

of the roots of the temporary teeth. In the case of temporary teeth, in which the pulps are destroyed at the time when resorption of the roots should commence, resorption, strictly so-called, does not occur at all. In such cases a certain amount of absorption of the root, as a rule, takes place, just as it often does in the case of dead permanent teeth, the macroscopic appearance of the roots in both cases being strikingly similar. This absorption is a pathologic process and differs markedly from the physiologic process of resorption. It is a much slower process, and that is one reason why we so frequently find the apices of the roots of dead temporary teeth protruding from the labial or buccal surfaces of the alveolar ridges, causing that ulceration of the mucous membrane of the cheeks or lips with which we are so familiar in the case of children whose milk teeth have been neglected.

The explanation of this common phenomenon is simple. The death of the pulp of the temporary tooth has left its root incapable of resorption and its socket prone to degeneration. Absorption is too slow a process to make room for the crown of the permanent successor which soon impinges on the dead root, deflects it and thrusts its apex through the degenerated alveolar process and the superjacent soft tissues. In those cases in which death of the temporary tooth has taken place some time after the process of resorption has commenced and the root is, in consequence, shortened, the pressure of the advancing permanent tooth simply tilts the root until it takes a nearly horizontal position; the crown, if any remain, being correspondingly deflected. Other phenomena which admit of a similar explanation are familiar to us all, and need not be enumerated.

From the time when the dental pulp is "nothing more than a part of the mesoblastic myxomatous tissue of the jaw, which has become more rich in vessels and cells than the other neighboring part" up to the time when commencing senile degeneration presages the termination of its physiologic activity, it is one of the busiest exponents of local government observable in the whole domain of human physiology. While it is hard at work constructing the tooth it regulates the blood pressure that causes that organ to travel to its appointed place in the mouth, at the same time building up the bony walls that enable that pressure to act at a mechanical advantage. Then, in the case of the temporary teeth, it superintends the demolition of the very structure it has been at such pains to create; and finally, in the case of the permanent teeth, it controls the nutrition of those parts on the integrity of which the tooth is dependent for the proper exercise of its function. Thus we are able to understand the otherwise inexplicable phenomenon which Tomes aptly describes in the following words: "It is impossible to insist too strongly on the fact that the sockets grow up with, and are molded around, the teeth as the latter elongate. Teeth do not come down and take possession of sockets more or less ready and pre-existent, but the socket is subservient to the position of the tooth; wherever the tooth may chance to get to, there its socket will be built up round it. On the proper appreciation of this fact depends our whole understanding of the mechanism of teething; the position of the teeth determines that of the sockets, and the form of pre-existent alveolar bone has little or nothing to do with the disposition of the teeth."

[The discussion on the symposium of papers by Drs. Constant, Morgenstern, Causch and Römer will follow the paper of Dr. Römer in a later issue.]

THE IMMEDIATE RELIEF OF HYSTERICAL MANIFESTATIONS OF THE LARYNX.*

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ST. LOUIS.

Hysterical manifestations in the larynx are common enough to fall frequently into the hands of every laryngologist. The treatment likewise is successful enough to warrant an almost positive promise of relief in at least the majority of cases. There is, however, much to be learned, both as to the development of newer and more satisfactory methods and as to the reasons for the successes in individual cases.

It is in view of these circumstances that I present my method which, though original with me so far as I know, may yet have been used by others. I do not assert for a moment that the method results in anything but a relief from the laryngeal symptoms or that monosymptomatic hysteria exists, and that, therefore, the symptomatic relief is tantamount to a cure. Nor is it certain that the relief is of any longer duration than that from other plans. But it is clear that the method is simple, absolutely painless, easy of application and withal successful.

All plans of treatment have as their basis the deception of the patient, or, perhaps I should say, direction of the patient's mind away from false conceptions toward possibilities that are within his reach if only he will utilize them. In other words, suggestion in one form or another is used. This may be extended over a period of time, or it may be so decided that it is effective at the first sitting. To the former class belong such plans of treatment as manipulations of various kinds and operations distant from the seat of the symptoms. Often, too, operative interference in the neighborhood of the larynx or applications to the larynx or pharynx will be followed by relief after a longer or shorter time. Consecutive treatment of any kind may have a similar effect in ridding the patient eventually of his symptoms. Immediate suggestion, on the other hand, is mainly used through the medium of a strong electric current which is sent through the larynx, and generally becomes effective at once.

The method which I desire to detail is of this type, but it requires no instrument except the index finger and a ready tongue on the part of the operator.

At the first sitting, having recognized the case as one of hysteria, I state to anyone who happens to accompany the patient that the case is quite clear and easily relievable, but, turning to the patient, I say: "You must agree to let me do what is necessary. I can not consent to undertake the treatment unless you are willing to submit yourself to the treatment." The patients invariably say that they are willing to stand anything provided there is any likelihood of a cure. Of course, I give an absolute promise as to relief and send the patient home to think and to worry about it, or, if it is desirable, proceed at once to work. In any event, I generally deliver a short and more or less sentimental talk to aphonics on the word "home," which I state is the first word that they will utter, the most beautiful and easiest to pronounce in the English language. Having secured the requisite confidence and interest, I place the patient on a chair and I insert the index finger of the right

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hand into the pharynx and press the epiglottis over the glottis until the patient becomes somewhat uncomfortable, when I withdraw my finger and say in a loud commanding voice, "Now, say 'home, home, home!'" The patient responds and the command is continued as often as necessary until the patient repeats not only "home," but any word suggested, and leaves the office talking as well as anyone. At the next sitting I look into the larynx and state that everything is in perfect shape and the treatment concluded.

Of course, the character of conversation must be modified as the requirements of the individual demand, but in the main the procedure above indicated may be adopted.

In my earlier cases I stated that there was a dislocation or defect in the larynx which my treatment would relieve, but I now make no statement of what I affect to discover in the larynx in consequence of the advice given to me by Dr. Schwab. He called my attention to the fact that hysterics are prone to adopt suggestions to their own detriment, although the suggestion be made for their relief. In two of the three relapses the error of this plan was shown. In the first case one of my patients (which one, I do not know) called on my assistant during my absence in Europe and said that she had another dislocation in her throat and that I had cured her before by sticking my finger down her throat and invited him to do the same. He did so, and she became phonic again.

In the other case, that of hysterical mutism, the recurrence, I am sure, was made possible by my error in detailing the supposed cause.

The cases to which the method has been applied cover the whole range of the commoner hysterical manifestations of the larynx, such as aphonia, mutism and cry. The result was in every instance successful except in one not reported here for the reason that I did not have a fair opportunity to do the necessary work. The case was one which I saw for a few moments only in the office of Dr. Freudenthal of New York during a visit to that city. The case was a very obstinate one, having been the rounds of laryngologists without benefit. The Doctor had been unable to relieve her, and asked me to try my plan. Of course, I could not and did not secure the patient's confidence and, therefore, nothing resulted.

The cases which I report will fairly demonstrate the variety of conditions that may be relieved and likewise the method of applying the suggestion. Of course, in every instance, I explained the nature of the condition and the character and true facts of the treatment to some sensible member of the family. To do otherwise would have placed me in the ranks of the charlatans. The responsible member of the family is entitled to know that there is no real operation, and that the method used is purely one of suggestion. It is best, generally, to postpone giving this information until just before resorting to the suggestion. Of course, it is necessary to enjoin the informed not to let the patient know the true facts and not to discuss the condition with the patient or friends.

General treatment is indicated in all these cases, especially such as may influence the hysteria, which is the basis of the condition that causes the patient to consult a laryngologist.

SUMMARY OF CASES.

CASE 1.—*Hysterical Aphonia, Paralysis of Adduction.*—My first case was that of a girl, aged 17, who came to my clinic suffering from the classical symptoms of hysterical

aphonia. After showing her to my students and demonstrating the hysterical paralysis of adduction, I endeavored to pursue the usual plan of sending a current of electricity through the larynx. My battery was out of order, so being at a loss for an agent with which to influence the patient, it occurred to me that I might accomplish the same result by suggesting that something was dislocated in the larynx which I could easily replace and thereby accomplish a cure. Somewhat to my surprise the patient recovered her voice as soon as I withdrew my finger and announced that everything was in proper order again.

CASE 2.—*Hysterical Aphonia, Adductor Paralysis.*—In January, 1900, I was asked by Dr. Jacob Geiger of St. Joseph to see a young girl, E. B., aged 13, who had been suffering from aphonia for six months. This had come on suddenly and had not yielded to treatment, which had been, in the main, nerve and blood tonics and sprays. There was no previous history except an attack of acute rheumatism some years before. The girl was of a very lively, nervous disposition, very capricious and somewhat anemic. Having learned of the case beforehand, and readily recognizing the condition, I had sent word to the mother that her daughter would speak within two minutes after I saw her. As a consequence of this the patient was prepared for something extraordinary. I made a hurried examination and confirmed the diagnosis and stated to the patient that if she were willing to submit herself to the treatment, however severe it might be, I would have her saying "home" in less than a minute. She consented. I adopted the usual plan, and withdrawing my finger suddenly, commanded her to say "home, home, home." She did so, and acting on my direction she called up her grandfather by long-distance telephone and within three minutes after I saw her she was talking to him in proper voice for the first time in six months. There has been no recurrence, as I learned from Dr. Geiger, under whose charge the patient now is.

CASE 3.—*Hysterical Aphonia, Adductor Paralysis, Anesthesia of the Pharynx, Hysterical Cough.*—The father of A. B. had written to me, in May, 1900, from Louisiana describing his daughter's condition. He stated that she had lost her voice suddenly eight weeks before, and since that time could whisper, but not phonate. He asked me to telegraph if I could relieve her. Knowing well what the effect would be on the young lady, I telegraphed to him that I could cure his daughter. As I surmised, when she arrived she was perfectly satisfied that I would cure her, and I had little difficulty in making her have full confidence in what I promised. As usual, I advised her that the operation which I should perform would necessarily be a severe one. She stated she was willing to stand anything. Unfortunately, a well-disposed patient, who became acquainted with the one whose case I am reporting, assured her in a sympathetic way that the operation would not be painful and that she need not have any fear. To this I lay the necessity of making three efforts before I was successful. I found the patient, when she came into my operating room, very much calmer and not disposed to fear the operation. After I withdrew my finger the first time, her voice was slightly more phonic. Looking into her throat I stated that the cords were not in proper position. I made another effort, this time with more success, for now she spoke in a rather hoarse but fairly phonic way. After examining the larynx I stated that it was almost in the exact position which I wished it. The third effort was successful. Since that time there has been no return whatever. Curiously, after the disappearance of the aphonia she developed a hysterical cough, which, however, lasted only a few weeks. Dr. Bauduy, who examined the case, confirmed the diagnosis of hysteria. The mother was intensely hysterical, and immediately after the young lady's voice returned I isolated her from her mother for three days, fearing the effect of her sympathy and the maternal hysteria. In this case during the attack the cords could not be approximated, during the efforts at phonation the space between the arytenoids being fully 7 millimeters. Anesthesia of the pharynx was marked.

CASE 4.—*Hysterical Aphonia*.—F. M., aged 22, first lost her voice suddenly in September, 1900. One week later it returned suddenly. Two weeks after this the voice again disappeared suddenly and reappeared within one week. The last attack came on a month before she consulted me, which was on Dec. 18, 1900. This attack differed somewhat from the other in that she could not even whisper at first, but a week before she began to whisper again. There was no pain, no discomfort and no globus hystericus. Her general health was good, but she was somewhat anemic. Previous health had been good. I made an examination, stated that there was a condition in her larynx that required immediate attention, lectured to her on the easiest word in the English language, namely, "home," assured her that this would be the first word she would speak, and having thoroughly frightened her, secured her consent to go through the necessary performance on the following day. She returned very much worried, very much interested, and determined to undergo anything to recover her voice. The usual plan was adopted and her voice returned immediately, and there has been no recurrence of the aphonia since.

CASE 5.—*Hysterical Mutism, Adductor Paralysis, Hemianesthesia, Anesthesia of the Pharynx*.—I was consulted in November, 1900, by Mrs. M. G., a widow, aged 41, who presented the following history: In February, 1899, an operation was performed on the right axilla. After this she remained in bed for four months. July 1 she found it impossible to phonate, her voice becoming suddenly of a whispering type. Aug. 2, 1899, her voice was lost altogether, it being impossible for her even to whisper. Since that time she has been unable to phonate or to whisper. She stated that she had never been able to speak in a loud tone since the operation, and evidently ascribes her trouble to the operation. There was no definable cause for either the whispering or the attack of mutism. She states she had a choking sensation, after which her voice disappeared. Her mother died of consumption when the patient was 5 years old. Her father died in the Army from a wound. There was no nasal discharge and there were no symptoms of throat trouble, except that she complained that her throat felt sore on the right side (the side on which the operation was performed). She had frequent attacks of headache of the migraine type, both sides being affected. The attacks came on without any special regularity. There was no cough, no expectoration, no clearing of the throat. Her appetite was fair; her bowels regular; no difficulty of respiration; occasional choking sensation at night; general condition fair. Both Dr. Chaddock and Dr. Schwab, who examined this patient at different periods, found unmistakable evidence of hysteria, and numerous stigmata, such as hemianesthesia, anesthesia of the pharynx, etc. The patient, who had been suffering from mutism for 16 months, was brought before my class, giving me an occasion to make a distinct impression on her as to the seriousness of her condition, the possible severity of the operation and the beautiful influence of the word "home," the first word which she learned she was to speak in 16 months. Of all the patients whom I have treated in this way she was most affected. She responded at once to treatment and her voice returned. On Sept. 25, 1902, she again consulted me on account of the loss of voice of two days' duration. I found a very acute inflammation of the pharynx, tonsils, lingual tonsil and larynx. The usual remedies were applied, and though the acute inflammation disappeared the aphonia continued. It was evident that she remembered her previous attack, and was probably influenced by a fear that there had been a second dislocation in the larynx. Not desiring to complicate the matter, as it was evident that suggestion in this case had as much power for evil as for good, I concluded to use another method in this case. Consequently, I made an application to the lingual tonsil of a strong solution of nitrate of silver, having stated to her without undue explanation that she would be enabled to talk immediately thereafter. Success followed this application.

CASE 6.—*Hysterical Aphonia, Hoarseness*.—Miss M., aged 24, consulted me in December, 1900, on account of her hoarse-

ness, which had lasted for six months. Two years before I had endeavored to relieve her of hysterical aphonia by galvanization with but indifferent success. She could phonate at times, but her voice was always hoarse, while she had occasional relapses into complete aphonia. Her general health was fair, though she was nervous and disposed to be melancholic. One sister suffered from melancholia for two years, but finally recovered. Examination showed that the vocal cords did not approximate when phonation was attempted. The usual plan was followed, and although such a case could not offer the same promise as one of complete aphonia, the patient entirely recovered, and has continued free from trouble except occasional attacks of hoarseness, which, however, last but a short time.

CASE 7.—*Hysterical Cry*.—I. S., aged 13, consulted me in April, 1901, at the instance of Dr. B. L. Dorsey, with the following history: She had been more or less sick all winter with what was designated nervous prostration. Other than this there had been no trouble except painful spots along the right leg. About three months previous to this time the peculiar shrill cry first appeared and within the limits of its characteristics it had continued since that time. The cry did not appear until 4 o'clock in the afternoon (after school) and it continued at intervals of from one and a half to two minutes, until she went to sleep. From that time until the succeeding day at 4 o'clock she was free from its presence. The cry, which lasted about two seconds, resembled the sound of a prolonged *ai*, and the intensity was about that of the voice of a child when calling another at some distance away. The quality, duration, pitch and intensity, so far as I could observe or learn, were about the same under all conditions, whether the child was on the street or in the house. The girl was very much mortified about her condition, and strove to conceal it, manifesting great disinclination to leave home. Examination of the nose, pharynx and larynx showed nothing abnormal. Dr. Chaddock found stigmata of hysteria, which naturally confirmed the diagnosis. Although this case hardly afforded the scope for suggestion after the method detailed that the aphonic cases offered, it was finally decided to adopt the same plan. Accordingly, after the usual preliminaries and after being assured by the patient that she was willing to stand anything which would afford relief, I inserted my finger into the larynx until she became very uncomfortable, and withdrawing it, suddenly, I said, "Now you are all right!" I then examined her larynx and stated to the Doctor and mother that everything was now perfectly normal. Since that time she has never had a single attack. I saw her last in March, 1903.

CASE 8.—*Hysterical Aphonia, Anesthesia of Palate and Pharynx*.—Miss E. P., aged 27, referred to me by Dr. F. J. V. Krebs, Dec. 1, 1902, lost her voice six months ago. Two months later without apparent reason her voice returned. Two months later it again disappeared, and since that time, although much had been done to relieve her, the aphonia persisted. The patient's health had been fair, but she was nervous and easily excited. On attempted phonation the cords would move spasmodically to and fro with a short range about 5 millimeters from the median line and would finally come to rest in the position of complete abduction. Palate and pharynx were anesthetic. After the usual preliminaries, I inserted my finger into the larynx and, withdrawing it, I ordered her to say "home, home, home!" She responded in a fairly loud voice. As I continued to direct her to say this and other words, I noticed that there was still a tendency to aphonia in that she would quite often whisper the word instead of saying it aloud. I then asked her to sing "home, sweet home," and with the assistance of my own somewhat discordant tones she sang the song and the aphonia left her. Three months later there was a recurrence, which readily responded to my suggestion which comprehended an inspection of the larynx, an expression which indicated that I understood the condition and the introduction of the finger without comment. Since this she has had no further attack.

DISCUSSION.

DR. FRANK W. HILSCHER, Spokane, Wash.—The method of treatment is on the principle which Dr. Mulhall of St. Louis described ten years or more ago. I remember seeing in his clinic a case of hysterical aphonia, treated by inserting a wet sponge electrode into the pharynx which frightened the patient so that he made an exclamation. The patient was then commanded to speak on penalty of a repetition of the operation. This same patient would lose his voice occasionally, relapsing into the former condition, but the physician had no trouble renewing the suggestion, going so far that he actually produced the suggestion by telephone. That was done in at least one case of which I know, and he told me that he had accomplished a similar result in a number of other cases.

DR. J. F. BARNHILL, Indianapolis, Ind.—I consider this paper as one of distinctive value. Cases of hysterical aphonia exist, and when we are consulted concerning them, knowledge of a certain method such as Dr. Loeb suggests becomes as valuable to us, trivial though the method may seem, as is the technic of the most complicated surgical procedure. I have treated some cases of this kind, one lately, in which there were lingual tonsils. I assured the patient that the removal of these would result in the cure of her ailment, and verified the prediction to the satisfaction of all concerned. I desire to ask Dr. Loeb two questions: 1. Has it been his observation in the class of cases he has described, that the pharynx and larynx are in an anesthetic condition? 2. He stated that the epiglottis is pressed down with the finger until there is considerable discomfort. Is it the intention to cause the patient pain by this pressure, or are we to understand by the term discomfort that some degree of asphyxia is produced?

DR. H. DUPUY, New Orleans—The success Dr. Loeb obtained from positive hypnotic suggestion promises excellent results in these cases. A girl of 19, a religious enthusiast, came to my office with an acute case of hysterical aphonia. I examined the parts thoroughly, and by way of suggestion I told her that there was something up behind the nose that caused the disturbance. I introduced my finger and made the manipulations we usually do for the recognition of adenoids. Her voice was immediately restored. Several months afterward the aphonia recurred and she was unwilling to again undergo what she considered a heroic maneuver. I would like to ask Dr. Loeb whether he has had any recurrences, and what is the longest time in any case in which there has been no return of the aphonia.

DR. C. M. COBB, Boston—I was told in the Hospital for Epileptics that there is often some serious constitutional idiosyncrasy or dyscrasia back of hysteria and that these patients often become insane or have tuberculosis later. The same suggestion was made by Dr. Edes of Boston. He said that he used to consider them almost immortal, but that they are not; the death rate among them is much higher than among normal individuals. I am very glad Dr. Loeb has given us the details of his treatment by suggestion. Probably every one who has practiced medicine any length of time has invented a method of suggestion of his own. One physician's method was to talk with the nurse outside of the door within the hearing of the patient, in the case of a married woman, for example, as to whom the husband was likely to marry if the patient did not recover. The nurse would suggest someone and the physician would say that it met his approval, since the woman was good and strong. The result would be that the patient recovered her voice speedily.

DR. H. W. LOEB, St. Louis—Personally I knew nothing about hypnotism or suggestion previous to this work, and I know now practically nothing about it. I have been forced to report this method, which differs from the other methods in its systematic performance. These patients, however, are prone to accept suggestion, not only for their relief, but also to their detriment. In one case, for instance, the patient came to have a new dislocation restored. In Dr. Barnhill's case an operation was found necessary; it is possible that that woman will have some operation performed on every part of her anatomy before she is through. Those are the cases the neurologists complain that we treat with the ablation or supposed

ablation of some organ, and the disease returns again and again. Such conditions as anesthesia and hemianesthesia may be relieved in the same way as aphonia. If we use heterogeneous suggestion we may often make mistakes. In the last few cases I have said nothing about the condition found; I simply look at the larynx and say that I will be able to cure the trouble. One case is of at least two years' standing. The pharynx is not always anesthetic, but it is often so in hysterical cases. As to the discomfort resulting from the treatment there is, of course, no pain, but only an impediment to respiration. I occlude the larynx until there is a distinct impression from the suffocation, then withdraw the finger and command them to speak and they simply can not help talking. I hope the members will use this method with caution, not to use a suggestion that may be duplicated and do the patient harm.

THE TREND OF MODERN PSYCHIATRY AND ITS RELATION TO GENERAL MEDICINE.*

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Amid the kaleidoscopic changes incident to modern medical progress, none are more conspicuous and striking than those which pertain to the study of psychiatry. To the average practitioner medical psychology was until within a very recent period, a sealed book, and even to-day its study is greatly neglected by many of our medical schools and colleges.

This indifference is well understood, however, when we remember the hypothetical character of former available knowledge concerning morbid psychical phenomena, as well as the difficulties which beset its practical clinical application in general medical practice. Moreover the numerous exigencies that belong to the care, management and treatment of the insane soon led the general practitioner to lose interest in its study, and all such cases were willingly referred by him to those members of our profession whose tastes or opportunities led them to select this form of practice, hence, the alienist became through sheer force of circumstances the first in chronologic order of medical specialists.

As insanity at times requires rigid isolation, hospitals devoted to the exclusive use of the insane were imperatively demanded, but cheerfully supplied from the generous funds of the state treasury. Owing to the extreme magnitude of such hospitals their control became a very tempting prize for rival political parties to possess, hence their management was soon added to the political spoils system.

The universal adoption, however, of this diabolical political practice imposed a great injustice on the unfortunates who were compelled to submit to its evil consequences, beside proving a serious hindrance to the progress of scientific psychiatry. Moreover the exclusive character of the work soon led the medical officers to separate themselves from the rest of the medical profession, which had the baneful effect of not only dwarfing their own medical growth, but also retarded the study and development of psychologic medicine. Not all of the medical officers were tainted with this special vice, but the general correctness of the assertion can not successfully be denied.

Without any desire to be pessimistic, and duly recognizing that in the development of the modern insane or psychopathic hospital with all its scientific parapher-

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