Society Proceedings

COMING MEETINGS

American Medical Association: Joint Conference on Medical Education and Medical Legislation, Chicago, March 1-3.
Association of American Medical Colleges, Chicago, February 27-28.
Medical Society of the Missouri Valley, St. Joseph, Mo., March 16-18.
Natl. Confed. of State Med. Exam. and Licng. Bds., Chicago, Feb. 28.

CLEVELAND ACADEMY OF MEDICINE

Meeting held Dec. 16, 1910

The President, DR. CHARLES B. PARKER, in the Chair

Locomotor Ataxia and Result of Specific Treatment

DR. FRANK BILLINGS, Chicago: In 72 out of 100 selected cases of tabes, the disease occurring between the ages of 40 and 60, the youngest patient being 29 and the oldest 70, the patients admitted having had syphilis. A Wassermann was done on twelve others and was positive in ten. Sixty-nine of the seventy-two remembered the date of infection, and 66 per cent. had their first symptom in from ten to twenty years after luetic invasion. The early symptoms, in order of frequency, were the lightning pains, alteration of knee-jerk, absence of pupillary phenomenon, paresthesias, uncertainty of equilibrium and disturbance of bladder. The lightning pains were present in ninety-six of the patients and in two were present for years before other symptoms appeared. The Argyll-Robertson pupil was found in ninety-two, and in only one case was the pupillary reflex normal. Pupils were irregular in about half the cases, and at first examination the eye-grounds were normal in all but four. Knee-jerk was absent or weak in eighty-eight patients, and the Achilles reflex was also frequently changed. Bladder disturbance was one of the most notable early symptoms—in some cases there being pains of the character of crises. Disturbance or retention of urine occurred in sixty cases. Romberg's phenomenon was nearly always present. Visceral crises were present in twenty, and of these thirteen were in the form of gastric crises. It is interesting to note that nine of these had been operated on for calculous cholecystitis. I have kept in touch with forty-three of these patients; five are dead; two are dying of paresis; six are worse, while thirty-two are improved. Treatment consisted of deep intramuscular injections of mercury in all but three. The following injection was generally employed:

℞			gm. or c.c.
Hydrargyri chloridi corrosivi			
Phenolis	ää	gr. xv	1
Sodii chloridi		gr. xxx	2
Aquae destillatæ		ʒ ij	60

Ten or twenty minims were injected deeply into the gluteal muscle for twenty or twenty-five times, within a period of two months. The patient should be kept in bed during the injection treatment, as one can then give an injection every day or every second day. If the patient is up and about, he can take an injection only once or twice a week. Injection series may be repeated after three or four months, using potassium iodid, grains 10 to 20, three times a day, for two or three weeks in every month in the interim—beginning ten days or two weeks after the last injection. Tobacco and alcohol must be prohibited, and the patient should have massage, light exercise and Frenkel's reeducative movements.

DISCUSSION

DR. J. H. LICHTY: I am treating five tabetics, but in all of them the Wassermann is negative. I agree with Dr. Billings as to the use of hydrargyrum. Three of my patients have improved under the use of hydrargyrum-cyanid injections. One of these has had tabes for fourteen years, and until the past year has taken hydrargyrum continuously, by the mouth, without results. Lately I have been using it hypodermically, and the patient is improving.

DR. W. B. LAPPER: My results in the treatment of tabes have not been so good as Dr. Billings, as far as the use of hydrargyrum is concerned. I get the best results from hygienic precautions and Frenkel's reeducative movements.

DR. OSCAR T. SCHULTZ: Does a positive Wassermann in a case of tabes mean that there is an active luetic process present? I think not, but believe it may be due to products of nerve tissue degeneration. For this reason, I believe we usually get a positive Wassermann in a case of leprosy.

DR. DEXTER: Out of fifteen sero-diagnoses of tabes lately done there were 65 per cent. of positives.

DR. FRANK BILLINGS: Of twelve of my cases on which the Wassermann was done, ten were positive. It is my experience that a positive Wassermann becomes negative after eighteen to twenty deep injections of hydrargyrum; later it becomes positive again. It is only after repeating such a series of injections two or three times that the Wassermann remains negative. I repeat my series of injections from three to four times or more, if required; giving iodids between series. I have used sodium cacodylate very little in the treatment of tabes, and believe it to be of little value. However, I think that in cases of chorea, some cases of pericarditis with effusion, and certain cases of pleural effusion, it is of value, given in 5 to 10 grain doses, hypodermically, every twenty-four hours.

COLLEGE OF PHYSICIANS OF PHILADELPHIA

Meeting held Jan. 4, 1911

The President, DR. GEORGE DESCHWEINITZ, in the Chair

Salvarsan in Syphilis

DR. JUDSON DALAND: A study of this treatment seems to show that we have in it a remedy with a definite and very distinct influence on syphilitic processes, primary, secondary, tertiary and congenital. There is evidence also that the influence varies in different cases. In cases in which the disease is not definitely localized, the intravenous method of treatment gives the best results. Relapses have occurred in from 5 to 15 per cent. of cases.

Results from the Use of Salvarsan in Syphilis

DR. JAY F. SCHAMBERG: Nineteen patients were treated with salvarsan—eight subcutaneously and eleven intravenously. Of the patients with secondary syphilis treated subcutaneously, one was freed of eruptive manifestations by two injections. In one the eruption has disappeared, but the disease is obviously not cured. In two cases the treatment failed. One late ulcerating syphilid of the lip was cured. Among the cases in which no improvement was noted were one case of tabes. In one case of cerebral syphilis the result was indeterminable. In one case of spinal syphilis improvement was rapid. Of those treated by intravenous injections one paretic patient was not improved, and one improved; in one of tabes improvement was alleged by physician; one case of secondaries was free of recurrence at the end of sixty days; in one case of secondaries there was a suspicion of recurrence after forty days. One patient with semimalignant late secondaries was free of symptoms when last seen. In three cases of late secondaries, mouth lesions healed. In one case a gummatous ulcer of leg healed. In one case, the initial lesion is healed to date. In our experience the intravenous injections have produced a more prompt response to treatment, and have exerted a more permanent beneficial effect than the subcutaneous treatment. Ehrlich's latest advice is to inject intravenously and follow this in some days by a subcutaneous injection.

Intravenous injections are usually painless, but are followed, as a rule, by nausea, vomiting and by brief moderate fever. In three patients there was severe pain; in three, moderate, and in three, little or no pain. An infiltrative tumefaction, tender to touch, slowly subsiding in the course of several weeks, developed in practically all of the cases. The results obtained in these cases with salvarsan could, in large part, have been achieved more slowly with mercury. It must be remembered, however, that the successful treatment of syphilis consists in more than the mere effacement of cutaneous and mucous membrane manifestations. Ehrlich and others have shown that salvarsan has a greater spirillicidal value than any known remedy. As to the duration of effect, no one is in a position to speak dogmatically at the present day. Ehrlich's hope of a *therapia sterilisans magna*—a cure at one stroke—is certainly not realized, save possibly in exceptional instances, but those who are disappointed in this must not conclude that a great therapeutic advance has not been made.