Society Proceedings

COMING MEETINGS

American Association of Anatomists, St. Louis, Dec. 28-30.
American Physiological Society, St. Louis, Dec. 27-30.
Amer. Public Health Association, Jacksonville, Fla., Nov. 30-Dec. 5.
Medical Society of Hawaii, Honolulu, Nov. 28-30.
Society of American Bacteriologists, Philadelphia, Dec. 29-31.
Southern Surgical and Gynecological Assn., Asheville, N. C., Dec. 15-17.
Western Surgical Association, Denver, Dec. 18-19.

NEW YORK NEUROLOGICAL SOCIETY

Meeting held Oct. 6, 1914

The President, DR. SMITH ELY JELLIFFE, in the Chair

Double Cervical Rib Nerve Symptoms

DR. S. P. GOODHART and DR. ALFRED S. TAYLOR: The patient was a woman, aged 30. Symptoms referable to the cervical ribs dated apparently from the eighth year. During her eighteenth year she noticed that certain movements necessitating placing the arm behind her caused flexor spasm of the muscles of the forearm and hand. When the patient was 23 years old she observed weakness in the grasp and in the finer movements of the left hand, followed by progressive atrophy of the small hand muscles, both the thenar and hypothenar surfaces being involved. Soon afterward a coldness of the left upper extremity, particularly from the elbow to the finger tips, was at times felt subjectively and could be demonstrated objectively. Examination revealed areas of hypesthesia and hyperalgesia distributed irregularly over the left forearm and hand. These areas varied and finally disappeared, leaving as the only sensory disturbance an area of hypesthesia for all forms of sensation in that part of the forearm and hand corresponding to the inner cord of the brachial plexus, particularly the ulnar distribution. At this time the left hand presented an appearance of the typical *main en griffe*, and some atrophy of the pectoral muscles was noted. Cervical ribs were now recognized. About 1907, involvement of the brachial plexus on the right side developed. Within the next few months numbness of the entire right leg and pains in the calf muscles were experienced. In May, 1908, the patient submitted to an operation for the removal of both false ribs. The subclavian artery crossed the first rib anteriorly and below the distal end of the cervical rib, the roots of the plexus lying over the false rib. The eighth cervical and first dorsal roots were undergoing the greatest tension and pressure. Immediately following the operation there was a paralysis of nearly all the muscles and the sensory surfaces supplied by the plexus on both sides. In the course of a week, motion and sensation began to return, and the improvement, though slow, was constant. About one year after the operation there was still considerable atrophy and very slight sensory changes over the inner surface of the forearm. At the present time, about six years after the operation, there is marked improvement in the muscle supply.

Spinal Hematomyelia of the Hemiplegic Type

DR. FREDERICK TILNEY and DR. C. L. NICHOLS, Brooklyn: The patient, a man aged 28, while diving in shallow water, fell into the water almost perpendicularly. He thought he struck the sandy bottom on his head, neck or on the vertex, posteriorly. He had to be dragged from the water and was found to be suffering from a complete paralysis of the right upper and lower extremities, and an awkwardness in the use of the limbs on the opposite side. There had been no loss of consciousness and he was perfectly oriented. His head was numb and the whole body felt bruised and sore. The pain was most severe over the right shoulder, extending down the arm and forearm. There were no spasmodic movements in this area. Several hours after the injury he still complained of the sensation of having been bruised, especially over the right clavicle and upper chest. The right pupil was smaller than the left: both responded to light and accommodation. The heart's action was slow and regular and the sounds of good character. The pulse was of fair quality and volume. The abdomen showed no abnormalities. No reflexes could be elicited on the right side, and sensation was absent, with the exception of variable areas of response to pin prick. The field of vision was undisturbed. The fundus showed slight congestion of the nerve; the margin was not well defined and the vessels were slightly engorged, evidencing some pressure. The hearing was affected on both sides. One week later, the anisocoria was still more apparent. Two weeks later he was allowed to sit in a chair and ten days after that he was able to walk.

On the first day after his discharge he had an agonizing pain on the right side of the head over an area extending from the forehead along the vertex in the median line to the occiput. This persisted for two hours. A similar attack, less severe, followed a week later. After the patient had been seated for any length of time he became stiff in the right hip, and on arising had a dull pain extending from the lower part of the spine forward into the right groin. He also complained of a similar pain extending from the cervical spine to the right shoulder. There were no urinary symptoms. The bowels had moved regularly ever since the accident. Examination at the present time shows a flaccid paralysis of the right upper extremity and a spastic paralysis of the right lower extremity. The tendon reflexes on this side were greater than those on the left, while the abdominal, epigastric and cremasteric reflexes were absent. The latter were present on the left side. The Babinski was positive on the right side, and there was permanent clonus in the ankle. In eliciting the triceps reflex on the right side, percussion on either the tendon or the muscle produced flexion of the forearm instead of extension. The roentgenogram showed a fracture of the sixth cervical vertebra.

Case of Spinal Hematomyelia: Brown-Séquard Paralysis

DR. TILNEY and DR. NICHOLS: The patient, a boy of 20, fell a distance of about 10 feet, striking the ground on his chest without losing consciousness. None of the extremities could be moved voluntarily. The pupils were equal, and reacted naturally. The pulse was regular and of good volume. The heart sounds were normal. The respiration was chiefly abdominal, the chest moving very little. The arms could be moved, though very slowly and with great difficulty. The fingers were held in a position of partial flexion, with no power either to flex or extend them. The knee-jerk was absent on the right side and present on the left. The Babinski could not be elicited. The toes of the right foot were red; those of the left were pale, and the surface temperature of the left lower extremity was diminished. There was an absence of the cremasteric reflex. There was tactile anesthesia in both lower extremities and in the trunk up to the second interspace. Pain sense was absent in the left leg and as far up as the third rib, but present over a corresponding area on the opposite half of the body, where it was apparently hyperacute. The temperature discrimination was entirely absent on the left side to a level a little below the clavicle, but was present on the right side, although the response to heat was not so good as to cold. There were sticking pains in the right leg, and the patient felt as though there was a strap around it and another around the shoulders, each being tightened in an opposite direction. There were fibrillary tremors on the left side. Priapism was present during the examination. Catheterization showed no evidence of hematuria. One month later the patient had a slight power of flexion of the left fingers. Sensation was unchanged. The pupils reacted promptly, but were unequal. The patellar reflex on the right side was exaggerated. One week later there was an involuntary urination. Up to that time catheterization had been necessary, but from that time on the control of the bladder was normal. The lesion in this case was located in the upper cervical region. The roentgenogram demonstrated absence of fracture or dislocation.

DISCUSSION

DR. WILLIAM M. LESZYNSKY: In cases of traumatic lesions of the cord the question of operation usually comes up, and I have been guided largely by the clinical manifestations. If it can be shown that we were dealing with a fracture dislocation producing crushing of the cord, an operation is inad-

visable. When blood is found in the cerebrospinal fluid, the hemorrhage is usually subdural. When the cerebrospinal fluid is clear, as in hematomyelia, operation is not indicated. In many of these cases the early residual symptoms often become permanent, their severity depending on the amount of damage done to the cord. It is impossible to give a positive prognosis as to the ultimate outcome.

DR. BENJAMIN ROSENBLUTH: I have seen four cases of injury of the cauda equina, and the result of operation was most encouraging.

DR. J. F. TERRIBERRY: In cases of hemorrhages within the cord, little can be expected from operative interference. These cases, as a rule, do much better under proper general care, with subsequent reeducation of the lost muscular function if the residual symptoms demand it. The fact should be borne in mind that this loss of function is sometimes attributable to a stiffening of the joints of the hands and fingers, which often does much to retard the reparative process, and it was only with care and perseverance that one could get the most out of these cases.

MEDICAL SOCIETY OF VIRGINIA

Annual Meeting, held in Washington, D. C., Oct. 27-30, 1914

The President, DR. SOUTHGATE LEIGH, Norfolk, in the Chair

Officers Elected

The following officers were elected for the ensuing year: president, Dr. Samuel Lile, Lynchburg; vice-presidents, Drs. Samuel B. Moore, Alexandria, Joseph T. Buxton, Newport News, and Dr. J. W. Preston, Roanoke.

Place of meeting, session of 1915, Richmond.

SYMPOSIUM ON GOITER

Causes of Thyroid Diseases

DR. R. M. TALIAFERRO, Lynchburg: The endemic form of goiter is believed to be the lack of something, mineral or albuminoid. It is asserted that the addition of Lugol's solution to the water-supply will cure. No country is exempt. It is closely associated with the generative organs in females; puberty, menstruation, menopause and especially pregnancy especially seeming to have some influence. Various toxemias have been associated, and there seems to be an effort of the body to have the metabolism meet the toxins.

Pathology and Symptoms

DR. J. C. FLIPPIN, Charlottesville: The high percentage of iodin in the thyroid is very important. The thyroid of the fetus and the suckling animal probably contain no iodin. The iodin percentage is below normal in the diseased gland, while in exophthalmic goiter it is as much as 80 per cent. above normal. A certain relation to the other internal secretions exists. The epinephrin content is increased in exophthalmic goiter.

Medical Treatment

DR. GEORGE W. MCALLISTER, Hampton: Iodin in the sporadic form gives the best results. No one factor is of so much importance as rest in the open air. I have been disappointed in the action of the extracts of ductless glands. Parathyroid sometimes controls the tremor. As to the benefit from the use of serums from thyroidectomized animals, testimony is conflicting.

Surgical Treatment

DR. J. S. HORSLEY, Richmond: Surgical treatment is of value in simple cases, malignant cases and in hyperthyroidism. In the hands of a competent man the mortality in simple cases should be less than 1 per cent. Surgical treatment is now practically limited to tying one or more arteries or to thyroidectomy. Two rules are of prime importance: Avoid exciting the patient, and use careful manipulations.

DISCUSSION

DR. TOM WILLIAMS, Washington, D. C.: Enlarged thyroids may be due to toxemias, the result of multiple infections. I do not believe that it is always wise to remove the gland. The Roentgen ray inhibits the action of the gland and renders the patient comfortable.

DR. ALLISON HODGES, Richmond: In the majority of cases we are wasting time by using medical measures. Of twenty-two patients only four were definitely improved in from three to eight weeks. Of the other patients twelve were operated on by surgeons, and eight were cured while four were partly cured. I am not anxious to submit these cases to the surgeons, but we should do what is best. The surgical cases in which there was no improvement were those in which excessive anxiety was associated. Do not protract medical treatment.

Calcification and Ossification of Walls of Heart

DR. HARRY T. MARSHALL, University: A man died of heart failure. During life he had a murmur and myocardial insufficiency. The heart was much enlarged, hypertrophied to the left and both dilated and hypertrophied to the right. The left auricle was encased in a firm calcified sheath, which could not be collapsed by pressure. The muscle was unaffected. The endothelium was thickened from 1 mm. to half an inch, with ridges on the lining looking like loose bone. Lacunae and osteoblastic cells were to be seen, and unmistakable bone-marrow.

Psychoneuroses in Their Relation to Chronic Infections

DR. ALLISON HODGES, Richmond: Physicians do not always respect such influences as heredity and environment. A number of morbid conditions are apparently functional. Study the personal abnormalities of the patient. They have either a psychogenic or a somatic basis. In all cases that I have records of there is the element of heredity. There is physical suffering in the psychoneurotic, properly speaking. I have not found organic troubles to be a cause as often as I had anticipated. Woman is especially apt to think the uterus is the cause, and if this is so stated by the physician she is confirmed in her distress. Urethra and seminal vesicle disease in the male is likewise a source of disturbance. Gastro-intestinal disturbances are an unquestionable cause of psychoneuroses. Gall-bladder infections play only a minor part. The large majority of these troubles are purely in the brain. Rational treatment is the removal of the cause.

Use and Abuse of Pituitary Extract in Labor

DR. VIRGINIUS HARRISON, Richmond: The forceps is not abused so much as formerly. Posterior lobe extract has been brought forward as a substitute for forceps. This drug has been standardized. This is important, for we may be using 1 or 2 mg. to the dose. If much chloroform is given before its administration, the effect is lessened, but if chloroform succeeds it the effect is increased. I have never seen it take more than six minutes before having effect, and this effect lasts from thirty to sixty minutes. If necessary, try the second dose in one hour; if no results, then use other methods. Twenty per cent. of my patients had bowel action without using a laxative. One patient had marked angina pectoris in two minutes; it passed off quickly. One child had convulsions, but they may have been due to injury to the head. It made a good recovery. The contra-indications are normal labor with good pains, high blood-pressure with arteriosclerosis, undilated cervix, and tumors. It will not start pains but will intensify those present. It shortens the third stage of labor, and prevents hemorrhage when given after the delivery of the child. It is capable of doing great damage to the soft parts and to the child. Its action is very prompt and the doctor should be prepared for emergency. Uterine inertia is the thing that will make us use it most frequently. It will convert a high forceps case into a low forceps case. Engagement should occur before it is given. It makes instrumental work easier. It prevents shock and post-partum hemorrhage, and makes anesthesia less in quantity. I have used forceps only three times in my last fifty cases; in my previous fifty cases I used them twelve times. I cannot agree with those who say we must not give it to primiparas; my best results have been with them. I have never seen a child born dead when this agent was used.

DISCUSSION

DR. LESLIE B. WIGGS, Richmond: There are two active principles in the posterior lobe, one a uterine-contracting and the other a blood-pressure raising agent. I think it will inaugurate contractions.

DR. GREER BAUGHMAN, Richmond: I have had three failures; two of these were occiput posterior cases. I use fractional doses, half a decigram, and in half hour another half. I believe it is a substitute for forceps. The os must be completely dilated. It is a dangerous remedy when used wrongly. Passage and passenger should fit.

DR. J. F. WINN, Richmond: It is a dangerous remedy. I recall a case of rupture of the uterus from this agent, followed by immediate death. We should diagnose accurately the cause of delay before using it. Do not blame a good thing if you do not know how to use it. I have not used it as much as Dr. Harrison has. If there is definite indication for the use of forceps, and you know how to use it, why not use the forceps? Do not take chances.

DR. W. E. ANDERSON, Farmville: I class pituitary extract with the knife. It is more important to know when to use it than how. It does not take the place of forceps. You may have better results with forceps than with pituitary extract.

DR. VIRGINIUS HARRISON, Richmond: Ergot and pituitary extract are not the same in action and they may be combined in certain cases. There are eight preparations on the market, and we may be using the strong when we think we are using the weak.

Sarcoma of Both Ovaries in a Child of Three Years

DR. F. H. SMITH and DR. J. C. MOTLEY, Abingdon: A white girl, aged 3 years, giving a history of nausea and vomiting, had a mass in the abdomen, thought to be due to worms. There was great distention unless the bowels acted thoroughly. No fever was noted at any time. In the right iliac fossa was a mass that might have been the appendix. She had a history of having been butted in the abdomen by a goat. Later a mass was found in each iliac region, hard and doughy, not tender. Rectal examination disclosed that there was no connection between the two. Operation was done to relieve what was thought to be intestinal obstruction. Both tumors were removed and found to be sarcoma of the ovary. Five months later the child had an abdominal tumor, in fact several tumors. Death ensued within sixty days.

Caring for Premature Infants

DR. S. G. T. GRINNAN, Richmond: Aeration by osmosis should be tried when ordinary means to revive do not avail. The less the weight the more rapid is the loss of heat. Acid blood is found in premature infants. The electric pad gives uniform heat. Pure air is necessary for the lungs. Temperature must be kept at 90 degrees. Fatty soap is the best. Do not try to cleanse the mouth. Whey may be used when breast milk cannot be had. Evaporated, not condensed, milk may be used.

DISCUSSION

DR. W. L. HARRIS, Norfolk: A home-made incubator is what has served me best, a rather deep padded box, with a hot-water bag. These children should not be shocked, and I think they are often killed by bathing. Start the nourishment early. Get milk from another woman if the mother cannot furnish it. Feed the baby according to what it can take. You may have to feed it with a medicine dropper, and ten or twelve times in the twenty-four hours.

Necessity for Study of Fetal Heart Sounds in Placenta Praevia

DR. GREER BAUGHMAN, Richmond: Inability to hear the sounds is generally due to listening at the wrong place or to a dead fetus. The two portions of the fetus transmitting the sounds best are the chest in front or behind over the region of the heart. The fetus gasps because of peeling off of the placenta. The same thing may happen if the cord be compressed intra uterum. Then the fetus breathes in amniotic fluid. The sounds are hard to hear during uterine contractions.

DISCUSSION

DR. A. T. KING, Washington, D. C.: I have looked over the United States census statistics and I find 1,200,000 home obstetric cases to 100,000 hospital cases. This by the way of emphasizing the importance of home obstetrics. Why not give salines under the skin of the child? It is suffering from hemorrhage as well as asphyxia.

Chronic Catarrhal Otitis Media

DR. C. R. DUFOUR, Washington, D. C.: Many suicides occur because of terrible noises in the head, beginning insidiously, with a sense of stuffiness. The patient thinks it is due to ear-wax. The noises are worse at night, and affect one ear or both. The disease is progressive and rarely clears up of itself. It does not yield readily to treatment. Six months is not too long to treat. Iodin and oils vaporized in the middle ear are good.

DISCUSSION

DR. GEORGE J. TOMPKINS, Lynchburg: The general practitioner is apt to overlook adenoids. I recall a case in which I found adenoids in which the family physician was satisfied there were none. I was convinced that they caused the trouble.

DR. W. E. DRIVER, Norfolk: Deafness due to local conditions in the throat is too simple to talk about. Diseased tonsils and adenoids should be removed. The common idea that you can take your finger and scratch out adenoids is barbarous. The eustachian tube is sometimes permanently stopped by cicatricial contraction.

(To be continued)

Current Medical Literature

AMERICAN

Titles marked with an asterisk (*) are abstracted below.

American Journal of Medical Sciences, Philadelphia

November, CXLVIII, No. 5, pp. 625-780

1 *Ultimate Results Secured from Surgical Intervention in Cases of Cholelithiasis. J. G. Clark, Philadelphia.
2 *Clinical Study of One Thousand Cases of Cancer of Stomach. J. Friedenwald, Baltimore.
3 Some Clinical Aspects of Gastric Hemorrhage. J. A. Lichty, Pittsburgh.
4 *Laboratory Diagnosis in Early Stages of Congenital Syphilis. C. G. Grulee, Chicago.
5 Modern Methods of Treatment of Syphilis of Nervous System. B. Sachs, I. Strauss and D. J. Kaliski, New York.
6 Heart Syphilis: Report of Case. G. R. Callender, U. S. Army.
7 Duodenal Ulcers in Infancy. Report of Five Cases. B. S. Veeder, St. Louis.
8 Effects of Heredity in Bovine Tuberculosis. H. Brooks, New York.
9 *Examination of Urine for Tubercle Bacilli. J. W. Churchman, New Haven, Conn.
10 *Albumin in Sputum in Tuberculosis: Its Value in Diagnosis and Prognosis. C. H. Cocke, Asheville, N. C.
11 Personality Study of Epileptic Constitution. L. P. Clark, New York.

1. **Ultimate Results in Cases of Cholelithiasis.**—From a review of 160 cases Clark concludes that simple drainage is all that is necessary in cases of cholelithiasis in which there are no symptoms attributable to the presence of the stones. When the gall-bladder is thickened or greatly dilated, or if it is the seat of the so-called "strawberry change," as described by Moynihan, cholecystectomy should be the operation of choice. Of fifty-five gall-stone operations not associated with other gynecologic or abdominal conditions, 90 per cent. of results were traced. No patient returned for a second operation, and none had been operated on elsewhere. Of this number 69.5 per cent. were cured, 15.2 per cent. were greatly improved, and 2.1 per cent. were not improved. Of the entire number, 8.6 per cent. died after leaving the hospital from extraneous conditions not connected with the surgical operation.

Of seventy-seven cases of cholelithiasis with symptoms associated with other abdominal or gynecologic lesions 78 per cent. were traced; 59.7 per cent. were cured, 17.5 per cent. were greatly improved, 1.7 per cent. were slightly improved,