

## The Diagnostic Value of the Appearance of the Tongue.

DR. H. A. HARE writes, in the *Medical News*: "Although there have been some clinicians who have had the temerity to assert that the appearance of the tongue gives us no information of value as to the condition of the digestive apparatus, or the general system, physicians, almost without exception, examine this organ with considerable care in all important cases. While it may be true that, when making a diagnosis, too much importance should not be attached to this organ, it is also a fact that he who ignores it deliberately puts aside a diagnostic aid of no little significance.

The three conditions which we should note in examining this organ are its coating, its movement, and its shape. The coating, which upon its posterior part of the organ is smooth, pasty, and yellow, nearly always indicates a condition of hepatic torpor or biliousness; or if it be white and rather dry and rough, this coating may, in an adult, point to the excessive use of milk. Again, every one with experience knows that the tongue is one of the most efficient aids to diagnosis that we have in the earliest stages of enteric fever, when it appears rather more narrow than normal, with a coated centre and bright red edges. Later on, its slow projection and retraction on the demand of the physician indicate clearly the degree of mental hebetude and the physical depression of the patient. The coating of the tongue in enteric fever, which is very heavy and discoloured if the mouth is not well cleansed by the Nurse, shows the perversion of salivary secretion and epithelial growth; and the lips and teeth covered by sordes indicate that the patient breathes through his mouth and fails to move his tongue.

Again, in childhood we find three conditions of the tongue of considerable diagnostic import. One of these is the broad and flabby tongue seen in the state called by Eustace Smith "mucous disease," in which all the mucous membranes of the body are affected by a catarrhal process. Scattered through the greyish coating of such a tongue, which is usually smooth and very moist, are patches in which the epithelium and the coating have been shed, leaving red spots which have an irregular outline, somewhat resembling that seen in the markings of a worm-eaten leaf.

The second of these conditions of which we have spoken is that of the tongue in acute gastric catarrh. The coating, which is both light in weight and colour, has scattered over it bright red dots which are not raised above the

surface and are very numerous. Somewhat like this tongue is the so-called "strawberry tongue" of scarlet fever, in which the red fungiform papillæ project above the coating.

In advanced exhausting disease, such as diabetes or tuberculosis of the lungs, or abdominal viscera, the tongue often becomes narrow, hard and pointed, forming what is called a "parrot tongue," a state of this organ which speaks ill for the patient's recovery. In all grave fevers a moist tongue is a hopeful sign, and a dry tongue an evil omen.

Unilateral coating of the tongue may be due to a decayed or ragged tooth, or a disordered function of the second division of the fifth nerve.

Discolouration of the tongue may be due to bismuth or iron, when the colour will be black; to laudanum, chocolate or tobacco, when it will be brown, and, therefore, any marked change in its appearance indicates the drug or food which the patient has swallowed.

The colour of the tongue itself is also worthy of note, for it is extremely pale in the anæmia of renal disease, of chlorosis and pernicious anæmia, and cyanotic and blue in the advanced stages of those diseases which interfere with the proper oxidation of the blood.

Scars of the tongue, or the presence of freshly-made bites of its edges, discovered by the patient on arising from bed, may indicate the unrecognised presence of a nocturnal epilepsy; an ulceration, if it be single, may be due to a chancre or epithelioma, in which case the cervical glands may be enlarged. Again, multiple ulcerations, if chronic, may be due to tuberculosis or to the mucous patches of syphilis. If the ulceration is acute, it is probably an attack of ulcerative stomatitis.

The movements of the tongue are also worthy of note. If paralysed from an attack of hemiplegia, we find that it is protruded toward the paralysed side, and it may become immobile in glosso-labio-pharyngeal paralysis. Tremors of the tongue not only are seen in the late stages of exhausting disease, but in numerous nervous affections, such as bulbar paralysis, and in insular sclerosis. It is also often affected by tremors in parietic dementia and chronic alcoholism. Finally, spasm of the tongue may occur, generally as a manifestation of hysteria."

The principal morbid conditions affecting the tongue are thus enumerated in alphabetical order in "Quain's Dictionary of Medicine": (1) Chronic Abscess, (2) Adhesions, (3) Atrophy, (4) Cancer, (5) Cysts (mucous), (6) Hypertrophy, (7) Inflammation and Acute Abscess, (8) Leucoma, (9) Parasitic Affections, (10) Syphilis, (11) Tonguetie, (12) Tubercular Ulcer, (13) Tumours, (14) Ulceration.

[previous page](#)

[next page](#)