

*Pulp Stones and Their Relation to Tic Douloureux.* F. W. Brownfield, D.D.S., Chicago, Ill. *Journal of the Missouri State Medical Association*, Vol. XV, No. 2, February, 1918.

Judging from the number of cases of tic douloureux which have been reported as "cause unknown" the author is led to believe that pulp stones, pyorrhea, proliferative peridontitis, impacted teeth and partially dead nerves, have not received due consideration as causes or factors.

Neuralgic pains are a direct result of an injury to the nerve trunk or its periphery, and may be produced mechanically by pressure, by infectious lesions as in syphilis, or by excessive uses of drugs as alcohol or morphine.

Facial neuralgia from a dental origin has been recognized in a passive manner, it being the custom of the physician to refer the patient to a dentist who probably reports the teeth "without cavities and in good order," which may be true functionally but not pathologically. Should roentgenograms have been properly taken and interpreted, backed up by tests with the Faradic current and the clinical history, the cause easily might have been found and remedied.

Pulp stones are formed within the pulp sheath by accretions of calicoglobulin and are resultant of a perverted effort of the organ to protect itself against irritation. Only a small percentage become pathogenic and this, as is also the case of impacted teeth and proliferative peridontitis, is brought about by direct pressure, while pyorrhea produces inflammation by chemic and thermic irritation.

Gasserian dissection, alcoholic injection, and nerve stretching are unquestionably serious operations and often fail. Consequently a more intelligent co-operation between the medical and dental professions is needed to avoid treating results instead of causes.

*The Surgical Treatment of Pelvic Infections and When it Should Be Employed.* E. E. Montgomery, Philadelphia, Pa. *The Therapeutic Gazette*, Vol. XLI, No. 9, September 15, 1917, p. 609.

A decade ago there would have been no question of the treatment of pelvic inflammation and surgery would be the resort—surgery that meant sacrifice. As infection was regarded as an incurable condition in as far as function was concerned, it seemed folly to delay operative interference, and the removal of the infected structures was regarded as the valid course. It was not always practicable to secure the consent of the patient and her friends to a radical procedure, and some of these patients were not only restored to a good physical condition, but also gave birth to children subsequently, which showed the condition was curable. The recognition of a collection of fluid within the pelvis should be considered as justification for its evacuation through the vagina whenever it is thus accessible. The incision should be a free one and the cavity drained with a split rubber tube reinforced by gauze packing. Naturally the method of attack must depend upon the extent of involvement, the stage of the disease, and the particular structures affected. Consequently a careful investigation and correct diagnosis are essential. It should not be

overlooked that the puerperal woman can be the victim of an attack of appendicitis. A large collection in the tubes which renders their retention prejudicial to health and even life must be considered a justification for operation, but wherever possible the ovaries should be preserved. Where the appendages are so involved as to make this impracticable it becomes a question whether it is not better to remove the uterus in whole or in part. The ovaries are the important structures to save, as they supply the secretion which, in combination with that of other ductless glands, governs coloration of vasomotor functions. The spirit that should govern the surgeon in these cases, then, is to preserve whenever possible all the pelvic organs. Even in pronounced infection one tube may be milked out by squeezing it when wrapped in gauze and evacuate it, promoting the destruction of any remaining organisms through the increased activity of the circulation. While an ovary alone can not insure procreation with both tubes and uterus removed, it is still worthy of preservation because of its influence upon the internal secretions and the vasomotor functions.

*The Relation of the Parathyroid System to the Female Genital Apparatus.* Eugene H. Pool, New York, N. Y. *Surgery, Gynecology and Obstetrics*, Vol. XXV, No. 3, September, 1917, p. 260.

Tetany following thyroid operations is usually due to removal of the parathyroids. Intermittent tonic spasms of the voluntary muscles frequently occur. These contractions usually begin in the hand, and later the feet are involved. The most characteristic contracture is the accoucheur's hand. The feet take the position of pes equinus or equino varus. Attacks begin two or three days after operation and last from a few minutes to hours. Weeks may intervene between attacks.

Experimental studies have not established any definite interaction or relation between the parathyroids and the gonads; yet apparently there is a connection between the parathyroids and the sex processes in the female. Different phases of the female sex cycle,—pregnancy, lactation and menstruation,—exert a marked influence upon the tetanic spasm. Partially parathyroidectomized animals not only developed tetany after operation, but after recovery were again attacked in a subsequent pregnancy, showing increased parathyroid need during pregnancy. During menstruation the entire endocrin system is probably in a state of heightened activity. Inability on the part of the parathyroids to meet this increased demand may lead to evidence of insufficiency with occasional culmination in the clinical picture of tetany. The function of the parathyroids is apparently closely connected with calcium. There is reason to believe that maternal tetany and lactation tetany are associated with calcium deficiency. Latent tetany, or a sub-tetanic condition, is much more common in pregnant and puerperal woman than is usually assumed. Tetany in new-born infants, the offspring of tetanic mothers, is usually fatal within a short time after birth. In the treatment of maternal tetany, the administration of calcium in large doses is followed by beneficial results in the great majority of cases.