

As far as can be made out, it is not a neurotic one. He is, as you will easily observe, anæmic and emaciated. He is excitable, irritable, suspicious, and at times very despondent. He complains of severe frontal headaches at times. He is frequently troubled with sleeplessness. The prominence of the eyeballs is very marked, a rim of the sclerotic being clearly discernible all around the globes of the eyes, giving to them a peculiar lustre. The pupils are normal in size. What is now commonly known as Graefe's symptom is not present in this case—that is, the movements of the eyeballs and upper lids are not consentaneous. The lids follow the movements of the globe. It is said that Graefe's symptom is almost constantly present in this disease. It is due to the paretic condition of the involuntary muscular fibres (Müller's) in the lids. There is considerable enlargement of both lobes of the thyroid glands, but especially of the right one. This enlargement, the patient says, varies greatly from day to day and from hour to hour. The thyroid vessels are very numerous and dilated. There is marked pulsation in the gland, which is clearly perceived at a distance of several feet. A systolic blowing murmur is heard on laying the stethoscope over the enlarged gland. There is marked pulsation over all the cardiac region, and on laying the hand over the same parts a marked systolic thrill is felt. The apex of the heart is displaced downwards and outwards. There is a loud blowing systolic murmur heard over all the cardiac area, with its maximum intensity at the junction of the third left costal cartilage with the sternum. The transverse cardiac dullness extends from the right edge of the sternum to half an inch outside the left nipple line, a distance of $4\frac{1}{2}$ inches. The vertical dullness commences at the upper border of the third rib. We have here positive evidence of considerable enlargement of the heart, together with, in all probability, regurgitation through the mitral orifice. This regurgitation is no doubt due to simple dilatation of the orifice, and is therefore what is known as "curable regurgitation." There are no grounds for believing that there is any structural defect in any of the orifices. His pulse is 130. Slight exertion is sufficient to send it up to 160, and sometimes even higher.