

Medical Department.

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MILIARY TUBERCULOSIS OF THE MUCOUS MEMBRANE OF THE LIPS AND CHEEKS.—At a recent meeting of the Society of Dermatology and Syphilography of Paris, Dr. Thebierge showed a man, thirty years of age, with extensive tubercular lesions of the buccal mucous membrane, which developed almost simultaneously with tubercle of the lungs. The mucous membrane of the cheek was swollen in the form of a large patch, with a considerable number of miliary tubercles. Much the same condition was present on both lips, although the miliary tubercles were not so abundant as in the cheeks. No ulceration was present, and the sub-maxillary glands on both sides were enlarged.—*Journal of Brit. Dent. Assoc.*

OPERATIVE PROCEDURE FOR THE RELIEF OF OCCLUSION OF THE JAWS.—Dr. J. Ewing Mears, of Philadelphia, read a paper on this subject. Occlusion of the jaws may be caused by sloughing, cicatricial contraction, or spasm. Dr. Valentine Mott referred to a case of sloughing of the cheek accompanied by closure of the jaws. The spasmodic form is usually caused by delayed eruption of the molars, in which case the jaws should be forced apart and the molars extracted. In all cases of spasmodic closure the cause should be removed. The chronic or permanent form of closure of the jaws results from rheumatic and other diseases of the articulations, as for instance: the inflammation following the use of mercury; also following fracture of the neck of the condyle, which is the most frequent cause. The speaker presented a cast showing the absence of development of the lower jaw. In all cases a complete history of the case should be obtained. Deviation of the lower jaw to the affected side may aid in diagnosis. In all cases one should make a careful diagnosis in order to determine the best method of procedure for its relief. The following conclusions were drawn: 1. Jaw closure due to the presence of cicatricial tissue in the buccal spaces can be most efficiently relieved by the formation of a canal line by normal membrane by means of a ligature passed behind the cicatricial mass, reunion of the divided tissues and reformation of the nodular tissues not occurring after division when this canal has been formed. 2. Ankylosis of the temporomaxillary articulation producing jaw closure can be best relieved by removal of both coronoid and condyloid processes with the upper portion of the ramus, thus affording ample space for the formation of a freely movable false joint. The operation should be performed through the mouth, thus avoiding disfiguring cicatrices.—*Medical Review of Reviews*, July 25th, '97.