surgeons who operated, in a private capacity, upon paying patients ; the same surgeon, however, before operating upon a hospital patient usually found it necessary to obtain the consent of the superintendent of the hospital. This consent was often withheld, partly for fear of alienating Roman Catholic subscribers to the hospital, and partly because, in view of the already long waiting list, many hospitals hesitated to incur the smallest legal risk. Such discrimination between rich and poor was unfair, and it constituted a good argument for regularizing the position for people of all classes by Act of Parliament. In the matter of safeguards, said Dr. Blacker, a course had to be steered between two opposing camps of critics, and, in his opinion, the recommendations of the Brock Committee constituted a happy *via media*. Some safeguards, he thought, were necessary. It was to be remembered that vasectomy was a simple operation, capable of being performed under a local anaesthetic ; it took but a few minutes, and necessitated at most a day's absence from work, yet it produced irreparable and irreversible effects. Every new law was exposed to certain criticisms and objections. Dr. Blacker was far from denying that a voluntary sterilization law along the lines of the recommendations of the Brock Committee was exempt from these, but in deciding whether to oppose or to support it the question we had to ask ourselves was: "On balance did the advantages outweigh the disadvantages?" and he believed that in this instance the answer was "Yes."

CORRESPONDENCE

Prescription of Thyroid

SIR,—Your article in the *Journal* of June 9th serves a very useful purpose in drawing attention to the danger of prescribing overdoses of thyroid owing to the confusion between the dosage of fresh gland and dry gland preparations to which you refer. The letters of Dr. W. Martin and of Mr. N. Evers in the *Journal* of June 23rd show there is still some difference of opinion as to the relative strength of the two, but in practice I have found that, as you state, 1 grain of dry thyroid *B.P.* is equivalent to 5 grains of fresh gland. The dangers and ill effects of continued overdosage are well illustrated by the cases of thyroid addiction described by Dr. S. W. Patterson in the *Journal* of July 7th.

In prescribing dry thyroid it is important to bear in mind the amount of it which is equivalent to the daily output of the normal gland of an average adult. This varies in different individuals, but long experience has shown that in the majority of fully developed cases of myxoedema, in which the gland has become functionless, a daily dose of from 1 to 2 grains is sufficient to restore and maintain good health for many years, so that this amount may be taken to represent the daily quantity of secretion produced by a normal gland. In the treatment of these cases there is nothing to be gained by exceeding these doses. In mild cases of hypothyroidism, in which the gland still supplies a small but insufficient amount of secretion, a single daily dose of 1/2 grain is adequate. When it is desired, as a means of treatment, to raise the basal metabolic rate above the normal level larger doses are necessary, but should be employed under medical supervision, so that the effect on pulse rate and weight and, if possible, on the basal metabolic rate may be observed, and the dose diminished as soon as any ill effects appear. The official *B.P.* dose is given as 1/2 to 5 grains. The latter is too large, as the continued use of 5-grain doses two or three times a day is apt to produce the symptoms of induced hyperthyroidism observed in Dr. Patterson's cases.—I am, etc.,

Manchester, July 11th. GEORGE R. MURRAY.

Pyloric Stenosis

SIR,—The interesting article by Dr. H. L. Wallace and Mr. L. B. Wevill and recent correspondence in the *Journal* on congenital hypertrophic stenosis of the pylorus, reveal many points of view on which differences are manifest and results by no means uniform. As one of your correspondents states, team work is essential ; the practitioner, the paediatrician, and the surgeon all play their parts, but sufficient stress is not laid by him on the importance of early diagnosis and the part played by the practitioner in making this possible. Valuable as is the assistance of the paediatrician in pre- and post-operative care, the surgeon prefers the infant to reach his hands within, say, ten days of the onset of cardinal symptoms, before wasting has become excessive.

Under such circumstances the mortality should not be more than 5 per cent. As I pointed out in 1927,[1] a group of ninety cases operated on at the Birmingham Children's Hospital had a mortality of 40 per cent. Among these were fifteen "private" patients, none of whom died. These cases were treated in the private ward of the hospital under conditions exactly comparable to those in the general wards, but they differed inasmuch as symptoms had, on the average, only been present for thirteen days in this group, compared with eighteen days in the cured cases from the ordinary wards, and twenty-five days for those who died following operation.

If a palpable tumour is to be a cardinal point in the diagnosis, as we are accustomed to regard it, the examination must be painstaking and prolonged. Its presence clinches the diagnosis, and differentiates cases of pyloric spasm. In the last two years, in cases referred to me by my colleague Professor Parsons, palpable tumour was found by him in forty-one cases out of forty-three. In one case it was definitely not felt, and in the other no note was made.

Radiography appears to be used but little in this country as a routine method of differential diagnosis. In France it appears to be otherwise ; Poucel, in his recent monograph,[2] regards it as a normal and harmless procedure. In Birmingham we regard it as usually unnecessary and not altogether harmless.

Since the commencement of 1930 I have operated on eighty-nine cases to date, with seventeen deaths—a mortality of 19 per cent. This compares favourably with the group of ninety cases which I published in 1927 with a mortality of 40 per cent. ; and, though it is undoubtedly true that most of the seventeen cases might have been saved with earlier diagnosis, yet I think great credit is due to those upon whom the responsibility for the initial diagnosis rests—namely, the practitioners—for the improvement in results already manifest in a disease which has only been generally recognized and adequately treated for just over a decade.—I am, etc.,

Birmingham, July 10th. SEYMOUR BARLING.

Preliminary Ligature in Toxic Goitre

SIR,—There are a number of cases of toxic goitre in which a primary radical operation, even in the best hands and after careful preliminary treatment, is associated with a considerable, indeed an unjustifiable, risk. I refer particularly to cases in which the goitre is large and the patient over 40 years of age. A preliminary ligature of both superior thyroid arteries will almost invariably effect a notable improvement in such cases. I would go further and maintain that the subsequent thyroidectomy should be done in two stages.

[1] *Lancet*, September 3rd, 1927, p. 492.
[2] Poucel: *La Sténose Hypertrophique du Pylore chez le Nourisson*. Paris: Masson et Cie. 1934.