

whatever but we have to do with a well-marked example of exophthalmic goitre, or Graves-Basedow's disease. In addition to the three so-called classical symptoms, we have tremor, paroxysmal diarrhoea, cough without expectoration, and certain psychical symptoms, all of which, especially the first named, are almost constant in their appearance in this disease. Ever since the disease was described by Graves and Basedow, there has been considerable discrepancy of opinion as to its nature. Most of the text-books of the present day in which the subject is treated contain statements which would lead you to infer that the disease is essentially one of the cervical sympathetic and its ganglia. The evidence of its being a disease of this nerve, however, is very far from conclusive. In fact, it may be said that those who have closely investigated these points are of the opinion that the disease is not one of the sympathetic nerve. Although, in a few of the recorded cases, changes have been found *post-mortem* in the cervical sympathetic and its ganglia, there has been no constant relation between the severity of the symptoms present during life and the extent of the changes after death. Again, in a number of well-marked cases, no changes have been found in the sympathetic by such competent observers as Recklinghausen, Wilks, Paul, Ranvier and Ross. From this it certainly follows that there is not pathological evidence to support the view that the disease is one of the cervical sympathetic. Neither do physiological considerations or clinical facts give support to this view of the nature of the trouble.

To explain the dilated condition of the thyroid vessels, a paresis of the vaso-motor fibres running in the cervical sympathetic has been assumed, and to account for the increased rate of the heart irritation of the accelerator fibres in the same nerves. It is thought that the one and the same lesion is capable of bringing about two directly opposite effects, viz., paralysis of one set of fibres and irritation of another set. This is, of course, highly improbable, but what is still more so is, that a certain set of fibres should remain in a state of irritation for many years without any indications of paralysis. If any further proof were needed to show the inadequacy of changes in the sympathetic