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ON PARALYSIS OF THE THIRD NERVE AS A  
COMPLICATION OF GRAVES' DISEASE.

BY JAMES FINLAYSON, M.D.

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A MARRIED woman, 36 or 37 years old, was admitted twice to my ward in the Glasgow Western Infirmary (May, 1888 and November, 1889), with what I could only regard as Graves' disease, even although, as sometimes happens in this affection, exophthalmos was absent,<sup>1</sup> and no history of its presence could be ascertained. When about 33 years old, she became very nervous and easily disturbed, with palpitation on excitement or exertion. Two and a-half years later, April, 1888, she was suddenly seized with a sensation of blocking of the windpipe, and at the same time a swelling appeared there, especially noticeable in the right side of the neck. On admission to the ward, next month, this was found to be a goitre. The swelling was characterised by throbbing and pulsation: its degree of fulness varied much from time to time during her residence: it was quite plain, but not obtrusive. She had also a quick pulse, and there was pulsation in the epigastrium, with a soft blowing systolic murmur over the heart. There had been repeatedly attacks of sickness and vomiting, with pains in the stomach. Some of these attacks were of a severe character during her second residence in the ward. Her menstruation had ceased in January, 1888; she had had her last child some two years before that. She had latterly been exposed to a good deal of hard work and privation. Her family history seemed to have little bearing on her case, unless for the death of her father, at 40 years of age, from heart disease. Her case was complicated by the occurrence of otitis media, first in the left ear, nine months after her last child was born, and a similar very painful affection, in the right ear, appeared during her second residence in the ward: so far as appeared, these attacks were of an accidental character, and had no connection with her other disorders: they were asso-

<sup>1</sup> "In some few cases the exophthalmos is absent."—Dr. Ross; *Treatise on the Diseases of the Nervous System*. Second ed., vol. i., p. 712. London, 1883.

ciated with ceruminous accumulations, and perforations of the membrana tympani.

Coming now to the eye symptoms, it may be said that no indication of present or past exophthalmos could be traced. On her first admission, in May, 1888, there was a very notable, although not complete, droop of the right eyelid. She reported that she had had severe headache, one night in May, 1887, about twelve months before admission, in the right temporal region, and next morning she was unable to open the right eye. This droop persisted more or less, although during her second residence it was not quite so noticeable. On further examination, the right pupil was found dilated, and there was no contraction with light or on attempting to accommodate. There was an extremely marked divergent paralytic squint of the right eye, and diplopia could be made out in certain directions. There was marked immobility of the right eye in all directions except outwards; all the muscles seemed paralysed except the external rectus, and perhaps the superior oblique. The visual acuteness in both eyes was diminished, especially in the right. On ophthalmoscopic examination, nothing but a certain pallor of the discs was found by Dr. T. Reid. There was no paralysis of the face, and her sense of smell and taste seemed good. There was thus an *isolated paralysis of the third nerve* on the right side, involving the movements of the eyeball and of the iris, and partially involving the elevation of the upper eyelid. She improved considerably during both residences in the hospital, but the treatment need not be detailed here.

During her first residence the peculiar paralytic symptoms in the eye seemed to me quite different from any complication of Graves' disease of which I had ever known; and I then made some search into the literature of the subject. I failed to find anything bearing on the matter except a paper by Dr. Bristowe, entitled "Cases of Ophthalmoplegia complicated with various other affections of the Nervous System," published in *BRAIN*, vol. viii., 1886, p. 313, and afterwards reprinted by him in his "*Clinical Lectures and Essays on Diseases of the Nervous System*," Lond., 1888, p. 69. It appeared that the illness of the same patient had been reported by Dr. Francis Warner; "Ophthalmoplegia externa, complicating a case of Graves' Disease;" *Medico-Chirurgical Transactions*, vol. lxvi., Lond., 1883, p. 107. In my case, however, the paralysis was of the third nerve and not an ophthalmoplegia, and it differed in other important respects also from Dr. Bristowe's.

On the second admission of my patient, I discovered an im-

portant article on this subject, by M. Gilbert Ballet, in the *Revue de Médecine*, for 1888, pp. 337 and 513. Its title is "L'Ophthalmoplégie externe et les paralysies des nerfs moteurs bulbaires dans leur rapport avec le goitre exophtalmique et l'hystérie. Contribution à la physiologie pathologique de la maladie de Basedow."

In this paper a great many cases are brought together (including Dr. Bristowe's), and the subject is discussed in a very interesting manner from the point of view of a paralysis of the bulbar nerves in these affections. The author asks (p. 535) if, apart from the generalised form of paralysis termed ophthalmoplegia, a partial paralysis involving the ocular nerves (3rd, 4th, or 6th pair), has been observed in exophtalmic goitre? He can only quote one definite case of this kind, although in some cases impaired movements of the eyeball had been observed, apparently due to the mechanical effects of the exophtalmos: this case was by M. Féréol, and in it the 4th nerve was involved.

The case here narrated, seems therefore to have a certain value in supplying very definite proof of the implication of the 3rd nerve in this remarkable disease.

