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PART I.

ORIGINAL COMMUNICATIONS.

ART. XVIII.—*On some Vesicular Diseases of the Tongue.* By WILLIAM THORNLEY STOKER, M.D.; Fellow of the Royal College of Surgeons in Ireland, and Demonstrator in its School; Surgeon to the Richmond Hospital; formerly Surgeon to the City of Dublin Hospital.

IN the following pages I desire not only to call attention to a rare form of disease of the tongue, first described by Henry Earle, Assistant-Surgeon to St. Bartholomew's Hospital, as far back as the year 1822, but also to record a form of lingual affection which, presenting some of the characters of Earle's disease, has been confounded with it; and, furthermore, to refer to the occasional occurrence on this organ of vesicular eruptions, which depend upon the irritation of other disorders.

In "The Transactions of the Medical and Chirurgical Society of London," for the year I have named, will be found a paper by Mr. Earle "On the Influence of Local Irritation in the Production of Cancer and other Morbid Alterations of Structure," in which, having spoken of the effects of such irritations as those due to disorders of the teeth and stomach in producing a disease of the tongue closely resembling cancer, but, unlike cancer, yielding to simple remedies, he proceeds to describe, in language which I will quote, a case of the affection variously known since his time as

“ Earle’s Disease,” “ Atrophic Cancer,” and “ Vesicular Disease of the Tongue: ”—

“ Clusters of very minute semi-transparent vesicles pervaded the whole thickness of the tongue, occupying nearly one half, and projected considerably, both above and below that organ. The slightest injury caused these to bleed profusely, and in some cases the clusters were separated by deep clefts, which discharged a fœtid, irritating sanies. This disease, which had resisted various plans of treatment, both local and constitutional, gradually yielded to a strict attention to perfect quiet and cleanliness, combined with large doses of hyoscyamus, which was increased to the extent of ʒj. of the extract daily.”

Such a condition as is here described—that is to say, a mass of vesicular disease *involving the whole thickness of the tongue*, and yet disappearing under simple treatment—I have never seen, but it is described so circumstantially, and has been accepted as a fact so readily by other surgeons, that we are bound to acknowledge its existence. To this disorder, then, the name of Earle’s Disease may be applied, and it must be regarded as distinct from the other conditions which I will presently make mention of, and which seem to me to have been confounded with it.

Whether the disease here described is distinctly referable to a local irritation is, I think, a question which, looking at the case with the result of increased observation to guide us, may fairly be asked. There is no doubt that irritation of the tongue from such causes as bad teeth, ulcers, or deranged stomach will produce a herpetic eruption on its surface, but I cannot believe that it could produce a mass of vesicular disease purely secondary and symptomatic, and yet so extensive as to involve the entire thickness of the organ in the manner described.

Mr. Fairlie Clarke, in his admirable work on “ The Diseases of the Tongue,” has mentioned the appearance of vesicles on its surface, but seems, like Mr. Earle, to regard them as only expressive of some pressure or irritation, either immediate or remote; and like him, also, to consider a remedy to lie in the removal of the primary cause. That this is true of most cases in which vesicles appear on the tongue is beyond any uncertainty, but that there is also an independent vesicular disease, which does not yield to treatment, is, I believe, a fact capable of demonstration. My distinguished predecessor in the Richmond Hospital, the late Professor R. W. Smith, was in the habit of describing in his lectures cases

answering to the appearance and characters described by Earle, and calling them by the name of Earle's Disease, but inasmuch as he taught that they were incurable, and capable only of palliation by lotions containing citric acid and by the administration of hyoscyamus, I conceive that the affection he spoke of was essentially different, save in aspect, for Mr. Earle's cases seem sooner or later to have yielded to treatment, and got well under by the use of simple remedies.

As an illustration of the variety of disease of which I speak, I have selected from the Museum of the Richmond Hospital a drawing of a case of Professor Smith's, which shows admirably the characteristics of the persistent form of the complaint, and on the back of which a note is endorsed, to the effect that when examined, in 1869, the growth, which occasionally swells a little and is painful, is but slightly altered in appearance, and is of the same size as when it was first observed, twenty years previously. Surely, we may conclude that such a case as this, which, having been the subject of skilled treatment, has undergone no essential change in size or constitution after a lapse of twenty years, is an incurable one, and an example of a class which, although occasionally seen and referred to in his lectures by Professor Smith, has not as yet been described clerically, or illustrated in a published form, and is widely separated from a disease gradually yielding to treatment by lotions and medicines of a simple kind. And if any one doubts the fact, and is unconvinced by the history of the case, let him look at the drawing, and say whether he considers a disease so circumscribed, so defined, so independent, and so persistent, is likely to be other than I have said.

I think, therefore, there is reasonable ground for considering that there is a vesicular affection of the tongue which occurs primarily, and not as a consequence of any irritation, and I would propose to distinguish it by the term Primary Vesicular Disease, in contra-distinction to those vesicular, or herpetic, eruptions, which are the result of some irritation of the tongue, and disappear when the exciting cause is removed.

Concerning the appearance of the disease, I can add but little to what I have written, or to the idea—better than words—conveyed by the accompanying illustration. No induration can be detected in the surrounding parts, which are in these rare cases apparently healthy, and the character of the vesicles with pink bases and clear semi-transparent tops, of hemispherical rather than of the usual

acuminate form, is peculiar, and is well seen in the drawing of the enlarged portion of the surface appended to the illustration.

Of its treatment, there is equally little to be said. The use of a weak solution of citric acid as a lotion, and of hyoscyamus to allay any pain and irritability which may arise, are no advances upon the treatment used for the more mild and curable affection described half a century ago, but they are, at least, all that have been found necessary to alleviate symptoms, and, happily, the more extreme procedure of operation is not likely to be called for in a case giving comparatively so little annoyance, and of such an unprogressive character.

Both the disease of Earle and that form which I have last described seem to me quite distinct from a condition which I have made casual mention of—namely, the appearance of vesicles on the tongue as the sequence of some form of irritation or pressure, and also distinct from true herpes, which sometimes attacks the membrane covering this organ, just as it makes its appearance on the skin in other situations. The latter eruption may generally be known by the opacity and yellowish change of colour which occur when the serum of the vesicles becomes puriform.

The causes of the appearance of vesicles on the tongue, the result of irritation, are many, disorder of the stomach being, perhaps, the most remote, but easily accounted for when we remember the continuity of the mucous surfaces, and the sympathetic appearances of the tongue in all gastric complaints. Among the more immediate are the presence of bad teeth and the existence of a tumour or ulcer of either a simple or specific character, the vesicles in these instances being probably, as Mr. Clarke suggests, formed by dilatation of the papillæ, in consequence of passive congestion, the result of pressure.

As exemplifying this condition, I may mention the case of a man admitted into the Richmond Hospital, under my care, in the year 1874, suffering from pronounced and undoubted epithelial cancer of the tongue, which evidently had its origin in a tertiary syphilitic ulcer, which had commenced about a year previously. An eruption of clear vesicles of the usual round shape observed in the tongue occupied the mucous membrane in the immediate vicinity of the ulcerated surface for from one-half to three-quarters of an inch in extent, and persisted, without change or intermission, until the period of the man's death, about five months after his reception into hospital, extending backwards as the disease

progressed, but no increase in the area of the vesiculated surface being perceptible.

It is probable that the term “Atrophic Cancer,” as applied to a vesicular disease, has crept into use from the observation of such cases as this, and the circumstance that all conditions of the tongue with this peculiar eruption have been confounded, has caused the term cancer to be improperly applied to Earle’s disease.

The conclusions I would wish to establish in this brief memoir are these:—That there are three distinct conditions in which a vesicular disorder of the tongue may be found—one, the curable complaint described by Earle, where, however, the whole thickness of its substance is engaged; the second, the incurable vesicular disease of which I publish an illustration, and for which I have proposed a distinctive name; and, lastly, that well-known state where the vesicles are superficial, and dependent on some disorder producing irritation or congestion.

ART. XIX.—*On an Outbreak of Small-pox, illustrating the Relation between that Disease and Cerebro-Spinal Meningitis.**

By THOMAS WRIGLEY GRIMSHAW, A.M., M.D., Univ. Dubl.; Physician to Steevens’ and Cork-street (Fever) Hospitals.

IN *The Dublin Medical Journal* of July, 1873, I published a “Report on the Small-pox Epidemic of 1871–73, as observed in Cork-street Fever Hospital.” In that Report I referred to purpuric, or malignant, cases of small-pox, of which there were 49. I also referred to cases complicated “with cerebro-spinal meningitis, and two at least died from this affection, the cases otherwise not being severe.”

In *The London Medical Record* of August the 13th, 1873, a notice of my Report was published, written by Dr. Collie, the well-known authority on zymotic diseases. In that article Dr. Collie remarks as follows:—“Dr. Grimshaw, like one or two other writers, mentions cerebro-spinal meningitis as a complication, and that two cases of small-pox, not otherwise severe, died of this complication. The present writer (Dr. Collie) believes that the cases of small-pox in which cerebro-spinal meningitis is said to have occurred were not cases of small-pox, but true cerebro-spinal

* Read before the Medical Society of the King and Queen’s College of Physicians, Wednesday, April 12, 1876. [The discussion on this Paper will appear in our next Number.]