

Robert Graves: 1796–1852

Every medical practitioner in this country knows the eponym Graves' disease (although in continental Europe it is more often referred to as Basedow's disease), yet few know much at all about the man apart from the fact that he was a Dublin physician. The reason for this is probably that, apart from his carefully recorded clinical contributions, his personal details have been less than fully documented. The year 2006 marks the 210th anniversary of his birth.

Graves was born in Dublin on March 28 1796. His father was Professor of Divinity at Trinity College. Robert followed his father to Trinity at the age of 15 years, taking first place in the entrance examination. After first taking a degree in arts, Graves qualified in medicine in 1818. He then embarked on an extensive tour of medical centres in Edinburgh, London, France, Germany, Austria and Italy, becoming, an excellent linguist on the way. Indeed, he was arrested in Austria as a spy – the locals would not credit that an Irishman could speak German so well.

Graves was appointed as visiting physician to the Meath hospital in 1821 and, 3 years later, helped to found its School of Medicine. Here, joined a few years later by William Stokes (of Stokes–Adams attacks and Cheyne–Stokes respiration), he stressed the importance of bed-side teaching – which he had seen in action in Germany – rather than the conventional teaching by rote of those times.

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The students had to take detailed histories, perform full clinical examinations, prescribe medicines under supervision and take care of their patients – revolutionary in early 19th century Dublin. He introduced Laennec's newly invented stethoscope to his students, although at first they ridiculed it as a reminder of the popguns of their school days. He stressed the importance of adequate nutrition of his patients, especially his fever cases. He declared 'Lest, when I am gone, you may be at a loss for an epitaph for me, let me give you one in three words – He fed fever!'

Now to his description of exophthalmos and hyperthyroidism. In 1835, Graves described in a short paper in the *London Medical and Surgical Journal*, based on his clinical lectures at the Meath hospital during 1834–5, three cases of 'violent and long continued palpitations in females' accompanied by enlargement of the thyroid gland. The third patient, a girl of 20 years old, had a pulse rate never less than 120 beats per minute, often much higher, she had weakness on exertion and was pale and thin. The thyroid was enlarged 'to thrice its natural bulk.' 'It was now observed that the eyes assumed a singular appearance, for the eye balls were apparently enlarged, so that when she slept or tried to close her eyes, the lids were incapable of closing. When the eyes were open, the white sclerotic could be seen, for a breadth of several lines, all around the cornea.'

Graves resigned from the Meath hospital in 1843, the year of his election as President of the Royal College of Physicians in Ireland. His practice declined and he developed a 'fatal disease', presumably

cancer, in 1852, and died the following year, after much suffering.

It has to be said that Carl von Basedow (1799–1854), who studied medicine at the University of Halle and spent 2 years at the hospitals in Paris before returning to Germany to general practice in Merseberg, gave a much more detailed account of the eye changes in hyperthyroidism in 1840. Moreover, he did much to broadcast the importance of this condition. He clearly described the triad of struma (thyroid enlargement), exophthalmos and palpitation of the heart, and published the autopsy study, in 1848, probably the first, in one of his cases.

However, as stressed by Sir William Osler, exophthalmic goitre was first described by Caleb Hillier Parry (1755–1822), a physician in Bath, who described six cases of enlargement of the thyroid gland, all in females, associated with enlargement or palpitation of the heart, one of whom, a female aged 37 years, had eyes 'which protruded from their sockets.' These cases were recorded in his Unpublished Medical Writings, published 3 years after his death; the first of these was observed in 1786.

So, in order to be correct, the next patient with hyperthyroidism and exophthalmos who is seen should be labelled 'a case of Parry's disease'. **BJHM**

Graves RJ (1835) Newly observed affection of the thyroid gland in females. *London Medical and Surgical Journal* 7: 516–17

Further reading

Lyons B (1978) *Brief Lives of Irish Doctors*. Blackwater, Dublin

Major RH (1945) *Classic Descriptions of Disease*. 3rd edn. Springfield, Illinois

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