A CASE OF GUMMA OF CHEEK AND "DENTAL" ULCER OF TONGUE.

BY RODNEY MAINGOT, F.R.C.S.

THE patient was an illiterate, garrulous old man of 65, who had multiple abscesses incised and drained in his neck at the age of 10, presumably for tuberculous disease.

History. He contracted syphilis at the age of 25. He consulted his doctor two and a half years ago, because some of his teeth were falling out, and he had developed a large gumboil on the left side of his gum and cheek.

A few teeth were extracted, but those in the region of the gumboil were left alone. Shortly afterwards, the gumboil burst, and a large ulcer resulted. For this he did not consult his doctor, or receive any treatment.

Two months before seeing me the remaining teeth on the left side of his lower jaw were becoming painful, and were scratching the left margin of his tongue, so that a large ulcer in the tongue grew apace. He again consulted his doctor who thought the condition was syphilitic, and he was referred to me.

After examination, I decided it would be best to have the remaining teeth removed, and a Wassermann reaction done. This was accordingly carried out, and the Wassermann reaction was positive to the extent of ++++. I thought he would be a good case to take up to the Fellowship Course, although at this time I had not taken a section of either ulcer.

(a) *Tongue.*—The tongue could be protruded fully and in a straight line. At the junction of the middle and posterior thirds of the lateral border there

Examination. was a large, jagged, irregular, foul ulcer, painful to touch, and somewhat indurated.

(b) *Jaw.*—That portion of the mandible where the teeth had been recently removed was septic and sloughing, and the fetor produced by this necrotic mass was repellent and strong.

(c) *Cheek.*—There was a large ulcer situated in the sulcus between the cheek and the gum. It measured $1\frac{3}{4}$ in. $\times$ $\frac{3}{4}$ in. It was somewhat oval in shape, and deeply punched out. The edges were not elevated or everted, in fact the margin shelved down perpendicularly to a sloughing, wash-leather base. There was considerable induration around, but no appreciable pain on palpation.

(d) *Neck.*—The submaxillary lymphatic glands were welded into a homogeneous indurated mass, fixed to the skin and underlying tissues. No other glands could be felt in the neck, but the scars of the former operation, performed when he was aged 10, might have led one to believe that he had had some glands removed for microscopical section. The pupils and knee-jerks were normal.

The diagnosis was gumma of cheek and "dental" ulcer of tongue, and this was subsequently confirmed by microscopical investigation when portions from both ulcers were removed and examined.

At least 90 per cent. of the candidates diagnosed the case as epithelioma of cheek and tongue, and considered that the mass in the neck was due to secondary deposits.

I agree that at the time the case was shown a biopsy of each ulcer had not been performed; yet, on clinical grounds the case should not have presented any great difficulties. It is inconceivable, for instance, that a malignant ulcer of the cheek could have existed for two and a half years without pro-

ducing advanced signs of irrefutable malignant disease. The patient made it perfectly clear to each candidate that the ulcer had been stationary for over six months ; in fact, it appeared to be getting smaller lately. It was unlikely, although I agree that it is possible, that an epithelioma of the cheek should, at the same time, be associated with a like growth in the tongue.

The subsequent history of this case has shown that on appropriate anti-syphilitic treatment and hygiene of the mouth both ulcers are now rapidly healing, and the patient is very much improved in every respect.

A CASE OF CYSTIC SWELLING IN THE GROIN.

BY A. J. COKKINIS, M.B.LOND., F.R.C.S.

THIS case, demonstrated in the F.R.C.S. course of the Fellowship of Medicine, presents an interesting problem in diagnosis. The patient, a man in the early twenties, complained of an intermittent limping which appeared *six months* previously. Walking was quite painless and the limping occurred at intervals for no apparent reason. *Three weeks* before the demonstration a swelling appeared in the right groin and has slowly increased in size. The condition has been painless throughout. There is no history of injury.

History.

Physical Signs.

On examination, there is a prominent, fluctuating swelling above the outer half of Poupart's ligament, oval in shape, and about 3 by 2 in. in area ; it is quite painless, cold and non-tender, and the skin over it is unaltered. There is a doubtful impulse on coughing. The swelling is not translucent and it appears to lie deeply to the abdominal wall. The spine, hips and sacro-iliac joints seem quite normal, and radiograms of all these regions show no lesion whatever. There is, perhaps, slight limitation of hyper-extension of the right hip, but all other movements are free and painless. The patient appears quite healthy and well-developed. Rectal examination is negative.

The following were the diagnoses suggested by various post-graduates attending the course : (1) Femoral hernia ; (2) interstitial inguinal hernia ; (3) lipoma ; (4) an abscess coming from the appendix or cæcum ; (5) a psoas abscess from a spinal caries ; (6) an abscess complicating tuberculous hip ; (7) an abscess from sacro-iliac tubercle ; (8) an enlarged psoas bursa ; (9) a cold abscess following tuberculosis of the iliac lymph glands.

A critical analysis of these diagnoses is instructive.

(1) Femoral Hernia.

This was suggested by two post-graduates, but is wrong, for the very simple reason that the swelling nowhere extended below Poupart's ligament.

(2) Interstitial Inguinal Hernia.

A very popular diagnosis and one which should be suggested ; but acquired interstitial hernia is nearly always traumatic in origin. Moreover, this swelling is very definitely cystic, the impulse on coughing is extremely doubtful, and the pre-existing limp does not fit into this diagnosis.

This also proved a popular diagnosis and is one which would be expected by most examiners. The extreme fluctuation, the absence of lobulation

(3) Lipoma.

or of a definite edge, and again the limping, however, almost certainly disprove it.