

but it may help to a probable solution to know that cancer was hereditary in the patient's family.

I saw during the late war a case in which the symptoms were very similar. A Confederate soldier had great trouble with his bladder, great pain, frequent micturition hæmaturia, etc. The bladder was found, by exploration with the catheter, to be of very small capacity.

During my service in the Philadelphia Hospital, an old woman was admitted for what was supposed to be ovarian dropsy. Her age and debility rendered an operation inexpedient, and she soon died. The *post mortem* revealed the fact that the tumor was not ovarian, but an immense sacculated kidney, containing half a gallon of fluid. In her case there was a bladder of normal size.—*N. Y. Med. Jour.*

A Case of Hæmorrhage of the Alveola, with Remarks upon Odontome, Osteome and Osteo-odontome.

By DR. O. SALOMON,
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In the monthly Association of the Physicians in Heiemark, Dr. Tanzer, Doient of Dental Surgery in the University of Graz, related the following cases, which I think ought to be mentioned.

The first case is that of Mr. G. T., officer in the Austrian army, aged 64. He was of robust and plethoric constitution. His previous health had been excellent, and he had never suffered from hæmorrhage after the extraction of teeth or incised wounds. On the 9th September, 1868, he went to the office of Dr. Tanzer, suffering from a severe periostitis alveolaris, and periodontitis of the second right lower molar. Chloroform, tannin, carbolic acid, the local application of three leeches, and morphia internally had no effect whatever. On the third day, at 4 o'clock in the afternoon, the tooth was so sensitive that the slightest touch caused the greatest pain, and it became necessary to remove it with local anæsthesia. The hæmorrhage was an ordinary one and stopped completely after twenty minutes. Early on the following day the patient returned again, and stated that the hæmorrhage had commenced at 11 o'clock the previous evening, and notwithstanding the application, by a surgeon, of the liquor ferri, it continued profusely. Dr. Tanzer applied the liquor ferri sesqui-chloridi, with ice water internally and the mouth gargled with alum and tannin, used a tampon, a plaster of paris impression and afterward a gutta-percha impression fastened by means of a bandage around the jaw and temples, but all to no purpose. Finally, it being impossible to replant the extracted tooth owing to the great sensibility of the alveola, and not liking to use the actual cautery, Dr. T. concluded to apply a compress, which was made from a silver plate, and provided with a gold clasp to fasten on the adjacent teeth.*

At 7 P. M., the same day, this compressor was applied over a tampon saturated with carbolic acid. Immediately the hæmorrhage ceased. Every two

days the compress was removed to be reapplied, after cleansing the mouth. During these removals there twice appeared a small hæmorrhage. The patient continued to use this apparatus until the cavity in the alveolar was filled with granulations. The literature of the subject shows a great many cases of alveolar hæmorrhage, resulting from the extraction of teeth and terminating in death. In many it was necessary to employ the actual cautery, in many to tie the carotids. I am perfectly convinced that a resort to these agents are unnecessary and that the compress will answer in all cases. I am not very fond of these instruments of torture from the middle ages, such as caustics, vesicants, blood letting, etc., and I have always avoided them in my practice. I am glad to learn the opinion of Dr. Niemeyer upon a case of alveolar hæmorrhage, resulting from the extraction of a tooth.* He declares that after the failure of the actual cautery (twice applied) and all the therapeutical agents which it was possible to employ the patient's life might have been saved, had there been present a dentist to take the impression of the adjoining teeth, and adapt an artificial compressor to them. (It is to be regretted that in diseases of the gums and mouth, physicians do not seek consultation with dentists). Dissection of the tooth in the case of Dr. T. showed in the body odontome and in the roots osteome, both new formations. In the central portion, the canal was free, both full of old pulp follicles. The root of the pulp was obliterated, which in Dr. T's opinion was the cause of the severe periostitis, alveolaris and periodontitis, and the inefficacy of all therapeutical measures.—*American Journal of Dental Science.*

Sulphite of Soda in the Treatment of Tinea Capitis, Crusta Lactea, and Scrofulous Otitis.

By CHAS. M. WATSON, M. D., OF BROOKVILLE, PA.

December 4th, 1867, I was called to see a child six or eight months of age, with a very severe *scald head*, the entire scalp and nearly one-half the forehead being covered with its characteristic incrustation. So rapid had been the progress of the disease, that fears were felt a large portion of the face might become implicated before its progress could be arrested. The child was of a scrofulous diathesis, but had no derangement of the stomach or bowels; was very restless and slept but little. Considering the disease cryptogamic, I determined to try the efficacy of sulphite of soda, and accordingly ordered the following solution: R. Sodæ sulphit., ʒss; Aquæ destil. Oj; with which thin linen compresses were saturated and kept constantly applied to the diseased scalp and face, the application being renewed frequently enough to keep the scabs moist. The result greatly exceeded my expectation. In a few hours the crust began to crack, became detached, and by the next evening none of it remained. The strength of the solution was then reduced one half, as the former solution caused much pain,

*Why not gold alone, or, if too expensive, vulcanite rubber. The combination of two metals will cause an electrical action in the mouth.—Dr. O. S.

**American Journal of Dental Science*, June, 1869. Death from Hæmorrhage by Dr. O. Salomon.