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.,
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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.