observation in the hospital, but as soon as the immediate symptoms have subsided it will be probably only necessary to give very small quantities two or three times a week; and as the drug is cheap and easily obtainable, it is not a great matter if he has to continue it all his life. In the early days of thyroid administration a mistake was made on the side of giving too much rather than too little. It seemed such a harmless thing to give, but, as we know now, it is by no means the innocuous preparation one then imagined. I suppose we have all seen cases in which it has produced distinctly unpleasant symptoms, certainly I have on more than one occasion, and I always give strict injunctions to patients when ordering it for them.

But besides myxoedema in adults and infants, there are certain other conditions in which the administration of thyroid is more or less beneficial. So far as my own experience goes, they may be divided into four: (1) Psoriasis, (2) ichthyosis, (3) obesity, (4) goitre. As regards psoriasis, I happened to be visiting Edinburgh at the time that Dr. Byrom Bramwell was treating his case of psoriasis, on the strength of which he suggested the use of thyroid in these cases. Since then I have systematically tried it in every case that I have seen at the Skin Department of the Sheffield Royal Hospital and in private. Of these a certain very small percentage benefited markedly, and in one case the patient was rapidly cured of four attacks during the last few years by thyroid alone, without any other treatment, local or general. Seeing the great convenience of such a treatment, if successful, I make it a rule in every case to try thyroid extract alone for a short time if the patient consents, and if the result is negative at the end of that time, I give it up entirely and commence local treatment. It was a curious accident that one of the first cases on which it was tried should have been one of the very few that did respond. I am not aware that there is any means by which one can tell which cases will and which will not be benefited. In ichthyosis, thyroid is distinctly of use, but in my experience the effect soon wears off if it is discontinued. As regards its use in obesity, one must remember that this may arise from widely different causes, not all of which are likely to be amenable to any one form of treatment, but I can certainly recall three cases in which the diminution in weight on thyroid alone, without any dieting, was very marked. One man was so stout that he was unable to work, and could hardly get about in comfort, and in a few weeks he got down to quite a reasonable weight, which he has maintained ever since. As regards the value of thyroid in goitre, my experience is very limited, as such cases do not come under the physician in hospital practice. I happened to be treating a patient for psoriasis who had a large goitre, and after she had been taking thyroid for about a fortnight, I asked her how she was, and she said her rash was no better, but that her neck was getting smaller, and that she was able to fasten the collar of her dress, which she had not been able to do for years. I measured the neck regularly during the next few weeks, and it certainly decreased in diameter, but I unfortunately lost sight of her.

NOTE.—April 4th, 1902. The child is now in hospital, and taking thyroid extract. He is daily becoming brighter and less swollen.

MYXOEDEMA IN MOTHER AND CHILD.

By S. W. MACILWAINE, L.R.C.P., M.R.C.S.,
Redhill.

THE occurrence of myxoedema in mother and daughter may be a coincidence, but it seems to me very possibly to show an inherited susceptibility of the thyroid to toxic influences. Mrs. G. had till 1895 practically never known a day's illness; she was then seized with a very severe and persistent attack, of which diarrhoea and vomiting were at first the prominent symptoms and later phlebitis. Removal from Ealing to Malvern led to improvement, but a return to Ealing brought on recurrence of the symptoms. The impression was that the severe toxic condition which undoubtedly existed arose from some sanitary defect in the house at Ealing, and so it was finally given up and the patient removed to Croydon. Before removal tachycardia and palpitation had become established as the leading troubles; the thyroid was noticed to

be much enlarged, indeed its immediate removal was at one time urged. In Croydon, however, the symptoms slowly improved under palliative treatment; the diagnosis was then Graves's disease. The whole illness, till comparative health was restored, lasted about three years—1895-98—but ever since then severe palpitation has given much trouble. The thyroid is hard and enlarged on one side, the hair has fallen out to a considerable extent and has quite changed its texture; the skin has never been moist with perspiration except just at the nape of the neck, and has become harsh, especially in the palms of the hands, where it has often been so severely cracked as to lead to bleeding. Since taking small doses of thyroid for three months, all these symptoms have so rapidly improved as to leave no doubt that the case was one of myxoedema.

In 1899 Mrs. G.'s first child, a girl, was born. Up to a year old the child was perfectly healthy; she was exceptionally forward in walking and talking. When just a year old, and on a visit to London, she was seized with "dysenteric diarrhoea," large quantities of blood being passed. The attack began with drowsiness and feverishness, several other children in the neighbourhood suffered similarly at the same time, and as influenza was epidemic it was suggested as a probable cause. The child wasted with startling rapidity, and nearly died of exhaustion. It was removed to Malvern as a last resource, and immediately began to improve; but for three months there were recurrent attacks of jaundice, and the child was so weak as to be unable to sit up. From this time flesh was put on again, but there was a palpable alteration in the child, she was unable to speak or walk, and the whole appearance was strange. From a bright, nice-looking child she became a typical cretin, as the patient was pronounced to be by Mr. Charters Symonds in January, 1902.

The change since then on thyroid is just such a dramatic occurrence as Osler describes. In six weeks from the commencement of treatment the child was reduced to not much more than half its previous bulk, walking was resumed after two years' interval, but the reawakening of intelligence, with a corresponding change of expression, and the resumption of speech, were the most striking and the most gratifying features of the recovery.

Nine or ten years ago I recorded two cases of myxoedema in adults, the one in a man in whom the establishment of the myxoedematous state was subsequent to and apparently a direct consequence of a severe influenza. In the other, severe and continued haemorrhage at and after confinement established a profound state of anaemia, and the symptoms of myxoedema were gradually grafted on to those of anaemia; the cirrhosis of the thyroid apparently resulting from the toxic state of the blood associated with the anaemia.

In all these four cases the myxoedematous state was clearly secondary to some pre-existing toxic condition: it was an incidental symptom-group, not a primary disease. They emphasize the fact that both scientifically and practically it is inadvisable to attempt to localize diseases instead of tracing them to their causes. In the case of Mrs. G., for instance, although looking back all her ailments have been due to an original toxæmia, the diagnosis has passed through "dysenteric diarrhoea," "phlebitis," "Graves's disease," and "myxoedema." Early recognition and, at least in some cases, prevention—as, for instance, in the anaemic case above-mentioned—would be more probable in cases of myxoedema if we recognized that the detection of "symptom-groups" is not any more the making of a diagnosis, properly so-called, than the now generally discredited method of naming symptoms apart from their causes.

THE DIAZO-REACTION AS A METHOD OF DIAGNOSIS IN CLINICAL MEDICINE.

By H. W. SYERS, M.A., M.D. CANTAB.,
Physician to Out-patients, Great Northern Central Hospital.

THE actual value of a clinical test depends upon its applicability to every-day work. Should it prove to be a method which can be easily employed in routine practice, and if it be granted that the results obtained are reliable, then can there be no doubt that the test has come to stay.