

may be met with, from some enlargement with tenderness to abscess and even interstitial destruction, often terminating fatally.

The glands most commonly affected are parotid submaxillary, cervical chain and the glands at the angle of the jaw.

The primary infection of the lymphatic glands, that associated with the onset of the disease, is as a rule not serious. But great care must be taken when secondary infection arises. This usually occurs between the third and fourth weeks. In fact, careful, timely and judicious antiseptic treatment of throat complications should largely if not entirely prevent secondary infection of the lymphatic glands at least. Of course when secondary infection does occur, it is naturally associated with the usual signs of sepsis, elevation of temperature, rapid pulse and other symptoms corresponding with the degree of involvement. The affected glands consist of hard movable masses, swollen, enlarged and tender, either passing on to resolution in two or three days, with decline of temperature and slowing of pulse and return to normal, or passing on to abscess, with possibly rupture into the surrounding tissues, resulting in septic absorption and intoxication, sometimes leading even to fatal processes, accompanied by, the usual symptoms of this condition, rapid weak pulse, variable temperature, chills, profuse sweating, delirium, convulsions, coma, albuminuria with toxic nephritis, these being associated with much enlarged and tender glands rapidly forming into abscesses, often compressing and involving the large vessels and nerves in the vicinity, or the larynx or other vital parts. In these grave cases death is the usual result.

We find that the kidneys are by no means the least frequently involved in cases of scarlet fever and, in fact, of all the zymotic diseases scarlet fever is the one most frequently complicated by nephritis. So much so is this the case, that no matter how mild the case, the kidneys should require careful and constant attention throughout the disease, for much more can be done in the initial than in the later stages of this insidious complication. The occurrence of nephritis in scarlet fever seems to differ in different cases and in different epidemics, and the degree of intensity or the malignity of the virus does not in all, though in a great number of cases, seem to be in direct proportion to the number of cases associated with nephritis.