afford him a chance of recovery by the operation, and to lance the tongue was a dangerous proceeding, as fatal hæmorrhage might occur. Giving the man a few hours to live he left him to his fate.

The patient and his friends accepted the situation; but, at the urgent solicitation of another officious neighbour, I was sent for and arrived about 12 o'clock p.m., the same day. I found the patient sitting on a chair by the side of his bed, his face was flushed and turgid, his eyes protruding, respiration hurried and difficult, deglutition impossible, and with a finger of each hand between his teeth to prevent them pressing on the inflamed tongue, and to enable him to get sufficiency of air to breathe. The tongue filled nearly the whole cavity of the mouth, the tip protruding between the teeth. The sub-maxillary and sub-lingual glands and tonsils were tumefied. The saliva appeared to be profusely secreted, and from the inability of the patient to remove it, it was continually dribbling away. He had neither slept nor taken any food for eight days, and his strength was nearly exhausted.

I passed a bistoury on the flat over the dorsum of the tongue, as far back as I could, and then turning it on its edge I made two deep incisions on each side of the raphe. Blood flowed freely, but no pus was discharged. The patient, in a short time, experienced some relief, was able to swallow a small quantity of water and articulate more distinctly. His respiration became easier, and he slept for a few minutes at a time. I remained with him all night administering, at intervals, enemata of egg, milk and brandy, and I left him at 7 o'clock in the morning somewhat improved, but still having much difficulty in swallowing, and being obliged to gargle frequently to get rid of mucus which was very abundant and tenacious.

About 11 o'clock a. m., I was sent for, the messenger saying that during the morning he had discharged some bad smelling matter from his mouth and shortly afterwards appeared to be suffocating. I found him gasping for breath, cyanosed, pulse 140 and feeble, skin covered with clammy perspiration. I proposed to open the air passage, but his friends objected, saying that he was dying and should be allowed to die in peace. I replied that I would hold them responsible for his death unless they allowed me to do as I wished. This threat had the desired effect and they consented. I decided on laryngotomy as being the simplest and speediest operation, time being of the utmost consequence. Not having a tube with me I filed off the beak of a silver catheter and inserted it instead. He immediately began to rally, regained his natural color, and in half an hour was sitting up in bed drinking beef tea and asserting, as well as his tongue would allow him, that the tube was a grand institution. He slept at intervals during the night, and took beef tea fairly well. In the morning I plugged the tube while he was sleeping, and finding that it did not interfere with his breathing I removed it. He continued to improve so much for two days, and the roads being very bad, I left him in charge of the first physician called in, with the understanding that I was to have a report of his condition every day by mail.

He was progressing favorably. The swelling of the tongue was gradually abating, and he could take nourishment with less difficulty, till the third day after I had last seem him, when I was again sent for. I found him labouring for breath, unable to lie down, his pulse indicating great exhaustion. I immediately introduced a tube into the larynx through the old opening, but he died as soon as I inserted it.

I was informed that he had felt better than usual that morning, and had walked from his bedroom to the kitchen adjoining it which opened directly outside. After remaining there for an hour he returned to his room, which, in the meantime, had been scrubbed and was still damp. Soon after his breathing became impeded, and he gradually passed into the state in which I found him on my arrival. For some unexplained reason I was not sent for until six or eight hours after his relapse, and no attempt was made to re-introduce the tube till I arrived.

I must confess I was exceedingly disappointed at the unexpected termination of this case, as, after he had made such good progress towards recovery, I had felt confident that his life would be preserved.

In conclusion, I beg leave to make a few remarks suggested by this case. 1st. Why should Idiopathic Glossitis be of such rare occurrence when, from the large blood supply, active habits, and exposed situation of the tongue it might