

PTYALISM OF PREGNANCY, WITH THE REPORT OF
A CASE.

BY O. A. GORDON, M.D.

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It is not with the expectation of shedding new light that I bring the subject of ptyalism of pregnancy before the Society, but with the hope that the discussion may clear away some of the clouds that enshroud the subject. Whether it is because it has been considered a trivial matter, or because very little is known about the pathology and treatment, that so little can be found in obstetrical

works bearing upon the subject, I am unable to decide; but I incline to the latter view. I am sure that the physician who is unfortunate enough to have a case of profuse and prolonged salivation of pregnancy come under his care will cease to consider it trivial. If we turn to the standard obstetrical works, we find the matter disposed of in from six to twenty lines, all agreeing that it is of nervous origin and not readily controlled by remedies. Cases are cited in which the discharge of saliva amounted to several quarts a day, requiring the patient to keep a basin by her side, incessantly emptying the mouth, reducing her to a condition giving rise to serious anxiety.

Playfair says a profuse discharge from the salivary glands is an occasional accompaniment of pregnancy. It is generally confined to the early months, but occasionally continues during the whole of gestation and resists all treatment, only ceasing when delivery is over.

Lusk says incessant flow of saliva to the extent of two or three pints in the course of a day has been observed. Small doses of atropin, pilocarpin, viburnum prunifolium have been severally recommended.

Cazeaux says it rarely lasts more than two months. In a large portion of cases ptyalism ceases spontaneously, for no confidence can be reposed in the measures generally resorted to for its removal. Some advantage, however, may be derived from the use of aromatic infusions and astringent gargles. I have found it useful to have the patient keep a piece of sugar candy constantly in the mouth, lumps of gum arabic, pieces of ice, etc. It is useful to be acquainted with these various measures, if only to keep up the patience of the sufferer by varying them from time to time until the discharge ceases of its own accord.

The views of these writers are in accord with most writers on the subject.

Mrs. X., æt. 30, born in United States, applied to me for treatment for salivation of pregnancy in the first month of her fourth pregnancy, stating that she had been troubled in the same way in her previous pregnancies, and that persistent treatment had failed to give her the slightest relief. Also, that her great-grandmother had given birth to nine children; grandmother, four; mother, five, and that profuse ptyalism had persisted during the whole nine months of each of these pregnancies. Fifteen months previous I had operated on her for a large rectocele, and she was, at the time of becoming pregnant, wearing a pessary for retroversion of the uterus and prolapsed ovaries. General health good. There was a constant flow

of saliva from the salivary glands, requiring the incessant use of a handkerchief or a vessel for its reception. She complained of great dryness of the throat and inability to swallow the saliva. This was accompanied by vomiting, the constant dribbling interfering with digestion and sleep to such extent that the patient became considerably emaciated and weakened. Naturally of a neurotic temperament, her nervous system was considerably shattered at the close of gestation. I tried an astringent gargle, ice in the mouth, atropin, pilocarpin, bromides and counter-irritation over the parotids. In fact, I nearly exhausted the materia medica in my efforts to give her relief. I also tried stretching the cervical canal, and the application of comp. tincture of iodine to the cervical endometrium, all of which afforded her not the slightest relief, the trouble continuing until one week after delivery at full term.

DISCUSSION.

Dr. DICKINSON.—I have seen but one of these cases. It was as hopeless, but did not have quite so much effect on the patient's general condition as the one which Dr. Gordon reports. In this case, when the patient's attention was occupied, or while about her household duties, her trouble was not very marked, but when she lay down to sleep, or when she would sit down to read, or whenever she was at rest, she would have her cup underneath the angle of her jaw day and night. The quantity was not measured. Nothing relieved her much until the sixth month, when the flow ceased. The probability was that it ceased of itself, and not that the remedies did it any good. The only thing to which she was willing to credit any benefit was the general use of the galvanic current, with one electrode in the back of the neck and one in the hand. She had it every day for a couple of weeks, and during that period she was somewhat improved, which, I think, was due to the effect of the general tonic to her nervous system.

Dr. CHASE.—I take it these cases are rare and infrequent. It has never been my fortune or misfortune to see one.

Dr. McNAUGHTON.—I have had no personal experience and have not seen cases of that kind, but I cannot see why, acting on Dr. Dickinson's suggestion, the attending physician could not have made local use of galvanism directly over the parotid gland, using the positive pole there, and I think it would have controlled it. If you remember in the paper read here a short time ago on galactorrhœa, a case was cited as going on at that time which had resisted all treatment that had been tried, and three applications of galvanism dried up the flow.

Dr. DICKINSON.—It was so used, but the patient made so much fuss about the metallic taste that we had to use it low down on the spine instead. It might possibly have been used more persistently.

Dr. RAYMOND.—Is the trouble always confined to the parotid gland? Of course the parotid gives the most watery discharge; but are not the submaxillary and sublingual glands affected as well?

Dr. GORDON.—I cannot say as to that. Strange as it may seem, this was the second case of this trouble that I had in my practice that same year. This other case which I made no mention of here had been pregnant four times. Once she carried the child to term, and the ptyalism ceased a week or two after delivery. The next pregnancy she suffered in the same way up to the third month, when she miscarried. I attended her with two miscarriages after that and ptyalism had accompanied them up to the third month, and it was quite profuse. She assured me in the most positive way that she had done nothing to bring on these miscarriages, and all I know about her is what she told me about the pregnancy that went to term. She said she tried everything and her physicians tried everything to relieve her, but without success.

In regard to electricity over the parotid, I forgot to mention that I did try it there, but it seemed to have no effect whatever. I used faradism.

Dr. DICKINSON spoke about the patient he saw having less trouble when her mind was occupied—it seemed to be just the opposite in this case. In conversation on almost any subject the saliva seemed to flow more freely, and the patient would hardly speak three words without stopping and emptying her mouth on a handkerchief.

Dr. RAYMOND.—Was the flow increased during conversation? Was it not the mere movement of the jaw that did it?

Dr. GORDON.—It seemed the same in repose. It interfered with her sleep to a great extent, so that she became considerably exhausted. I put her on large doses of bromide at night, and that had no effect.

Dr. RAYMOND.—Was there any enlargement or tenderness of the parotid that you could discover?

Dr. GORDON.—No, sir.

Dr. McNAUGHTON.—I meant to suggest that one pole—the positive—be put into the duct, where it could be quite easily introduced.

Dr. GORDON.—I shall have another opportunity to treat this patient, and I will try that.

Dr. EMERY.—Did Dr. Gordon try the effect of antipyrin in this case?

Dr. GORDON.—I have no recollection of trying antipyrin, although I tried almost everything in the materia medica.