whilst both should exercise a still greater protection than either alone.

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A Mirror of Hospital Practice.

A CASE OF SUBLINGUAL ABSCESS.

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A Hindu lady, aged 30 years, came to this dispensary for treatment of pain in the throat and difficulty in swallowing of about one month's duration. She was admitted as an in-patient on the 6th January, 1927. I examined the throat and could find nothing abnormal except an ordinary pharyngitis. She repeatedly asked me to see whether any foreign body, such as a bristle from a toothbrush, could have lodged in the throat, as she had considerable pain whenever she tried to swallow anything. Her other symptoms were pain in the chest and neuralgic pains in different parts of the body. On careful examination of the patient, I concluded that the whole condition was hysterical, and ordered a tannic acid paint to the throat and a potassium chlorate gargle. Two days later she ceased to visit the dispensary.

On the 10th January, I was called in to see her at her home, and to my surprise I found her acutely ill. The submaxillary region was swollen, red, and tender. The swelling extended from the lower border of the mandible to the thyroid prominence, and laterally as far as the inner border of the sterno-mastoid muscles. The entire tongue was swollen and of a stone-like hardness, and painful. The tip of the tongue protruded from the mouth, which could not be closed. There was a profuse flow of saliva of a foul odour from the mouth. The patient could neither speak nor breathe properly. She was having rigors and the temperature was 103°F.

The abdominal and other systems were normal, and I could come to no diagnosis. Symptomatic treatment was accordingly adopted; an ichthyol and belladonna application over the swollen parts, hot magnesium sulphate compresses, and potassium permanganate gargles. As she was unable to swallow food and refused enemas, I had to watch her condition continuously. The measures adopted gave her some relief, and when I saw her next morning, she was better, but there was a copious flow of pus, saliva, and blood from the mouth.

On carefully looking for the source of the pus, I found it welling out from the duct of the right sublingual gland, and on pressing from below I was satisfied that the whole mischief was the result of an acute abscess of the sublingual gland. The swelling of the tongue was still present, but the patient could take milk and a fluid diet.

Gargles and fomentations were continued and I again saw the patient on the third day. She could now speak and sleep well. In ten days time all symptoms had disappeared, and when I saw her a month later she was in good health.

I carefully examined her for pyorrhœa or caries, but both conditions were absent. No other constitutional disease was detected.

Cases of acute abscess of the sublingual gland must be rare, and in the present instance there appears to be no cause to account for the condition. The enormous swelling of the tongue has also to be explained. Cases of acute glossitis are not uncommon, but are usually traceable to some definite cause, which was entirely wanting in this case. I have again examined the patient before writing this note; she is now in excellent health and has practically forgotten the illness.