tion. There was no râle, but an occasional gurgle was heard. Good resonance over right upper front.

From this time on there was a gradual but uninterrupted improvement. Sputa became less profuse, lighter colored, without blood, and without odor, and finally disappeared entirely. Signs in chest slowly cleared up, latterly being confined to a small area over centre of right scapula, and before his discharge could not be detected at all. Cough disappeared with the physical signs. Diarrhœa persisted quite late in the history of the case, recurring frequently, but was usually attended with relief rather than distress, and was only checked as it became exhaustive.

Patient remained in the hospital four months, being discharged February 29th. During the latter part of this time he gained flesh and strength very rapidly. His weight at the time of discharge was one hundred and sixty-four pounds, showing a net gain of fifty pounds. As he left the hospital his appearance was that of a robust and healthy man.

Treatment. — No regular line of medication was adopted as bearing directly upon the pulmonary lesion. Symptoms as they arose were alleviated as far as possible by the proper remedies. It is worth while, however, to mention the use of carbolic acid internally as a disinfectant. One minim was exhibited every three hours in a proper menstruum, with very apparent diminution of the gangrenous odor of exhalations, and with proportionate relief to both the patient and the attendants. In this connection too great importance cannot be attached to the nutrition and hygienic surroundings of the patient. Thorough rest, an abundant supply of warm, pure air and good food, and long-continued, never-tiring care and nursing are elements in treatment without which the chances of recovery diminish materially or disappear altogether.

IDIOPATHIC GLOSSITIS.¹

BY E. H. BRADFORD, M. D.

A YOUNG man aged twenty, of an average healthy appearance, presented himself for treatment, complaining of a swelling of the tongue. The night before, his tongue began suddenly to enlarge without any known cause. There had been no injury to the tongue, and the patient had been taking no medicine. Two leeches were applied to the tongue on the advice of an apothecary, and ice was used.

On examination the tongue was seen to be swollen to more than double its normal thickness on the right of the median line; the swelling was greatest about two inches from the tip. Some swelling was to be seen also on the left side, and the edges seemed thicker than usual.

¹ The accompanying case may serve as a companion to the one published in a late number of the JOURNAL (September 7, 1876).

The surface of the tongue was normal, with the exception of a few excoriations caused apparently by the friction of the teeth. The gums were healthy and nothing unusual was to be seen on the fauces or pharynx. The mucous membrane beneath the tongue, covering the upper surface of the sub-lingual gland, appeared slightly swelled. There was no enlargement of the glands of the neck. Speech was not interfered with, and there was no pain or tenderness. The tumor, however, was quite hard and felt like a circumscribed lump when taken between the thumb and forefinger.

The patient said that a year before his tongue became suddenly large in a similar way, the swelling commencing at night and increasing so that he could breathe only through his nostrils and feared he would be suffocated. On medical advice leeches were applied to the tongue and ice was used afterwards, and in a week or ten days the tongue assumed its normal size. The physician in charge, he claims, attributed the tumor to smoking.

The second attack passed off without any great trouble. The swelling diminished the next day under no treatment except ice, and a week later it had entirely disappeared.

On cross-questioning it was learned that the patient had had a chancre a few years previous, but no specific symptoms could be ascertained.

Beside the authors quoted by Dr. Wingate in connection with his case, a few others mention idiopathic glossitis. In Holmes's *System of Surgery* (article *Acute Glossitis*), Mr. S. Cooper is quoted as mentioning that the disease may occur spontaneously and without any apparent cause. Mr. Holmes Coote cites four cases, happening in his practice, of sudden spontaneous enlargement of the tongue, all recovering perfectly in a week.

Mr. W. Fairlie Clark (*Diseases of Tongue*, page 104) says, "It is not uncommon to meet with a circumscribed induration in the substance of the tongue. The patient without having experienced any previous uneasiness becomes aware of a lump in the substance of his tongue."

Nine cases of severe idiopathic glossitis are quoted, incisions being made in almost all. Death occurred in one case.¹

A case is quoted from the *Dublin Hospital Reports*, iv. 48, showing that the disease may affect one side of the tongue, the other being only slightly or not at all enlarged.

¹ *Lancet*, 1828, page 16.