not an unusual loss. Great fatigue, diminution in the menstrual flow in women, blotchy erythema in the skin, profuse sweating. A fact that has been noted, and which I myself have seen, is that the patients are always worse in the morning.

Diagnosis.

The diagnosis of this condition is not as a rule difficult where we have the combination of tachycardia (or pyncocardia as Barker calls it). Enlarged thyroid and muscular tremor, whether with or without exophthalmos, the diagnosis is decisive. But it is in the early periods of the disease the so-called larval phase, that one meets with difficulty. Where we have a rapid heart—(without any other assignable cause), the possibility of this condition must be entertained, and suppose this happens to be in neurotic patient. Closer examination may reveal a fine muscular tremor. Pursue your investigation further and you will most likely be rewarded by finding a slight increase in size on the thyroid. When you can with safety make the diagnosis, the recumbent position seems to accentuate the condition.

Barker says we may have the symptoms of exophthalmic disease superimposed on an ordinary colloid struma in which event the symptoms are mitigated and the thyreotoxic phenomena will subside with rest in bed and appropriate treatment. We must be careful to differentiate this class of cases.

Sometimes we get an acutely pulsating simple goitre with practically no thyreotoxic phenomena so that this condition must be weighed. Moreover, we may have a cardiac condition which is very like unto the goitre heart, but is due to the mechanical pressure of an ordinary struma. This struma may extend through the superior apertune of the thorax pressure, symptoms may be referred to the heart or respiration or venous circulation; so that in these conditions we must differentiate between the thyreotoxic heart and the cardiate condition resultant upon pressure. And lastly, we may have exophthalmus due to intracranial or intraorbital growths such as retrobulbar growths, sinus disease and abscess, aneurism, etc. Further, we must remember that we may have a hyperthreosis in other conditions such as chlorosis of young girls, etc.

Pathology.

The pathological findings in this condition are very inconclusive. The only lesions which are pulpable and constant are found in the thyroid, lymphoid apparatus and thymus. Various observers have endeavored to find an explanation of this condition in the cervical ganglia of the sympathetic, but the results are very indefinite. McCallum states that in