

**PORTFOLIO OF  
DERMOCHROMES;  
PP. 107-228**

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Portfolio of Dermochromes; pp. 107-228 by Jerome Kingsbury & William Gaynor States

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**JEROME KINGSBURY & WILLIAM GAYNOR STATES**

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**PORTFOLIO**  
**OF**  
**DERMOCHROMES**



No. 89. Lingua scrotalis.



No. 90. Aphthae.

## Lingua Scrotalis

Plate 57, FIG. 89

This affection, scrotal tongue, so-called from its resemblance to a contracted scrotum, is also known as lingua plicata, and by Mikulicz is called macroglossia with furrow formation. This affection is purely congenital and has also a familial incidence. The entire tongue is symmetrically enlarged, but is of normal contour. Its surface, however, instead of being smooth, is thrown into folds, numerous, and showing considerable bilateral symmetry. The median fold, corresponding to the middle line, is the deepest as a rule. The entire tongue seems to be marked off into lobules. The papillæ are not enlarged and may be missing.

There are no especial symptoms beyond what has already been stated. The condition roughly resembles the lobulation which follows sclerotic glossitis. The geographic tongue sometimes shows lobulation.

### *Treatment*

There are no indications whatever for treatment, at least none which could be carried out.

Fig. 89. Model in Freiburg Clinic (*Johnsen*).

## Aphthae

Plate 57, FIG. 90.

Aphthæ or aphthous stomatitis is an affection described in 1823 by Billard, characterized by multiple white circumscribed, superficial fibrinous patches. Fibrin is deposited in the midst of the epithelial cells with resulting death of the same.

The clinical picture is highly characteristic. In any locality in the mouth, notably on the tongue and lips, there appears an eruption of white or yellowish spots, these vary in size and are round or oval, and sharp contoured. They run a brief course and the epithelium is then exfoliated or shed, revealing a newly regenerated layer. The disease is kept up by the continuous formation of new aphthæ. The lesions are extremely sensitive, so that eating and speech are difficult. As the affection is largely peculiar to young infants—one to three years of age—it is prone to be attended by fever. Salivation is naturally present. Women also suffer from it in connection with all of the reproductive phenomena, and a stomatitis aphthosa not distinguishable in any way often complicates the acute infectious diseases of childhood. Certain individuals seem to be predisposed to attacks of aphthæ.

### *Etiology*

Aphthæ of the mucosa appear to resemble closely vesicles on the skin, save that the exudate in the former is fibrinous. Impetigo has been produced artificially from inoculation with aphthous material. The staphylococcus aureus is often met with in the secretion of aphthæ. Children who are subject to aphthæ either have diminished general resistance, as in scrofula and rickets, or the mouth is in a vulnerable condition from some pre-existing local disease.

### *Diagnosis*

The possibility of foot-and-mouth disease must be kept in mind.



*Prognosis and Treatment*

Aphthæ are so sure of spontaneous cure after a varying interval that their clinical importance is inferior. The tendency to recurrence of the lesions furnishes the real indication of treatment, but nothing is required beyond the use of antiseptic mouth washes. Caustics do not do good. General roborant measures are naturally indicated.

Fig. 90. Model in Polyclinic of Prof. M. Joseph in Berlin (*Kolbow*).

## Stomatitis Mercurialis

Plate 58, Fig. 91

This affection, due to general mercurial intoxication, bears so close a resemblance to ordinary ulcerous stomatitis as at first sight to suggest that there is no specificity involved. It begins about the teeth, especially carious teeth and stumps and the wisdom teeth. The involved gums swell, and salivation is present. Next the portions of the cheeks and tongue which come in contact with the affected teeth participate. At the same time the process extends along the gums. At the junction of the latter with the teeth a yellow, pulraceous mass forms, consisting of cast-off epithelia, tartar and bacteria. The breath has now become extremely foul and exceedingly characteristic of its mercurial origin. Ulceration now begins under the pulraceous deposit. The ulcers have a yellowish or greenish flow of lardaceous quality and are surrounded by a broad, bright-red areola. Ulcers also appear here and there upon the mucosa of the mouth and tongue. The entire mucosa swells, the cheeks receive the impression of the teeth, the tongue may attain such size that the mouth cannot be closed. Even in the worst cases there may be portions of gum left intact. In the severe cases the patient naturally presents symptoms of general hydrargyria. In individuals with good teeth and mouth care the only lesions may be a few scattered ulcers on the cheeks and tongue.

### *Etiology*

The mercury may be received into the system in any of the possible ways. Cases from the therapeutic use seldom occur to-day, for a variety of reasons, and all measures are taken to prevent this accident. In the industrial arts there is also prophylaxis, but cases are occasionally reported in looking-glass makers, bronze workers, etc.

### *Diagnosis*

The tenderness of the gums on striking the teeth together and the peculiar breath odor should suffice for a correct diagnosis.

No. 92. Dyschromia gingivae saturnina.

No. 91. Stomatitis mercurialis.

