

THE SERUM TREATMENT OF SYPHILIS.

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As this method of treatment is at present only entering upon its trial in this country, the following notes may be of interest:

The patient, a middle-aged gentleman, was first seen on November 30th, 1895. He was then suffering from a chancre on the dorsum of the penis, over the corona, about the size of a threepenny piece. There was little doubt that it was a hard sore. Liquor hydrargyri bichloridi was at once prescribed. This was, however, taken with difficulty, as it produced sickness, and was soon replaced by hydrargyrum c. creta.

On December 18th a marked secondary roseolous rash had appeared, accompanied by sore throat and pains in the bones.

On December 22nd the chancre had spread rapidly, and was taking on a phagedænic character. The following day a large dirty-yellow slough was snipped away with scissors and nitric acid applied over the whole of the raw surface. Despite this and the continuance of mercury, together with tonics, the ulcer continued to enlarge, new sloughs forming until, on December 31st, it extended half way round the penis and penetrated at least two-thirds of the way through the organ. Lotio nigra, followed by iodoform, had been the local treatment.

On this date, the facts having previously been explained to the patient and he being in imminent danger of losing his glans, all medicines were stopped, and the injection of anti-syphilitic serum, obtained from Messrs. Burroughs, Wellcome, and Co., was begun.

On December 31st, 1 c.cm. was injected into the left flank. There was no apparent effect. The evening temperature was normal.

On January 1st, 1896, 2 c.cm. were injected into the right flank. The evening temperature was 99.2°. The patient felt sick about two hours after the injection, but this passed off in an hour. There was distinct redness and increased swelling round the chancre.

On January 2nd, 3 c.cm. were injected in the left flank. No further change was noted. The temperature was normal.

On January 3rd, 4 c.cm. were injected in the right flank. The chancre had certainly not spread since December 31st. The edges were now clear of slough. The patient said he felt "all right." The evening temperature was 98.8°.

On January 4th, the slough was separating, and the secondary eruption was almost gone.

On January 6th, the slough had all come away, leaving a healthy granulating surface. The patient's general condition was improving.

On January 25th, the patient had been out for nearly a fortnight, and had put on almost a stone in weight. The wound was practically healed, chiefly by third intention.

The whole dose of 10 c.cm. was spread only over four days, instead of seven as is usual, but the urgency of the symptoms seemed to warrant this. So far as can be judged from one case, the serum seems to have had a very good effect. It remains to be seen if the experience of others will confirm this opinion.

AFTER-HISTORY OF THE FIRST CASE OF MYXŒDEMA CURED BY THYROID EXTRACT.¹

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THE theory and practice of the treatment of myxœdema by thyroid extract are now well known, and as I have given a full account of the subject in an article,² which

¹ Read in the Section of Medicine at the Annual Meeting of the British Medical Association held in London, July-August, 1895.

² Diseases of the Thyroid Gland, *Twentieth Century Practice of Medicine*, vol. iv (New York).

is now in the press, there is no necessity for any preliminary remarks; and we may at once proceed to the consideration of the two main points with which I wish to deal in this short paper. When thyroid extract was first suggested by me³ as a remedy for myxœdema early in 1891, and when, a few months later, I¹ was able to bring forward facts proving the efficiency of this remedy, two important questions were raised: (1) Can myxœdema be completely cured? (2) Will not the disease ultimately return, even if the use of the remedy is continued?

In answer to these, evidence will be brought forward to show that myxœdema can be cured, and that it does not return when the use of the remedy is continued. It is necessary, however, to be quite clear as to terms. Myxœdema is a symptom or combination of symptoms of loss of the function of the thyroid gland. In the idiopathic form it is a symptom of chronic interstitial thyroiditis, just as anasarca may be a symptom of renal disease or ascites of hepatic disease. Thus the myxœdema can be cured, although the chronic interstitial thyroiditis still remains. As myxœdema is thus a symptom of thyroid inadequacy, it not only occurs as a result of removal or of fibrosis of the thyroid gland, but also in rare cases in consequence of other diseased conditions of the gland.

In illustration of this two interesting cases which have been observed by Köhler may be mentioned. In one⁵ the myxœdema developed in consequence of syphilitic disease of the thyroid gland, and as this improved under treatment by potassium iodide the myxœdema disappeared. In the other⁶ the myxœdema occurred as a result of actinomycosis which affected part of the thyroid gland. Great improvement in the myxœdema followed the removal of the infected tissues by surgical measures.

In myxœdema which accompanies fibrosis of the thyroid gland, we cannot restore the gland to its normal condition, but we can restore the patient to health if no incurable complication has arisen. For example, a gentleman,⁷ aged 44, who had suffered from myxœdema for about two years and a-half, was sent to me three years ago. At that time he suffered from well-marked myxœdema. He could scarcely walk half a mile, and could undertake no work. Under treatment by thyroid extract, rapid improvement took place, so that in six weeks the myxœdema had almost entirely disappeared. Five months later he wrote to say that he was "quite cured." So complete has been the recovery of his mental and bodily capabilities, that a year and a half ago he was able to undertake the duties of secretary to a large manufacturing company, and not long afterwards he was able to ascend a mountain over 3,000 feet high with a walk of ten miles without feeling much fatigue. A daily dose of 10 minims of thyroid extract is sufficient to keep him in good health.

In order to show that patients remain free from myxœdema as long as they take thyroid extract and without any increase in the dose, a short reference must be made to the first case in which the treatment was adopted. This patient was a woman, aged 46, who had suffered from myxœdema for four or five years. There was well-marked swelling of the face, hands, and feet; dry skin, without perspiration; loss of hair, subnormal temperature, langour, slowness of speech and action. It is now four years and a-quarter since the treatment was first commenced in April, 1891. She gradually lost all the symptoms of myxœdema, which, however, partly returned on two occasions when the use of the remedy was discontinued for a time. She has for long been free from myxœdema, and is so now. The swelling has gone, and the skin is soft and moist; the hair has grown again, the temperature is normal, and she leads an active life as the wife of a working man. She continues to take one drachm of thyroid extract during each week. As this case remains well at the end of more than four years, it is evident that as long as she continues to take the extract she will not have myxœdema, even if she lives for another twenty years. This continuance of good health in the adult gives us all the more reason to expect that cretins, if treated early and continuously, will

³ *Transactions of the Northumberland and Durham Medical Society*, February 1891, p. 92.

⁴ BRITISH MEDICAL JOURNAL, October 10th, 1891, p. 798.

⁵ *Berliner klinische Wochenschrift*, July 25th, 1892, p. 743.

⁶ *Ibid.*, October 8th, 1894, p. 927.

⁷ *Lancet*, May 13th, 1893.