

from 90-100 to 200 or even exceed that. It is a soft compressible pulse. The cardia presents no murmurs, cardiac area may be slightly increased, large area of visible pulsation, palpitation is sometimes very distressing to the patient. Irregular dilatation of the capillary vessels, particularly of the skin, producing flushing and the subjective sense of great heat.

*Exophthalmos.* This is the most striking of all the symptoms to the casual observer. It is absent in about one-third of all cases, and even in many of the other two-thirds it may be so slight as not to attract attention. The prominence is usually bilateral and continuous although in some cases it has been known to be unilateral and differing from time to time.

*Enlarged Thyroid.* This condition is present in most of the cases. The whole gland as a rule is uniformly enlarged. However, some cases present the enlargement in the lobe only or in part of a lobe. The isthmus is usually thickened and the pyramid lobe somewhat enlarged. On palpation the gland seems a little bit firmer than usual and possesses a somewhat roughened feel. Inspection shows visible pulsation in the gland, and on auscultation a loud systolic bruit is heard.

*Muscular Tremor.* This is a most important sign, is almost always present. The tremor (best seen on the fingers) is fine, rapid, 8-10 oscillations to second, is increased by psychic disturbance, may be found only in extremities. Marie designates it a 4th cardinal sign.

*Severe gastro intestinal disturbance* is not at all uncommon in this disease, profuse diarrhoea or perhaps vomiting and diarrhoea. In one case I have now diarrhoea has been a very persistent symptom, lasting from the commencement of the disease. Particular articles of diet would appear to be excreted almost the same as ingested, whereas digestion would be perfect with respect to other diets.

*Ocular Signs.* Failure of upper eyelid to follow the eyeball normally in looking downward, *Von Graefe*. Retraction of upper lid on straight-forward vision revealing some sclera above cornea. (*Stellwag*.)

Infrequent and incomplete involuntary winking, *Stellwag*. Inability to hold the eyes in convergence, *Moebius*. Other signs such as difficulty in everting upper eyelid, pigmentation of upper lids, failure of forehead to wrinkle on looking up, tremor of eyeballs, etc.

*Unusual psychic disturbances* always present. Patient is usually fretful, nervous, sleeps poorly, very irritable, sometimes violent and will even become maniacal. The urine shows chemical changes. Increase in quantity of urea nitrogen output. Kreatinin is increased, whereas the kreatin is decreased in amount. The calcium output is increased. Polyuria may sometimes be present. Together with these above noted, we have great loss in body weight, 50 or 60 pounds in a short time is a