

could not be seen. Swallowing was difficult. Cultures were taken from the left half of the tongue by Dr. Gwyn. Bleeding followed the punctures. On the following day the swelling was less and the left half was rather smaller than the right, due probably to the bleeding following the punctures. Two days later there was less swelling, less pain and the mouth could be closed. Three days later the tongue was practically normal.

The temperature, which on admission was 104.2°, fell to normal on the day after admission and then rose gradually each day until it reached 104° on January 7th. With this he had a typical relapse, with continued fever, rose spots and enlarged spleen. This lasted for about two weeks and was mild throughout. The temperature fell to normal on the 16th day of the relapse and he was discharged well on January 26th. The cultures from the tongue were negative.

In this case after 24 days of normal temperature the glossitis seemed to be the first symptom of the relapse. The relapse itself was mild save for the severe onset, and as soon as the swelling subsided the patient had no further trouble in swallowing or distress of any kind. The diminution of the swelling in the left half of the tongue after the blood removed in taking the cultures supports the value of the treatment advised in severe cases, namely, free incisions into the substance of the tongue.

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