

As a local application of a common signification, lactuca sativa five ounces, honey one ounce and a half, and alum one drachm and a half, is a favorite with Ricord. Another consists of a decoction of hemlock, six ounces and a half, to bichloride of mercury, three grains. The use of acids applied to the ulcers in cases where the dyscrasia has been corrected or nearly so is to be recommended. It is surprising with what rapidity a syphilitic ulcer will frequently respond to occasional touches of almost any of the mineral acids.

In a bad case of mucous tubercles the author once treated, he got his patient well by daily salt-baths and the local use of a paint composed of sulphate of quinia and iron; twenty-five grains of the former to two drachms of the muriated tincture forming the combination. The tubercles were painted twice a day for two months.

Borax is a soothing application; it may be rubbed with water into a cream, and applied *ad libitum*.

A species of local specific, to be used on the part and rinsed away after a few moments, is composed as follows:

R.—Aquæ destillatæ, ℥i℥ss;  
 Ferri perchloridi,  
 Acidi acetici,  
 Acidi hydrochlorici, aa ℥j. M.  
 This may be repeated three times a day.

Fissures and fistulæ are sometimes, in their chronic form, to be cauterized, nitric acid, pure or dilute, being used for the purpose. In a case of long-standing fissure of the tongue, the author on one occasion cut out the bordering induration, the patient making a rapid recovery.

Chloride of zinc, twenty grains to the ounce of water, is found a useful application in chronic syphilitic conditions, whether of ulcer, fistula, or fissure.

In smokers, and in persons addicted to strong drinks, or with such as feed on irritating diet, the lips, cheeks, tongue, and especially the fauces, as pointed out by Dr. Charles Drysdale, and as has frequently been observed by the author, become the seat of interminable eruptions of mucous syphilitic lesions. These habits are not to be indulged by persons afflicted with the general disease.

Mercurial enlargement and induration of the tongue are conditions frequently demanding treatment. One of the first effects of mercury is often seen in the markings made upon the sides of this organ by an otherwise not observed swelling which has crowded it against the teeth. A tongue, tumefied by the impression made by the medicine, may become so enlarged as to fill the whole mouth. One particular case is just here recalled, where, to prevent the patient from being smothered, the writer was compelled to string the part and drag it forward over the lower jaw, fixing it until relief could be otherwise secured.

Mercurial ulceration of the organ is another of the offences of that medicine. Such ulcerations are in appearance indolent and yet irritable, and are

associated with similar conditions of the gums, and with salivation: the diagnosis is plainly marked.

The rational treatment of mercurial conditions refers to the correction of local impressions, together with elimination of the agent from, and support applied to, the system at large. In rapid swellings of the tongue, it may be found necessary to resort to the use of leeches combined with most marked derivation.

Such treatment, combined, if the circulation be sthenic, with some arterial depressant, as aconite, or veratrum, will commonly relieve from immediate danger. Unless, however, the ptyalism has been acutely excited, and the subject be strong and vigorous, the means of cure employed will be succeeded by much lassitude and depression; such result is, however, a necessity, and the treatment will, perhaps, have saved a life.

Local medication in cases of this kind is simply palliative and soothing. Lactuca sativa and honey, recommended in the syphilitic sore-mouth, is an excellent gargle. Sage-tea combined to a full saturation with chlorate of potassa, is another agreeable application. Common table-tea is very grateful to a patient. In combination with these, or any similar demulcent gargle, great relief is to be afforded by the free exhibition, internally, of bromide of potassium.

R.—Potassii bromidi, ℥ss;  
 Aquæ, ℥viiij. M.

Sig.—Tablespoonful repeated occasionally as the patient is found nervous. Twenty grains, as here directed, may be prescribed three times a day at the least. The author has given eighty at a single dose.

The acute conditions of a mercurial glossitis combated, the practitioner will find it desirable to attend to the general requirements of the case. The system is to be protected against further impressions of the offending agent, while at the same time it is generally found that a present support is demanded. Chlorate of potassa, the antagonist of the mercurials, has now obtained in this direction an almost universal use: it is to be administered in full saturation, in tablespoonful doses, three or four times a day. A very good way to prescribe this salt is to order two ounces placed in an eight-ounce bottle, the vessel to be kept filled with water until all the salt is dissolved. As each dose is taken, the patient replaces it with fresh water.

In the treatment of mercurial ulcers, the local applications suggested have been various. Bismuth, red bark, and borax, in equal proportions, act sometimes happily. Chlorate of potassa, tannic acid, and glycerine form an excellent combination. Solutions of sulphate of copper or of zinc, one grain to the ounce of water, are cleansing and stimulating applications. Iron, opium, chalk-powder, aromatic powder, are all, in their turn and place, useful. If phagedæna intervene or threaten, the potassio-tartrate of iron, as recommended by Ricord in the similar ulcers of syphilis, is not to be omitted: this may be used in the strength of thirty grains to the ounce. It is also

to be administered internally in doses varying from five to ten grains repeated each two hours.

Chronic phagedæna, which in some degree associates itself more or less frequently with mercurial ulcers, is best treated by potential cauterants. Of these, a favorite is creasote: this is to be applied with care, however, as it may provoke secondary inflammation. Carbolic acid is a useful article, and sometimes proves very reliable. Nitric and hydrochloric acids are highly commended by many practitioners: when applied, every recess of a sore is to be burned, and this is to be repeated daily until healthy granulations appear. Phénol sodique, used full strength, is an admirable application.

**Scirrhus.**—Of the third form of constitutional impressions, scirrhus carcinoma may now invite consideration. The scirrhus of the tongue, from the circumstances of its association and position, is to be deemed a necessarily dangerous, if not fatal, disease. Scirrhus in other parts may be cured; that is to say, being removed, it may not reappear in the part of removal,—although the disease is seldom, if indeed ever, permanently combated. That scirrhus carcinoma is not, however, at least in its incipiency, so formidable an expression as the encephaloid, seems to be the universal impression: there is a fixedness, an apparent isolation, about it, which always invites operation.

Situated in the tongue, such isolation is, however, unfortunately, not so marked as when found in many other parts: the disease appears here as an induration rather than as what might be termed a lump, and this induration has not, commonly, a definite boundary; hence, if it be removed by operation, one is at a loss to say whether such removal has been complete.

A carcinomatous scirrhus is to be distinguished from scirrhus of local signification,—first, by its resistance to treatment; and, second, by the peculiar darting, lancinating pains which, sooner or later, always appear in it; these pains are markedly diagnostic. Again, a scirrhus carcinoma is apt to have a hereditary history: a generation may have escaped, but it is apt to be discovered somewhere in the family.

Local medication to a carcinomatous scirrhus is perhaps worse than useless. If the lesion be not widely cut away, it is better, a hundred times better, to let it alone. Many a tumor of this class that would have remained dormant for years has been excited to destructive malignancy by over-officious meddling with it. If a practitioner do not know the character of a tumefaction upon a tongue, he cannot act more wisely than in letting it alone until continued observation has secured to him the proper diagnosis.

At a period very various as to time, a scirrhus carcinoma ulcerates. If the tumor have attained any size, fungous granulations sprout forth, giving that expression known as fungus hæmatodes; if, on the contrary, the tumor ulcerate while small, it is irregular, puckered, everted in its edges or elevated, and covered with abundant granulations: the discharge may be thin and sanious, or purulent, the latter character being, however, rare: it differs from the syphilitic sore in its granulative bottom.

A section of scirrhus carcinoma presents a stroma dense, abundant, and closely meshed. A fibrous structure is always more or less marked, particularly in its occult state, such structure assimilating both the white and yellow tissues, being perhaps really these tissues. A diagnostic sign is a peculiar creak or cry given under the knife. Another is a shrinkage or contraction in the centre of a section. Still another is a creamy juice, which may often be scraped from it.

In looking at a microscopic slice of scirrhus carcinoma, the areolæ existing in the stroma are found filled with granules, nuclei, and nucleated cells. These cells being of diversified form and common to no tissue, the term heteroclitic is justly applied to them. The appearance of such a section is exhibited in the engraving (Fig. 385).

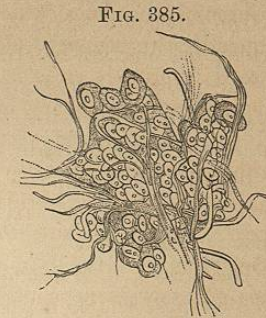


FIG. 385.  
A microscopic view of the cancer-cells filling the interstices among the bundles of the fibro-cellular tissue. Magnified about two hundred times. (After Paget.)

As scirrhus carcinoma commonly begins upon the sides of the tongue, jagged and sharp teeth irritating the parts may be supposed to have some influence in its localization; such teeth, under all circumstances, are to be removed or smoothly dressed. See *Epithelioma*, which is now most commonly affirmed to be the same expression of the cancer vice as this considered.

In the treatment of scirrhus of the tongue by amputation, several modes are employed. One, that of the French school, is by means of an instrument known as the *écraseur* of Chassaignac. This is simply a delicate chain arranged from a handle, which little by little crushes off the part. Another mode, that of strangulation, consists in the introduction of circumscribing ligatures, which, being drawn tightly, cut off all circulation from the diseased part, thus compelling its separation. Another means of treatment widely employed, and in instances recommended by very high authority, consists in the use of caustic remedies; of these there is a great variety,—arsenic, however, forming the base of most of them. No remedies require to be used with more judgment and caution. If the practitioner desire to try a caustic, the author's experience would suggest chloride of zinc:

R.—Zinci chloridi,  
Aluminis pulveris, āā gr. v;  
Acidi tannici, gr. ij;  
Ferri persulphatis, gr. iij;  
Glycerinæ, q. s. for a paste. M.

To apply this paste, draw the tongue forward, hold, and dry it carefully in a napkin. Lay some crystals of zinc on the part, and cover over with the paste. This may be allowed to remain as long as the tongue can be kept dry. Finally, wash the débris away, and the application is completed.

It may happen, after such an application, that severe general glossitis will

supervene; this is unfortunate, and implies that harm rather than good has been done. In making a caustic impression under such circumstances, the parts should be quickly killed, not excited nor provoked.

The galvano-cauterant, a means suggested originally by Heider, and lately made quite practical by Hilton, is thought by many to be greatly preferable to the potential cauterants: this consists of a long, delicate-bladed forceps transmitting copper wires, which, being applied to the part to be acted upon, are heated to whiteness by the galvanic current, and destroy it instantly.

Injection of persulphate of iron is still another means employed and commended. The writer's experience with the agent has not led him to look upon it as a specific.

The arrows of Maisonneuve, points tipped with chloride of zinc, may be used by those who do not fear a resulting inflammation. Two, three, or more of these arrows are made to circumscribe a tumor, precisely as practised by that surgeon in his operations upon the mammary gland.

The author desires to emphasize caution as to meddling over-officiously with cancer of the tongue, affirming, without hesitation, that, as a rule, very much more harm than good attends attempts at radical treatment.

**Epithelioma.**—Except as the lower lip is concerned, in no situation has the writer more frequently met with epithelioma of cancerous expression than upon the tongue. Situated at the sides and along the frænum, the disease is commonly first noticed as an irregular puckered patch of more or less hardness, and almost from the very beginning has associated with it a characteristic pain. More frequently than otherwise, instead of one patch, a sufficiently close observation will discover the affected side studded,—a matter which is not long in being made evident enough to the patient. After a time, differing in individuals, these patches sprout forth the giant granulations so characteristic of the disease, the surface of the sore becoming foul and ragged, and inclining to spread over neighboring parts. In a case at present under care, in which preparation is being made for the amputation of the full tongue, the disease exists as an infiltration, involving the entire right half, but not passing the raphé.

In no cases of disease does there seem to exist greater reluctance on the part of a general practitioner to the admission of the existence of a fatal malady than in that of epithelioma of the tongue; and this, perhaps, is not to be wondered at, seeing that not infrequently an ulcer of such signification will lie in a dormant condition for a period of several months, looking to the inexperienced scarcely as formidable as a syphilitic sore.

Cancerous epithelioma, so frequently confounded with syphilis, is to be distinguished from the latter expression not only by its location, but with most assurance by its appearance; the first being characterized by isolated giant granulation of rough surface, the latter by a soft, pasty base. The two are really very unlike, and should deceive no one: even the primary chancre sometimes found here bears no resemblance to epithelial carcinoma.

The progress of lingual epithelioma is of most distressing character; the organ enlarges and stiffens, mastication and deglutition become functions of difficult and painful performance, the saliva dribbles constantly over the chin, and the patient finally perishes from exhaustion.

Cancerous epithelioma of the tongue must either have attempted with it the most radical extirpation, or be soothed into quiet, and into such abeyance as is possible to be secured. Of the latter means, advantage has been taken of a partial paralysis, securing immunity from pain through section of the lingual nerve; while it has also been deemed that much control over the progress of the disease has been secured by ligation of the lingual artery of the affected side.

In the practice of the author, where, in certain cases, operative means of any class have not been thought advisable, the patients have expressed themselves as receiving great relief from the local employment, by means of an atomizer, of the following combination:

R.—Acidi carbolici fluidi, ℥j;  
Sodæ sulphitis, ℥j;  
Aquæ, ℥x.

Lingual epithelioma most frequently makes its appearance either at the side of the base of the organ or under the tip. Frequently, however, where jagged teeth exist in the arch, it may arise as an abrasion, the location being without doubt influenced by the irritant. Such a lesion is not apt to be appreciated in its true character until its refusal to heal is noticed, after the extraction of the offending tooth. Still another cause of localization in this direction arises from a malarticulation of the posterior teeth, the tongue on each occlusion being caught and fretted. The peculiar articulation referred to is to be seen when the molars of both jaws incline inward, striking above at the buccal angle and leaving a space with the base looking inward. The author has at the present time under his care two cases of epithelioma which apparently have been thus located.

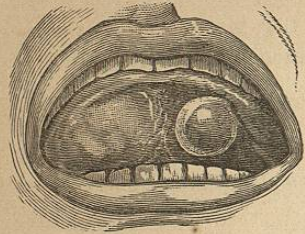
The oneness of scirrhus and cancerous epithelioma of the tongue is beyond dispute; that is, as a common specific nature is concerned; histological differences, when existing, have the meaning in anatomical relations. The treatment differs certainly in nothing: a cancer locating itself in the tongue implies a fatal result.

**Tobacco Tongue.**—Inveterate smokers and chewers of tobacco are not unapt to be found with a tongue that is somewhat enlarged, dry, and fissured, and yellowish-brown in color. Complaints on the part of patients refer to stiffness, to harshness of surface, and to diminished motion.

**White Tongue.**—A condition of the organ where the extreme tip and edges maintain a natural appearance while the centre is a dead white has been met with by the writer as the result of presence in the alimentary canal of tape-worm.

**Tubercle.**—Tubercle, to the apprehension of the writer, signifies a catalytic result arising out of lymphangitis; this, whether the tubercle be found in the tongue or in the lungs. Lymphatic obstruction implies stasis in tissue metamorphosis; out of this, or associated with it, is the *materia peccans*. Lymphangitis is not common to the region of the tongue, consequently tubercle is

FIG. 386.—CYSTIC TUMOR OF TONGUE.



as rare to the situation as it is common to the lungs. That it exists occasionally, however, has been fully illustrated in the studies of Langham. Tubercle of the tongue tends to self-cure through abscess. Where abscess terminates in an indolent ulcer, iodine or light touches of the actual cautery may be used.

**Cystic Tumors.**—Cystic tumors of the tongue, while not frequent, are yet not sufficiently rare to make allusion to them unnecessary. That known as *meliceris* is round, free from pain, and filled with a glutinous, honey-like substance. A peculiarity of this cyst is the fungiform character of its bottom, this portion looking pyogenic. A second order of cysts contains lymph, sometimes fairly colloid in consistence and appearance, at other times flaky, tubercular, or, it may be, puriform.\*

\* "There is a disease of the tongue which I have seen every now and then, and which I am sure is very often mistaken for cancer, though it is of a different nature. It is a curable disease, although it looks like a malignant one in many respects. The first thing of which the patient complains is enlargement of the tongue, with some pain. On examination, you find a tumor in one part of it, not very well defined, nor with any distinct margin. It is a softish tumor, and increases in size, and perhaps a second appears in a different part of the tongue, and that increases also. There may be three or four of these soft elastic tumors, with no very defined margins, in various parts of the tongue. This is the first stage of the disease.

"In the second stage there is a small formation of matter in one of these tumors,—a little abscess, which breaks externally, discharging two or three drops of pus. When the abscess has burst it does not heal, but another forms in one of the other tumors. These abscesses may assume the form of ulcers, and the ulcers have a particular appearance. In the first instance it is a very narrow streak of ulceration, but on introducing a probe you find that the ulcer is the external orifice to a sort of fissure in the tongue. The probe passes in obliquely: the tongue is, as it were, undermined by the ulcer, a flap of the substance of the tongue being over it.

"The disease now becomes more painful, and at last the ulcers may spread externally. In some instances they occupy a very considerable portion of the surface of the tongue, but generally they burrow internally, and do not spread much toward the surface. This is a very distressing state of things, and a man may remain in this state for a long time. The glands of the neck do not become affected, nor does the general health suffer, except from the difficulty of swallowing food. This is one inconvenience experienced by the patient; and he also labors under a difficulty of articulation. The tongue, from its enlarged state, may become stiff, not sufficiently pliable for the purposes of speech, and the patient either speaks thick or lisps.

"In some instances the disease may be relieved by a course of sarsaparilla, with small doses of bichloride of mercury. A strong decoction of sarsaparilla, with from a quarter to

A form of cystic tumor, being a cystiform hypertrophy of a circumvallate papilla, is met with occasionally on the back part of the dorsum. These tumors have been known to attain the size of a walnut. To the touch they are quite solid, the walls being greatly indurated. If satisfied that there is no malignant association, the practitioner may puncture the sac and introduce a tent. Iodine is to be used both externally and by injection. Ranular cysts, frequently described as lingual cysts, are classified by themselves. (See *Ranula*.)

**Acute Glossitis.**—Acute inflammation of the tongue, whether of idiopathic or of traumatic character, is always to be looked on with concern. The causes inducing the condition are various.

Viewed as a distinct lesion,—and this view, no matter what the cause, will ever force itself on the attention of the practitioner when called to a case,—urgent necessity is always felt for a treatment that shall abort or resolve the phenomena quickly as possible. It is true that all glossal inflammations are not dangerous; but it is the case that all inspire with a sense of danger.

Acute glossitis, idiopathic in form, commonly begins with a sense of enlargement and stiffness of some part of the organ, generally the anterior part; this soon becomes red, painful, and perceptibly swollen. At this stage the condition may rest, and after some little time begin to decline. On the other hand, a single hour may witness the spread of the inflammation to an extent which threatens, or perhaps produces, suffocation. In still other instances advance is gradual; the general circulation sympathizing, the pulse grows

half a grain of bichloride of mercury, may be taken in the course of the day. Of course, if there be anything wrong in the general health, you should endeavor to get that corrected and attend especially to the state of the bowels and the secretion of the liver. If the secretions of the digestive organs be unhealthy, a dose of senna and salts may be given every other morning, and blue pill every other night. When the patient is brought into this state, one remedy, as I have said, is sarsaparilla with bichloride of mercury; but, according to my experience, this is not the best remedy. The remedy best adapted for these cases is a solution of arsenic. Give the patient five minims three times daily, in a draught, gradually increasing the dose to ten minims. It should be taken in full doses, so that it may begin to produce some of its poisonous effects on the system. When it begins to act as a poison, it will show itself in various ways. Sometimes there is a sense of heat, a burning pain in the rectum; sometimes griping, purging, and sickness, and nervous tremblings. A patient who is taking arsenic, especially in pretty large doses, ought to be carefully watched. At first you may see him every two or three days, and then every day; and as soon as the arsenic begins to operate as a poison, leave it off. When this effect is produced, the disease of the tongue generally gets well; but at any rate leave off the arsenic, and the poisoning will not go too far; it will do no harm. If, after a time, you find that the disease is relieved, but not entirely cured, you may try another course of arsenic. Perhaps it may take a considerable time to get the tongue quite well. Sarsaparilla, with the bichloride of mercury, may be given at one time; and at another, arsenic. You cannot give either of these remedies forever, and indeed the arsenic can only be given for a very limited period; but it is astonishing what bad tongues of this description I have seen get well under these modes of treatment, especially under the use of arsenic."—BRODIE.

rapid and irritable, the skin becomes hot, to decline, however, to the cold sweating stage; suppuration or perhaps gangrene terminates the action.\*

\* GLOSSITIS, ACUTE.—“Michael M., aged thirty-six years, employed as a boatman by the Barrow Navigation Company, presented himself at the Meath Street Dispensary, Dublin, on the 14th of January, 1871. His appearance was characteristic of the affection from which he suffered. His countenance was anxious, the tongue protruded between the teeth, his speech was thick, or what might be termed the glossitic speech; his breathing was distressed. On inquiry, he (Mr. Croly) ascertained that the man had got a severe wetting some days previously, and had his feet also immersed in water. He shivered, and felt a soreness at the root of the tongue. He had not been taking any medicine, and up to the time of severe wetting was in robust health. In addition to the symptoms detailed, he had a dribbling of saliva from the mouth, with headache and dysphagia. The pain in the tongue, as the disease advanced, was described by him as of a stinging nature. On examination, he found the tongue covered with a white exudation, like a false membrane. The organ was large, protruded, and exquisitely tender to the touch. The sublingual space was infiltrated and chemosed, and the fringe beneath the tongue resembled a cock's comb. The tonsillitic regions were natural, and bore pressure without causing any uneasiness. He got the patient to open his mouth sufficiently to enable him to introduce his little finger, and the man winced when he depressed his tongue. He observed that the palate and tonsillitic regions, as seen internally, were not in the slightest degree altered. He considered from the patient's general symptoms, and the infiltrated condition of the tongue, caused by the exudation of lymph in addition to the engorgement with blood and serum, that no time should be lost in giving him relief by the knife. He accordingly introduced a sharp-pointed bistoury far back, and made a free incision at each side, parallel with the raphé. The wounds gaped and bled freely, and the patient's speech became suddenly better. He next punctured freely the chemosed sublingual space. A warm bath and a purgative draught were prescribed, and he warned the man against cold, and recommended him to come into hospital, but he declined. On the following day he called at the dispensary, and was much improved. The tongue was still tender to the touch, but the symptoms were so much relieved that, notwithstanding his advice to the contrary, he returned by boat to the country that evening, and he had heard nothing of him since. The notes of the next case to which he would call their attention were sent to him by Dr. Barry, of Kanturk. He visited a man, aged forty, whose respiration, articulation, and deglutition were very painfully affected. His tongue protruded between his teeth, and was so engorged as to fill all the space up in the palate; and the tissues from the chin to the larynx were infiltrated. With some difficulty, Dr. Barry introduced a long and narrow bistoury on the flat, and, having turned the blade on its edge, he made two longitudinal incisions parallel to the raphé, with instantaneous relief. There was a copious flow of blood, which relieved the danger of impending suffocation, and the patient recovered in a few days, and was now in good health. The notes of the following three cases were kindly given to him by Dr. Leeper, of Keady. Dr. Leeper called the cases 'Glossitis.' The first was followed by an attack of delirium tremens, and after that by diffuse inflammation of the left leg. Mr. —, of full habit of body, a free liver, of intemperate habits, dined at a club with seven friends on New Year's eve. He left the hot dining-room late, and drove home, a distance of six miles, the night being bitterly cold and frosty. Next morning he awoke with sore throat, some difficulty of swallowing, and had a dry, parched, and swollen tongue. These symptoms rapidly increased, and Dr. Leeper was asked to see him at ten o'clock A.M. The tongue was then greatly swollen, filling up the mouth, and protruding an inch between the teeth. It was of a dark-brown, almost mahogany color. The sublingual glands were swollen, and the sublingual spaces filled up to a level with the incisors. The submaxillary glands were not much affected. It was impossible to see either the tonsils or fauces; but the roof of the mouth was covered with red erythematous patches. When the tongue was well moistened he could swallow and speak without much difficulty. Six leeches were applied to the under surface of the tongue and

The dangerous character of a severe glossitis demands energetic treatment. Leeches direct to the organ, or better, beneath the jaw, bleeding from the arm,

sublingual space. They rapidly filled themselves, and from the bites there was a very considerable flow of blood, which gave immediate relief. Before two hours he could keep the tongue in the mouth, and swallow with ease. Dr. Leeper considered that the leeching, purging, and sudden withdrawal of his accustomed stimulant and food brought on an attack of delirium tremens. The next case was one of acute glossitis, treated by free incisions on the dorsum of the tongue. P. R., a farm-laborer, was attending a corn-mill, getting oatmeal prepared. When there, he assisted the kilnman in turning the oats when drying, got into a profuse perspiration, and soon afterward exposed himself, on a cold, biting day in March, and was chilled. This was followed by swelling of the tongue, and difficulty of swallowing. Dr. Leeper saw him the next day. The tongue was greatly swollen, especially at the back part; there was an abundant flow of saliva from the mouth, and the surface of the tongue was covered with a dirty-white, creamy-looking paste. He was speaking thick, and said he would soon choke if not relieved. There was no enlargement of the tonsils or the submaxillary glands. Dr. Leeper made with a lancet, the only instrument he had with him, two incisions on the dorsum of the tongue, parallel to the raphé. There was a discharge of four or five ounces of blood and serum from these incisions. He received a message next day to say that the man was much worse, and on visiting him found the tongue more swollen, protruding from the mouth, and that deglutition and speech were more difficult than on the day before. He introduced a sharp-pointed bistoury, and made two long and pretty deep incisions on the dorsum from the base to the tip of the tongue. These bled profusely, and gave immediate relief, and the next day the patient could swallow without difficulty, but the speech was thick. His recovery from this time was rapid. In the third of Dr. Leeper's cases, the patient was forty-five years of age. After exposure to cold he complained of pain and deafness in the right ear, and these were soon followed by difficulty in speaking. These symptoms, after having lasted upward of a fortnight, were succeeded by rapid swelling of the right side of the tongue. When Dr. Leeper saw him, there was a profuse flow of saliva, so much so, that he thought he must be laboring under the influence of mercury; but there was no mercurial fetor, nor were the gums affected. The right side of the tongue was as much affected as it could be, but the left was not engaged. The tonsils were not enlarged; neither the salivary nor the submaxillary glands were swollen. The root of the tongue was hard and swollen. Any attempt to swallow was followed by a squirt through the nose and mouth, with coughing. It seemed as if the epiglottis could not act, and that the fluid passed into the larynx. Some milk was injected (by means of a large elastic catheter attached to an elastic bag) into the œsophagus. He sometimes succeeded in swallowing, but the attempt far oftener failed, and was very distressing to him. Dr. Leeper made a free incision, on the dorsum, from the back to the tip of the tongue on the right side, but the discharge of blood was inconsiderable, less than he could have supposed from the extent of the incision. Fomentations with hot chamomile-tea were used and kept in the mouth, and his health supported as well as possible with milk and beef-tea. Next day he was worse, and Dr. Leeper made a still deeper and more extensive incision on the right side of the tongue. There was no discharge of blood or serum, at least not more than two ounces, and no relief from it. Mr. Young, of Monaghan, saw the patient the next day, and advised leeches to the side and under surface of the tongue. These induced profuse bleeding, which was kept up by cold water in the mouth, Dr. Young thinking that cold water promoted bleeding from leech-bites better than hot. The swelling of the tongue subsided at once after the leeching, but the right side of it remained thicker and harder than the left, and the man's speaking was still difficult and imperfect. Mr. Croly proceeded to say that it was superfluous to go into the subject more fully, as it had been already discussed at a previous meeting. He would only state that he thought the case he had detailed was a very well-marked case of idiopathic glossitis. The man working on a river and getting a severe wetting, not taking any mercury, the tongue becoming greatly swollen,