the latter cause, and the disappearance of the pain and dysphagia may have depended upon a change in the direction of the protruding forces. As there is said to be a connection both between syphilis and aneurism, and syphilis and cirrhosis, the previous history in this case could be of no decided value in the diagnosis. Hæmoptysis as a symptom is common to phthisis, cancer, aneurism, and cirrhosis; but, in the latter disease, it appears to be more rare than in the other examples.

It may be briefly stated in conclusion, that, in the differential diagnosis of intrathoracic tumours, the most valuable of all the symptoms seems to me to be *pain*, and that, in doubtful cases, when severe pain is complained of, it is much more likely to be dependent on aneurism than on cancer.

DENTIGEROUS CYST IN THE UPPER JAW.

By A. W. STOCKS, M.R.C.S.,
Surgeon to the Salford Royal Hospital.

R. D., AGED 18, a healthy-looking girl, residing at Morecambe, came under my care for the treatment of a tumour occupying the right cheek, forming a projection into the nose, filling up the canine fossa, projecting outwards under the malar eminence, and encroaching on the mouth. In the latter position, it was found to occupy the space of the right lateral incisor, canine, and first bicuspid teeth, which were wanting. The alveoli corresponding to the former two were found to be dilated (for, although three teeth were absent, yet there were to be found only two alveoli), and the edges of the alveolar plates could be distinctly traced, having projecting through them a soft semifluctuating tumour, on the surface of which ramified numerous large veins. The movement of the upper lip was considerably interfered with. The tumour had existed for about three years. The appearance of the girl's face was peculiarly that produced by a dilatation of the antrum of Highmore. There was not much pain, and the voice was rather nasal. An exploratory puncture through the dilated alveolus by means of a cannula and trocar let out a small quantity of bloody serum. No distinct fluctuation could be made out between the most prominent parts of the swelling and the projection into the mouth.

On November 12th, 1874, the cheek having been raised from the front of the upper maxilla (under chloroform) without any wound of the external skin, the tumour was easily perforated by a gouge, and the opening enlarged by a pair of nibbling forceps sufficiently to admit the finger into the antrum, which was found to contain a clot of blood and some serum, the former being the result, no doubt, of the late exploratory puncture. On passing the finger into the cavity, a hard pointed substance was found projecting from the roof of the antrum, about a quarter of an inch from its posterior wall, and, after a few forcible but vain attempts, a fully developed canine tooth was removed by the forceps. The cavity was filled with lint and the patient sent to bed. Her progress towards recovery was uninterrupted, and, on January 16th, there was only a slightly fistulous orifice at the junction of the lip with the upper jaw. The distortion, which continued as great as before the operation, has been much reduced by pressure obtained by wearing a small India-rubber ball firmly bandaged on the cheek during the night; and the projection into the mouth has shrunk very much; indeed, now there is scarcely any distortion left.

The tooth which was removed from its abnormal position is in all respects a well developed canine (permanent) tooth measuring barely four-fifths of an inch, the crown being exactly three-tenths of an inch long. The fang, however, instead of having a smooth surface similar to that found in most teeth, is surrounded by a firm deposit of bone, giving one the idea that it was not implanted in an ordinary alveolus or socket, but rather ankylotized to the bone in which it was found. It appears that, some time ago (how long she could not say), according to the girl's statement, she had her "eye-tooth" on that side removed; that it was a "sucking tooth"; and that the corresponding tooth in her permanent set never appeared. The lateral incisor and first bicuspid teeth were extracted at a much later period, with a view to the cure of the tumour. How the tooth got into the position in which it was found, is very difficult satisfactorily to explain; but it would appear not improbable that, in the extraction of the primary tooth, some damage had been done to the pulp of the secondary tooth, and that the germ had been lifted out of its normal position and carried, so to speak, on the top of a cyst formed by a morbid secretion in the dental sac, through the antrum, and so taken root in the orbital plate of the superior maxilla, where it was found.

The case mentioned in Bryant's *Surgery*, page 279, is somewhat similar to the above, save that in it the tumour was formed by a solid instead of a fluid growth. The engraving on the same page gives very fairly the peculiar external appearances of the above case.

CLINICAL MEMORANDA.

HEMIKINESIS.

In reply to Dr. Clay Shaw's remarks, I would say that I have not introduced the term hemikinesis for any *one* mobile disorder. In the report from my hospital practice to which Dr. Shaw refers, it is stated that the term is applied to "over-movements of one side of the body, as, for example, hemichorea, hemispasm, etc." I coin this word to facilitate the comparative study of one-sided mobile disorders, and their study in relation to hemiplegia. There are several mobile disorders which are alike, in so far that each of them affects first and most the same muscular region as is paralysed in hemiplegia; they are unlike, in that in each case the muscles suffer differently. There are many varieties of one-sided movements; athetosis is one variety. I did not think the case of my patient was one of athetosis. It is a variety of over-movement which I have been in the habit of calling hemicontracture. Before I publish the case, however, I shall re-read Hammond's description of athetosis, as well as study the papers of Gairdner and Clay Shaw.

I have many times written on the comparative study of one-sided mobile affections in relation to hemiplegia. That this method of investigation is useful, I will adduce Dr. Radcliffe's testimony. In his article on Chorea in the second (not in the first) edition of the second volume of Reynolds's *System of Medicine*, after stating the reasons I have advanced for the localisation of the changes producing chorea in convolutions near to the corpus striatum, he writes: "For most assuredly the difficulties which beset any attempt to localise the choreic lesion in the nerve-centres are not a little simplified by thus insisting upon the clinical relations between hemichorea and hemiplegia as a ground for believing that the region of the corpus striatum is the part affected in both disorders." J. HUGHLINGS JACKSON, M.D.

THE CAUSE OF DEATH AFTER THE INJECTION OF A NÆVUS.

IN Dr. Buchanan's interesting lecture, published in the *BRITISH MEDICAL JOURNAL* of June 26th, mention is made of a case of nævus of the eyelid treated by the injection of perchloride of iron, and ending fatally.

"A drop of perchloride of iron was introduced, and in two minutes it was dead, just as if shot through the head with a pistol. A particle or portion of the coagulated blood had entered into the ophthalmic vein, and had gone back and got plugged in some part of the venous circulation at the base of the brain or orbit. Congestion or stagnation of the blood had taken place, and the result was fatal."

It would be interesting to know whether the cause of death in this case was determined by *post mortem* examination, as the explanation offered by Dr. Buchanan would otherwise appear somewhat improbable; for, as the calibre of a vein increases with the distance from the capillaries, it is difficult to understand how the plug would become obstructed in its course towards the heart. Supposing, however, that the plugging took place in the orbit, I am still at a loss to conceive how an obstruction of the ophthalmic vein would occasion sudden death. If, on the other hand, the clot became lodged in the cavernous sinus of one side, owing to the free communications existing between the sinuses of the two sides, and the special provisions present in children for the escape of blood from the cranium, it may be doubted whether a fatal result would immediately follow. I have seen cases in which the lateral sinus and internal jugular vein of one side were plugged from extension of inflammation from the ear without causing any brain-symptoms.

It once happened that I was present when a child died suddenly after the injection of a nævus of its scalp, and the explanation then offered was, that the plug had passed through the right side of the heart and become impacted in some large branch of the pulmonary artery. I should be inclined to think that a similar accident had occurred in the case related by Dr. Buchanan, unless some other cause of death were discovered by *post mortem* examination.

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TESTIMONIAL.—A complimentary dinner and testimonial were on Friday, June 18th, given by the members of the Bradford Medical Aid Association to Joseph Farrar, Esq., L.R.C.P.Ed., in token of the highly satisfactory manner in which he has for the past two years discharged his duties as medical officer to the Association. Great regret was expressed by several of the speakers at Mr. Farrar's resignation.