

body. The excavated ulceration which follows the opening of the tumour is of variable depths, according to the position of the latter. It is of a more or less elongate form, with irregularly sharp cut edges and presents a greyish bottom covered with pseudo-membranous exudation, and bleeding easily from contact of the teeth. Induration at first surrounds the base, but this gradually somewhat diminishes. When several of these ulcers become joined together, considerable portion of the substance of the tongue is destroyed, and a serious deformity remains even after cicatrization. When, however, the syphilitic tumours become arrested by suitable treatment while still in the condition of nodosities they gradually lose their consistency, and leave behind them no signs of their former existence.

*Symptoms.*—Many of these have been already alluded to in detailing the appearances furnished by the tumours; of course there is difficulty of speech and deglutition proportionate to the size of the tumours. The pain is usually but slight, or even does not exist especially in the early stage. Although the occurrence is quite exceptional, the submaxillary glands sometimes undergo enlargement on the breaking out of ulceration. When there is great tumefaction and projection of the tongue, salivation is one of the consequences. The evolution of this affection of the tongue is eminently chronic, its commencement being often referred to a period of many months distant.

*Diagnosis.*—This is of the highest importance, for the affection has often been confounded with other lesions. Among these cancer is pre-eminent. Several patients cured of frightful-looking syphilitic ulcers, have been regarded as instances of recovery from cancer of the organ while the tongue has been amputated for reputed cancerous ulcerations which would have yielded to iodide of potassium. In distinguishing between the two affections we are greatly aided by the fact of the pre-existence or co-existence of other syphilitic symptoms, a fact which prevailed in nine out of ten cases here given. Cancer of the tongue is attended with lancinating pain, and its preferential seat is not the base but the point or edges of the tongue. It is usually single while syphilitic tumours are mostly multiple. Cancer usually first shows itself as a hard circumscribed watery tumour, which is not the case with the syphilitic tumour which assumes a more regularly roundish form. Consecutive glandular swellings are rare in the syphilitic affection; but cancer, when somewhat advanced, implicates the surrounding glandular tissue. The tendency of the syphilitic tumour is toward the surface, where it softens and ulcerates, while cancer involves the deep seated as well as the superficial tissues. The ulceration from cancer is generally single and more or less fungous, while the ulcers following syphilitic tumours are generally multiple and excavated, with sharp, irregularly cut edges, and a greyish diphtheritic, partially gangrenous bottom. The early induration of their base gradually disappears as the plastic matter becomes softened and excreted at the surface of the ulcer. Cancerous engorgement is persistent, for in proportion as the morbid product is destroyed by ulceration, the disease spreads to deeper and deeper parts. Both forms of ulcer bleed from contact with the teeth; but the syphilitic is less fungous and less vascular than the cancerous. (2.) *Tubercle* going on to ulceration is not very uncommon in the tongue in phthisical or scrofulous subjects; and in such cases error may arise without much difficulty. These steatomatous tumours have usually less consistence than have the syphilitic. (3.) *Cullosities hypertrophy of the epithelium stylosis linguæ*. These terms indicate a condition described by M. M. Ullmann and Buzenet as occurring on the tongue of inveterate smokers. The mucous membrane becomes adherent, and beneath it is deposited a plastic exudation, presenting a firm whitish insensible surface. This layer of plastic deposit and epithelial cells cracks and becomes detached in fragments, bringing into view a painful irregular ulceration of greyish aspect. But although this appearance somewhat resembles that caused by those syphilitic tumours which induce a whitish projection at the surface of the tongue, these latter are not found at the surface, but in the substance of the tongue. The ulcers which follow the detachment of these plastic deposits do not at all resemble the deep excavations which follow the syphilitic tumour. (4.) *Hypertro-*