more than one degree on any subsequent occasion. I am indebted to Dr. Ewart for leave to publish this case.

CASE IV. *Myxœdema in Early Stage: Slight Improvement.*—A. N., female, aged 27, had, when admitted as an in-patient in February, shown symptoms of the disease for a year and a-half, but did not present a very characteristic appearance. The treatment was begun early in March, and injections of mxxv were made weekly for three months. The injection on May 30th was followed by pain and swelling at the seat of puncture, and that on June 4th by an abscess, which healed kindly after incision. She then had no treatment for seven weeks. In July, August, and September she underwent another course of injections at the Atkinson Morley Convalescent Hospital. The result may be briefly summarised as follows: No improvement in strength or in appearance has taken place, and she still feels as cold as before, but her speech has become brisker, and her fingers more nimble in the use of the needle, while menstruation has reappeared regularly. According to the patient's account diuresis took place during the treatment, but the phenomenon was not confirmed by observation.

It will thus be seen that improvement—decided in the first three cases, slight in the fourth—followed the adoption of the treatment. The cases have not been long enough under observation to discuss the permanency of the improvement, but at present it seems as if a period of more than three or four weeks' abstention from the injections was sufficient to produce a certain amount of deterioration. In the first and fourth cases the red blood corpuscles were counted before and after the commencement of the treatment, but no appreciable difference was found in the estimations. It is unfortunate that the diuretic properties of the remedy were not known by me in time to permit of the urine being measured daily in the two cases treated as in-patients, but it will have been noticed that three of the four patients asserted that their urine was unusually profuse during the administration of the injections.

The unpleasant symptoms following the injections may be summarised as (1) inflammation which may terminate in abscess, (2) giddiness and headache, (3) faintness, (4) loss of power in the upper extremities. The best method of obviating these has yet to be elucidated; in the above cases no unpleasant symptoms have occurred if the injection has been made at two spots instead of one, but the employment of this method has not been sufficiently tested even in the above cases to more than suggest its further trial. Dr. Murray² now recommends that the extract should be sterilised by the pressure of liquefied carbonic acid gas at 40 atmospheres, whereas that used in the above cases was rendered aseptic by the addition of a minute quantity of carbolic acid (about 1 in 600). It will be seen that two of the above patients had been sufferers from the disease for some years, and the fact that both have been greatly relieved tends to disprove Dr. Michell Clarke's theory³ that the injection treatment must be adopted at a very early stage of the disease to produce any good effects.

The thyroid extract was obtained throughout from Brady and Martin, of Newcastle.

Beyond these few comments the cases speak for themselves, and will help to prove, if proof be necessary, the efficacy of the treatment recommended by Dr. Murray before the British Medical Association.

CASE OF DYSENTERY WITH AMCEBA COLI IN THE STOOLS.

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THE subject of amœbic dysentery has of late been much discussed, and has received a fresh stimulus from the prolonged and comprehensive investigations carried out by Drs. Councilman and Lafeur, of Baltimore.¹ The following case, so far as I am aware, is the first of its kind noted in England in which the amœba coli was detected in the stools.

A. H., aged 27, formerly a soldier, was admitted to Charing Cross Hospital, under the care of Dr. Green, on February 6th, 1892, suffering from chronic dysentery. His past history may be thus briefly summarised. In August, 1886, being then in India, he suffered from ague; two months later, for the first time, he passed bloody and slimy motions. He was but little

benefited by treatment. He was stationed from June, 1888, to June, 1889, in Burmah, where the quality of the drinking water was highly unsatisfactory. Here he had an exacerbation of his trouble, but improved under treatment at the military hospital, so that he was able to resume military duty and serve with the Black Mountain Expedition, but he had frequent relapses, chiefly induced by his alcoholic bouts. He was invalided home in September, 1890, since which time his dysenteric trouble has varied in intensity according as he dieted himself and abstained from alcohol.

On coming under observation he complained of tenderness over the liver, which was enlarged, its surface being smooth and regular. The abdomen was sensitive to pressure, especially along the course of the colon. The spleen could not be felt; the thoracic organs were healthy; the tongue was quite clean and shining, typically a "tropical tongue;" the urine, which was repeatedly tested, was always found acid in reaction, of specific gravity from 1010 to 1015, and never contained albumen, sugar, or albumoses, nor did it present any special microscopical characters. The blood was carefully examined, and showed a slight deficiency in the number of red blood discs, and a corresponding decrease of hæmoglobin. The motions were generally preceded by colicky pains, and were very variable in character, frequency, and quantity. They were usually mucoid, very loose, with a varying amount of feculence, and contained blood, the quantity of which might be large, or merely a streak. At times they looked like mucoid exudation tinged with blood, or slimy, with a sickly odour, or else they presented the appearance and consistence of thin gruel, with here and there a few scattered masses of gelatinoid exudation; they were alkaline in reaction.

The motions were submitted to microscopical examination in the following manner: A little of the motion was taken from the warm bed-pan into which it had been passed and was placed on a warm glass slide placed on a "warm stage;" it was then examined with a $\frac{1}{4}$ -inch objective. After a careful search amœbæ coli were detected, generally in the gelatinous masses already referred to. They varied in number and somewhat in size—usually being about four or five times the diameter of a blood corpuscle, and exhibited their characteristic movements in all degrees of activity. Their outline was faint and indistinct. At times there was a well-marked progressive movement, but there might only be a simple thrusting forth and retraction of blunt pseudopodia. When it appeared more or less circular in outline, by carefully observing a focussed amœba, its stages of quiescence, pseudopodial protrusion, or rapid change of position or of shape could easily be noted, as also the division of the amœba into ectosarc and endosarc, the pseudopodia being at their first protrusion an entirely homogeneous ectosarc, and remaining so until what looked like a sudden rupture of the boundary line of the granular endosarc allowed this to pour into it, and thus effect a change of position. In order to recognise the amœba, it is most important that it should be actively moving, and therefore the temperature of the warm stage must be attended to. Cold has a paralysing effect on the amœbæ, and when passive they are readily overlooked. The activity of the amœbæ is readily made out by watching the varied substances taken up by its protoplasm—granular matter, red blood corpuscles, organisms, etc.

As a human parasite the amœba coli was originally detected by Lambi, but the first satisfactory investigations concerning the amœba were carried out by Lösch. According to Kartulis, of Alexandria, who in 1883 recorded the results of his examination of 150 bodies of persons who died of dysentery in Egypt, the amœba coli is present in all cases of true dysentery, as also in dysenteric abscess of the liver; and so far his results have been confirmed in America, Greece, and Russia. In this connection I have the permission of Dr. Patrick Manson to state that he has detected this parasite in the stools of two patients suffering from dysentery acquired in India, but that he has failed to find it in the pus of three cases of liver abscess in which he made careful search.

I desire to express my best thanks to Dr. Green for kindly permitting me to publish this case.

MEDICAL MAGISTRATE.—The Lord Chancellor has appointed H. Dove King, M.D., B.Sc., one of the magistrates for the borough of Sudbury, Suffolk.

² BRITISH MEDICAL JOURNAL, August 27th, 1892.

³ *Ibid.*

¹ Johns Hopkins Hospital Reports, vol. ii, Nos. 7, 8, 9, 1891.