

it. Holscher,⁷ in the statistics of 2000 cases, speaks of "purulent infiltration" of the tongue in three cases, while Dopfer⁸ in 927 cases found the same condition in two cases.

Nichols⁹ has reported a case of "septic infection in typhoid fever" in which two days before death swelling of the right half of the tongue was noted. The case came to autopsy and the tongue was found red, swollen and glazed in its right half. On section it showed hæmorrhages and small abscesses. Cultures yielded streptococci, staphylococci and the colon bacillus. This may perhaps be the same condition as Holscher and Dopfer have spoken of as "purulent infiltration" of the tongue.

The case reported is from Dr. Osler's clinic in the Johns Hopkins Hospital:

W. U., aged 27, white, dredger. Admitted on November 27, 1897, with a mild attack of typhoid fever. The previous history was unimportant. The attack was quite characteristic—fever, rose spots, enlarged spleen and the Widal reaction all being present. The temperature fell to normal on the 16th day and he made an uninterrupted recovery. He was discharged on December 31, 1897, on the 37th day of his disease, and after 22 days of normal temperature. He seemed perfectly well on discharge.

On January 3, 1898, the fourth day after leaving the hospital, he was re-admitted, complaining of pain in the throat with soreness and swelling of the tongue. He gave a history of having felt well until January 2nd, when he had a chill, soon followed by pain in the head and throat. Swelling of the tongue and behind the jaw accompanied by pain on swallowing also came on. There was no history of the taking of mercury or the application of any irritant. His condition rapidly grew worse until his admission.

On admission—temperature 104.2°, pulse 100, face flushed, the neck full and swollen at the angles of the jaw. The mouth presented a striking picture. The tongue was much swollen, protruding between the teeth and preventing the closing of the mouth. There was a profuse constant flow of saliva. The tongue was red, inflamed, symmetrically enlarged, markedly tender and somewhat indurated as far back as could be felt. No spot of softening could be found. The throat