improve the quality of vocational training.

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References

Gray, D. J. Pereira (1977). *A System of Training for General Practice. Occasional Paper Number 4.* London: *Journal of the Royal College of General Practitioners.*

Leeuwenhorst Working Party (1977). *The General Practitioner in Europe.* A Statement by the Working Party (1974) appointed by the Second European Conference on the Teaching of General Practice. *Journal of the Royal College of General Practitioners,* **27**, 117.

NUMBER 15 PRINCES GATE

Sir,

I completely agree with Dr Ellis (March *Journal,* p. 185) regarding the headquarters of the Royal College of General Practitioners. I have long felt that property in the centre of London is not the best investment for the College's money nor the best meeting place for College members.

There are many large country houses between London and Birmingham and in common with many other organizations one of these could be purchased and turned into a magnificent headquarters and conference centre. It may be an advantage to keep a small building in the centre of London as a convenient place for members to stay overnight, but a country headquarters would be much more accessible to the vast majority of members in the UK as long as it was situated close to a railway station and motorway network.

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THYROID DISEASE

Sir,

The recent article, "Unusual presentations of thyroid disease in general practice" (March *Journal,* p. 170) prompts me to describe a patient who presented in June 1976.

The patient, a woman of 32, complained primarily of severe itching. This had started 15 months earlier, about three months after the birth of her first child. It had been mild at first but had recently become more severe. She also volunteered an additional symptom that she had lost weight (her pre-pregnancy weight had been 311 kg (10½ st) and now her weight was 277 kg (9 st). But pruritus was her main symptom. She was a new patient in the practice and this was her first visit. A month earlier she had been treated by her previous doctor for scabies but with no improvement.

Physical examination revealed numerous excoriations covering her body and on closer inspection an urticarial rash was present as well. She had fairly obvious exophthalmos and her thyroid was slightly enlarged. Her hands were moist and warm and she had a slight tremor. Her pulse rate was 132 per minute. The diagnosis of thyrotoxicosis was confirmed by thyroid function tests: total thyroxine 305 n mol/l (normal 70 to 185); free thyroxine index 430 (normal 60 to 175); thyroid hormone uptake test (T3 uptake or THUT) 71 (normal 92 to 117).

She was treated with carbimazole 10 mg three times daily and trimeprazine 10 mg three times daily and within a few days the itching settled. She was completely free from pruritus when she returned for her follow-up visit after two weeks. She has remained well and her symptoms of hyperthyroidism have completely disappeared. She takes only 5 mg daily carbimazole now and is about to stop the drug. She stopped the trimeprazine after only a few days.

Pruritus as a presenting symptom of thyrotoxicosis is rare. In 1904 Sir William Osler described pruritus in hyperthyroidism as "an early and most distressing symptom".

More recently it has been described by Barrow and Bird (1966) and Ellakin and Rachmilewitz (1959). The mechanism is unclear.

Pruritus is also known to occur in hypothyrodism. Here it is thought to be related to the dry scaly skin. It is relieved by the administration of thryoxine.

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References

Barrow, M. V. & Bird, E. D. (1966). *Archives of Dermatology,* **93**, 237-238.

Ellakin, M. & Rachmilewitz, M. (1959). *Israel Medical Journal,* **18**, 262-268.