by the removal of the control normally exercised by the centres now diseased. The centre whose function is abolished may belong to the lowest, to the middle, or to the highest division, affording examples of local dissolution. On the other hand there may be a uniform dissolution, the whole of the highest grade of all being first lost, and successive grades being pared off, as it were, as if in layers. Dr. Jackson applies these doctrines, with many subsidiary hypotheses, to every kind of nervous disorder, from atrophy of muscles to insanity, and from giddiness to coma; and from his vast knowledge of diseases of the nervous system he is able to supply an apparently limitless profusion of instances to every section and subsection of his subject.

C. MERCIER.

Ballet on Exophthalmic Goitre. (*Revue de Médecine*, April 1883.)—The general results at which the author arrives after an inquiry into this subject are as follows:—

1. To the classical symptoms of exophthalmic goitre (palpitations, swelling of the neck, tremor,) there are occasionally added others which, like them, are attributable to disorders of the nervous system.

2. These symptoms are on the one hand *convulsive* (epileptic or epileptiform attacks), or on the other *paralytic* (hemiplegia or paraplegia); also pretty frequently albuminuria, glycosuria, or simple polyuria may be observed.

3. These convulsive or paralytic complications appear to arise, not as the direct result of the Basedow's disease, but of another coincident neurosis (epilepsy, hysteria).

4. Sometimes certain convulsive phenomena (epileptiform attacks) seem intimately associated with exophthalmic goitre itself, and the special clinical conditions under which they are manifested authorise us in connecting them with disturbance of the cerebro-bulbar circulation, itself occasioned by perturbation of the action of the heart.

5. Among the paralytic disturbances some are of minor importance such as the weakness of the hands, the temporary paresis of one or both upper extremities, and the feebleness of the lower limbs. They may be looked upon as directly dependent either upon the tremor, or on functional derangement of the cerebral circulation.

6. The polyuria, albuminuria, and glycosuria are probably more frequent than might be supposed from previous researches, and they indicate a derangement of the bulbar innervation.

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