

good spirits. Under suitable regimen the enlargement disappeared in a few weeks.

In my own case, although some of the symptoms simulated those of pneumonia, at no time was I able to obtain, by physical examination, definite symptoms of any consolidation, and the continued pyrexia appeared to oppose any such hypothesis.

The history of the case was as follows:

On the evening of March 8, 1896, I was summoned to see F. S., a bright, precocious child, aged two and a half years, whom I had attended at intervals from a few weeks after birth. Her parents were both in good health. The paternal grandfather died from interstitial nephritis of gouty origin; the father is a dyspeptic, and suffers from neuralgic attacks, probably also of gouty origin. The mother is of a nervous temperament, but is otherwise well. The child herself was nursed by the mother till the end of the third month, when, under my directions, she was gradually weaned. Artificial feeding proceeded very satisfactorily. The child, weighed every week, showed a steady gain in weight. Dentition was normal, and so far she had escaped all the eruptive fevers. Six weeks previously she had suffered from a slight influenzal attack, which had left her looking pale, and for which at the time I had prescribed a ferruginous tonic. On the evening of my visit I found her with flushed face and slightly coated tongue; pulse, 120; respiration, 24; temperature, $101\frac{1}{4}^{\circ}$. There was no complaint of pain, nor did a thorough examination reveal any abnormal condition. A simple alkaline mixture was prescribed. The temperature rose slowly, and on the evening of the fourth day reached 103° F. Respirations were now decidedly quickened, and the child appeared to have occasional attacks of pain, but the site of this was obscure, and appeared to be variable. The nights were restless. On the sixth day respiration still remained quickened. There was slight diarrhoea, associated with some pain, and greenish colored stools containing more than a normal amount of mucus. The abdomen was slightly distended, but no special tenderness was elicited on pressure. Splenic dulness was present. No abnormal physical signs were detected after repeated examinations of the chest. No rose spots were visible on the body. On the evening of the eighth day, as the diagnosis was still uncertain, Dr. Browne saw her with me in consultation. The daily range of temperature was now between 102° and 103° F.; the respira-