

54 *Extraction of Molar Tooth, followed by Necrosis.*

mucous membrane ; the former being usually found when the disease is tranquil, the latter when there is much irritation. 2d. The cavity may completely cicatrize, its walls gradually falling in and uniting, with obliteration of the bronchi, and sinking in of the surface of the lung, and perhaps of the wall of the chest also. 3d. The cavity may, after partially shrinking, be filled with chalky matter from the metamorphosis of some remaining tubercle. 4th. In the place of the cavity there may be produced a large callous mass of tissue, like that of cicatrices. Or, 5th. The tubercle may not proceed to the formation of the cavity, but being arrested in its earlier progress, may diminish in size, and be changed into a gray or dirty-white mass of chalky matter, and at last into a hard concretion ; changes which may ensue in either the granular or the infiltration form. And, lastly, at a still earlier stage, the tubercle being arrested in its progress may retrograde and become *obsolete*, shrivelling into an opaque, bluish-gray, cartilaginous knot, which is indisposed to any further metamorphosis.

Thus, in any stage of its progress the tuberculous disease may be arrested, and either removed or reduced to a state of inaction ; and where, as is rarely the case, these changes occur in all the tuberculous matter that has been deposited, and the diathesis is wholly remedied, the cure of the disease is complete.

Such is Rokitsansky's general account of the ordinary progress of pulmonary tuberculous disease, considered independently of its effects on adjacent tissues. It is in nearly every respect exactly accordant with our own observations, and is certainly clearer and more complete than any yet published. His account of the accidents and associated phenomena of the disease is not less praiseworthy. He says rightly that only large bronchial tubes open into cavities, the small ones being closed by the secondary tuberculous deposits around and within them, and by the swelling of their mucous membrane. The openings into them, when recent, are always ulcerated, oblique and abrupt ; but when the wall of the cavity becomes callous they acquire a smooth edge of tough mucous membrane, which they retain permanently, or till, as is rarely the case, they are obliterated. He points out tubercular infiltration as the most frequent precedent of perforation of the pleura ; and this result is favored by the frequency with which it occurs, especially at the surface of the lung, and the rapidity with which it is apt to break down and become fluid before adhesions are produced over it. In these, as well as in other cases of perforation, he well describes how the pleura is first distended by the air passing into the cavity, till, having been raised like a small bladder on the surface of the lung, it bursts, or dies and is thrown off, or else sloughs, being involved with a small adjacent portion of the lung in gangrene.

EXTRACTION OF MOLAR TOOTH FOLLOWED BY NECROSIS.

From a Clinical Lecture by Dr. W. P. Johnston, of Philadelphia.

ELIZABETH BARKER, æt. 26, of lymphatic temperament, and great nervous irritability ; otherwise in the enjoyment of good general health, had

the second molar tooth of the left side of the lower jaw extracted about three months since. The extraction was followed by violent pain, which has continued, although less in degree, ever since. In the course of a week, a large swelling was perceived opposite the point from which the tooth was extracted. This swelling, at first entirely hard, gradually advanced towards the chin, and became more soft; finally, a red, fluctuating spot appeared beneath the ramus of the jaw, opposite the cuspid tooth of the lower side. This was opened by her physician, Dr. Page, with great relief to the patient. The swelling still occupies, however, the whole ramus of the jaw, and is sensible upon pressure. But the sensibility is not so great as you might suppose from the shrinking of the patient. She is nervous to an extreme—nervous, not only because of the existence and duration of a real pain, but because the swelling prevents her from being properly nourished, and because the pain has been alleviated, prior to the formation of an abscess, by the continual administration of laudanum. These combined causes have produced a nervous prostration, which renders the patient remarkably timid and apprehensive. The mouth can only be opened to a moderate extent; the breath is extremely fetid; the finger introduced feels distinctly on the inside of the cavity, from which the tooth was removed, an exposed mass of bone, which is moveable. You perceive that it is easily extracted with a pair of tooth forceps, now that the patient has summoned up sufficient courage to open her mouth. The portion of bone removed, in length about an inch and a half, consists of the inner margin of apparently three alveolar processes. When we introduce a probe into the opening of the abscess, near the chin, it encounters at once a denuded bone, and can be directed backwards along this denuded bone, on the inner side of the ramus of the jaw, until its point can be felt by the finger introduced into the mouth, opposite to the gap left by the removal of the dead alveolar process. It is arrested, however, by the mylohyoid muscle, and does not penetrate the mouth.

This denuded portion of bone is not moveable; the line of the teeth remains unbroken. Consequently, it cannot be regarded as a fragment detached from the bone and necrosed, as was the case with the fragment which we have removed. We must consider it as a mere exposed surface of bone—exposed by an abscess, originating in an injury to the bone itself, and fused down in contact with the bone. A slight exfoliation may occur from this, after which granulations will appear and organize, and the cure will probably be completed without further recourse to instruments.—*Medical Examiner.*

TREATMENT OF CANCER.

CANCER, in all its phases, has also been closely investigated by Müller, Laugenbeck, Carmichael and others, but I fear much remains to be done ere we arrive at its true origin and proper treatment. No question seems to exist as to our power of communicating the disease by inoculation.