# NOTES ON EXOPHTHALMIC GOITRE*

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I propose to introduce to you to-night a few of the outstanding facts in connection with exophthalmic goitre. This is not a new disease, as it was described by Graves nearly a century ago. The essential or outstanding features of the disease as then described remain the same. Additional features of the disease have been noted frequently, and are now considered important features in the disease.

The cause of this condition still remains in obscurity and, as in almost every well-known disease, there are two schools of thought as to its cause, viz., hypothyrea and hyperthyrea. One thing we must never forget is that the thyroid gland is not the person, *per se*, but merely part of the whole. Thus it may be correct to say that if the government of the house is in order, all the other members will be under perfect control. It is quite possible then that the cause of this condition will not be directly due to either hypo- or hyperthyrea but due to a condition which is more subtle and more in the background, yet exercising a marked influence on the thyroid and its secretions. At any rate, judging from cases of this kind one sees in the out-patient department and in private, there can be no doubt about the prominence of the nervous symptoms shown by the patients. The exophthalmos, tachycardia, swelling or increase in the thyroid, and tremor of the hands are the well-known and cardinal features of this condition, yet when one begins to examine a patient orally many nervous features begin to take up a prominent place in the disease picture. The phobiae in some cases are marked and have been brought to the patient's notice about the same time as the cardinal symptoms. Hence, whether the nervous condition of the patient is the more important the future may unfold.

Heredity today takes a prominent position as to the cause of the disease, and it can safely be assumed that anyone who has been given a stable nervous system is unlikely to show any symptoms of exophthalmic goitre. The unstable nervous system is passed on from a neurotic mother. The female in turn again transmits the tendency, even if she has not suffered from the disease. The type of woman who shows exophthalmic symptoms generally has a narrow frame with hips similar to those of the male.

Exophthalmic goitre rarely occurs before puberty, and seldom lasts long after the menopause. It begins generally after 18 years of age, and lasts till the patient is 40 to 50 years of age. It is much more common in females than in males. Rate: females, 5 to 1; males, 10 to 1.

Nervous strain is believed to play an important part in causing ex-

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*A paper read to the British Homoeopathic Society.

ophthalmic goitre. The strain may be one sudden incident, but is more commonly the result of strain lasting for many months.

How the toxaemia of acute infectious diseases act to produce symptoms of exophthalmic goitre is not clearly defined. The most common acute infectious diseases to give rise to such symptoms are influenza and diphtheria, though the symptoms follow many other infectious diseases in a less degree.

Climatic conditions, administration of iodine and trauma are also credited with being able to give rise to symptoms of exophthalmic goitre.

Two types of exophthalmic goitre have been described, acute and chronic.

The acute form is rare, runs a very rapid course, and is generally fatal in six to eight weeks. The thyroid swells rapidly, perhaps in a night, causing respiratory difficulty. All the signs of acute illness are apparent, and may be as severe as those in lobar pneumonia. The anxious expression of the face, extreme dyspnoea, and tachycardia are associated with precordial discomfort and pain. The symptoms increase rapidly in severity. Intermittent glycosuria is common, accompanied by persistent diarrhoea and vomiting, which cause marked wasting. Auricular fibrillation marks the beginning of the end. Exophthalmos is very marked. Skin is bathed in clammy perspiration. Mental symptoms, such as hallucinations, delusions and delirium are common, and in some cases the patient become maniacal.

The chronic form of exophthalmos is much more common. The onset is slow, and the period between good and ill health is so prolonged that for a time the patient scarcely detects any change in his health, till a sudden startling event brings about a crisis. In subacute cases the rate of onset of the symptoms is proportionately more rapid.

The most marked symptom in the early stage is weakness, tiredness, or nervousness, or palpitation, or shakiness, or insomnia, or choking-feeling, or difficulty in swallowing, or breathlessness, or drenching night perspirations which resemble those of acute pulmonary tuberculosis.

The thyroid gland is enlarged, altering the contour of the neck, pulsation in the tumour may be a marked feature. The tumour is chiefly general, though the right lobe is more enlarged than the left. The tumour is usually soft and pulsatile in the early stages, showing also a systolic thrill. The size of the tumour does not indicate the severity of the symptoms.

Exophthalmos may or may not be an early symptom. In some cases it is lacking entirely. This condition is caused by the increased blood- and lymph-supply to the muscles, and to oedema in the orbital socket, thus causing the eyeball to project. In old standing cases there is an increase in the retrobulbar fat which is deposited from time to time. The exophthalmos varies in severity in the course of the illness and, need not correspond with changes in the severity of other symptoms. At the menstrual period, or during physical or mental excitement, exophthalmos is more marked.

The eyeball shows a well-marked glistening surface.

Owing to the prominence of the eyeball, several signs in connection with the lids may be noticed, viz., von Graefe's sign, Stellwag's sign, Dalrymple's sign (retraction of the upper lid causing a wider palpebral fissure), *Möbius' sign* (convergence). Oedema of the eyelids is an early sign. The oedema is at first limited to the upper lids and is firm and hard, varying with the time of day, being most marked in the morning.

*Heart*—Tachycardia is usually an early and marked sign of this condition. During rest the heart-rate is increased, and this increase becomes more marked during any exertion or emotional disturbance. In almost every case it continues throughout the entire course of the disease. If there has been any damage to the heart by a previous illness, the change in the heart-rate is more pronounced. When the tachycardia has been present for a considerable time *dilatation or hypertrophy*, or even both, may be seen. Throbbing throughout the entire body is quite common, and frequently, when the pulsations in the abdominal aorta are marked, *gastric symptoms* and abdominal discomfort arise. Auricular fibrillation is liable to appear at any period. The heart sounds at first are pure but accentuated. Soon a *soft* murmur can be heard in most of the larger vessels on the surface. Such a bruit is functional. If an organic bruit is present, it denotes complications of *some other disease*, e.g., rheumatism, syphilis. The blood-pressure is variable. In one case one may find a blood-pressure higher than the age of the patient would warrant, and yet no change in the blood-vessels noticed. On the other hand, the pressure may be low for the patient's age. But both these conditions vary with the severity of the other symptoms.

Dyspnoea occurs in most cases, and may become so severe that the patient is unable to walk about and finally takes to bed. A feeling of constriction of the throat may arise from pressure of the thyroid. Huskiness of the voice or complete aphonia may be met with. Cough is seldom marked, haemoptysis is infrequent and is non-tuberculous.

In the differential diagnosis, neurasthenia, malignant disease of the thyroid, syphilis, pulmonary tuberculosis and diabetes may also need to be considered in some cases.

The treatment of this condition I propose to deal with from a homoeopathic point of view, and the chief point for consideration is the selection of the remedy and the potency. To demonstrate these points I will quote four cases I have seen at the hospital or in private.

*Case 1.*—A female, aged 31, two children.

October 5, 1927: In 1923 this lady developed a severe attack of influenza, was kept indoors for two weeks. She never seemed to regain her former strength. Gradually she began to have palpitation and shortness of breath. Thinking she had developed heart trouble she called in the doctor, who told her she had goitre. When seen, palpitation, exophthalmos, swelling

in the neck and tremor of the hands were still present.

Faintness, frequent hot flushes night and day; clammy perspiration, hands, copious; no energy; unable to do her own house-work; must rest on going up a flight of stairs; excitable, irritable; depression; sleepless nights from palpitation. When she does sleep, full of troubled dreams. Not refreshed, a.m. < Head and cold, < warm room, > open air, + salt and fat, > a.m. till noon and again about 6 p.m. Pulse rate 144. Blood pressure: systolic 138, diastolic 80, Sulphur CM, 1 dose.

November 19, 1927: Been much better, more energy, doing part of her own work in the house, more cheerful, seldom notices heart except on stairs. Exophthalmos unchanged, swelling neck unchanged, less tremor hands, less perspiration hands. Pulse rate 102. Pulsation felt.

December 22, 1922: Not so well, palpitation very troublesome all over body, but mostly felt head and ears. Too tired to work, hot flushes, faintness. Eyes, throat, and hands unchanged. Pulse rate 112. Sulphur CM, 1 dose.

January 25, 1928: Marked improvement again, strength returned. Doing her own work again, putting on weight, scarcely conscious of her heart. Pulse rate 80; blood pressure: systolic 140, diastolic 90. No medicine.

March 20, 1928: Been well till a week ago. Palpitation becoming troublesome again, tired all day long. Pulse rate 98; blood pressure; systolic 140; diastolic 90: Sulphur CM, 1 dose.

May 10, 1928: Improved in every way. Does without any help in the house. Tremor hands scarcely perceptible, no perspiration, exophthalmos less; swelling neck unchanged. Pulse rate 78; blood pressure; systolic 142; diastolic 88. No medicine.

Since May 10, I have not seen the patient, but her husband tells me she has not been so fit for many years. Life is more enjoyable now.

*Case* 2. Female, aged 19, laundry worker.

June 13, 1927: Brought to out-patient department complaining of palpitation, faintness, hot flushes, shortness breath. Was in bed a few days, suffering from influenza, a fortnight before. Since then had not been able to return to work. For some months previous to that she had noticed a gradual loss of weight. Menses absent since April. Pneumonia and Scarlet fever as a child, otherwise no illness except influenza. On looking at the patient exophthalmos very apparent; swollen neck uniform; tremor hands marked; perspiration, face, chiefly around mouth; heart not enlarged, apex beat fifth interspace 3 in. from mid-sternal line; no bruit; a few decayed teeth; tongue clean, moist; < heat and cold, < warm room, > open air, + + fat, aversion to milk; weeping readily, but no other nervous symptoms. Advised to go into ward, but wanted to go home and consider it. Was given Sulphur CM. 1 dose in the room, and told to return to see me when she has decided what she would do.

Admitted to ward on June 24, 1927. Temperature 100.4°F. Blood-pressure: systolic 140, diastolic 80. Weight on admission, 7 st. 7 lb. Given ordinary diet. Temperature gradually settled down, but rose again when decayed teeth were extracted and then returned to normal again. Discharged on August 4, 1927, and went to a convalescent home for three weeks.

October 3, 1927: Came to out-patient department. Weight now 9 st. 4 lb. Tremor hands still marked, also exophthalmos swelling in the neck. Menses appeared on September 20, same as before April; working in the house all day. Sac. lac.

October 31, 1927: Pains in all joints off and on, moving from one to another, always p.m., with general burning. Pulse-rate 108. Working in the house still, but easily tired. Sulphur CM, 1 dose. Sac. lac.

December 14, 1927: Been free from pain. Momentary vertigo. Pulse rate 100. Weight 9 st. 9 lb. Sac. lac.

January 9, 1928: Had a severe cold, affecting head and chest, nausea a.m.; vomiting. High temperature (her statement), was under local doctor. Pulse rate 90. Sulphur CM, 1 dose.

February 20, 1928: Cough following a cold; tickling. "Can't get to sleep for it." Nil chest, throat infected. Headache very troublesome after coughing. Weight 10 st. Has returned to work in laundry. Pulse rate 98. Sulphur CM, 1 dose. Sac. lac.

May 14, 1928: Vertigo and faintness; fears she will fall in the street; no palpitation; thyroid unchanged; exophthalmos less marked; tremor hands less marked. Pulse rate 80. Weight 10 st. 3 lb., the heaviest she has ever been in her life. Menses come on up to time with but little discomfort. Pulse rate 80. Sulphur CM, 1 dose. Sac. lac. Bds. 28.

*Case* 3.—Female, S., aged 19, at home.

April 25, 1927: Came to out-patient department. Complained of palpitation, faintness, sudden hot flushes and perspiration; vertigo, weakness. Symptoms began to appear two months ago, gradually becoming more pronounced till she is now unable to perform her usual duties in the house. Never able to go out of doors when work is finished. This she did regularly before the onset of her illness. No previous illness.

Examination: Revealed slight swelling thyroid, more marked on the right side. Eyeballs prominent, with oedema of the lower lids; tremor hands. Pulse rate 130. Heart not enlarged, sounds pure. Good appetite, + fat, + sweet food, always sinking 7 p.m.; < 7 p.m., feels better before going to bed; < heat, > open air, cool. Fears dark, alone; irritable in the evening; Menses scanty, yet lasts six days. Lycopodium CM, 1 dose.

May 23, 1927: Tremor hands still marked; palpitation less troublesome; eyelids vary in swelling from day to day; eyeballs unchanged; less tired. Pulse rate 112. Sac. lac.

June 20, 1927: Marked improvement; eyes less prominent; little swelling

lids. "Doesn't know she has a heart now." Pulse rate 96. Tremor hands still as marked. Sac. lac.

July 11, 1927: Had influenza, then a cold, which left a tickling cough, preventing sleep. Palpitation on coughing. Wants to rest, yet cannot rest by day. Fidgety. Tremor hands i.s.q.; eyes unchanged. Pulse rate 102. Lycopodium, CM, 1 dose. Sac. lac. Bds. 28.

August 8, 1927: Much better again; no palpitation; eyes apparently normal; tremor hands less marked. Pulse rate 80. Swelling neck gone. Sac. lac.

September 5, 1927: Feels quite fit; does her work in the house every day without inconvenience; no tremor hands; eyes normal. Sac. lac.

October 3, 1927: Been playing tennis without any inconvenience. Sac. lac.

December 19, 1927 to February 13, 1928: Nothing to report. Sac. lac.

*Case* 4.—Female, S., schoolmistress, aged 27.

June 25, 1927: Had swelling neck since she was 15 years of age; more marked recently; at first no inconvenience, but for three years had had palpitation on least exertion; perspiration hands; general tiredness; hot flushes; severe headaches, lasting for one day, present on rising in the morning, lasting all day and present when she goes to bed; been told she had anaemia in addition to her goitre; stomach out of order at times; swelling left ankle at irregular intervals.

Examination revealed: apparent swelling thyroid, chiefly left lobe; pulsation carotids both sides; exophthalmos marked; tremor hands marked; clammy perspiration. Heart rate 180. No enlargement heart; no bruit heard. Blood pressure: systolic 150, diastolic 80. < Heat and cold, > warm room, > open air. Irritable; bad at times; > consolation; fears alone; averse fat, sleep, food; bowels regular; urine no trouble; menses irregular, always late, aching, lumbosacral area back, during menses period; >> pressure Sepia CM, 1 dose.

July 16, 1927: No change, any symptoms or signs.

September 3, 1927: Still no change. Retook case again. Sepia indicated. Sepia 10M, 1 dose.

November 5, 1927: No change in any respect. Lueticum CM, 1 dose.

December 10, 1927: No improvement: no change symptoms and signs. This patient did not return to see me because she had not improved in any way.

I have quoted these cases to show that in many cases of exophthalmic goitre the patient can be considerably improved, and get rid of most of the symptoms, even if the signs do remain. Some years ago I began with a lower potency and gradually increased it. In many cases no result was apparent till the CM was reached, so that now unless there are indications necessitating the administration of a low potency, I always give a CM potency to begin with.

DISCUSSION

Dr. Fergie Woods said that Dr. Kyle's paper was a type of which more were wanted in the Society, a recital of cases with successes and failures put in, and the indications for the remedy. He was to be congratulated. Personally, Dr. Fergie Woods very rarely had to go outside Sepia and Natrum mur. for his exophthalmic goitres. Most men had favourite remedies for different complaints, and it would be interesting to hear what others had to say. As to the cause, Dr. Fergie Woods was surprised that Dr. Kyle did not lay more stress on shock. Most of the cases he had come across seemed to be definitely due to shock. He had seen one or two cases in males. One was a middle-aged man who had it very badly, and his daughter also had it. He would like to know whether Dr. Kyle had had any experience with the result of operation in these cases. In the case to which he had just referred, the daughter was operated upon and had most of the thyroid removed with apparently very good result. It was now five or six years since the operation, and all the symptoms had disappeared, leaving her in very good health. He had to admit that he had only seen one case really entirely cured with medicine, and that was a subacute case which came on from the shock of an air raid.

Dr. Tyler said she had been especially interested in goitre since her student days, when she was for a short time dresser to Sir James Berry at the Royal Free. He was *the* authority on goitre, and cases were sent to him from all parts of the country. Exophthalmic goitre had a special fascination for him, and he would dash back, again and again, for another word or another look at one of these patients. His *then* experiences of surgery for such cases was bad. His cardinal symptoms, besides the condition of eyes and pulse, were the tremor, the sweating, and generally, diarrhoea. Dr. Tyler said she had had a good many cases, difficult to look up in the multitude of out-patient books. One interesting one was in a girl of about 16, who while under treatment for something else developed exophthalmic goitre. She had been now 'better' now 'less well,' when one day she mentioned her almost insane *terror of knives*. This mental symptom suggested the curative remedy, Arsenicum, and a few doses of Arsenic 30, at long intervals, cleared up the whole condition. Dr. Tyler had published a couple of good cases in her paper on Drosera, read before the Society recently. One of these was a very striking case of exophthalmic goitre complicated with chains of discrete glands, a mass of tuberculous glands, and Bazin's disease; the whole was wiped out by a few doses at long intervals of, now Tuberculinum, now Drosera. Sir James Berry used to say of exophthalmic goitre, that it might disappear after a slight shock, such as a tooth extraction. Or, if the patient was a duchess, she might be sent mountaineering in high altitudes. Was this a piece of unconscious Homoeopathy? For at high altitudes the pulse becomes very rapid. Dr. Tyler's father had found on Lake Titicaca, at the

altitude of Mont Blanc, that people were very breathless and had to go slow, with a pulse rate of 120 or more.

Dr. Goldsbrough said he was very much surprised that Dr. Tyler did not mention a remedy she had suggested to him years ago, which he had found very valuable since—Scutellaria. Agitation, in the patient's mental condition, with tachycardia, were the indications. He had verified these indications a number of times and the 200 dilution was the one used. Dr. Goldsbrough said he had not met with many real successes in males. He had seen the disease about three times in men, and he could not say that anything did the patients much good. In recent cases he tried to get the patient to bed for two or three months straight off. The patient went on better afterwards, and the medicines had a better effect. With all deference to Dr. Kyle's paper, to which he had listened with great interest, Dr. Goldsbrough said he had generally found either Belladonna or Ignatia to be the medicines that did the patients most good. He was not prepared to state very definitely at the moment what was the cause in particular cases, but he was quite certain as to the effect. He had used Belladonna and Ignatia in quite the lower dilutions, the 12th (the 30th he called rather high). He was treating two patients now who had had the trouble for some months. One was a young woman, emotional and employed in strenuous occupation where the social conditions of her employment were not pleasant. That was a common source of the trouble in such cases. Belladonna has practically cured this case. He had had several cases where the patient could not bear the slightest emotional stress in domestic affairs. Where that was acutely marked it was an indication for Ignatia. He had used Sepia, but the other medicines mentioned by Dr. Kyle he had not used. Dr. Goldsbrough said he would like the members to discuss the way in which Dr. Kyle selected his medicines. As far as he could judge—and he hoped he was wrong—excepting in one case, the actual enlargement of the thyroid and prominence of the eyeballs were not the indications for the medicine chosen. Dr. Goldsbrough said he would like that point discussed, because from what he gathered Dr. Kyle selected his remedy from general symptoms only and not from the special symptoms and condition of the patient. He thought this was a matter that should be thoroughly thrashed out as to whether in the experience of members it was a good plan or not. Dr. Goldsbrough had never heard of sending the patient up a mountain, although he could quite conceive that it might do good if she took plenty of time to get there. Anything that gave strength to the heart muscle as against the tachycardia was likely to do good.

Dr. MacGowan said he would rather like to ask Dr. Kyle whether he took into consideration the physical signs in exophthalmic goitre, because he found that unless one took particular care, every exophthalmic goitre ran out to Nat. mur. when the purely physical signs were taken.

Dr. C. E. Wheeler thought the Society was to be congratulated upon

Dr. Kyle's paper. It was very difficult to get Dr. Kyle on to his legs in debate, but those who had heard him that afternoon would regret the fewness of his past appearances and hope that he would continue now that he had begun. If given enough time for the case, Dr. Wheeler thought that exophthalmic goitre was a disease on the whole in which Homoeopathy did very well, as regards at least controlling the symptoms which made the patient's life so much of a burden. He had seen a good many cases do well, but he had known of a good many cases that had benefited by removal of the thyroid and, still more, by x-rays. He thought, however, that the man who used the x-rays had to be well acquainted with the disease, as otherwise they could be dangerous weapons. Of course, if necessary, they were an adjunct to whatever means were being taken to control the disease otherwise. If he had a case that did not respond to remedies, Dr. Wheeler said he would be inclined to use either one or other of these means. Dr. Kyle was to be congratulated on his results; they were all difficult cases, and three times out of four the trouble seemed to have cleared up very considerably. A good many cases did seem to indicate Nat. mur., which was a very valuable drug in exophthalmic goitre. With regard to its administration, Dr. Wheeler's own belief, founded on experience, was that he had seen cases do well on very high potencies, like those of Dr. Kyle's, and also on definitely low potencies—and by that he meant definitely down into the decimal potencies. This was a disease that Dr. Dudgeon and Dr. Dyce Brown treated well before the days of x-rays, and before the surgeons were so fond of tackling the thyroid. They dealt with quite low potencies and managed to cure, and Dr. Wheeler remembered a very striking series of cases coming from America—one in particular in which Nat. mur. had been used in potencies of 30x—and the series of cases was a very remarkable one. He suggested therefore to Dr. Kyle that whereas his favourite 10M. would naturally be the one he would begin with, if it failed he should take his courage in his hands and go below the 200th or even the 30th. From Dr. Tyler he had heard of cases that did well on Sepia. Dr. Wheeler thought it was a drug that did turn up now and then, but Nat. mur. was indicated more often, in his experience. Belladonna would control symptoms, but there again it was a drug that should be given in low potencies if it was to do good. Belladonna was the remedy which would most readily reproduce the symptoms of exophthalmic goitre, and Dr. Wheeler thought that whenever anything like that occurred—a close resemblance between the patient's physical symptoms of the disease and the remedy—one nearly always found that that remedy would do best in the low potencies, and not in the high. The interesting thing to Dr. Wheeler was why exophthalmic goitre happened at all. There was quite clearly more in it than could be easily explained. A great many of the symptoms could be called hyperthyroidism. Why was the thyroid secreting in this way? Although Dr. Wheeler did not think shock was the only cause, he thought mental stress and worry counted for a good

deal in the onset. The fact that there was a preponderance of the disease in females, and that it was worse at the menstrual periods, showed the close relation between the extra thyroid secretion and the menstrual period. The relation of the thyroid to the ovaries was very close. What lay behind the hyperthyroidism? Why did the thyroid go mad in this way? Dr. Wheeler suggested that it was at least possible that the thyroid was concerned in the defences of the body—that where a patient was subjected to a special strain, of defence, the thyroid had to work harder in order to fight that, and that if the thyroid was made to work harder in one desirable respect, it might also conceivably be made simultaneously to work harder in unnecessary directions and the symptoms might be unnecessary ones as far as the patient was concerned, but dependent on the fact that the thyroid had to work harder in a way that was beneficial to the patient. That would account for the fact that the brake could be put on these activities by x-rays or surgery. By the time the symptoms appeared, probably the thyroid had done all that was needed in the way of checking bacterial disease. X-rays and surgery would necessarily destroy a certain portion of the secreting gland. With that conception in mind, and after considerable experience in conjunction with Dr. Bach, Dr. Wheeler said he had certainly seen results follow quite definitely procedures with the nosodes of intestinal organisms not higher than 30, but whatever treatment was chosen, the physician and the patient had to be prepared to take long views. It was a particularly difficult disease because the aggravations that might occur were exceedingly trying to the patient and to the onlooker, and therefore of all diseases it was the one where the patient was most likely to be chivied about from one doctor to another by well-meaning friends. The first essential was to get into the patient's head that whoever they put their faith in, they would have to be prepared to give him time.

Dr. Wynne Thomas said he had been waiting to hear any of the speakers mention Aconite, because certainly he had found Aconite very useful in some cases in bringing down the pulse rate and making the patient more comfortable. Following Dr. Wheeler's suggestion, was thyroid extract any use in these cases, either given in small doses or in a potency? Another medicine he would like to know if any had found of particular value was Iodine.

Dr. Goldsbrough said that he had used thyroid extract in dilutions (6 or 12) in one or two cases without any effect whatever.

Dr. McCrae was surprised that Iodine had not been mentioned before, not that he had had a great deal of experience with it, but he had one case which came out strongly in the rubric for iodine. The patient had great hunger and was never able to satisfy that hunger, and yet was losing weight. This symptom often came through in thyroid cases and made one think of Lycopodium. He gave Iodine in this case with remarkable results, and the effect lasted so long that the patient did not require any more medicine for

six months. When this patient had finished her improvement on Iodine, he gave Sulphur, which cleared up the case. Iodine comes into the same group as Sulphur and Pulsatilla. Of these cases which came into the Nat. mur. classification, a good tip was, when heart symptoms became troublesome, to give a dose of Cactus grand. Another useful tip was the entire exclusion of meat from the dietary. Dr. McCrae said he always followed this latter advice with all his thyroid cases. He thanked Dr. Kyle for his excellent paper.

Dr. Weir said he was delighted to see Dr. Kyle's name down as the reader of a paper, and he hoped the Secretary would prevail on him again very soon. Dr. Weir was glad Dr. Goldsbrough had raised this question of high and low potencies in a disease like the one under discussion, because there were one or two questions he would like to ask those who gave the lower potencies. Did the lower potencies really control, or cure? What happened when treatment was stopped; did the symptoms go ahead again or not? Dr. Weir said that one of the first cases he ever saw when he went over to America with Dr. Fergie Woods was a girl with exophthalmic goitre. He forgot the remedy that was given, but she improved so tremendously that, from being an invalid, she was engaged to be married before the end of the session. To him then it seemed a great thing that any system of medicine could do a thing like that. The very fact that Scutellaria had been so helpful to Dr. Goldsbrough showed that the trouble was probably of the influenzal type. Ignatia would help another group. Dr. Weir thought that homoeopaths did not always go sufficiently far into the causation of their troubles. He referred to the case of a woman who attended the out-patient department of the Hospital, suffering from exophthalmic goitre. A bomb had gone through the whole of the house in which she lived, from roof to cellar, and she was waiting for the explosion. As a matter of fact it did not explode. The shock brought on symptoms of exophthalmic goitre, and Dr. Weir gave Opium. A remedy that had helped him most in these cases was Iodine. When one thought of Iodine and the provings of Iodine, and of the symptoms of the patient with exophthalmic goitre, it would be seen that the similarity was very striking. As an American put it, all these patients with exophthalmic goitre were always chasing themselves, always going ahead; they must rush; they felt that if they did not rush something would happen; they kept going all the time. The two great reliefs were from movement and from eating; they could not bear the heat at all. He would never forget one woman who was an in-patient at the Hospital, and who was a very striking case. She had had a good deal of treatment. She was a Welsh girl and had had a good deal of iodine given to her outside, and was a typical iodine case. Even the students and residents were able to spot the case; he asked them to look at the patient and then look at Iodine in their books and compare the symptoms, and they were amazed to find the striking similarity between what they saw in the patient and the symp-

toms given for Iodine. Iodine 10,000 was given—a single dose—and the patient went straight ahead. In a few days she said she felt better than she had felt for fifteen years. When treating the patient generally, the symptoms of exophthalmic goitre itself must not be stressed too much. If the patient could be got better constitutionally, she would get well much more quickly and permanently than if she were being treated solely on the symptoms.

Dr. Kyle, in reply, said he had never seen a case operated upon yet. He had never seen a case with diarrhoea, and if he did he would be inclined to get the rectum well examined after giving a barium enema. As to the question of selecting the remedy, if he understood Homoeopathy at all, it did not depend so much upon the symptoms of the disease as upon the mentals. He thought the whole thing was based thereon, and that other things were subsidiary. If the mentals were not properly obtained, the case was not being looked at in the right way, and it would be a lucky man who succeeded. The question of potency depended a great deal on individual cases. Some cases responded to a low poteney, and some to a high. At 200 the response was not nearly so marked as when one went higher. At the same time it was possible that one might give a high potency and get no result, and come down to a lower poteney and get one. He remembered a case of aeute rheumatism where 10M did nothing, but when a 30th was given there was a good result. Referring to Iodine, Dr. Kyle said that he thought the ordinary writings in the orthodox school of medicine today proved eonclusively that some patients did well with it. At the same time, he thought there had been a large percentage of failures. Dr. Kyle said he was not elear as to what it was that Dr. MacGowan wanted to know about physical signs. If one got a case indicating Iodine, he did not think there eould be any doubt that the good result would be fortheoming, unless one did something wrong. One had to take what was written by the men who had gone before.

Dr. Goldsbrough said tbat if it would be in order he would mention one other point on the subjeet under diseussion, and to refer to the last two cases he had had. One of these was treated for a period of nine or ten months entirely with Belladonna 12. She was uow back in business and had not consulted Dr. Goldsbrough for the last few months. She continued to do very well: She had had no medicine recently. He gave Ignatia and Iodine; and neither did any good, but the Belladonna always did. He gave it night and morning, or night alone, and repeated when necessary. The case he had previous to that was a very difficult one with agitation and intense nervousness at the slightest depressing thought or feeling. Nothing did that patient any good but Ignatia 200. This always seemed to help, and he worked at it steadily for months. He had not seen that patient now for more than a year and a half, and be had every reason to think that she was keeping well. Dr. Goldsbrough agreed with Dr. Kyle about Iodine. The indication for Iodine

was the hunger symptom. He took it that exophthalmos was a symptom, as also was the tachycardia and enlargement of the thyroid. It was not the exophthalmic goitre that was treated, but even if it were, one would take into consideration the appearances presented. Dr. Goldsbrough did not think this subject was by any means exhausted, and he hoped it would come up again later.

Dr. MacGowan said he meant that the symptoms of exophthalmic goitre had, in his opinion, nothing to do with the gland.

Dr. Kyle agreed that the condition was more subtle.

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## THE UNUSUAL INDICATION

(*Continued from page 192*)

Nothing happens for two weeks, sometimes for three weeks. . . .

*Dr. Grimmer* (Interposing): Even a month.

*Dr. Kaplowe*: Even a month. So, it is best to wait.

—*The Homoeopathic Recorder*, September 1941

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