On the right side the amount of sclerotic uncovered by the eyelid is about one-third the width of the cornea. There is no injection of the conjunctiva. She complains of a feeling of tightness in the throat, and of frequent palpitation of the heart and of beating in the neck. There is, and has been, no dyspepsia, but there is occasionally some difficulty in swallowing liquids, but none with solids. The lower esophagus, the right lobe being much enlarged; the left in a less degree, and the isthmus not at all. With the pulsation there is a distinct purring thrill. The heart beats forcibly, the impulse being somewhat more diffused and more external than normally present; the sounds are loud and ringing, with some reduplication at the second at the apex, and of both at the base. There is no murmur. Pulse 120. She is quite unable to do any work. She is very restless at night, and complains of feelings of burning heat, accompanied with violent palpitation, and terminating in profuse perspirations.

The basal notch, the negative behind the ramus of the jaw. The body was decidedly less, but there was no relief of the palpitation, nor of the exophthalmos, nor of the profuse perspiration, leaving her in a most exhausted condition. The face was pinched, the alae nasi depressed, the features had become quite coarse, and the skin had assumed a fidgety, and refused to see her friends on account of the heart, and great exhaustion. She was very restless and the symptoms, but they have speedily given way on resuming the heart, and terminated in profuse perspiration, and often in great prostration.

Treatment.—For four months she had been taking steel mixture, but the relief had been slight, and the absence of iron may probably be attributed. She was now ordered ten minims of tincture of digitalis with four minims of tincture of nux vomica four times a day. This was given for a fortnight with no material relief, and now was added the use of the constant current electric applied to the neck, in two situations, the negative behind the eminence near the notch, the positive behind the ramus of the jaw. The effect on each occasion was to reduce temporarily the frequency of the pulse, and in three weeks the enlargement of the thyroid body was decidedly less, but there was no relief of the palpitation, nor of the exophthalmos, nor of the profuse perspiration.

After two months' treatment (during which time no iron was given) she became very anemic, and with this appeared for the first time anorexia and indigestion. Fifteen minims of tincture of perchloride of iron and of liquid extract of ferrum were now administered four times a day. This medicine she took for four weeks, and being then no way improved, the constant current was applied two or three times at each sitting for about a minute; it induced faintness and gastric distress. This was continued longer than this. The effect on each occasion was to reduce temporarily the frequency of the pulse, and in three weeks the enlargement of the thyroid body was decidedly less, but there was no relief of the palpitation, nor of the exophthalmos, nor of the profuse perspiration.

In July, five months after first seeing her, I saw her again, and found her worse than ever. Pulse 140; anemia most profound; the eyeballs appearing as if they would burst from their sockets. She was now confined to bed by extreme weakness, and by the slightest exertion in the least degree of effort the complained of was the burning heat which came over her which occurred most frequently at night, and on account of this she was obliged to remain in the cool of the windows throughout the day. On these "flushings" and perversions, was quite as manifest as before; but meanwhile other symptoms had appeared—namely, severe headache, occasionally followed and relieved by copious epistaxis, and attacks of angina, which were on two or three occasions so severe as to require the administration of chloroform. Belladonna alone quickly relieved all these symptoms, and in a month's time she might fairly be considered cured. The muddiness of the complexion was gone, and the patient was improved in appearance, and the pulse was 70, and the palpitation removed. But the thyroid gland has undergone little reduction, and has become firm and hard by a fibroid change.

It is a rather interesting fact that in both patients there was an unusual palpitation of the heart, which was considered by some to be essentially a paralysis of the cervical sympathetic; secondly, the statements of Dr. John Harley and Dr. Meryon, that belladonna is a stimulant of the cervical sympathetic. Five minims of the tincture were given every hour. Compared with previous treatment the effect was surprising. In two days the pulse was 80, the palpitation very materially relieved, and the outbursts of perspiration very much subdued. In four days the pulse was 80, and on the fifth the patient walked from King's Cross to Euston, and back again. On the eighth day no palpitation was given, and it had once to be suspended owing to an intercurrent attack of diarrhœa. The dose was then reduced to fifteen minims four times a day; subsequently iron was given.

The relief of the palpitation, of the quick, throbbing pulse, and of the profuse perspirations was, so to speak, immediate. The patient was restored to comfort and ease in a fortnight. Amelioration in other respects was gradual, and the patient was free from them. The disease was remitted in six weeks. It was quite two months before decided improvement in the exophthalmos could be reported.

Now (May, 1874), no sclerosis is seen above the cornea when the lid is opened, the sclerotic covering the cornea.

CASE 2.—Miss H—, aged twenty-six, came under my care in May, 1873. For several months she had noticed that the neck had been enlarging on the right side, this condition being accompanied with beating in the neck, palpitation of the heart, and great exhaustion. She was very restless and fidgety, and refused to see her friends on account of the slightest excitement, together with the beating in the neck and the palpitation of the heart. There was slight anemia, but no amenorrhea. Pulse 130. The thyroid gland was greatly enlarged on the right side, and pulsated, with a marked systolic thrill. The face was pinched, and was swollen, lachrymation was often profuse, and the patient complained very much of the feeling of grittiness in the eyes. There was no conjunctivitis. Having known the patient previously, one could not help noticing the change in the facial expression.

The face was pinched, the alae nasi depressed, the features had become quite coarse, and the skin had assumed a fidgety, and refused to see her friends on account of the heart, and great exhaustion. She was very restless and the symptoms, but they have speedily given way on resuming the heart, and terminated in profuse perspiration, and often in great prostration.

Treatment.—For three months various remedies were tried, in the following order: iron; digitalis; salerianate of ammonium; chloroform. Belladonna alone quickly relieved all these symptoms, and in a month's time she might fairly be considered cured. The muddiness of the complexion was gone, and the patient was improved in appearance, and the pulse was 70, and the palpitation removed. But the thyroid gland has undergone little reduction, and has become firm and hard by a fibroid change.

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RISE OF TEMPERATURE AFTER DEATH.

BY AMIRAUX GODFRAY, M.R.C.S.E.

FRATURE OF CERVICAL SPINE; GREAT RISE OF TEMPERATURE AFTER DEATH.
The presence of diarrhoea, and the very rapid course which the relatives naturally concluded to be the exciting cause. The history was to some extent obscure, and no cause could be ascribed for the onset of the attack other than a burn, which the relatives naturally concluded to be the exciting cause. The presence of diarrhoea, and the very rapid course to a fatal termination, only seven days after the first well-marked symptom, if the history can be credited, were also against a correct diagnosis. It will be observed that in this case there was an entire absence of affection of the eye as seen with the ophthalmoscope—another very rare fact of central meningitis. The total absence of such change is not, however, uncommon in tubercular meningitis of the base. In only three of the six cases recorded in this series was there well-marked optic neuritis, and even in one of these cases it may be questioned whether the neuritis was not really dependent on a tumour in the cerebellum. In one case there was merely congestion of the retinal vessels; in another the eyes were not examined during life; whilst in the third case, that now recorded, no eye was visible before death. In the second case, p. 533, where the optic neuritis was well marked, it will be observed that after death there was found decided fluid distension of the optic-nerve sheaths close to the eyeball. This condition Dr. Greenfield has frequently observed in cases where optic neuritis was made out before death.

CASE 6.—M. A. A——, female, aged three years, was admitted on October 15th, 1873, under the care of Dr. Murcain. The family history was good, both parents living and healthy; all the other children, five in number, were living and healthy. The patient was said to have been well till Sept. 28th, when she was scalded on the head; she presented, however, no marked symptom until Oct. 12th, when she began to be sick and vomited three or four times during the night. Diarrhoea set in at the same time, and, together with the vomiting, continued till the evening before admission. The child had been constantly quiet and drowsy since the attack. When admitted she was quiet, apparently unconscious; no lividity; skin cool; left pupil considerably larger than right; no spasm; a synchronous movement of eyeballs; slight ptosis of right eyelid; no other sign of paralysis; abdomen not retracted; no hyperpyrexia; no well-marked line of carotid flexure; five normal arteries and veins; temperature 102° in evening; pulses 92, regular, but weak. Two leeches were applied to the right temple and an ice-bag to the head.

In the morning 9° 6', evening 103° 8'; pulses irregular and rapid, about 140; respirations about 35; shallow and irregular; bowels still confined; no vomiting.

18th.—There is now great difficulty in swallowing, and the patient is evidently sinking; general state unchanged. Temperature 102° 4', pulse 160, regular and equal. With the ophthalmoscope, the two discs were seen with great difficulty, each somewhat dimmed, natural margination; arteries and veins both somewhat full, but not excessively; no sign of optic neuritis and no tubercle visible in the choroid.

19th.—Dead quietly at 8.30 A.M.

Autopsy, thirty hours after death. Body well nourished. Pleura: No adhesions; very numerous grey granulations on visceral layers.—Lower lobes of both lungs much congested, and throughout both lungs were a few very sparsely scattered grey granulations, much less numerous than in the pleura. Bronchial glands enlarged, white; on section were studied with minute, semi-translucent, whitish points, whilst others were in a state of commencing caseation, but with no sign of old disease. Heart, lungs, liver, spleen, kidneys, and adrenals all present a healthy appearance, with some granulations in its capsules, and a few in the substance of the organ. Spleen not enlarged, but with numerous and distinct granulations. The kidneys also presented a few tubercles, otherwise they were natural. Intestines generally healthy, but glands of colon, small intestine, and large intestine all three distinct and somewhat prominent.—Brain, &c.: Dura mater sinuses full of dark, semi-coagulated blood; superficial veins of brain also very full of blood; convolutions of hemispheres much flattened; much subdural and sub-arachnoid blood; brain weighed 394 ounces. A large quantity of tubercular exudation around brain and over the dura mater; fluid distension of the optic-nerve sheaths close to the eyeball. This condition Dr. Greenfield has frequently observed in cases where optic neuritis was made out before death.