

hard nodule on the left border of the tongue, about an inch over the tip, and opposite a sharp decayed tooth. This troubled him, and two months later the growth was cauterized by his medical attendant; an ulcer soon formed, which had increased up to the time of entrance into hospital, and was attended with considerable induration at the base. Last March another lump appeared nearer the tip, which also ulcerated. Family history negative. His condition on entering hospital was as follows: Small, spare, active-looking man of considerable vigor, aged 64, but looks younger. On the left side of the tongue, commencing about half an inch from the tip, is an irregular fissured ulcer divided into two parts by a nodule of induration. The ulcer has an indurated base, and the whole mass of induration about the size of an almond. The ulcer is painful, there is not much salivation and no foetor, but the patient is unable to masticate on that side of the mouth. Very little interference with articulation. On examining the submaxillary region some small hard glands were felt, which were quite movable. Examination of his organs revealed no evidence of disease. Dr. Lafleur snipped off a portion of the ulcer and examined it microscopically, but found nothing but epithelial elements. In consultation with my colleagues, and taking into consideration the history of the case, the age of patient, the appearance of the ulcer, with surrounding induration, and involvement of the submaxillary lymphatic glands, it was thought the disease was epithelioma and demanded immediate operation. On May 23rd I performed the operation which I usually do in such cases, viz., preliminary ligature of the linguals and excision of the tongue by scissors. On examining the state of the glands through the submental incisions, more were found involved than could be made out by external manipulation, and they were removed with the submaxillary glands through the incisions made for ligature of the linguals. Drains were introduced into the mouth through the incisions. The wound was packed with Billroth's sticky iodoform gauze, but this not remaining on more than thirteen hours, the surface was painted over with a solution of iodoform, castor oil, and alcohol and resin. The patient recovered well from the opera-