In conclusion, I beg to suggest that the phase of disease presented in this case, from its mode of evolution and subsequent behaviour—especially under treatment, and from its general symptoms—indicates:

1. An inflammatory process or dermatitis simulating psoriasis.
2. That it owes its origin to the seborrhoeic conditions of the skin, especially the head.
3. That it is probably parasitic.

OSTEOMA OF THE SUPERIOR MAXILLA: EPITHELIOMA OF THE TONGUE.

By H. T. DRESCHFELD, L.D.S.,
House Dental Surgeon to the Victoria Hospital, Manchester.

P. H., aged 52, a mechanic by trade, first came under my notice on August 23rd. 1893. At that time he was suffering from epithelioma of the inferior anterior surface of the tongue in a median position on either side of the frenum. The submaxillary lymphatic glands were only slightly affected. The right cheek was deformed by a rounded swelling extending over the whole of the superior maxilla, with a

vertical elevation of at least $1\frac{1}{2}$ inch. This was found to be a solid bony tumour, which, according to the patient's history, had been caused by a fall from a ladder about twenty-three years previously; it had rapidly developed, and then remained stationary, without causing pain or any inconvenience, except the external deformity, until the present time. The orbit and nasal cavity were practically free from any pressure effects; the palate and alveolar border on the right side were, however, greatly displaced inwards, causing the teeth of the lower jaw on the right to articulate outside the

upper jaw in self-formed sockets in the bony tumour itself; the articulation of the molars of the left side was normal. The left lateral incisor and canine teeth of the inferior maxilla, owing to this displacement, occupied the middle line, and were in a position posterior to the normal. This malposition brought the edges of these teeth into contact with the under surface of the tongue, in the position of the epithelioma described. This irritation accounted for the occurrence of the disease in such an uncommon position.

The epithelioma was removed by Mr. Southam. Access to the mouth being difficult, an incision was made from the angle of the mouth on the right side backwards, the anterior two-thirds of the tongue and the greater part of the floor of the mouth being cut away. No ill-effects have yet been noticed in the patient, who was upon the third day removed home.

The accompanying figures are taken from photographs of plaster casts.

THE PROGNOSIS AND TREATMENT OF ACTINOMYCOSIS.

By W. B. RANSOM, M.A., M.D., M.R.C.P.,
Physician to the General Hospital, Nottingham.

ON November 10th, 1891, I reported to the Royal Medical and Chirurgical Society the case of a man with actinomycosis of the prostate and rectum. At that date he had for a month been free from all signs of disease, and his recovery was entirely independent of surgical procedure. It was then not justifiable to speak of him as completely cured, as a recurrence of the disease was still possible. Now, however, that two years have elapsed and the patient is still in perfect health, such a claim may fairly be made. It is to the means of his recovery that I wish to draw attention.

When the patient first came under observation—January, 1891—he was suffering from distension of the bowels and alternating diarrhoea and constipation; the stools were occasionally slimy and blood-streaked, and in February spherules of actinomyces were found in them. This condition was soon relieved by turpentine enemata, and entirely cured by April after a course of calomel and β -naphthol. The urine, however, continued to show the spherules, which, there was reason to believe, came from an inflammatory focus in the prostate gland. During July and August the patient took iodide of potassium and liquor hydrargyri perchloridi, and during September and October took the iodide only in doses of a drachm daily. Under this treatment the urine gradually improved, so that after October 15th no more traces of the fungus were found. Since November, 1891, several examinations of the urine have been made, always with a negative result, and the patient had been free from all symptoms of disease, stout, and able to walk twenty miles a day.

In the paper read at the Royal Medical and Chirurgical Society, speaking of iodide of potassium, I said that "the drug has done no harm, and may possibly have contributed to the suppression of the disease." Since then, however, Thomassen and Nocard in Europe, and others in America have extensively used the iodide in the "wooden tongue" and other forms of actinomycosis of cattle, and have come to the conclusion that it exercises a marked remedial influence on the disease.

In man the drug has hitherto been little used, but successful cases have been reported from France, Germany, and Italy. Thus Buzzi and Galli-Valerio,¹ in a case of extensive disease of the face, in which incisions had failed, obtained a complete cure with 30 grains daily continued for three months, and Netter² observed healing of an actinomycotic abscess of the chest wall take place in a month, the daily dose of iodide of potassium averaging a drachm. Actinomycotic inflammations in man, though they may undergo partial recessions, are not known ever to resolve spontaneously. It may be asked whether the mercury also aided; but, although improvement began while it was being taken with the iodide, it was not until a month after its stoppage that the last specimen of the fungus was found. I therefore

¹ BRITISH MEDICAL JOURNAL, EPITOME, August 5th, 1892.

² *Semaine Médicale*, November 10th, 1893.

think that my case is an instance of cure of actinomycosis by iodide of potassium.

It is of the greatest importance that the profession should at once recognise that iodide of potassium has a therapeutic action in this disease comparable to that in syphilis, that cases of superficial disease may get well without operation, while cases of deep-seated disease, in which operation is impracticable, are also offered a chance of recovery.

It is not probable that operations will be altogether dispensed with; abscesses must be drained and necrosed tissues removed; but their sphere will be limited, and a pleasanter and safer treatment adopted.

In many recorded cases of visceral actinomycosis, operation has failed, and it is probable that a knowledge of the action of iodides might have averted their fatal ending. It may also be noted that possibly some lesions diagnosed as syphilitic from their yielding to iodides, may, in fact, have been produced by the actinomycetes.

A NOTE ON TUBERCLE BACILLI IN HOUSE DUST.

By R. SHALDERS MILLER, M.B., B.S.LOND., F.R.C.S.

In April, 1892, it occurred to me to examine dry dust from a house in which there had been a series of cases of phthisis. I will briefly relate these in chronological order.

About fourteen years before the above date a gentleman affected with phthisis lived in the house, and left it only a short time before his death. An old lady then lived in the house for about six years, and died there, but not from the same disease. Then a lady, a family connection of my own, with her five daughters, took up her residence there, four of the girls being most of the time at school. In a year this lady became the subject of phthisis. She lived for three years, and then died of that disease. During her illness the eldest daughter showed symptoms and slight physical signs of the same complaint, and came to stay at my house for about six weeks. She returned home apparently well, and has remained in good health ever since. A few months after the mother's death the second daughter, who had not long left school, displayed similar symptoms, and also came to stay at my residence, and fortunately recovered her health. She is still alive, and perfectly well and strong.

Early in January, 1892, the third daughter, who had left school only the previous Christmas, and had been suffering from a severe cold, exhibited consolidation of the left apex. She was a plump but delicate girl, who had experienced a good deal of illness in childhood from bronchitis and a severe attack of pneumonia. This poor girl, who was about 18 years of age, also came to stay at my house for about seven weeks, but she became rapidly worse, general infection taking place quite suddenly from the bursting of a tuberculous nucleus into one of the bronchial tubes, and she died exactly a month after returning home.

Several times during her visit I made stained specimens of sputum, and found an ever increasing prevalence of tubercle germs. I also obtained samples of dry dust, six in all, from various parts of her home. Unfortunately five of the six were ruined in the course of preparation, but the remaining one, which was scraped off the top of the dining room door, showed no fewer than eight groups of tubercle bacilli on a single microscopic slide; one of the groups numbering several hundred germs.

After this I had their house fumigated with sulphur, and advised vacating it, which has since been done. The house was an old one, largely constructed of wood, and I much doubt if anything short of burning it down would be adequate to destroy its infective qualities. It would be hardly fair to ask workmen to pull it down. I communicated the above facts to Dr. Douglas Powell, who had very kindly seen this last patient.

Since then I have learned from one of the medical journals that very similar observations have been made, in almost parallel circumstances, by a Paris physician whose name I do not now recall.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

BREAST CARCINOMA WITH MYELOIDS: EXCISION. FOLLOWED BY TWO RECURRENCES: CURE.

THE rare pathological phenomena of this case, no less than its fortunate termination, render it worthy of record. E. P., aged 45, was admitted into the Cancer Hospital in October, 1885, with a hard nodular tumour of twelve months' duration, in the upper part of the right breast. It was of the size of a large bean; in the axilla was a lymph gland slightly smaller. On removal the cut surface of the breast tumour was of a uniform reddish-black, that of the gland white; but another axillary gland, not enlarged, resembled the parent in its melanotic appearance. Upon microscopical examination no pigment could be found, and the condition was seen to be due to excessive vascularity. The sections presented the familiar characteristics of mammary carcinoma, with the strange addition of abundant well-marked myeloid corpuscles; there was no sarcoma tissue.

In February, 1887, a nodule was again removed from the inner end of the scar, with another axillary lymph gland; and in the following October two nodules, as large as hazelnuts, were dissected out of the fibres of the pectoralis. The macroscopic and microscopic phenomena were identical with those of the primary lesion. The patient has since remained well. She was last seen in August, 1893, in good health, and with no trace of disease.

In textbooks myeloid corpuscles are described in association with malignant new growths of the connective tissue series only. I have found them in the thickened wall of an ordinary breast cyst, but have never before seen them in carcinoma, nor do I know of any similar case. They appear to be minute plugs of some fibrinous substance entangling numerous leucocytes, and to indicate abnormal hyperæmia.

Gloucester Place, Portman Square, W.

HERBERT SNOW.

ANTISEPTICS IN TYPHOID FEVER.

THE treatment of typhoid fever by carbolic acid has, doubtless, been tried by many physicians on theoretical grounds, as stated in Dr. Sloan's memorandum in the *BRITISH MEDICAL JOURNAL* of March 25th, 1893, and given up as futile. I have so treated it myself, as also by liquor hydrargyri perchloridi and salicylate of soda, without any beneficial results. However, after reading Dr. Sloan's memorandum, I determined upon giving it another trial. Three cases at once presented themselves; two adults received 3 grains of pure carbolic acid, and a child of 12 years $2\frac{1}{2}$ grains three times a day. This treatment was continued for a week without lowering the temperature or in any other way benefiting them. These cases pursued their usual weary course and recovered. Last year I treated a number with yeast, and avoided giving animal broths, without any benefit. Antifebrin, naphthalin, and boric acid all have been tried without result. Small doses of antifebrin certainly lower the temperature, and are, therefore, at times useful. I know of no drug that has any effect in cutting short the disease.

Ballarat.

A. TEEVAN, M.R.C.S.Eng.

HÆMATOMA OF LABIUM OBSTRUCTING DELIVERY.

ON October 20th, 1893, I was requested to visit a woman immediately. The husband came for me at 10.30 A.M., and said a midwife (untrained) had been with his wife since 2 A.M., and could not get the case over. On my arrival I was informed by the midwife that the woman had been "off her head" for the past week. The labour was natural until a very large lump appeared, which the head could not get past. No one present could tell me when the lump came there.

The patient, a rather delicate woman, aged 37 years, had on the abdomen two scars of incisions for "abdominal abscess" twelve years ago. She had had four children, no miscarriages. She had never suffered with varicose veins. The left labium was about the size of a fetal head, blue and shining, the skin over it being very tense—obviously a hæma-

¹ Vide note to Plate XI of my *Cancers and the Cancer Process*.