dated, and with the phosphate of lime, will take on a vitreous character, giving to the remains of the cartilage a firmness and consistence equal to porcelain.

In some cases this disease in the cartilage will progress in the vascular apparatus upon both its surfaces, the ampullæ next the bone and those connecting it with the synovial membrane will be implicated in the disease, and this may proceed so as completely to isolate the cartilage from the bone, and before it is completely dissolved, to set it free as a foreign body in the cavity of the joint; should this happen, it will assuredly be sufficient cause to bring on general inflammatory action of all the structures of the joint, that will in all probability, progress to the most fatal results.

(To be Continued.)

ART. XXXVIII.—*On Phlegalgia Oris, by* WILLIAM KERR, *Surgeon, Corresponding Member of the Medical and Physical Society of Calcutta, and of the Medico-Chirurgical Society of Glasgow*, Galt, C. W.

The disease which forms the subject of this paper has not, as far as I know, been described by any author. From its most prominent symptom I take the liberty of naming it phlegalgia oris, or burning pain of the mouth.

On looking into the mouth chaps are observed on the tongue, its edges are raw and tender, and papulæ are seen on the gums as well as on the tongue. The principal seat of the disease is the edges of the tongue adjoining the under teeth.

The diseased appearances, however, are slight, and give no idea of the sufferings of the patient, who complains of a constant sensation of burning or scalding, interrupted only by sleep, varying in intensity from day to day, but continuing without cessation perhaps for years. During sleep the tongue generally becomes parched, and so dry and painful that on awaking the patient can scarcely move it. While awake dryness gives place to an increased secretion of saliva. Anything having a pungent taste, such as salt, pepper, or alcoholic liquids, taken into the mouth aggravates the pain. The patient always prefers soft food, as even potatoes communicate the sensation of containing sand. To relieve the scalding, a little milk or cream is often taken into the mouth, and for the same purpose the patient is frequently observed sucking in cool air between the lips. Breathing a really cold air, however, aggravates the pain, so that on going out of doors when the day is cold, the patient is glad to cover the mouth with a handker