rectal defect. We must also teach them how to eat and warn them against abuse of their already defective nervous system.

A SUBSEQUENT REPORT ON A CASE OF CARCINOMA, DISCHARGED AS HOPELESS AND REPORTED AS A FAILURE.

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In a report of cases treated with Roentgen rays, published in *THE JOURNAL*, April 12, 1902, I recorded a case as follows:

CASE 24.—Man, aged 70, referred to me by Dr. William H. Wilder, with extensive carcinoma involving all the structures in and around the orbit of the right eye. The growth had progressed within the cranium when the treatment was begun. The treatment in this case continued two months, with decided amelioration in his condition for awhile, both as regards the appearance of the growth and his pain, but later evidences of rapid intracranial growth appeared and the treatments were discontinued.

Looking back at this case, it is Dr. Wilder's opinion and mine that we should have taken out enough of the bone of the orbit to have laid bare the structure beneath, so that the *x*-rays could have been thrown directly on the intracranial growth. Dr. Wilder suggested to me that had this been done, there might have been a chance of controlling the disease, so marked was the effect on the diseased tissue which was directly exposed.

When this case came under observation the eye was destroyed, the orbit filled with carcinomatous tissue, the orbital bones involved and there was every reason to believe that the disease had extended within the cranium. The clinical diagnosis of carcinoma had been confirmed microscopically by Dr. Wilder. Treatment was undertaken with *x*-rays with the feeling that there was only the remotest fighting chance.

During the first month that the patient was under treatment the acute pain from which he had been suffering disappeared and the tumor shrunk considerably. During the second month of treatment, however, in spite of the fact that *x*-ray effects were carried to the point of producing an acute *x*-ray irritation, the tumor increased and excruciating localized headache appeared. From the character of the headache there seemed no doubt that the tumor was developing rapidly in the meninges and, as the disease was progressing even on the surface where the *x*-ray effect was greatest and was apparently being uninfluenced by the treatment, we concluded that the case was certainly beyond control and that further treatment was useless. November 23 he was accordingly discharged, having at that time an acute *x*-ray inflammation over the whole involved area. There seemed every reason to believe that he would die quickly. On April 30, however, five months after treatment was discontinued, I received the following letter from Dr. T. Sprague of Sheffield, Ill., to whose thoughtfulness I am indebted for the ability to make this report:

DEAR DOCTOR: I write you regarding the condition of Mr. —, an old gentleman whom you treated for carcinoma of the right eye, discharged as incurable (if I am correctly informed by Mr. —) about the last of November. He was a charity patient and I think was referred to you by Dr. Wilder. He called on me on his return from Chicago, had a recipe calling for tablets of a quarter of a grain of morphin, to be taken when in pain. I saw that he had about twenty tablets. I noticed the condition of his eye at that time and concluded from my examination that it was only a question of time, and short time at that, with him. I saw him yesterday and he presents an entirely different appearance. The mass that occupied the orbit has shrunken, allowing the lids to close. He

is free from pain, eats and sleeps well, uses no anodyne. There are a few little nodules on the nose near the commissure of the eyelids. With that exception he looks quite well. He has certainly gained since coming home, and I feel assured it is the result of the *x*-ray treatment. I should like you to see him again, but, of course, his means being limited, he would have to go to the Eye and Ear Infirmary as before.

This case is instructive in at least two particulars. It illustrates very strongly, in the first place, the persistence of *x*-ray effects. Here is a case in which the effects produced by the *x*-rays persisted for months after discontinuance of treatment and were sufficient to cause the disappearance of a tumor and at least the symptomatic relief of a case, which upon the basis of all experience could end only in death within a short time. We have been made familiar by unhappy experience with the progressive and long-continued effect of *x*-rays in *x*-ray injuries; it is something of a recompense to find these same qualities serving us in the therapeutic use of the agent. The next fact is the evidence in this case of the deep-seated effect of *x*-rays. That this tumor involved not only the orbit and orbital bones, but the surrounding intracranial tissues as well there is almost no room to doubt. The result, therefore, gives unmistakable evidence of the deep-seated action of the rays. Such a case offers another lesson, and that is the agreeable surprise from the use of *x*-rays that may confront one in even the most desperate case of circumscribed carcinoma.

GENERAL NERVOUS MANIFESTATIONS IN RELATION TO THE JAWS AND TEETH.*

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In a paper read before the Section on Neurology and Medical Jurisprudence of this Association in 1898, and this, the Section of Stomatology in 1897, I outlined the theoretical propositions upon which were based methods of treatment adopted by myself in the care of nervous affections intimately related to disturbance caused by the habit of grinding and clenching the teeth, many general as well as local manifestations being attributed to this etiologic factor. The term "jaw-strain" was used in the same sense as "eye-strain."

Attention was called to the fact that wherever the natural teeth remain in the mouths of patients suffering from nervous disorders, it is noticeable that the occlusal surfaces show abrasion, due to constant grinding and rubbing, the effect of extreme pressure brought to bear during paroxysmal muscular effort, or long-continued, excessive pressure, a condition frequently resulting from hours of painful suffering. This has frequent mention by writers as a marked symptom among those who are victims to the various neuroses, but in no instance do I find where an author has thought fit to reverse the order of things and make the habit of the jaws, which is responsible for this condition, one of the etiologic factors in bringing about the disease, rather than a result, as it is generally held to be. This hyperkinetic condition of the muscles of mastication is undoubtedly due to irritation of the brain centers governing these muscles, whether as a symptom of other neural disturbance, or vice versa.

Since the papers referred to were written an almost continuous observation of such cases, and the practical application of these principles, have convinced me more and more that the importance of the subject is but little

* Read at the Fifty-third Annual Meeting of the American Medical Association, in the Section on Stomatology, and approved for publication by the Executive Committee: Drs. G. V. I. Brown, M. H. Fletcher and R. R. Andrews.