

eat. Next day her pulse had increased to 72. On July 28th she was given 2 drachms of a glycerine extract which had been prepared from fresh thyroids by Mr. White, the pharmacist to St. Thomas's Hospital. It was given at 11 P.M. At 12 her temperature was 99; at 3 A.M., 99.4°; and at 6 A.M., 98°. She perspired profusely at 6 A.M. Next morning (the 29th) she complained of nausea, and was slightly sick. Her face was flushed, and she complained of aching pains all over. The temperature fell to 98°, but the pulse increased to 80. Two more thyroids were given on the 29th and 30th, and the temperature again rose on the 30th to 99.4°. Between July 30th and August 3rd no thyroids were given; they were then given again, and between August 3rd and August 17th twenty thyroids altogether were given, but on five occasions these were rejected by vomiting, so that it may be considered she had only ten.

The temperature from August 9th to 16th varied between 98° and 98.6°, but on the 9th the pulse rose to 116, and kept between that and 112 for the next few days. On the 17th the temperature rose to 100°; I then discontinued the thyroids. The pulse gradually diminished in frequency until, on the 26th, it was 76. The temperature hovered between 98° and 98.6°. While these changes took place in the pulse and temperature, a striking alteration was noticed in the appearance of the patient. Since I have seen her I have never known her to look as she does now. The face seems about half the size; the features have become defined and expression has returned. Her hands have become normal in size, without a trace of swelling. The skin of her hands and feet has desquamated. She has perspired freely, and has had a comfortable sensation of warmth. Altogether a very marked change for the better has taken place. The improvement is, in fact, unmistakable, and such as can only be attributed to the remedy. I may add that no diuretic action has been observed.

To sum up the effects observed in this case: (1) A marked acceleration of the pulse and rise of temperature proportional to the quantity of thyroid given, these persisting for some time after the administration is discontinued. (2) A general diminution of the swelling and amelioration of all the symptoms accompanying myxœdema.

In the administration it has been found that it is less nauseating when given with a little brandy. In another case, as I have already mentioned, I should be inclined to commence the treatment with either one thyroid every other day or half a thyroid every day. If it is found that this is well tolerated and does not produce any marked effect, the dose can be easily increased. The method is one which experience will no doubt much improve on; but it will be a great advance if further observation confirms what has been observed in this case—that a remedy, easily obtained, taken by the mouth should produce marked improvement in a disease hitherto intractable except by hypodermic and somewhat risky injections.

A CASE OF MYXŒDEMA TREATED BY TAKING EXTRACT OF THYROID BY THE MOUTH.

By E. L. FOX, M.D., M.R.C.P.,
Plymouth.

E. M., aged 49, came under my care at the Plymouth Dispensary in March last. She at that time exhibited all the typical symptoms of a well-marked case of myxœdema. I showed her at a meeting of the Plymouth Medical Society, and consent was unanimous in favour of myxœdema.

The disadvantages of having to treat cases of myxœdema by continued hypodermic injections are many and obvious. I was therefore induced to try the effect of thyroid extract when taken by the mouth. I directed the patient how to prepare a glycerine extract of half a sheep's thyroid, on much the same lines as laid down by Dr. Murray. Of the extract thus prepared she was to take half one hour before breakfast and the remainder one hour before supper, and to continue doing so twice a week.

She commenced the treatment on June 2nd. On July 11th she showed very visible signs of improvement; her facial expression was decidedly brighter, her speech was better, and she felt generally much stronger.

On September 12th the improvement had continued. The skin was soft and perspired freely: the œdema was much less. She was ordered to take half a thyroid, lightly fried and minced, to be taken with currant jelly once a week, and to continue taking the extract once a week. By mistake she took the minced gland twice a week for a fortnight; she then noticed she was getting rapidly weaker, profuse perspirations breaking out on the least exertion; she was unable to walk or stand steadily. She left off taking the gland on September 22nd and began rapidly to recover her strength.

On October 17th she considered herself well, and better than she was two years ago when the symptoms of myxœdema first began. Her condition now is in every way satisfactory. Her face has assumed its ordinary proportions, her speech is normal, the œdema has gone, and menstruation has returned.

I have reported this case, as the method of administering the remedy is simple in the extreme, and in my case, at all events, the result has been satisfactory. If I had another case to treat I should begin with small doses of the minced gland, as that seems to be more potent, gives less trouble in preparation, and is preferred by the patient.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

NOTE OF A CASE OF PROLONGED HÆMORRHAGE CAUSED BY CYSTIC OVARITIS.

THERE are some points about the following case which make it, I believe, of sufficient interest to record briefly; though, of course, since Mr. Lawson Tait drew attention to the subject, small cystic ovaries have been recognised as a frequent cause of metrorrhagia. In this case the patient was in about six weeks reduced to such a degree of exhaustion that operation was rendered particularly risky; she was blanched with loss of blood, which scarcely intermitted a day, and the pain she suffered was of an exhausting nature.

Mrs. E. consulted me in April, 1891. She was a pale, thin blonde, 52 years of age, whom I had treated occasionally for gall stones, perhaps three times in six years, but who had otherwise been quite healthy. She had never been pregnant, and had menstruated normally up to some eight months previously, when she became irregular, missing occasionally, till January, 1891. After that period was over she saw nothing for three months, until early in April she commenced to be unwell, and when the flow had continued some ten days sent for me to check it. The quantity was not very large, usually three or four diapers a day, but sometimes with, and at times without, exertion the discharge came much more profusely. She complained, too, of lancinating pain in the hypogastrium, not affected by pressure; but she had much pain on defecating and on coitus. On examination I found the uterus of normal size, but retroverted. Behind it, in Douglas's pouch, was a nodular, elastic body, as large as a bantam's egg, which was exquisitely tender to pressure, and which remained *in situ* when the uterus was gently raised. Examination did not increase the hæmorrhage. I put the patient on ergot and bromide of potassium, and confined her strictly to bed.

Some weeks of this treatment had no effect on the pain or bleeding, and the patient was getting very exhausted. I feared from the great pain, the persistent hæmorrhage, the bad condition of the patient, and, more, from the rapid onset and development of these symptoms in a woman who was under the impression she had passed the climacteric that there was malignant disease of the ovary; and Dr. Braithwaite, who saw the case with me, concurred.

We agreed, however, that at least an exploratory operation was desirable at once, in the hope of finding appendages which could be removed with a prospect of relieving the patient. I therefore proceeded to operate on May 21st, at Kirkburton, assisted by Dr. J. A. Smith. I made the usual incision in the middle line $\frac{1}{2}$ inch in length, but had to enlarge it subsequently 1 inch downwards, as it was impossible to bring either ovary to the surface of the wound.

The left ovary was enlarged to the size of a small egg, and firmly adherent to the *cul-de-sac* from which it was separated and pulled up with its tube. The Staffordshire knot was applied too low in the pelvis for the pedicle to be seen, as the parts could not be brought up without risk of tearing. I was materially helped by my assistant elevating the pelvic floor with his fingers in the vagina. This ovary contained three cysts, one of which, as large as a filbert, was filled with blood clot. The right ovary was smaller than normal, hard and leathery, and was also removed with its tube. No drainage tube was inserted. The patient made an uninterrupted recovery. The temperature never reached 38° C.; there was no vomiting, no flatulence which the rectum tube did not relieve, and since May 27th there has been no hæmorrhage whatever. The patient remains perfectly well, and much stronger than before the illness which brought her to me.

It is as impossible to explain the cause of these hæmorrhages which accompany cystic ovaries as it is to explain menstruation. Something that is removed in Tait's operation—for *pace* Mr. Bland Sutton, I have removed and seen removed ovaries which were completely removed without checking menstruation—is concerned in each case. Whether it is a nerve centre that exists somewhere in the parts removed, or whose influence is transmitted along these structures, either through Johnson's nerve or by the sympathetic distributed along the vessels or by some other route, we are no nearer knowing than ever. But once completely remove ovaries and tubes close up to the uterus, menstua-