ADDENDUM.—Since this paper was written a case of this syndrome associated with hypertrophic pyloric stenosis has been recognized in a 2-months-old infant (Keay and Lewis, 1954). These authors, however, described the oedema of the extremities in their patient as non-pitting in character.

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Medical Memoranda

"Primary Myxoedema" in a Man of 30

Myxoedema was first described by Gull (1874) when he wrote "On a Cretenoid State Supervening in Adult Life in Women." It was Ord in 1878 who first used the term "myxoedema" to describe these cases of hypothyroidism. It is well known that myxoedema generally occurs in middle-aged and elderly women. Myxoedema in young males is uncommon, and so far as can be ascertained is either due to "pituitary myxoedema" as described by Means *et al.* (1940) or present as a true myxoedema following total thyroidectomy. It is therefore most unusual to find a case of "primary myxoedema" in a man of 30.

FIG. 1

FIG. 2

FIG. 1.—Photograph taken on October 23, 1953. FIG. 2.—Photograph taken on November 28, 1953.

CASE REPORT

A gardener aged 30 was first seen in consultation in October, 1953. He complained of a rash on the hands and forearms which was due to a plant-contact eczema. His general appearance was most striking, as shown in Fig. 1. On further questioning he admitted to the following symptoms: (1) the gradual onset during the past two years of increasing weariness, which was now extreme towards the end of the day; (2) increase in weight; (3) a preference for hot weather and a feeling of the cold "right through him"; (4) a deepening of his voice and a slowing and hesitant speech; (5) a drying of the skin—"he had not sweated for months"; and (6) his hair was becoming coarse and lifeless.

On examination there were no physical abnormalities apart from a bradycardia of 50. The serum cholesterol was 400 mg. per 100 ml. and the blood urea 67 mg. per 100 ml. of serum. Examination of the urine showed: sp. gr. 1009, sugar, nil; albumin, slight trace; no casts or red blood cells. X-ray examination of the pituitary fossa was normal.

Treatment with L-thyroxine sodium 0.1 mg. daily for a week, then 0.1 mg. twice a day, was started on October 23. Improvement was most dramatic, both in his appearance as shown in Fig. 2, taken five weeks after Fig. 1, and in the blood chemistry as shown in Fig. 3, the serum cholesterol and the blood urea returning to normal within twenty-eight days.

He felt perfectly fit and all his symptoms had disappeared. His voice was now normal, he could sweat, his hair was improving in texture, he had lost weight, and he was no longer weary.

COMMENT

This record is of particular interest as it describes a case of "primary myxoedema" in a young man which responded dramatically to a relatively small dose of thyroxine and showed a fall, not only of the serum cholesterol as would be expected, but also of the blood urea. The fall in the blood urea was presumably due to the increased metabolism. Or could it have been due to a clearing of "cholesterol-clogged" arterioles in the kidneys?

I am grateful to Dr. C. A. K. Bird, of Macclesfield Hospital, for his advice and help with the blood chemistry in this case.

F. R. M. YOUNG, M.B., B.S.,
Macclesfield, Cheshire.

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Ventricular Tachycardia following Exercise in a Case of Angina Pectoris

It is felt that the following case is interesting enough to be placed on record.

CASE REPORT

A man aged 46 attended the out-patient department giving a history typical of angina pectoris of four months' duration. The attacks had never occurred before this, had on no occasion lasted longer than 10 minutes, and had never been severe enough to cause absence from work. Apart from "pleurisy" 10 years previously, no history of any past

FIG. 3.—Showing improvement in blood chemistry.