per-
manent dilatation. Of the two remaining symptoms the
bronchus is generally the not invariably the chief is
which next develops itself and it is to be explained on
the same ground as the Cardiac vascular excitation.

We know that the Thyroid gland is a very vascular
body, something indeed resembling the placenta in
being a complete enigma of arteries and veins. The
thyroid arterioe entering the tumour are found to
putate in the general vascular excitement and to
palpate with the same irregularity and oscillation.
violence at the Carotids. In its extreme vascular state we see a very sufficient reason how the Thyroid should be especially enlarged without seeking to explain it in the ground of vague and uncertain all

because lesions of any special part. We have sufficient

proof against this in the fact that in many cases examined after death and reported by Sir Henry March, Basedow & Begré, the spleen can again believed to be

anatomically and physiologically analogous with the

thyroid was found much enlarged. The bronchoccele at the first stage at least is merely what is styled a vascular

bronchocelle, having the general characteristics of an acute
tumour, and impinging to the heart a pulsating thrill or

fetoritus, but as seen in the case gets heart of this

condition he long continued it will result in structural

changes - in this organ leading in hypertrophy in cystic formation and permanent dilatation of the

blood vessels. The granul of the bronchocelle is usually
gradual in character but occasionally it has occurred
instantaneously after a severe fit of coughing amounting

"It differs from ordinary bronchitis says Dr. GRAVES
he not all氛气 a toe at all equal to that observed
in the latter, and in hemia which is stationary just at that
"Period of development when the growth of the latter usually
begins to be accelerated." The protrusion of the eyeballs
is one of the most striking symptoms. As it is generally
the last to manifest itself, it gives to the patient a peculiar
staring and maniacal expression of countenance, clasping
both to herself and friends, and clings to people her an object
generous to children. A phlegmous infant knows as they all
doubtless believe themselves to be, loose the mucous intestines
with acidity, and its consequences could be induced to
trace the universal phenomenon to a frequent deficiency
or to conjecture in Shakespeare's phrase that she had
tested her insane boot which takes the reader prisoner.

It is found that children’s eyes are so much protruded
there is seldom or never any interference with sight. That
albeit there is very often a feeling of tension and fulness
in the balls, that neither in the conjunctivae or sclerotic coat are found injected, and that by gently pressure can be pushed back into their sockets, and after death, also Sholto has noticed that they have receded within the orbital cavities, and also the pupils are always found normal and contract to the stimulus of light. The cause of this prominence has excited much discussion and various theories have been given to account for it. Sholto and Stokes described it as an enlargement of the eyeballs themselves. Bardeau referred it to an hypertrophy of the tissues at the back of the orbit. This is a congestion and hypopulsiol swelling of the same tissues accompanied by want of tone in the ocular muscles. This is Mr. Cooper's theory, and Dr. Horsley describes it to an increase of the fat which forms the padding of the orbital Dr. Laycock and others explain this symptom to a lesion of the nervous centres. That there is a lesion of a special tract of the nervous system which is the primary cause not only of the Carotid and vascular excitement already noticed, but acting through the sympathetic and cerebrospinal ocular nerves causes
also the protrusion of the eye-balls. There have been objections urged against this hypothesis when discussing the other symptoms, and these objections that do not apply here. If there was a lesion of this special tract referred to we would expect to find abnormal conditions of the part with which the sympathetic nerves were connected. It is connected with the 3rd, 4th, 5th and 6th nerves and governs the radiating fibres of the iris, and yet we do not generally meet with any unnatural condition in the muscles which these nerves govern, and in accordance with this theory, which we would expect to occur. Atresia and contraction need dilatation of the pupil has not occurred in this form of disease. Mr. Haynes suggests the cause to be a varicose condition of the orbital venous vein and Mr. Haynes Walton refers it to congestion of the deep seated veins of the orbit. With care says there is a disturbance of the circulation whether active or passive in the vessels of the head and neck. As the eyes this disturbance, the nature of which we cannot define, must find its expression in its most vascular membrane, wherein almost all the blood which reaches the organ is collected. As is well known a higher degree of congestion of the choroid is often combined with prominence of the eyeballs. There is perhaps somatosty of that may be said
for, and much that might be said against each and all of these theories. Without going more particularly into them I may say that after reading them all very carefully I think that the opinion expressed by Dr. Becton has as to the cause is the most probable. And it depends upon congestion and vascular dilatation of the ophthalmic vessels lost effusion of serum into the post ocular cellular tissue" and this congestion may be explained on the same grounds as the congestion of the thyroidal vessels. To disarrangement in the vaso motor nerves induced this imperfect nutrition and he shows that it is not fatal to his hypothesis, the congestion of the ophthalmic vessels is not always found to exist after death. Sometimes it is found, and considering that the veins in question are situated so near the venous sinuses it is not improbable that the blood that may quantitate into them. In many cases it has been noticed that the jugular and thyroidal veins and the Vena Cava Inferior have been enlarged. He says "the frequent dilatation is more likely to occur in veins than in arteries, for the former while possessing essentially the same structure as the latter have less of the true elastic tissue."
That the dilatation of the veins in the neck, as well as in
other parts of the region, may be in part due to the distending
influence of an accumulation of blood in them, which in its
turn results from a diminution in the influence exerted by
the contraction of the muscles on them. It is not improbable, we
therefore infer, that the venous circulation is in a considerable
measure maintained, and if the blood be impoverished
muscular energy will likewise suffer.” As regards treatment
a cold fomentation and blood letting are generally resorted
essentially to these symptoms and to place the patient in
the most favorable condition for cure. Dr. Békhtine employs the
Dr. Farr. Mox. in combination with the Per. of Rubrum and the
Ferro. They have employed the Iron in combination with the
Sella dom. I should think that the latter would be the
better combination from the peculiar action which this drug exerts
on the blood vessels. The former and in many cases
produces wonderful effects that attest the curative force of the
blood tonic. It offers evidence that its action is
Adanced in its origin. This disease is but another
example of a great law that on cause may give rise to effects and symptoms the most opposite and complicated. And then in the most perplexing and complicated phenomena of disease, having once made a correct diagnosis and traced it to its origin, that our treatment is in most cases comparatively simple, and we may congratulate ourselves that while human life is heir to many ills, that every day we live, medical knowledge is becoming more able to cope with them.