thymus sexual precocity occurs. It is difficult, however, to know which is the cause and which the effect. Further clinical investigations should throw light on this question.

Excess of Thymus Secretion.

In the condition known as status lymphaticus there is abnormal persistence of the thymus, and since the secondary or pubescent development of the sexual organs is associated with retrogression of the thymus there is under-development of the genital organs with amenorrhoea if the thymus persist. Individuals with a persistent thymus usually die early, and I do not think the condition has as yet been considered at all seriously from the genital point of view. Retrogression of the thymus might be assisted, if the view be true that development of the genitals causes retrogression of the thymus—a question which has already been discussed.

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EPIDEMIC CERVICAL ADENITIS.

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DURING the spring we had in Leeds a long-continued epidemic of influenza of a moderately severe type. Side by side with this there had been in some districts numerous cases of mumps, diphtheria, and measles, but amongst the cases of illness there were some which could not be fitted with a diagnostic label. The obscurity attaching to them is now removed to some extent by the descriptions given in the article which appeared in the *JOURNAL* of June 14th, 1913, p. 1282, entitled "An Epidemic characterized by Adenitis, Tonsillitis, and Cardiac Complications."

I cannot say how many cases I have seen—perhaps twenty, thirty, or more in all—for at first they fell into that long list of undescribed conditions which we all meet with; and it was only when some half-dozen cases of more than ordinary severity were seen that one took special notes with a view to arriving at an exact diagnosis. These were as follows:

CASE I.—*Cervical Adenitis and Tonsillitis.*

The first case that arrested my attention was a girl of 12, who in April, 1913, had a swelling at the angle of both jaws and in the triangles of both sides, with a red rash, limited to the neck, which completely disappeared after half a day. There was slight swelling of both tonsils, an oedematous uvula, a white-coated tongue, and a temperature which never was higher than 101°, a pulse of 110, stiffness of the neck and shoulder muscles, malaise, nausea, complaint of palpitation and pain at the pit of the stomach. One is almost ashamed to write that the diagnosis varied between rheumatism, influenza, German measles, mumps, and diphtheria. Rheumatism because a brother and sister suffered from heart disease, the result of this affection, and because of the stiffness from which the girl herself suffered; influenza because it was prevalent; German measles because of the rash; diphtheria because it, too, was then in evidence, but a swab cleared this up; mumps because three cases had occurred in the near neighbourhood. All were excluded and the diagnosis was left blank. The most prominent signs and symptoms were the cervical adenitis, which persisted for more than a week after the acute symptoms; the rapid heart action, which persisted for three weeks; and the later debility.

CASE II.—*Cervical Adenitis, Measly Rash, and Tonsillitis in an Adult.*

This patient, seen in April, 1913, was a lady of 35, who had a large swelling at the angle of the left lower jaw, and the same on both sides of the sterno-mastoid muscle, accompanied by a measly rash on the neck, chest, and hands, which appeared suddenly and disappeared suddenly within two days. The tongue was coated white and the tonsil on the left side was large and purple red. There was great stiffness of the muscles

of the neck. The pulse was 120, and palpitation was complained of. The temperature rose to 103° on two days. There was nothing suggesting quinsy. One morning she said she was sure something had burst in her mouth, and she complained of a salty taste for two or three days. After this the tonsil decreased in size and the swelling on the jaw also disappeared. The stiffness remained long after all acute symptoms had gone. The swelling of the glands along the sterno-mastoid muscle did not go till four weeks after its first appearance, and convalescence was not established till this time. The exhibition of the hypophosphites and Fowler's solution seemed to hasten the disappearance of the enlargement.

CASE III.—*Mild Cervical Adenitis.*

A boy of 7 was suddenly seized in March, 1913, with a temperature of 101°, headache, slight sore throat, and enlarged glands on both sides and in both triangles. He got rapidly well on 5-gram doses of sodium salicylate, but the glandular enlargement remained for over fourteen days, much to the anxiety of the parents, who feared acute tuberculosis. The boy ultimately got quite well.

CASE IV.—*Adenitis with Moderately Severe Tonsillitis.*

A girl of 11 had stiff neck, enlarged glands at the angle on both sides, swelling in both anterior triangles, enlarged tonsils, especially on the left side, and on this side there was a patch of yellow which it was thought might be diphtheria. A swab gave a negative result, and the child soon got well as far as the acute symptoms were concerned. The temperature was never higher than 102°. The glands in the anterior triangles did not go away till the girl was up and moving about.

CASE V.—*Very marked Glandular Enlargement with Severe Constitutional Symptoms.*

A girl of 13 was taken ill with headache, stiffness of neck and shoulders, temperature of 103°, sickness, vomiting, large swelling at the angles, in the triangles, tender tonsils, and oedematous uvula. Under time and treatment the mouth symptoms, swellings at the angles, and the sickness and vomiting cleared away, but the swelling of the glands remained in the triangles till the child was able to be out—some three weeks after the commencement of the illness. Earlier in the year four brothers (she was the only girl in the family and slept alone) and the father and mother were all laid up with influenza.

CASE VI.—*Enlarged Cervical Glands, Tonsillar Abscess, and Palpitation.*

A woman of 25 was seized in May, 1913, suddenly with pain in the throat, stiff neck, enlarged glands at the angles and in both triangles, epigastric pain, suffocating feeling, palpitation, and a temperature of 103° in the armpit. On examining the mouth the tonsils were swollen and red, but more particularly on the left side (by a strange coincidence the left side is nearly always the more severely affected), which was bulging. On the third day this swelling burst and discharged pus and blood, and left a ragged opening. The heart was 140, and the first sound in the mitral area was not clear; but this was not seriously considered, for the patient is somewhat "nervous." This may have been a mistake on my part, and the heart condition may have been part of the general disturbance. The swelling at the angles of the jaw rapidly subsided, but in the case of the glands along the sterno-mastoids the subsidence only took place gradually and only after a few weeks. The convalescence was prolonged.

In all the cases the tonsils played an important part, and they may have been the seat of entry of infection. I can now recall several cases of a mild nature having occurred in families, so that the disease may be of a nature which is communicable from person to person; and I now see cases in which stiffness along the sterno-mastoids is complained of, and on examination tender glands are discovered near the muscle. Are they late cases of the kind now under review? They disappear on being treated with organically combined iodine and massage.

THE will of the late Mr. Walter Whitehead, consulting surgeon to the Manchester Royal Infirmary, has been proved at £176,892 net. Among the bequests are £250 to the North Wales University College, and an annuity of £20 to the Manchester Royal Infirmary for the Bradley scholarship.

WE learn from the *Australasian Medical Gazette* that in order to promote research in cancer Mr. John Grice, a member of the Melbourne University Council, has offered a sum of £1,000, to be spent at the rate of £125 a year, to establish a scholarship for work at the University and the Melbourne Hospital. The State Government makes an annual grant of £1,000 to the University for research purposes, and the Minister of Education recently conferred with Dr. MacFarland (the vice-chancellor) and Dr. J. W. Barrett, and agreed to raise the amount to £1,125 for three years, so that the extra £125 could be devoted to cancer research during that period.