mentioned, or is it a reasonable explanation of the cause of Park West's ninety-six cases, occurring as an epidemic in a circumscribed locality and only in a definite time. If constipation produced such cases, we would never be without them. Indeed it would be well for the inhabitants of Canada, at least, if constipation would produce such disfiguring symptoms; they would take care to have less auto-intoxication from such a source. The disease is, no doubt, infectious, and likely from an external source, streptococci and staphylococci, according to some, playing an important part. However, this idea requires further confirmation.

There are seldom any premonitory symptoms, the disease is ushered in suddenly and with chilliness, sometimes pain in the joints, high fever, weakness, restlessness, vomiting, heavily-coated tongue, constipation, enlarged and painful swelling of the glands on one or both sides at the upper part and posterior border of the sterno-cleido mastoideus muscle. Some report the axillary and inguinal glands are involved, but not constantly. The enlarged glands have sometimes been observed to go on to suppuration in rare cases.

Early childhood seems to be the predisposing period of life. Park West's cases ranged from seven months to thirteen years, and occurred more frequently amongst boys. Some difficulty may arise in the diagnosis between glandular fever, idiopathic adenitis, scarlet fever and mumps, as there are several symptoms common to all. In my first case, I would have been perfectly satisfied with my first diagnosis of adenitis, had it not been for the second occurring so soon afterwards, which argued strongly that it was infectious, and we are all aware that adenitis is a non-infectious disease, so where there are two or more cases, we may safely set aside simple acute adenitis. In mild cases of scarlet fever, I am well aware that the eruption may be absent, or pass unobserved, and still be followed by endocarditis, or nephritis and desquamation, to show the identity of the disease, but I think where the fever is as high as 103° or over, no sore throat or redness, no eruption observable, a very thick white coating on the tongue and no papillæ showing, and especially if there is increased hepatic or splenic dulness we can readily dismiss scarlet fever.

I can see a greater difficulty in distinguishing this from mumps, especially if we accept the statement of Alexander, viz., that mumps may exist without the parotid being involved. In that case we would have to depend upon hepatic or splenic enlargement, which never occurs in mumps, or the involvement of glands in other parts of the body, but ordinarily there would be little difficulty as the cervical