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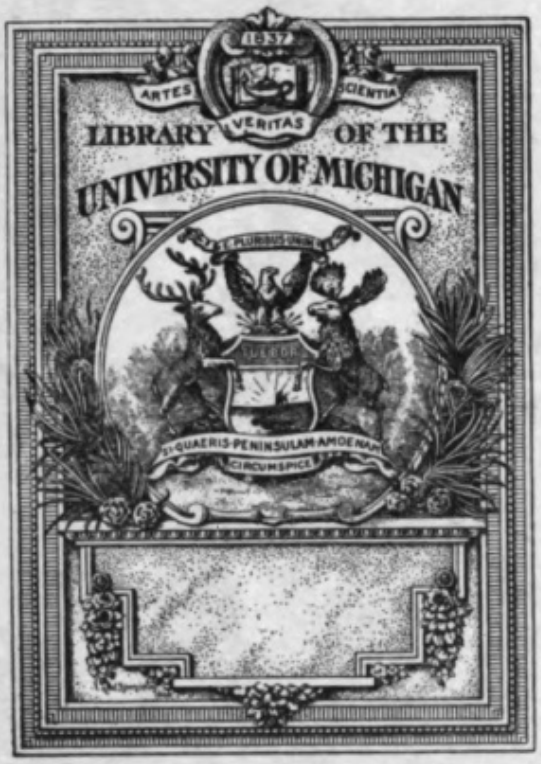

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symptoms, then involved arms and legs. After six months, fever, acute paraplegia, death. The autopsy showed atrophy of the anterior horn cells, lateral sclerosis, acute tubercular softening of central cord. There was no sign of hæmorrhage in the cord, examined in its fresh state. In the softened area tubercle bacilli were found. Examination with the microscope showed that the necrotic process was not accompanied by any hæmorrhage process.—Chas. L. Dana's Clinic reported in the *Post Graduate* for July, 1896.

THE SYMPTOMATOLOGY AND PATHOLOGY OF EXOPHTHALMIC GOITRE.—In an article on this subject by Dr. William C. Krauss, in which attention is more especially given to the "*formes frustes*," or illy-defined cases, the author thus summarises both the primary or cardinal and concomitant symptoms:

SYMPTOMS OF EXOPHTHALMIC

Primary or Cardinal Symptoms		Tachycardia. Goitre. Exophthalmus. Tremor.
Secondary or Concomitant Symptoms.	Of Digestive Tract	Vomiting. Diarrhœa. Bulimia. Icterus.
	Of Respiratory Tract	Cough. Frequent respiration. Dyspnœa. Angina.
	Of the Eye	V. Græfe's sign. Mobius' sign. V. Stellwag's sign. Becker's sign.
	Of the Nervous System	Nervousness. Emotional states. Neuralgias. Epileptiform convulsions. Psychoses.
	Of the Cutaneous System	Vitiligo, urticaria. Pigmentation. Hyperidrosis. Flushings and sensation of heat. Vigoroux's sign.
	Of the Urinary Tract	Polyuria. Albuminuria. Glycosuria.
	Of the Genital Organs.	Menstrual disturbances. Impotence.
	Of Diverse Origin	Anemia. Edema. Cachexia. Giving way of legs.

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