

ances from distant organs, as the uterus, etc., or by organic changes in its cervical ganglia, or by paralysis of the vaso-motor fibres coursing with the sympathetic. In autopsies, careful examination has exhibited the cervical ganglia of the sympathetic sometimes enlarged, at other times atrophic, and again apparently devoid of pathological changes, even under high magnifying powers. In some of these bodies the eyes have after death resumed their normal position, whilst in others the eyeballs continue to protrude, and in such the connective tissue which fills the posterior portion of the orbit has undergone hypertrophy.

In the following case, most of the so called invariable symptoms were wanting, making serious breaks in the chain of phenomena.

Miss A., aged 19, stout and strong, has noticed for the past five months that her neck was getting large, and that the right eye was acquiring an ugly stare. These symptoms were not connected with any special bodily derangement, nor has she suffered in any way. Her present condition is as follows: she looks pale, although she is very stout and never complains of fatigue; she states that she has never had a colour, and that she can walk many miles without any sensation of fatigue. Her digestion is good; she has a good appetite, is not troubled with constipation, and menstruates with great regularity, with a uniform loss, and without pain. She has never suffered from cardiac palpitation; her heart sounds are clear, pulse full and strong, 85 beats to the minute. She has never had flushings of the face, nor unusual sweating; the thermometer, carefully tried, detects no increased temperature. The right globe of the thyroid gland is double the size of the left, although it is not conspicuously prominent. The right superior eyelid is pinched, which prevents it from covering the protruding eyeball. When she looks up to the ceiling, the right superior lid is hidden completely by the orbit; when she turns the eye towards the floor, the lid does not cover more than one-half the exposed portion of the eyeball. When she tries to cover completely the protruding ball, the right superior lid quivers incessantly. The movements of the eyeball are somewhat impaired, the pupil is enlarged, but sight, for both near and distant vision, is perfect. Ophthalmoscopic examination shows no abnormal fulness of the retinal or choroidal vessels.

In the above cases the exophthalmos and goitre of the corresponding side of the body appeared and progressed simultaneously, but all the other symptoms so marked in by far the majority of cases—viz., cardiac, uterine, gastric, and cerebral complications, and debility—were wanting.