

not tender on pressure. The submaxillary region, however, was enlarged, and very sensitive to the touch. The girl could not bear any pressure on the apex of her tongue, which protruded between the teeth, and was covered with a white exudation. The breath was foetid. There was no tenderness of the gums, and the patient had not taken mercury or any other medicine lately.

The girl's mother states she was in good health until the 17th of January, when she caught cold by taking off her boots and walking in the snow. She complained of *shiverings, headache, thirst, and soreness of the tongue*. She was menstruating at the time, and the discharge was checked.

It was to me quite evident that she was suffering from acute glossitis of a very severe form, and from the aggravated symptoms I felt most anxious about her. I lost no time in introducing a sharp-pointed curved bistoury into the mouth, keeping its blade flat towards the tongue until its point reached the base of the organ, and then, having, turned the edge of the knife towards the tongue, made a rapid, deep longitudinal incision between the raphe and edge, and parallel to the septum. I quickly changed the bistoury to the other side, and made a similar free incision. The hæmorrhage was copious.

The relief to the breathing was almost immediate. I directed three leeches to be applied to each submaxillary region, and a hot poultice put on when the leeches came off. The patient tried to swallow some milk, but could not succeed. She took ice in small pieces, and enjoyed it very much. A turpentine enema was administered, as the bowels had not acted since the commencement of the attack.

24th. Mr. Hadden's note says: Patient had a restless night; she swallowed a little wine-and-water with difficulty, and continued the ice; bowels were freely moved; countenance less distressed, and the breathing not so difficult.

Six P.M. On visiting the patient I found her symptoms not as much relieved as I had anticipated; and as the tongue was still very much inflamed, I made incisions again into the organ in the same situation as the previous ones. A large quantity of blood escaped, and as she could not swallow, I ordered nutritive injections of beef-tea and whisky to be administered every third hour.

Eleven P.M. Breathing much less difficult; the girl could speak a little; her voice, heard for the first time since admission, was peculiar, and the speech "thick" and indicative of disease. Pulse 112, and stronger.

25th. Patient slept tolerably well last night; she can swallow a little, and still enjoys the ice; nutritive injections continued.