

Diseases of the nervous system. No. lv. On recovery from Graves' disease (exophthalmic goitre) : note on the non-liability to recurrences of the disease and on the great importance of change of climate in its treatment.

Contributors

Hutchinson, Jonathan, Sir, 1828-1913.

Maude, Arthur

Royal College of Surgeons of England

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183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
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Archives of Surgery
J. Hutchinson 613

6.

DISEASES OF THE NERVOUS SYSTEM.

No. IV.—*On Recovery from Graves' Disease (Exophthalmic Goitre). Note on the non-liability to recurrences of the disease and on the great importance of change of climate in its Treatment.*

ONE of the most remarkable features in the clinical history of Graves' disease is its spontaneous tendency to recovery, and the patient's freedom from all risk of relapse when once recovery is established. It may, indeed, be conveniently taken as a type-example of a certain class of nervous disorders which are essentially transitory if the patient survives the violence of the first attack. In this feature they differ from another group in which central disorganization occurs, and the disease, however slow, and even when susceptible of temporary relief, is almost invariably aggressive to the end. Of the latter locomotor ataxy is a good type.

I cannot better illustrate what I have said above than by detailing a narrative which has just been given me by a very intelligent lady. I had nothing to do with the treatment of her case, but I could mention several others from my own experience exactly like it. Mrs. Z—— is now a healthy-looking woman of 40; her eyes are decidedly full, but there is nothing that a stranger would notice, nor is there any appreciable bronchocele. Her history is, that ten years ago she all but died of Graves' disease. She was reduced to a skeleton, had constant diarrhoea, and was so weak that she was lifted from bed to couch and never allowed to sit up. Often she was not expected to live the night through, and she probably owes her life to the sedulous attention of her family surgeon, who from time to time succeeded in combating complications which threatened to prove fatal.

The illness lasted altogether about two years, and was attended by the usual conditions:—great prominence of the eyes, a large soft pulsating bronchocele, with debility, palpitation, and loss of flesh. Mrs. Z—— was at the time it began unmarried. She had always before been exceedingly strong and capable of much fatigue. She had had a good deal of worry and anxiety, and had been in the habit of walking to excess before the symptoms set in. They did so rather suddenly. Her friends used to appeal to her “not to stare so,” and asked her “why she looked so strangely at them.” Soon after these observations were made she found herself getting weak, and in a couple of months was scarcely able to walk.

I inquired as to what she thought had been the means of cure, and she told me that after her last and worst attack of diarrhœa all drugs had been disused. Subsequently she took champagne very freely, and as soon as strong enough to be moved she was taken on a couch to the sea. From this date her recovery was steady. Three years later she was well enough to marry, and during five years of married life she had enjoyed excellent health, though not nearly so strong as before the illness. She did not remember that any special disturbance of menstruation had produced or attended the illness.

I have thought this case worthy of mention, not because it is an extremely rare one, but because I believe it a well-characterized example of what is the rule. Many patients with Graves' disease pass, in spite of all treatment, to the most extreme condition of debility. In that stage many die, but more than a few turn the corner and then never look back. Medicines in many cases do not seem to have much share in the result. My experience would, however, lead me to believe that we do not resort sufficiently early to change of air. In all cases the effect of long-continued residence in a mountain air ought to be tried, and if it does not help, the patient should be removed to the sea. No instance of recurrence of the disease after once recovery was well established has fallen under my notice.