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Edited by THEODORE DAVIS ADLERMAN, M.D.
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In Desperation · this woman turns to you —

CASE HISTORY:

Age 38, married 14 years. Has had 11 pregnancies, 9 living children, 2 miscarriages. Last 3 babies could not be nursed because of mother's weak condition.

SYMPTOMS:

Complains of headache, vertigo, lassitude and cardiac palpitation. Very apprehensive and neurotic. Constantly worried about her children's welfare; resents her husband.

Physical examination shows undernourished, debilitated woman appearing far older than her age. Suspicious dulness and râles over left apex posteriorly. Abdomen flabby and distended. Multiple lacerations of cervix uteri. Moderate edema of ankles.

DIAGNOSIS:

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PROGNOSIS:

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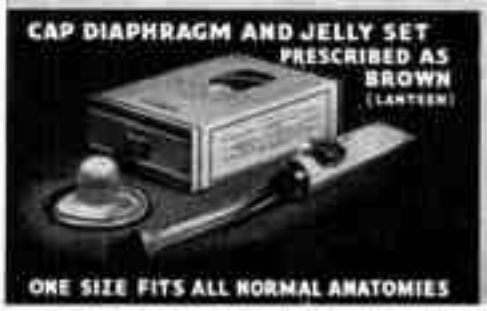

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Selected Articles and Editorials

BRYONIA

F. L. HOSMAN, INDIANAPOLIS, IND.

Bryonia is a native of Europe and is given to us by the Germans.

The drug is a rank poison and in large doses causes depression of the circulation, respiration, and mentality. Intense griping, uneasiness, and watery stools. Vomiting and straining is also present. The vitality becomes low with muttering delerium, with the patient becoming cyanotic. Experience has taught us to use it in small doses, 3 to 10 drops to a 4-ounce mixture, giving approximately one teaspoonful of the mixture every two hours. It will relieve pain many times and very promptly when indications for its use are present, instead of using opiates, bromides, or coal-tar derivatives.

This drug will not check secretions, but rather promotes them as will be seen with its use in pulmonary affections. In pleurisy it relieves the pain and helps the absorption of the fluid within the pleural cavity and thus will relieve the shortness of breath due to the pressure caused by this fluid, and many times saves aspiration.

In pneumonia or bronchitis it will relieve the hard, dry, and painful cough. In abdominal diseases it also finds a prominent field, especially in colitis. In the common catarrhal affections of the nose, due to colds, - when combined with gelsemium and aconite it will give excellent results.

This drug is being used in the treatment of tuberculosis, as it has been found to ease much of the acute pain in the acute inflammatory state. It will also assist in making the sputum less offensive, when combined with antiseptics such as echinacea and assists in the prevention of rapid breaking down of the tissue not already affected. In peritonitis, when

the pulse is hard and registering, rapid, intense pain upon the least movement, think of bryonia—it will fill the bill.

The indications for this drug are as follows: Pain in the right side of the head and face, right cheek flushed, burning of the eyes and nose, with acrid discharge. The pulse full, hard, and wiry. Scanty urine, constipation, pain involving the serous membranes and aggravated by motion. Deep, rasping, irritating cough. Pains of a rheumatic character with a steady intensive ache. Sharp, cutting pain in the region of the gall bladder and liver call for bryonia.

This drug is one of the favorites of all Eclectics and never a day passes in which some patient does not receive some of it in their medication. It is dependable and results are obtained when used according to its indications.

ETIOLOGY AND TREATMENT OF PUERPERAL SEPSIS

GEORGE C. PORTER, M.D., LINTON, IND.

Puerperal sepsis, as the name implies, is an infected condition of a lying-in patient, incident to the delivery of a child. The sepsis must be transmitted from without to the inside. The requisites for this infection must include an open or absorbing surface through which the infection passes. This will include lacerations of the cervix or perineum, or the forceful separation of some part of the secundines from the wall of the uterus. Retained placenta is a fruitful source of such conditions.

Introduction of the sepsis from the without must come from improper sterilization of the hands or instruments of the accoucher or attendant, along with improper preparation and sterilization of the parts involved. It should be regarded as negligent on the part of the attendants to have the development of sepsis in any given case of parturition. The infection may be introduced by the use of unsterile napkins, gowns or bed clothing or not infrequently has it been brought about by the use of an unsterile syringe nozzle in giving cleansing douche. The infection is streptococcic.

Treatment.—The treatment is antiseptic throughout. I should divide the treatment of puerperal sepsis into three distinct phases, viz., hygienic,

surgical, and medical.

Hygiene.—The patient should be placed in a light, well-ventilated room cleared of all unnecessary furniture, curtains, etc. All clothing should be removed, followed by a cleansing sponge bath; patient provided with a short, white slip for gown. The hair of the pudendi should be removed and a sterilization of vaginal vault made with Lysol solution, strength 1 to 1,000 parts of sterile water. Patient should be placed between two laundered sheets. Diet should be liquid to soft, depending upon severity of lesion, giving abundance of hot water, as nearly all these cases are dehydrated. Attention should be given to free action of both kidneys and bowels. A saline laxative is preferred.

Surgical.—After proper preparation of patient and physician and sterilization of instruments, a careful survey of the womb should be made, examining for retained placenta and lacerations. An intra-uterine wash of Lysol solution, strength as of above, at the temperature of 105 degrees. This will dislodge all fold debris and cleanse the uterine cavity, thus arresting absorption of septic material.

If there is found to be any retained placenta, forceps should be applied, inviting its removal. Care should be exercised to not opening any more surface for absorption.

The curette is not to be used, and perhaps never in a case of puerperal sepsis, lest a disturbance of the endometrium will allow free absorption of the offending material, and in this manner create more harm than is possible to do good.

All lacerated or abraded surface should be touched with silver nitrate solution 10 per cent, to close and prevent farther absorption at these points. Intra-uterine wash should be used once in twenty-four hours for two or three days, when it can be withheld, unless further emergency exists for its continuance.

Sterile pads should be provided and precaution taken against the continuance of the infection. If the case is bad, with low resistance of patient, 500 cc. or normal saline solution should be given intra-venously or by hypodermoclysis, to be repeated as indications may call for.

Medical.—Internal medicine should be directed against the septicemia

and for support of the patient. With high and intermittent fever, 5 to 10 grains of quinine should be given at intervals of four to six hours, when temperature is down. If peritonitis be present, it should be met with aconite and bryonia in suitable doses. If inflammation of the uterus, aconite and macrotys, or phytolacca and macrotys, should be given in suitable doses every two hours. Echinacea is of prime importance in combatting the internal sepsis and should be given throughout.

The heart and circulation must be supported with cactus and strophanthus, as indicated.

The bowels and kidneys should be kept working abundantly. In extreme cases of septicemia, I have had wonderful results from the intravenous use of sodium iodide, 10 cc. doses, at intervals of twenty-four to forty-eight hours until the sepsis was controlled.

Attention should be directed in the convalescing stage to the upbuilding of the general strength and blood of the patient. To this end, iron in some form, along with arsenic, is splendid. Lloyd's iron answers admirably at this stage of care, as it supplies an assimiable form of iron with phosphorus and does not disturb the stomach or mouth.

Do not overlook the action of veratrum viride. In hepatitis, nephritis, engorgement of the viscera, it proves to be a very dependable antiseptic as well as an alterative of no mean ability. In puerperal convulsions we have used it time and again with great success. Lack of space here prevents us from lauding this drug in erysipelas. Use it. It will help you.

THE FAMILY PHYSICIAN AS AN OBSTETRICIAN

T. D. HOLLINGSWORTH, M.D., AKRON, OHIO

It is difficult to write a paper on the subject of obstetrics and cover only one phase.

There seems to be a return to the family doctor for treatment along many lines that in recent times were thought to be the exclusive domain of the specialist. Perhaps the economic feature has had more to do with the change than other factors; however, the results obtained in the average case seems to justify the return to the family doctor.

In obstetrics, if we can rely on statistics, the mortality rate is lower in the home under the family physician than in the hospitals of the United States. It is claimed that 70 per cent. of the obstetrics is done by the family doctor. The higher death rate in the hospitals may come from the fact that so many difficult and abnormal labors after being started in the home are transferred to the hospitals for operative or instrumental delivery.

The patient in the home does not come in contact with bacteria foreign to her environment. She has built up at least a practical immunity to the bacteria in her home.[1]

There is more danger of infection in a general hospital from pus cases and other sources unless the maternity patients are in a separate building or the maternity floors have no communication with other parts of the hospital and are served by their own diet kitchen, sterilizing outfits, and other facilities.

Public hospitals get all kinds of patients, some almost moribund on admission. Here we would expect a higher death rate than in an institution that gets a different class of patients.

The statement has been made that 50 per cent. of the maternal deaths are largely preventable. Toxemias should be classed among preventable diseases.

There is a class of writers in some of our popular magazines and also in some books that seem to want to discredit the medical profession of the United States in the practice of obstetrics by claiming this nation ranks fourteenth or lower among the civilized nations of the earth in our maternal death rate. It has been proven that the percentages given and the figures quoted do not give a true picture of conditions, as many of the other countries do not include all the causes of maternal deaths as given in the U. S. All deaths in the three stages, pregnancy, parturation, and lactation, are included in the maternal mortality figures in the United States, and not in all the other countries keeping statistics.

Some interests that want to turn the maternity work over to the mid-wives in the U. S. claim their death rate is lower than the physician's. It

1 Hear, hear!—MM

can not be proven, as all abnormal and instrumental deliveries are done by physicians, then if anything happens the death certificate is signed by the physician. The chances are that the patient would have recovered had she been under a doctor's care during her pregnancy and at the beginning of labor.

We will admit the death rate is too high in maternity cases in the U. S., and that it has not been lowered by the methods employed in the modern maternity hospital. The claim is made by some specialists that the death rate is increased in certain hospitals because any physician can take his patient there and deliver her, that she does not receive expert treatment, and that poor judgment is used in the choice of methods employed in abnormal cases. There may be other reasons not mentioned, but the fact remains that there is a lower maternal death rate among women confined at home.

The American women are receiving better prenatal care than formerly and there have been improvements in the technique of delivery, still our death rate has not been lowered nearly as much as it should be.

Women who show no signs of any organic or functional diseases may develop some serious lesion from the added strain of pregnancy. A careful periodic examination of these patients will give time to correct conditions before they become dangerous. By watching the diet we can ease the strain on the kidneys. By supplying calcium, we can save the teeth and the bony structures. There are indicated remedies that may be given to quiet the nerves, induce sleep, relieve the annoying uterine cramps, correct constipation if diet alone will not do it.

No drastic cathartic should be used during pregnancy, only mild laxatives. Corpus leuteum will control the uncomplicated cases of morning sickness. One ampule every day or every second day for a few days will stop the vomiting and control the nausea. Calcium carbonate serves a double purpose by supplying calcium for the foetus and also correcting sour stomach. Pulsatilla macrotys, caulophyllum, and black haw are often indicated during gestation. I could supply a longer list of drugs that are useful at times, but as you are familiar with them I will not repeat them here.

There are two lives at stake in each delivery, and the infant should receive consideration as well as the mother. The modern obstetrician

wants to get the case over on time and if uterine contractions do not begin on the day set, measures are taken to start the pains. This may not harm the mother at all, but sometimes it does the child no good, if it does not actual injury. There are times when such interference is justified as when a contracted or deformed pelvis or larger infant makes it difficult or impossible to give birth via natural passage, a Cesarean section should be performed before actual labor begins. By so doing there is less danger of infection.

Obstetrics does not stand on as high a plane in the eyes of the majority of physicians as surgery, and less time is spent teaching this important subject in the average medical school than should be given to it. When obstetrics is given more attention in the course and women are educated to the importance of putting themselves under the care of a competent physician early in pregnancy and follows his advice, we will have fewer deaths from preventable causes.

There is no one more competent to give advice and care to the average pregnant woman than her family doctor, since he know's her history, her family, its surroundings, and her physical condition. He is in a position to watch over her and detect any trouble that might develop from the extra load carried by the heart, kidneys, and other organs during pregnancy. He can help correct conditions as they arise.

I do not desire to leave the impression that a specialist would do less for the patient, but the average expectant mother can not afford to pay the fee demanded by the specialist.

No physician should accept confinement cases unless he has enough interest in the work to give them proper prenatal care, and to watch them after confinement until the generative organs have returned to normal.

We can not have the same degree of asepsis in the home that is imperative in the hospital, yet we can have all instruments, bed coverings, and dressings coming in contact with the patient sterile. It is much more important to have surgical cleanliness in the hospital delivery room to avoid infection being carried from one patient to another. The worst infection I have had in my own practice occurred in a patient delivered in a hospital. It would not be fair to claim the infection was contracted in the institution as she had a slight elevation

of temperature when admitted.

Statistics prove there is a greater mortality rate among women confined in hospitals. It is my opinion that there may be a smaller infant mortality rate among babies born in hospitals as they have better equipment to resuscitate infants than can be carried by the physician to the homes.

There are certain things that need to be done to reduce the maternal death rate. The most important of these is education. Educate the mothers to seek medical supervision at the beginning of pregnancy. Educate medical students as thoroughly in obstetrics as in other lines. Place service in obstetrics on an equality with other services in the hospital. Educate the family physician to the necessity of giving better service to maternity patients. When these things are done there will be less cause for complaint, and many of the preventable causes of death in obstetrics will have been removed.

ACUTE FRONTAL SINUSITIS

M. O. HAZEN, M.D., HARRISBURG, PA.

Let us review briefly the anatomy of the frontal sinus. You will recall that it is located in the frontal bone between the two compact layers of the bone, one sinus on each side of the middle line of the head, and that it is lined by the mucous membrane which is continuous with the lining membrane of the nasal passages, through the ductus naso-frontalis, which has its ostium underneath the middle turbinate.

Etiology.—One of the principal causes of frontal sinusitis is some obstruction of the ductus naso-frontalis, which interferes with the outflow of secretions, such as a swelling of the anterior part of the middle turbinate or a deviation of the septum, which acts as a mechanical barrier, and increases the severity of the sinusitis when the inflammation of the mucous membrane is on the same side as the deviation. We may have a simple serous inflammation or a purulent inflammation, when pyogenic bacteria are present. In cases of the serious or acute catarrhal inflammation of the sinus, we may have oedema of the lining mucous membrane, which may be so extensive as to obliterate the caliber of the tube, or we may have polypoid growths as

the cause of the obstruction. In the acute purulent sinusitis we have the super ficial layers of the mucous membrane involved, while in the chronic form we find the pathology extending into the deeper layers. If the section is thick we find it retained in the sinus, lint if thin it may drain through the ductus naso-frontalis to the under surface of the middle turbinate.

Symptoms.—The pain is generally over the frontal sinus and is of a dull, heavy or pressure pain in character, assuming at times a throbbing pain. There is a history of an acute cold and on inspection we find an inflammation of the nasal mucous membrane, with a secretion in the middle nasal fossa with more or less occlusion of the nares and tenderness on pressure over the sinus with a neuralgic pain. The pain generally begins in the morning after the patient has been on his feet from one to three hours. Motion, such as sneezing, coughing or blowing the nose increases the pain. The eye on the affected side may be inflamed and painful. The secretion varies from a thin, watery serous nature to a mucoid, muco-purulent or purulent.

Treatment.—The object of the treatment is drainage and alleviation of the inflammation. Probing of the canal and sinus is to be discouraged. The mucous membrane around and under the middle turbinate is thoroughly cocainized with a 2 to 4 per cent. solution. Adrenalin may be used in connection with the cocaine solution. After the tissues are shrunken apply a 2 per cent. solution of silver nitrate underneath the middle turbinate and around the ostium of the ductus naso-frontalis. The middle passage is then packed with a pledget of cotton which has been thoroughly covered with an ungentum of salicylic acid (20 grs. salicylic acid C. P. to the ounce of white petrolatum). This application is to be left in place for two hours and then removed by the patient. This treatment is to be repeated every day until a cure is brought about. The patient is given a spray of menthol and camphor in liquid petrolatum to spray into the nose every two to four hours. If you have a middle turbinate or a deviated septum that is causing a mechanic obstruction, these conditions should be corrected as soon as the acute inflammation has subsided. The indicated remedy as gelsemiuni, brvonia. etc., may be given internally to help alleviate the sinusitis.

Transillumination is of little benefit as an aid in making a diagnosis. Suction and heat hell) to remove the secretion and lessen the pain.

CERTAIN DRUGS IN CERTAIN NERVOUS DISEASES

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In presenting this short paper, it is not the intention of the writer to go into any history of any of the drugs mentioned here, nor to describe the physiological action of the drugs presented, as this is not the object of this paper.

Nor is it our intention to consider any disease with regard to the symptomotology, etiology or prognosis, all of which you may easily find in any of your reference works.

We will simply name a disease and then review such drugs as are used by the writer in his practice.

Meningitis.—I am not going to say anything about the use of serums in the different forms of this affliction, as we are to deal with drugs only.

Aconite is a very useful drug in the very beginning of the first stage of meningitis. A severe chill of short duration, followed by a marked and rapid rise in the temperature in your patient, are my indications for the use of aconite in meningitis. The patient at this stage will present a marked restlessness with a rough, dry skin. Administer your aconite here in small doses, repeating frequently until the patient's skin assumes a moist appearance, and then give no more. At no time have we ever known the resumption of aconite to produce any benefits. When improvement ceases, some other drugs must be used. With the use of aconite, give the patient liberal quantities of hot water.

Trifacial neuralgia is not a very easy disease to handle or cure. Yet we have seen many cases which were accorded great relief by aconite.

Speaking of the use of aconite, let us not overlook the stubborn, persistent cases of neuralgia which very often will give way to aconite after resisting all other remedies. This is especially so in all cases of neuralgia which are caused by exposure to cold and wet winds.

Considering aconite outside of the domain of neuralgia, its most prominent place is in all inflammatory diseases which are associated with increased respiration.

The action of aconite in reducing fever is too well known for me to spend time on this particular phase, yet I would like to particularly impress upon you the use of aconite in all inflammatory conditions of the puerperal state, no matter if it is a pelvic peritonitis or a metritis.

Let me not forget to say a word about aconite in mental states. In cases where the patient is full of fears of approaching death, he is afraid of men, afraid of ghosts who are all around him, give aconite. There are great possibilities for the use of this drug in melancholia of different kinds, as well as in the depressive state of neurasthenia. Speaking of depression and manic depressive states, we must not overlook ignatia amara. This drug will receive more attention at our hands. We must study this drug in all cases of the depression of the mind. Many were the cases that I improved where the patient was “down and out” with nothing to live for, after some severe loss.

Belladonna.—The chill is not so very severe, but the temperature is high, while the skin may be either dry or moist. The pulse is rapid, full and bounding. The face is flushed and the pupils are very much dilated. Many cases of meningitis are delirious, convulsion may come and go, and come again, all which to us is a clear call for belladonna.

After belladonna has reduced the fever of meningitis, very often we encounter the pais of meningitis. These pais will make their appearance in the occiput. The muscles of the neck and back become more rigid, more stiff, when we must at once discontinue the use of belladonna, and administer frequent but small doses of bryonia. Bear in mind that bryonia and belladonna do not seem to work well together.

I am not saying at this time that meningitis is curable with the three above mentioned drugs. I am not saying anything about all other measures used by many neurologists in this dreaded disease. I am simply calling your attention to these three drugs, which in our estimation are clearly indicated in meningitis.

Do not forget that belladonna has a clear field in cases of incontinence of urine, especially if the mucous membrane of the bladder is very

sensitive. Our experience with belladonna in cases of migraine was certainly very satisfactory and worth recording. In nearly all these cases where I was able to administer belladonna just before the expected attack, I never had a failure. The reflex convulsions of childhood open a very wide range of the use of belladonna. What can be more clear in these cases than the head, which is hot, and the staring eyes with the dilated pupils?

Multiple Neuritis.—You all know this disease. No matter what drugs you may use, bear in mind the cause of the trouble. The remedies called for are rhus tox., nux vom., bryonia, and ergot.

Rhus tox. covers all cases of multiple neuritis which are associated with traumatism, overexertion and exposure to wet or cold. There are pains and stiffness around the joints in all these cases and rhus tox. certainly exerts a very good influence. When I hear that these pains increase in damp weather, I give rhus tox.

In the alcoholic cases of multiple neuritis, the very best results are obtained from nux vom. and actea racemosa. The colicky pains in these cases associated with other stomach symptoms, the vomiting of bitter eructations, all to me are indicative of nux vom. In the cases in which you find delirium tremors, we give actea racemosa. In cases where the pains of multiple neuritis are more or less spasmodic, I find that actea racemosa acts very much better than nux.

There are any number of cases of multiple neuritis which exhibit sensations of internal coldness and external heat. The contraction of the blood vessels has to be taken into consideration, and ergot should be administered in these cases. These sensations of cold and heat are often associated with marked discoloration of the skin, all of which are markedly influenced by ergot.

Hysteria.—There are many forms of this affliction. It would be indeed a foolish statement to say that all forms of hysteria are amenable to drug treatment, or that drugs that I will mention will cure all the cases of hysteria, yet drugs like conium, gelsemium, ignatia, avena sativa, passiflora all play a very important part in the treatment of many cases of hysteria.

The treatment and the uses of these drugs are all associated with the

cause producing the hysteria, and cases which call for pulsatilla will not answer if you use asafoetida.

In many cases you will find the so-called globus hystericus with or without a marked constriction of the chest; ignatia amara will produce results that will astonish you. The crying and laughing in these cases is often associated with twitching of a group of muscles, but no matter what other symptoms there may be, the case wants to enjoy his or her "sadness" all alone, and to me this plainly calls for ignatia, and it works.

The cases of hysteria, with loss of consciousness, with jerkings of the muscles, especially of the arms and fingers, with some shouting before the "play to the gallery" of unconsciousness, all call for conium maculatum.

The unconsciousness of hysteria assumes two forms: One with the violent convulsions during the unconscious period, which calls for conium, and the other unconsciousness with complete relaxation of the patient, which calls for gelsemium. In the hysterical cases which are associated with great depression, and a fear of going insane, actea racemosa acts like a specific in most cases. Were I asked what other remedies I rely upon in the treatment of hysteria, I would answer that in nearly all the cases I found indications for belladonna, ignatia, asafoetida, pulsatilla, sepsis, and cannabis indica are all called for at times. The study of symptoms and the indications for drugs to be used in hysteria is an important matter and must be done with care.

Sciatica, sciatic neuralgia, a dangerous subject for any writer. Opinions are many, the treatments advanced are legions, and failures of cure by the thousands. I am giving you here a few of the remedies which in my hands gave me good results. The cases of sciatica which are intermittent seem to me to be amenable only to one remedy, and that is arsenicum. The pais usually extend along the great sciatic nerve. These pains are very much worse at night. Arsenicum does not produce results, however, in all of these cases. We then administer colocynth. This drug is called for in cases where the pains are either on the right or left side, starting from hip and shooting down the posterior part of the thigh to the knee only. I do not deny that the heat that I employed in these cases must have helped me some in obtaining results.

Sciatica due to exposure calls, of course, for rhus tox. Here I find

numbness so often associated with intense pains. Cimicifuga, which is considered by many to be such a good remedy, I could do without.

One of the most horrible diseases with which humanity is cursed is Parkinson's Disease. Until late we could do very little for the relief of this affliction. Some time ago, considering the symptoms such as the continual salivation, the ever-increasing shakings of the hands and body, the peculiar forward, uncertain, shovelling walk, came to our mind the powerful action as an antispasmodic of stramonium. We had then on hands at the hospital some cases of Parkinson's. We ordered a fresh tincture made and proceeded to administer stramonium in 10-drop doses every three hours with no results whatever. We ordered an increase of 5 drops every three hours up to 49 drops per dose four times per day with the same disappointing results. We persisted until 60 drops were taken per dose of the U. S. tincture freshly made, four times daily. Improvement was noticed and after two weeks the shaking was very much diminished, the salivation was gone, and the walk became practically normal. We persisted with the drug, with the complete satisfaction of obtaining a disappearance of the shaking of the hands. We now start all of these cases with 20-drop doses four times every day, increase the dose till we come to 60 drops per dose taken four times every day. In administering this drug, look out for the physiological sign of this drug. When these appear, stop the administration of stramonium for twenty-four hours.

A word or two about melancholia of involution. As you know, this type is one of the hardest to treat. Whether you class this type with other types of manic depressive insanity or whether you class it as an entity does not matter here. I only want to call your attention to the drug staphisagria used by me in these cases. It is certainly very effective. In a recent case which came under the care of the writer, after the usual treatment by other psychiatrists, the indications for strapisagria stood out plainly to me. The apprehension for death, the fear of misfortunes, the loss of all her holdings, and at the same time increased sexual excitability—what other drug could be administered?

There is no doubt in my mind that many of you have met those peculiar cases, whereby you are not able to make a positive diagnosis. The case seems to be neither a neurosis nor a psychosis, and yet the case is peculiar in many phases. He or she is oversensitive to a great degree. The least word uttered without any intention of offense is taken up as a

serious and positive reflection—the patient resents it as a personal matter. At the same time, the case, while normal in many other respects, is somewhat sad, though he or she can not define the reason or the sadness itself. The case is often timid and very uncertain in his actions. These cases call for ignatia. This remedy is really a godsend and many were the cases that we pulled out of their little holes so to say and were able to find themselves to a normal state.

This paper is but a short review of what can be done with drugs if we only study the indications and keep our eyes open.

DISCUSSION

DR. F. E. THORNTON (Chicago, Ill.): I am reminded of what old Professor Whitford used to say over and over again to the men who sat before him, that belladonna was the greatest remedy in the whole materia medica. In the last few years I have had a number of cases of oedema of the lungs, and several cases of nephritis where I had the lungs fill up with mucus, and with marked cyanosis. One case I saw at midnight, and I immediately gave 1/50 atropine. In fifteen minutes the rales had stopped. In four hours I gave her another dose, and the oedema was gone. Do not forget atropine when you see a case like that, and do not hesitate to give even 1/30 of a grain if the oedema is great.

DR. E. G. SHARP (Guthrie, Okla.) : I want to compliment Dr. Adlerman on this paper. I got some original thoughts out of it, and with papers like that I think our meetings would be more worth while.

DR. P. A. DEOGNY (Milford, Neb.) : I am not able to discuss with Dr. Adlerman the indications of drugs in nervous diseases, but I would like to say this, that several years ago Dr. Adlerman started to write a materia medica, and I have been disappointed all these years to think it has never been published. I believe if Dr. Adlerman would give us some of his experience every year along the line he has given us today, it would be one of the finest things that could happen to this organization.

DR. E. B. SHEWMAN (Cincinnati, Ohio): What is the average life of a patient with Parkinson's Disease?

DR. CLOYCE WILSON (Cincinnati, Ohio): In my experience, the drug stramonium is

not always valuable. I was much interested in Dr. Adlerman's treatment of Parkinson's Disease with large doses of this drug. I personally think that where a case is treated that way and shows some little improvement and then finally succumbs to a surgical operation, there is a question whether Parkinson's disease causes the death. I have found stramonium not always dependable. I have had some remarkable results in its use as a relaxing agent in various conditions, I mean in general practice, and then again I have seen absolutely no results, possibly through fear of giving too large a dose. I have seen too large doses given and the effects are much the same as too large doses of atropine, and it is well to remember that the atropine of commerce does not come from belladonna, but is obtained from stramonium and other related drugs pharmacologically. I would like to ask Dr. Adlerman if he has used subculoid stramonium.

DR. W. W. WHEAT (Rosedale, Ind.) : What effect would aconite have in a case of meningitis if given during the chill ?

DR. T. D. ADLERMAN (closing) : Why did I not use specific tincture? I did not use specific tincture in the Parkinson's case because I could not obtain it in that institution. I did not like their tincture, so I ordered a pharmacist to make me some fresh tincture.

Large doses. There are indications when you must discontinue using stramonium. When the patient says his mouth and tongue are dry, with practically no saliva, then stop stramonium for twelve to twenty-four hours.

Replying to Dr. Wilson, I am willing to take 60 drops of stramonium, freshly made, every four hours, and I will be here to eat dinner tonight.

The average life of a patient with Parkinson's Disease—that is a question I could take an hour to answer. I have seen cases of Parkinson's Disease finished in three months, while others last a long, long time. The disease is essentially chronic and progressive. The duration is from ten to forty years. I remember one case of Parkinson's Disease which was rather perplexing. It was a question in my mind whether I had not made a mistake in diagnosis. The case was in a city hospital. We administered our remedies and the man went home, apparently much improved. Three months after he came in with a well-developed case of muscular atrophy. I have always asked myself the question whether I made a mistake—was the Parkinson's the beginning of the muscular atrophy?

DR. E. B. SHEWMAN: I have heard it said that the average life was seven years.

DR. ADLERMAN: I have had cases which lasted from nine to twelve years, and one case, going on its eleventh year, will probably outlive me.

DR. BYRON H. NELLANS (Cincinnati, Ohio): I am interested in Parkin-son's syndrome following sleeping sickness. I have one sister who was an invalid and in 1919 had sleeping sickness, which two years later was complicated with heart disease. Dr. Adlerman has seen this case in consultation with several other psychiatrists. The treatment today is 90 drops of stramonium three times a day, 2 grains of luminal (raised lately to 3), and 1/60 hydrobromide. She has been taking that for two years.

DR. T. D. ADLERMAN: When I was called to see Dr. Nellans' sister I was still foolish enough to use stramonium in small doses, with practically no results. I am glad to hear that he is using it in 90-drop doses. However, I did not say that stramonium will cure every case. I gave you my experience up to date, but there are certain complications where perhaps this drug may not produce results. As I remember. Dr. Nellans' case was well established and there was some other complications, but I do not recall them just now. But I believe you will get some results from the 90 drops of stramonium.

In conclusion, let me tell you that this applies to all drugs, whether specific medicines, fluid extracts, or U. S. tinctures. You will often have a failure because you do not take into consideration the morphology of the patient, the make-up of the patient. Where perhaps to a man with the stature of Dr. Hite. who is sitting here, I would give a certain dose, to give the same dose to a man with the phisique of Dr. Sharp would be foolish in my estimation. The dosage there must be different. You must take into consideration the make-up of the patient and give the dose accordingly. It is up to you to know the physiological action of any drug you prescribe, and to discontinue when necessary.

TIC-DOULOUREUX

MORSE HARROD, M.D., FORT WAYNE, IND.

Neuralgia of the trifacial or fifth nerve. One alone, more often two, but rarely all three divisions of the fifth nerve of one side of the face may be

the seat of neuralgia. It is less common for the third division to suffer than the first and second.

Tic-douloureux has often been preceded or followed by neuralgia of the occipital nerve. Facial neuralgia is rare in young children, but it might occur in cases of convulsions. It always attacks the sufferer at some time during the period of bodily development. It seems the middle period of life is not so apt to the attacks of neuralgia. When a patient has a neuralgic tendency, the wear and tear of this stage tends much to recall it. Sexual changes of middle life are especially prone to reproduce facial neuralgia. It is in the period of degeneration that the worst instances occur. Formerly when malaria fever was raging in this country such afflictions were a common occurrence. But at the present day, owing to drainage and cultivation, it is very rare.

Cases do occur and are recognized by regular periodicity in the attacks of pain. Cold wind, especially with moist temperature, has an undoubted influence in starting neuralgia of the fifth nerve.

The unprotected condition of the face explains the probable liability to be attacked. There appears reason to think, however, that when damp with cold excites an attack of neuralgia there must be at the same time a peculiar condition of the system or neuralgia of the fifth nerve would be more common in this climate than it is. Such a condition is probably of a rheumatic or gouty nature, and the cold, I think, starts a subacute inflammation in the sheath of the nerve; as regards other general conditions predisposing to the affection, those common to neuralgia, injury to the nerve, foreign bodies, irritating either this or some other nerve, morbid growth of bone, especially such as to cause contraction of bony canals traversed by branches of the nerve, and syphilitic periostitis may act as exciting causes of Tic-Douloureux. The cause may be in the floor of the cranium in the form of tumors, disease of bone or membranes or abscess.

Symptoms.—Some obscure feeling of discomfort may precede the outburst of actual pain or this may occur suddenly and without warning in some part of the region supplied by the fifth nerve. The pain seems to emanate from one or more foci in swift flashes, then a dull aching remains in the intervals, and is a tiresome character very short-lived at first, then the pain comes on again, of a darting, burning, boring character which increases in severity and duration. I have seen the

patient turning, twisting in every way under the violence of the agony when well pronounced. You will find a great tendency to excitement of the pain influenced by such irritants as a current of air, a sudden noise or the muscular movements in speaking, laughing, chewing, blowing the nose, or coughing.

The attack of Tic-Douloureux may vary to any degree and duration, from a short paroxysm and may never return, to a disease of obstinate character, repeated attacks, all through life.

Diagnosis.—The paroxysmal character of the pains, coupled with tenderness on pressure at various points, sufficiently indicate Tic-Douloureux. The only condition with which it is easily confounded is the pain of a tumor upon the trunk of the nerve in the cranium. The presence of pain will distinguish the spasmodic contraction of the facial muscles. Careful examination, bearing in mind the points of diagnosis described to obviate error, it must be remembered that pus in the antrum will occasion neuralgic symptoms.

Duration and Prognosis.—Tic-Douloureux occurring in youth and as an accident of exposure or as a result of faulty teeth may never recur. It is, perhaps, more common for repetitions of the attack to take place alternating. It may be with neuralgia in other quarters. Tic is not infrequently liable to recur especially under circumstances of depression through a whole lifetime, but it may never have the character of extreme severity. In certain few cases I have seen, it is not only obstinate but of terrible violence, the patient being incapacitated through many years by the constantly recurring affection. The pain in some cases has been violent enough to destroy life. As a rule, the disease, however severe, the agony entailed by it, does not seem itself to shorten the duration of the life which it fills with suffering.

Treatment.—As in neuralgia generally, the treatment of Tic-Douloureux is partly constitutional and partly local and palliative of suffering. The first care in a case should be to have the teeth accurately investigated and faulty teeth removed or treated. It may also happen that a tooth may not show any outward signs of decay. An X-ray plate should always be made which will remove all doubt.

The hypodermic injection of morphia holds the first place as a means of relief. Sometimes it requires a small dose and sometimes larger, and can

be discontinued without difficulty as the pains subside.

Other indicated remedies are gelsemium, pisidia, passiflora, bryonia, hyo-sacynus. Injection of alcohol is also a fine remedy.

THE OBSERVERS DEPARTMENT

OUR WILLIE

Another wonderful literary gem has come from the pen of our beloved Professor John Uri Lloyd. Those of us who have read *Stringtown on the Pike, Etidorhpa, Felix Moses, the Beloved Jew*, and who remember some of the human characters who lived in the pages of those books often wished we could know the originals.

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