

Treatment.—I diagnosed this as a case of lobar pneumonia and gave the girl 50 grains of quinin and ordered 25 grains more to be given one hour later, making 75 grains of quinin in one hour. Ten drops of the tincture of iron chlorid were administered every two hours.

Course of the Disease.—At 6 p. m. the temperature was 98.6, pulse 96, respirations 24. The pulse was of very good quality. The pain had left her and the cough was less frequent. This patient never suffered from deafness.

February 17, at 9 a. m., the temperature was 98, pulse 84, respirations 20. The patient was free from cough and pain and was allowed to sit up in bed.

Remarks.—In reporting a case with so prompt and effective a cure, I know that many will think there must have been a mistake in the diagnosis, but I felt just as certain that I was dealing with a genuine case of pneumonia as though I had seen the case go through the whole train of symptoms.

CASE 4.—Mrs. C., aged 23.

History.—February 2, at 2 a. m., I was called to deliver a retained placenta, the woman having one hour previously given birth to a child that had been dead at least a month. I delivered the placenta without any difficulty and, the family having engaged the services of a midwife, I left after instructing them to call me in the event of fever or any other symptom arising.

February 3, at 9 p. m., I was called to see the patient, as she was suffering from a chill and cough. Her temperature was 102, pulse 140. The lochia was very scant, but of purely normal odor. I ordered a capsule containing acetanilid 3 gr. and citrated caffeine $\frac{1}{2}$ gr. to be given every two hours.

February 4, at 9 a. m., her temperature was 102, pulse 150, respirations 26. Cough was more persistent. She complained of severe pain over right lung. Her breasts, which had been tightly bandaged, were also painful. At 5 p. m. her temperature was 104, pulse 150, respirations 30. The pain on the right side was much worse and breathing was labored. Auscultation breath sounds were very harsh. Having satisfied myself by examining the vagina and uterus that there was no possibility of any infectious or poisonous process going on in the uterus, I decided to wait a few hours before giving her the quinin treatment. At 9 p. m. her temperature was 104.8, pulse 165, respirations 36. On listening to the lower lobe of her right lung I now heard the subcrepitant râles very plainly, and the breath sounds over the rest of the lung were greatly exaggerated. The patient had great difficulty in breathing. I decided that it was a case of lobar pneumonia and not puerperal septicemia.

Treatment.—I gave her 50 grains of quinin and followed this in one hour with 25 grains more. Fifteen drops of tincture of iron chlorid were given every two hours.

Course of Disease.—On February 5 the temperature was 98.6, pulse 80, respirations 20. Pain had entirely disappeared. Several times during the night the patient expectorated bloody sputum; cough was not frequent. At 5 p. m. the temperature, pulse and respirations were normal. The patient felt fine, but remained in bed to complete the ten days following confinement.

Remarks.—This case was of great interest to me from the standpoint of differential diagnosis. Under the circumstances the promptness with which the symptoms were relieved was certainly gratifying to me.

QUININ IN PNEUMONIA.*

A. S. v. MANSFELDE, M.D.

ASHLAND, NEB.

Under the caption, "Quinin in Pneumonia," in THE JOURNAL, March 3, Dr. J. B. Cutter complains that Dr. W. J. Galbraith claims originality in the use of large doses of quinin, when Dr. A. J. Giesy pursued that course in 1894.

Permit me to direct attention to page 165, vol. v, Ziemsen's "Cyclopedia of the Practice of Medicine," published in 1875, a translation of Prof. Theodore Juergensen's classic article on "Croupous Pneumonia," the disease under consideration. There he says:

"When the fever is intense, 77 grains may be given to a strong adult and 15 grains to a child under 1 year, always in one dose. I have repeatedly used both of these amounts. I have acquired my experience by gradually increasing doses, and I have never seen any harm done; in fact, it is my firm belief that even these are not the extreme limits as to quantities."

Personally I have used just this treatment for thirty years within my limited opportunities—and so much for priority. Dr. Galbraith, an old acquaintance of mine, certainly deserves great credit for bringing into prominence this old treatment of Juergensen's, which he uses exactly as I did, namely: with perfectly normal *primæ viæ*, for the reduction of high temperatures and the resulting tone to the weakened heart muscle caused by the former. Incidentally, both used it, the former without and the latter (Galbraith) with a full knowledge of bacterial poisoning removed by the large doses of quinin. Nothing new under the sun, is there?

In this connection it may not be out of place to say that Dr. Galbraith's publication demonstrates that nihilism in the use of individual drugs simply means lack of knowledge of their proper uses, with the consequent reliance on proprietary mixtures, which only too often are void of substance and, consequently, of action. Again, is it not a pity that such masterly treatises as Ziemsen's Cyclopedia seem almost forgotten by the physician of to-day? What a wealth of experience he misses!

AN UNUSUAL CASE OF SPONTANEOUS DISLOCATION OF THE SHOULDER.*

JULIUS H. COMROE, A.M., M.D.

YORK, PA.

Patient.—Chas. M., white, aged 16, schoolboy.

Family History.—Entirely negative.

Previous History.—Other than the ordinary diseases of childhood, the patient has never suffered any serious illness. No history of traumatism can be elicited.

Present History.—Since early childhood the patient has at all times been able, by means of a certain series of manipulations, which consisted, for the most part, in raising and externally rotating the shoulder, "to throw both joints out of their sockets," producing, as a careful examination revealed, a complete subcoracoid dislocation. He had also learned easily to replace the bones by a reverse movement, and in neither case was there any pain produced. At times, while engaged in active gymnastic exercises, e.g., club swinging, basketball, etc., the luxation was voluntarily produced.

During the past three months, however, he began to suffer some inconvenience when the left shoulder was either voluntarily or involuntarily dislocated, and at the same time he noticed that there was some difficulty in replacing the bone on that side. This "inconvenience" gradually grew into a dull pain, which at times was quite aggravating, and the difficulty in reposition became proportionately more marked. For these reasons he was referred to me for diagnosis and treatment.

Physical Examination.—The boy was well nourished, of good athletic physique. The appearance of the shoulders is characteristic. They are broad and extremely flat, due largely to the underdeveloped deltoids and the resulting prominence of the acromian processes (Fig. 1). The humeri are rather preternaturally movable, abduction bringing the arms to an almost parallel vertical position. Neither bone nor joint crepitus could be elicited. By the manipulations above detailed there is at once produced all the characteristic objective signs of subcoracoid dislocation of both shoulders, with the exception of abduction of the arms (which is present in slight degree); the outer aspects of the deltoids are flattened; the acromian processes are very prominent (Fig. 2); the normal position of the tuberosities below the latter are now occupied by hollow spaces, into which the tips of the fingers can be easily slipped; the humeral heads can easily be palpated in the axillæ, and in forced extension can even be seen.

I made a very careful fluoroscopic examination, which was

* See Editorial on page 804.

* Read before the York County (Pa.) Medical Society.