

tongue in the first act of deglutition is impossible. When we examine further it is at once noticed that the tongue is somewhat enlarged, and that beneath the chin there is marked swelling and induration. This is especially the case in the area between the arch of the inferior maxilla and the hyoid bone. There is a wide-spreading oedematous swelling of the skin of the neck. He holds his head stiffly, the chin being high and carried forwards. He speaks with difficulty, the rigidity of the tongue and its surroundings preventing articulation. Inspection of the mouth and throat is rendered difficult by the swollen tongue and the rigid jaw. By persistence, however, I have introduced a small mirror, and find that the oedema does not extend to the glottis—a fact which is borne out by the absence of any dyspnoea. He says there was some trouble in breathing several days ago. By palpation it is difficult to be certain there is any fluctuation. I introduced one finger into the mouth to exert pressure between it and the finger placed externally, but there is only a suspicion of fluctuation. When he came in I at once ordered him to be fed by means of the catheter introduced through the nose, and this method of feeding will be demonstrated to you that you may see how easily it is done and how little discomfort the patient has from it. As a local application externally antiphlogistine was ordered, and a mouth wash of very weak permanganate of potash solution. The latter is one of the most valuable antiseptic solutions for use in the mouth or throat.

What then have we to deal with in this case? You already have decided that the condition is the result of an infection of a comparatively trifling wound. The tissue chiefly affected is that area of connective tissue, filled with vessels and especially with lymphatics, and containing Wharton's duct and the sublingual gland. It lies above the mylohyoid muscle and between the genio-hyo-glossi on each side. This is the tissue which forms the floor of the mouth. Suppurative inflammation of this area is known as Ludwig's angina, of which this is undoubtedly a mild case. As I am uncertain whether pus is present I will use an exploring needle, and I introduce this deeply into the tissues under the chin. You notice there are a