Clinical and other Notes

2 by 1 inches, right alae nasi eaten away, much discharge of foul pus. Fluctuating swelling of palate, temperature 101°F. No evidence of secondary growth in chest or bones on X-ray examination."

Next Day.—"Slough now 3 by 2 inches. Temperature 103°F."

Patient was transferred on the 24th to Millbank, by special ambulance, as his home was in London.

He died on March 2 and I took a death mask. The destruction of the tissues is shown in the photograph. The right maxilla was almost denuded of its gum and periosteum and the teeth were loose, but the mandible seemed to be unaffected.

As the parents refused permission for a post-mortem examination, the true nature of the nasal condition was not ascertained.

The sudden onset and rapid spread of the stomatitis may have been due to thrombosis of the facial vessels and also to a lowering of local resistance.

A FURTHER CASE OF IMPACTED WISDOM TEETH.

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Private S. M. was admitted to the Royal Victoria Hospital, Netley, on July 14, 1937, having been invalided from India with the diagnosis of "Hysteria."

He had begun to get worried and depressed about August, 1936, but this did not interfere with the efficient discharge of his duties. He was treated in hospital at Ferozepore from December 14 to December 21, 1936, suffering from vertigo, complaining chiefly of dizziness on standing. He was readmitted on February 24, 1937, having been found wandering in an unbalanced state of mind. When he appeared before a medical board on April 13, 1937, he complained of pain over the top of the head and a constant worry lest he shall have another attack of wandering. He appeared to have complete amnesia for the attack, but knew that something had happened. He then had a marked tic, moving his head in a jerky manner. There was a coarse tremor of his hands and he ground his teeth when engaged in conversation. This tic had been noticed for at least eighteen months. It was noted that while in hospital he occasionally awoke at night with a feeling that the bed was rocking under him and a feeling that he did not seem to know where he was.

When admitted at Netley there were no signs of any gross mental disorder. He appeared a little depressed and anxious, but expressed a desire to return to duty. He complained of a fairly constant headache—left lateral and vertical—and of a buzzing noise in the left ear. He said that he had noticed his habit of grinding his teeth, but could not say when
it had started. He could not remember wandering away at Ferozepore, but said that for some time after he had been afraid that he might have another attack and "do something" during it.

There was a marked tic of muscles of the head and face and a coarse tremor of both hands. Tendon reflexes were rather active, but otherwise there were no physical signs. The optic discs were normal. Urine was normal. Wassermann and Kahn were both normal.

X-ray showed that both lower wisdom teeth were firmly impacted.

The seventh lower molars were both extracted in order to relieve pressure and allow the eighth to erupt. There was an almost immediate relief of symptoms, inasmuch as the buzzing noise in the left ear stopped. There was a temporary increase in headache, but within a fortnight he said that he had not felt so free from headaches for months. The tic had also disappeared, and he did not appear so nervous when talking. He had stopped grinding his teeth. The tremor of the hands remained.

He was discharged to duty on August 24, 1937, with the recommendation that he should have a month's leave.

There is another side to this case. It appears that he has been worrying for some time about an affiliation case which has been pending for the last five years or so, being held up while he was in India. He claims that he is not the father of the child, although his relationship with the mother was sufficiently intimate. This has been worrying him for some time, and the nearer his return to India the more acute the worry. He is now prepared to face the inevitable Court proceedings. How far his now confident state of mind is due to advice and what might be called "therapeutic conversations," and how much is due to a general improvement following the removal of the impacted wisdom teeth, I am not prepared to say. That his fugue may have been largely due to purely psychological causes is undoubted, but it seems possible that the reflex irritation from the impacted teeth may have set up a state of mental unbalance in which he was less able to deal with his worries than would otherwise have been the case.

The only other illness from which he has suffered was a mild attack of sandfly fever at Landi Kotal in 1934. The effects of this must have long since worn off. I have entirely disregarded any possible effects of climate. He arrived in India on December 10, 1932, and served chiefly at Landi Kotal and Ferozepore. Neither is a station of choice but his final breakdown occurred in the month of December when the climate of Ferozepore might reasonably be described as salubrious. I am hoping that his future will support my belief that the chief causal factor was the impacted wisdom teeth.

I wish to thank Colonel G. F. Rudkin, D.S.O., Commanding the Royal Victoria Hospital, Netley, for permission to send this case for publication.