

to nearly the same dimensions. I examined the throat frequently and carefully, but failed to see a lesion of any kind to account for the gland affection. There was no eruption, nor suspicion of any. I could not say there was even redness on the fauces or tonsils, so I eliminated scarlet fever and diphtheria, no other symptoms of these diseases being present excepting the fever and enlarged glands. To my mind it could not be parotitis, because you surely cannot have parotitis without an inflammation of the parotid gland, although I am aware that Dr. Alexander, in the "Hand Book of Medical Sciences," asserts that he has seen an epidemic of mumps when the parotid was not affected. This looks to me like the play of Hamlet, with Hamlet left out. If such can be the case, the sooner we give up labelling mumps "parotitis," the better it will be for appropriate medical nomenclature.

I diagnosed this case as simple acute adenitis in my own mind, and treated it with external applications of hydrarg, oles and ichthyol, internally with calomel, antifebrin and salol. Imagine my surprise when a younger boy, and only other child in the family, took ill soon after with same symptoms, and running a similar course only not so violent.

I had then to reconsider my diagnosis, and while reflecting on the situation and trying to solve the problem to my own satisfaction, I happened to read an article in the *University Medical Magazine*, of Philadelphia, by Dr. Samuel Hamill, on "Glandular Fever," which cleared up the difficulty and convinced me that I had two cases of so-called glandular fever, first described by Pfeiffer about seven years ago, and since mentioned by a few continental writers, and also on this side of the Atlantic by Dr. Park West, of Bellaire, Ohio, who published a series of ninety-six cases in the *Archives of Pediatrics*, 1896, most of them occurring in the practice of Dr. F. A. Korell, a neighboring physician, and Dr. Hamill, already mentioned.

Dr. Hamill defines it "as an infectious disease of sudden onset and short duration, occurring in children, without premonitory signs, attended by constipation, mild faucial redness, high fever, rapid swelling and great tenderness of the cervical lymph glands lying beneath and posterior to the upper third of the sterno-cleido-mastoid muscle, the latter subsiding in two or three weeks."

The etiology is not very clear. Von Starck observed chronic constipation in all his cases, and believed that it was toxæmia from this source. Sejournet also believes that glandular enlargement may occur from auto-infection from the intestines, but I cannot understand that this theory will explain my own two cases that I have