

Analysis of cases from the cliniques of Drs. Little and Glascott, including tracings taken by Dr. Dixon Mann / by A. Hill Griffith.

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Analysis of Cases from the Cliniques of Drs. Little and Glas-
cott, including Tracings taken by Dr. Dixon Mann.

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Analysis of Thirty-two Cases of Graves's Disease occurring
at the Manchester Royal Eye Hospital.

Sex.—Females 29, males 3 = 32.

State.—Single 20, married 12 = 32.

Ages at commencement of symptoms.—Under 20, 3 ; 20 to 30, 16 ; 30 to 40, 8 ; 40 to 50, 5 = 32. (About 50 per cent. were thus between 20 and 30.)

1. *Symmetry of Eyes.*

Bilateral 25, or 78 per cent. ; right eye 4, or 12·5 per cent. ; left eye 3, or 9·5 per cent. = 32.

Right eye only.

No. 4.—F., doubtful enlargement of thyroid. Under observation two years. No change.

No. 22.—F., both eyes and both sides of neck originally affected ; the left eye and left side of neck got better.

No. 25.—F., no goitre, the right had better vision than the unaffected eye. Astigmatism in both eyes.

No. 30.—F., goitre small, more on right side. Vision $\frac{6}{6}$, a trifle better in left eye.

Left only.

No. 21.—M., slight diminution of movements in every direction. Slight injection. No goitre. Got better in nine months. It is doubtful if this is a case of Graves's disease.

No. 29.—F., Graefe's and Stellwag's signs, both present. No goitre. Vision $\frac{6}{6}$ in affected eye, $\frac{6}{6}$ in the sound eye.

No. 27.—M., Graefe and Stellwag's signs, both present. No goitre. Vision $\bar{c} - 3$ D. = $\frac{6}{12}$. Other eye also $\frac{6}{12}$ $\bar{c} - 3$ D. cyl. Nebula on cornea of unaffected eye.

2. *Retraction of Upper Lid (Stellwag).*

Present 19 (of these 3 showed also retraction of lower lid) ; absent 3 (of which 2 showed retraction of lower lid and the other had well-marked proptosis) ; not noted 8 ; and in two there was retraction of lower lid only = 32.

I do not know if retraction of the lower lids is at all common, but I have not seen it mentioned in any reported cases. It will be seen I have noted its presence in 3 cases, along with the much commoner symptom of the upper lid, and in 2 cases it occurred in the absence of a similar condition in the upper lid.

Dr. Dixon Mann noted that some of the cases seemed to show an increased cupping of the lower lid when the patient looked down, and in Cases 29 and 30 this was unmistakeably the case, for being monocular cases we were enabled to satisfy ourselves by a comparison of each eye.

In this connection I wish to refer to another interesting condition noted by Dr. Mann in Case 20. The patient, who had both eyes affected, but the right to a greater extent, had the left eye apparently on a lower level than the right, and the whole of the left side of the face was also lower ; it looked, as Dr. Mann said, like partial paralysis of the left seventh nerve. I afterwards, in Case 30, a monocular case, noted that the right or affected eye seemed on a slightly lower level than the left, and when the patient looked well down there could not be the slightest doubt that this was the case. There was no diplopia or deviation on covering either eye, so that the visual axes must have been directed to one point, and the eyes must have been on different levels.

3. *Loss or Impairment of Consensual Downward Movement of Upper Lid (Graefe).*

Present 6, absent 4, not noted 22 = 32.

Absent 4 times.

No. 4.—Monocular case. Well-marked protrusion, but no retraction.

No. 7.—Male, well-marked retraction.

No. 11.—Well-marked retraction, both lids.

No. 24.—Well-marked retraction.

We have here three cases in which, on account of the marked retraction, the edge of the cartilage did *not* fit into the sclero-corneal sulcus, and yet the upper lid followed quite closely the downward movement of the eyeball. I should be much interested to know if Dr. Gowers can reconcile these cases with his theory of the consensual movements of the upper lid.

4. *Goitre.*

Bilateral 16 (of these 3 were more marked on right side, in 4 "hammering of carotids," and in 3 a thrill was noted in the swelling), right side 2, absent 14 = 32.

Right sided, 2.

No. 14.—Both eyes affected.

No. 22.—Right eye only.

5. *Vision.*

Normal ($\frac{6}{6}$) 20, subnormal, 12 (of these 12, in 2 the defective sight was certainly not due to errors of refraction or intraocular disease; in the remaining 10 it was due to nebula corneæ, high degree of myopic astigmatism, &c.).

Refraction.—E. or slight H. 24, high H. 1, M. 4, astig. 3 = 32.

State of fundi.—Normal 28, abnormal 4. Of these 4, 2 monocular high myopia, both had binocular exophthalmos, 1 "corkscrew" veins, 1 glistening striated patch at upper and outer part of one disc.

Two cases of amblyopia.

No. 23.—V. 1 J., $\frac{6}{18}$ each eye, in eight months V. $\frac{6}{6}$ each eye. Minute ulcers of corneæ, recurrent.

No. 26.—R. $\frac{6}{18}$, L. $\frac{6}{12}$, in two months R. $\frac{6}{12}$, L. $\frac{6}{9}$. Fields, colour fields, colour, p. l. and refraction normal.

6.—*Spontaneous arterial pulsation* was looked for in every case and was not found once, but in 4 cases there is no note.

I need not say that the direct method was always employed. If it is not wandering from the subject, I should like to put the question if *spontaneous* arterial pulsation is often met with in normal eyes or in other cases than glaucoma or aortic regurgitation, for I have not, to my knowledge, seen a single case. Perhaps I ought to say that I consider *venous* pulsation to be quite common in normal eyes.

7. *Illness at Date of Commencement of Eye Symptoms.*

X Acute gastric vomiting and prostration (in some cases also <u>diarrhoea</u>)	12
"Liver complaint"	2
Severe cough with vomiting	1
Rheumatic fever	1
"Lost flesh"	2
Sleeplessness and headache	2
Post-nasal catarrh	2
Menstrual disorders	2
Symptoms came on three months after marriage	1
No general symptoms at commencement	7
	—
	32

It is very striking the large proportion, about 40 per cent., in which the disease was dated from a severe gastric illness, characterised by very frequent vomiting with great prostration, the patients in many cases being confined to bed for days and not even able to retain a glass of cold water. X Attacks of diarrhoea were also common in some of the cases.

In 4 cases there was troublesome injection of the conjunctiva. In 2 the symptoms came on, or at least were first noticed, when attending for slight corneal ulceration, and in 1 of these there was right facial neuralgia, and on

one occasion she lost the power of speech and the right side of the body for a few minutes. In one case there was great mammary development and loss of hair, and in another brown pigmentation of the eyelids.

8. *Nervous Condition.*

"Felt as if she would choke"	. . .	1
Distinct hysterical attack	. . .	1
Easily frightened and nervous	. . .	2
"Fussy" behaviour very marked	. . .	1
Often flushed up and changed colour	. . .	1

Heart-sounds.—

Anæmic 3, aortic systolic 3, mitral systolic	
3, aortic regurgitant 1	. . . 10
Normal sounds	. . . 10
Not noted (but all were at least once examined and some several times, so they would all be under normal)	. . . 10

Radial pulse tracings (Pond's sphygmograph).

Twenty-six tracings were taken. An attempt was made to classify them according to their characteristic features with the following results :

In 10 the arterial tension appeared normal.

In 10 ,, ,, was abnormally low.

In 6 ,, ,, ,, ,, high.

In 16 the pulse-rate was above 72 per minute ; and of these in 13 the pulse-rate was above 100 per minute ; out of which, in 6 the pulse-rate was between 140 and 144 per minute.

In 4 tracings there was dichrotism more or less pronounced.

In 4 tracings the respiratory curve was more noticeable than usual.

In 2 cases the tracings were irregular, the heart's action

being rapid and tumultuous. The tension in both these cases was low.

Goitre was present in 70 per cent. of the cases in which the tension was low.

Goitre was present in 50 per cent. of the cases in which the tension was normal.

Goitre was present in 33·3 per cent. of the cases in which the tension was high.

The greater number of the cases which were of less than twelve months' duration at the time the tracings were taken came under the classes of normal and low tension.

Sugar in urine.—In 2 cases, the one a trace, the other a fair quantity.

Albumen was not found in any case. The greater number were examined.

Menstruation.—

Menopause two years ago	1
Severe periodic headaches	1
Ceased for six months from date of gastric symptoms	1
Ceased at commencement of symptoms, but returned	1
Scanty shortly before symptoms	1
Irregular	2

A large number were fussy, agitated, and restless, and this was very noticeable when they were taken in batches to get pulse tracings.

9. *Sequence of Symptoms.*

In the 18 cases in which both goitre and exophthalmos were present, the goitre preceded the exophthalmos by two years, one year, and six months respectively in 3 cases; goitre and exophthalmos synchronous in 2 cases; exophthalmos first noted by patient in 1 case.

In the majority, the patients were quite unconscious of the presence of the goitre, and hence could not tell us whether the exophthalmos or goitre came first.

10. *Progress of Cases.*

Eight cases improved or got well in 9, 12, 14, 18, 26, 36, 39 months and 6 years respectively. Seven cases were unchanged in 12, 18, 24, 36, 39, 41, and 46 months respectively, and one case became worse in 13 months.

Tabulated details

No.	Clinique.	Name, age, &c.	Protrusion of eyes.	Goitre.	Vision and refraction.	State of fundi.
1	Dr. Little's, 162, vol. i	Rebecca H., 20, single	Slight, bilateral	None	R. 18 J., opacity of cornea; L. $\frac{6}{18}$, H. 5 D. and some astigmatism	Normal; no spontaneous arterial pulsation
2	Dr. Glas-cott's, 163, vol. i	Margaret H., 36, married	Bilateral	Double, but more marked on right side	$\frac{6}{6}$ each eye, H. m. 1 D.	Physiological cupping; spontaneous venous pulse, but no arterial pulsation; slight pigmentary displacement at edge of discs
3	Dr. Glas-cott's, 164, vol. i	Mary S., 21, single	Slight, bilateral	None, slightly increased pulsation of carotids	R. $\frac{6}{6}$, no H. m.; L. $\frac{6}{12} + 75$ D. = $\frac{6}{6}$ vix	Normal; no pulsation of veins or arteries
4	Dr. Little's, 166, vol. i	Jane L., 22, single	Right eye only affected; protrusion well marked; no retraction of upper lid, which follows movements of eye down	Doubtful enlargement of thyroid	R. 16 J. at 6", highly myopic; L. 1 J. at 6" $\frac{6}{24}$ mixed astigmatism	Normal; no arterial pulsation
5	Dr. Little's, 167, vol. i	Sarah A., 23, married	Bilateral, well marked; retraction of upper lids	Slight bilateral; slightly increased pulsation of carotids	R. & L. $\frac{6}{60}$, - 1 D. = $\frac{6}{6}$	Normal; no arterial pulsation
6	Dr. Little's, 169, vol. i	Duella T., 24, single	Bilateral, very marked; retraction of upper lids	Bilateral and pretty large; well marked thrill; pulsation of carotids increased	R. & L. $\frac{6}{6}$, no H. m.	Normal; no arterial pulsation

Cases.

Onset of symptoms.	General health.	Treatment and progress.
Two years ago was under treatment for ulcer of right cornea; 10 months ago had neuralgia, mostly right side of face; was in bed one week with severe and frequent vomiting; no diarrhoea; on one occasion lost power of speech and right side of body for a few minutes	Easily frightened, and very nervous; scars at angles of mouth; teeth suspicious of congenital syphilis; anæmic; cardiac murmur; menstruation regular	In 26 months Stellwag and Graefe's signs absent.
Goitre 4 years; protrusion of eyes 3 years; no illness in particular; used to weigh 113 st., now only about 10½	Distinct mitral systolic murmur	Quinine and iron.
Exaggerates projection of eyes and slight dimness of sight since rheumatic fever 6 months ago	Heart-sounds normal; ankles swelled occasionally	(1). Mist. Ferri Co. (2). Brom. of potassium. (3). Quinine and iron. Distinct improvement in 14 months.
Eye projecting 3 months, some uneasiness, no pain; always short sighted; great ideal of reading and writing; never worn glasses; abscess of throat 4 years ago	Subject to sore throat for 4 years; heart-sounds normal	Iron. Condition of eye unchanged.
Eyes prominent 6 months; frequent attacks of diarrhoea; throat been a little painful, but not aware of goitre	Diarrhoea; sugar in urine; diabetes 6 to 7 months; dropsy of legs. Married 9 months; menstruation still regular	Hydrobromic acid. Confined 12 months after first visit.
Symptoms came on 2 years ago after severe gastric illness; vomiting, pain between shoulders; in bed one week; lost some of her hair; her breasts got very large, and remained so	Trace of sugar in urine, sp. gr. 1030	(1). Iron for 12 months; no improvement. (2). Hydrobromic acid.

No.	Clinique.	Name, age, &c.	Protrusion of eyes.	Goitre.	Vision and refraction.	State of fundi.
7	Dr. Little's, 172, vol. i	James C., 52, single?	Bilateral; well-marked retraction; very troublesome injection of eyes; no loss of consensual movements of upper lids	None	R. & L. $\frac{6}{8}$, H.m. 2.5 D.	Normal; no arterial pulsation
8	Dr. Glas-cott's, 173, vol. i	Eliza B., 44, married	Slight, double	None; increased pulsation of carotids	R. & L. $\frac{6}{8}$, H.m. 1 D.	Normal; spontaneous venous pulsation, but no arterial
9	Dr. Glas-cott's, 174, vol. i	Jane T., 40, single	Bilateral	Bilateral; marked thrill in carotids, especially left	R. & L. $\frac{6}{8}$, no H.m.	Well marked "crescents" reaching half round discs fundi otherwise normal
10	Dr. Little's, 175, vol. i	Mary M., 16, single	Bilateral; upper and lower lids retracted; sclerotic exposed, above 2'', below 4''	Well-marked bilateral	R. & L. $\frac{6}{8}$, M. 1.5 D.	Normal; no arterial pulsation
11	Dr. Little's, 176, vol. i	Betsy L., 25, single	Bilateral; sclerotic exposed above and below; lids follow movements of eyes; enlarged veins at external angles, especially left	Bilateral	R. 16, myopic, divergent squint. L. $\frac{6}{18}$ — 1.25 D. = $\frac{6}{8}$	Normal; crescent in right eye; no arterial pulsation
12	Dr. Little's, 177, vol. i	Mary M., 24, single	Bilateral; upper lids just reach corneæ; lower lids fall short by 3''	None	R. & L. $\frac{6}{8}$, no H.m.	Glistening striated patch at upper and inner part of right disc fundi otherwise normal; no arterial pulsation; physiological cups
13	Dr. Little's, 181, vol. i	Elizabeth W., 35, married	Bilateral; projection 1''; no "staring effect;" upper lids not retracted, but sclerotic exposed below corneæ	Bilateral, with marked thrill	R. & L. $\frac{6}{8}$, no H.m.	Normal; no arterial pulsation

Onset of symptoms.	General health.	Treatment and progress.
Came on 3 years ago gradually after severe "liver complaint;" he had jaundice	—	Bromide of potassium. In over 3 years the injection had gone; eyes much as before; caruncle of left eye swollen, red, and prominent; still Stellwag's but no Graefe's sign present.
Projection of eyes 6—9 months, with uncomfortable pricking sensation like sand in them	Poor health for 11 months. 4 children—2 died young, aged 2 and 3 years; 2 alive and strong, aged 16 and 17. Urine 1020, no albumen.	
Symptoms came on 12 months ago; no particular illness, only "a cold," and has been treated apparently for conjunctivitis	Pale, anxious expression; apex-beat diffuse, strong; rough aortic systolic bruit, best heard at aortic cartilage; urine normal	Pot. Brom. In 3 years wrote to say her eyes were nearly quite well.
Symptoms came on 3 years ago; no particular illness, but for last 2 or 3 years has often vomited, especially after severe coughing, to which she is subject	Anæmic murmur propagated along vessels; often feels as if she would be choked	(1). Iron for 3 years; got much worse. (2). Hydrobromic acid; in 41 months wrote her eyes were no better.
Twelve months ago after "gastric fever" diarrhoea and vomiting; was in bed 8 weeks; goitre not noticed so soon as the eye symptoms	Mitral systolic murmur	(1). Iron. (2). Blisters, quinine, and iron. (3). Liq. arsenicalis. In 13 months eyes more prominent than ever.
Eyes projecting for 8 months; menstruation scanty for some time before this; no gastric symptoms; throat been much relaxed	Anæmic murmur; apex-beat heaving; greenish pus hanging on back of throat	Iron and digitalis. Married 18 months after first visit.
Came on after severe vomiting and prostration	Heart's action tumultuous; pulse 133; no valvular lesion; has 2 children	Iron and digitalis. In 20 months marked improvement in goitre and eyes, and in 3 years and 3 months she wrote to say her eyes had been quite well for some time.

No.	Clinique.	Name, age, &c.	Protrusion of eyes.	Goitre.	Vision and refraction.	State of fundi.
14	Dr. Glas-cott's, 182, vol. i	Harriet N., 30, married	Bilateral and very marked	Right lobe	R. $\frac{6}{8}$, L. $\frac{6}{8}$, no H. m.	Normal
15	Dr. Little's, 185, vol. i	Maria B., 29, single?	Bilateral, and very marked retraction of upper lids; very marked "staring effect"	Bilateral; increased pulsation of carotids	R. & L. $\frac{6}{8}$, no H. m.	Normal; venous pulsation; no arterial pulsation
16	Dr. Glas-cott's, 37, vol. ii	Priscilla J., 20, single	Bilateral; "staring effect"	Slight	R. & L. $\frac{6}{8}$, no H. m.	Normal; physiological cups; no venous or arterial pulsation
17	Dr. Glas-cott's, 64, vol. ii	Mary J., 29, married	Bilateral; "staring effect"	Small, but distinct	R. & L. $\frac{6}{8}$, no H. m.	Normal; no venous or arterial pulse
18	Dr. Little's, 102, vol. ii	Elizabeth B., 24, single	No protrusion; retraction of upper lids	None; increased pulsation of carotids	—	—
19	Dr. Little's, 120, vol. ii	Ellen P., 31, single	Bilateral; retraction well marked	Slight fulness	R. & L. $\frac{6}{8}$ H = 1 D.	Normal; no arterial pulsation
20	Dr. Glas-cott's, 130, vol. ii	Minnie B., 21, single	Bilateral, slight	Rather large bilateral	R. $\frac{6}{8}$, no H. m., L. fingers, opacity of cornea, high M.	R. normal; l. large crescents; no pulsation, arterial or venous
21	Dr. Little's, 262, vol. ii	Albert T., 21, single	Left eye, distinct protrusion; slight but equal diminution of movements in every direction; some slight injection	None	R. & L. $\frac{6}{8}$, no H. m.	Normal, no pulsation

Onset of symptoms.	General health.	Treatment and progress.
One year no illness	Good deal of headache lately; 2 healthy children	Mist. Ferri Co.
Symptoms came on 12 months ago; had severe "illness in head" 3 months before with vomiting and purging	Good; mitral systolic bruit; suffers from palpitation	Iron and digitalis. In 18 months eyes and goitre as before.
Friends have noticed her eyes projecting for 12 months; suffered from vomiting, nausea, and headache. On inquiry the sickness appears to have been present for years, but to a much lesser extent	Menstruation irregular, usually about every 6 weeks; ill 2 days; heart-sounds normal	—
Patient conscious of eyes bulging forward and neck swelling for some months; no illness in particular; has had a great deal of reading and sewing to do	Palpitation; 2 children	—
Complained of eyes for 2 years; she had then bilious attack with vomiting. When she came up to the desk I said, "There is a case of Graves's disease without exophthalmos and without goitre," the condition being evidenced by her peculiar nervous "fussy" behaviour	Heart's action very rapid with grating 1st sound at aortic cartilage	—
Her friends noticed her eyes for 6 months; no vomiting; been in poor health for 12 months; felt languid and lost flesh	Bowels costive; tongue has white fur; no albumen or sugar in urine	Retraction went away completely in a year.
Friends noticed her eyes for 6 months; neck swelling for 12 months; no gastric symptoms; nervous debility and sleeplessness for some months and pains in head	Menstruation irregular	(1). Quinine and iron. (2). Pot. Brom. (3). Mist. Rhei Co. In 18 months just a trace of retraction in R., none in L., no loss of consensual lid movement; goitre much less, worst in right side.
Had fever when 6 years of age, and since then the left eye has been subject to colds; the bulging of the eye was noticed by a friend only a few days ago	No gumboil or bad teeth; no blow, rather deaf on left side; heart-sounds normal	In 9 months eye nearly if not quite better.

No.	Clinique.	Name, age, &c.	Protrusion of eyes.	Goitre.	Vision and refraction.	State of fundi.
22	Dr. Glas-cott's, 283, vol. ii	Ann M., 44, married	Right eye	Right side	R. - 1.5 D. cyl. horiz. = $\frac{6}{18}$. L. - 1 D. sph. = $\frac{6}{9}$	Normal, no pulsation
23	Dr. Little's, 297, vol. ii	Ann S., 43, married	Bilateral; marked retraction of upper lids, and exposure of sclerotic on looking down	None	R. & L. $\frac{6}{18}$, dilated. No error of refraction	Normal, no arterial pulsation, but venous pulse fairly well marked
24	Dr. Little's, 341, vol. ii	Mary L., 50, married	Bilateral; marked retraction, no exposure of sclerotic on looking down	None	R. $\frac{6}{9}$, L. $\frac{6}{9}$, no H. m.	Normal, no pulsation
25	Dr. Little's, 396, vol. ii	Jane N., 33, married	Right eye; well-marked retraction in right eye	None	R. + .5 D. sph. \odot + 2.5 D. cyl. = $\frac{6}{9}$. L. - .5 D. sph. \odot + 2 D. cyl. = $\frac{6}{12}$	Normal, no pulsation
26	Dr. Glas-cott's, 470, vol. ii	Mary J., 23, single	Retraction of upper lids, each eye	None; pulsation of carotids increased	R. $\frac{7}{18}$, L. $\frac{6}{12}$, dilated; no error of refraction, charts of fields of vision and colour, p. l. normal	Veins very "corkscrew." No pulsation
27	Dr. Little's, 485, vol. ii	Joseph L., 50, married	Left eye; retraction of upper lid which does not follow eye downwards	None	R. - 3 D. cyl. = $\frac{6}{12}$ vix. nebula of cornea. L. - 3 D. sph. = $\frac{6}{12}$	Normal, no pulsation
28	Dr. Griffith's, 489, vol. ii	Elizabeth R., 21, single	Bilateral retraction of upper lids	Rather larger on right side	R. & L. $\frac{6}{9}$, no H. m.	Normal, no pulsation

Onset of symptoms.	General health.	Treatment and progress.
years ago had "Graves's disease," both eyes and both sides of neck were affected; symptoms came on after mental anxiety with vomiting and diarrhœa; the left eye got better 6 years ago	Married 18 years, had 8 children, two alive and healthy, five still-born, and one died aged 5 months	The other eye was affected years ago, but got better in 6 years.
were noticed when attending hospital for slight corneal ulcer of right eye; patient was not aware of anything	Cardiac hypertrophy; mitral and aortic systolic murmurs, second sound normal; health quite good	Strychnine; in 8 months, vision $\frac{6}{6}$ each eye. Slight ulcer of left eye, soon got better. Graefe and Stellwag signs still present.
eye prominent 3 months, left 3 weeks; noticed by her friends	No albumen or sugar in urine; heart normal; menopause 2 years ago. Flushes up very often, pain in head; continually sees something fluttering before her eyes	—
right eye "looked queer" for 6 months, but especially last fortnight	Heart normal; pain at back of eye	—
right bad last 6 weeks, had feeling as if eyes were too big for 2 years or more; diarrhœa, cough, and expectoration	Heart and lungs normal, but looks phthisical. No albumen or sugar in urine; had distinctly hysterical attack when throat being examined; menstruation regular	Cough medicine; in one month R. $\frac{6}{12}$, L. $\frac{6}{9}$ vix.
friends noticed the left eye protruding for about 6 months; no illness since 1877, when he had inflammation of the lungs	Slight aortic regurgitant bruit	—
moitre 3 years; eyes for about 9 months after gastric illness	Nervous fussy behaviour; menstruation ceased from date of illness up to 3 months ago	—

No.	Clinique.	Name, age, &c.	Protrusion of eyes.	Goitre.	Vision and refraction.	State of fundi.
29	Dr. Little's, 497, vol. ii	Alice A., 36, single	Left eye; retraction of upper lid and loss of consensual movements very marked	None	R. $\frac{6}{8}$, L. $\frac{6}{8}$, no H.m.	Normal; no venous or arterial pulsation
30	Dr. Little's, 498, vol. ii	Rebecca C., 20, married	Right eye; retraction fairly marked, but the most marked loss of consensual movements of lid I have ever seen	Slight, but fairly distinct, especially on right side	R. and L. $\frac{6}{8}$, H.m. .5 D.; after atropine read $\frac{6}{8}$ c + .5 D., a little sharper with left eye	Normal; no pulsation
31	Dr. Glas-cott's	Sarah B., 35, single	Retraction of upper lids; both eyes well marked; also some loss of mobility in lids when looking down	None; marked throbbing of carotids	R. and L. $\frac{6}{8}$, no H.	Normal; no arterial pulsation
32	Dr. Glas-cott's	Sarah Ann P., 19, single	Marked bilateral protrusion; retraction of upper and lower lids; upper lids follow globes downwards perfectly for a certain distance and then cease to move further	Rather large bilateral and pulsatile	R. and L. $\frac{6}{8}$, no H.m.	Normal; hyperæmic discs; no arterial pulsation

Onset of symptoms.	General health.	Treatment and progress.
twelve months; had typical gastric illness; sometimes "vomited all through the night"	Heart-sounds normal; flushes up when speaking often.	
patient observed the eye had a staring appearance when looking in the glass 3 months ago	Complains of palpitation a good deal; heart-sounds normal; married 6 months; menstrual periods still continue; she does not lose a great deal of blood, but suffers a good deal from headache; no gastric symptoms; is not pregnant.	
her mother noticed patient looked "wild and staring" for 12 years; "liver complaint;" did not vomit, but had feeling of nausea; no jaundice	Heart-sounds normal; tongue red, raw, dry, and cracked (chronic indigestion); subject to fits for 17 years; falls down and becomes unconscious three or four times in a month or once in two or three months; menstruation regular since age of 14; urine loaded with lithates.	
her eyes have been prominent and her neck swollen for 2½ months; no acute gastric illness, but a fortnight ago she vomited up her breakfast; her menstruation ceased at date of commencement of eye symptoms, but reappeared 3 weeks ago	Heart-sounds normal, but rapid "rheumatic pains" in legs; brown pigmentary discolouration of eyelids; is very nervous and agitated; "nervous and easily frightened."	

