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ACUTE FEBRILE CATARRH ASSOCIATED WITH INFLAMED GLANDS OF HEAD AND NECK.

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THE main point of interest which concerns the condition treated of in these remarks centres in the fact that they refer to a definite and specific form of disease which apparently has hitherto escaped adequate recognition and is certainly accorded no position in our official nomenclature of disease.

The symptoms suggest that the disease is the result of a general infection of bacillary origin, with local manifestations, confined to the glands of the head and neck. It begins absolutely suddenly, with rigors and pain in the back, pyrexia, rapid pulse, and profuse sweating. The temperature rises to 103° or 104° F., the pulse to 130, the tongue becomes coated, the urine is high coloured and scanty, and there is intense headache. So far this resembles the invasion of atypical influenza, but within twenty-four hours the headache changes in character, and is replaced by a series of exquisitely tender areas over the whole scalp, and each area is soon felt to correspond with an inflamed gland. The patient generally complains of painful bumps, and examination reveals a series of enlarged glands, varying in size from a pea to a chestnut, over the frontal region at the beginning of the hairy scalp; over the occipital region and the posterior cervical glands. At the same time there is usually a fully developed acute tonsillitis of a simple type. The disease easily yields to treatment, and runs its course in a few days. The febrile symptoms subside, the headache diminishes in intensity, and the painful glandular enlargement, which is pathognomonic of the condition, gradually disappears, leaving the patient somewhat prostrate. There is little to distinguish the whole course of an attack from an acute febrile catarrh, except this distinctive and unusually-localised glandular affection. It is difficult to recall any pathological state wherein enlargement of the minute lymphatic glands of the frontal and vertex regions of the scalp exists. We are, of course, familiar with the enlarged suboccipital glands in impetigo and morbus pediculosis, and the enlarged posterior cervical glands of secondary syphilis. The former, however, is a distinctly local affection, and the latter is a manifestation of a general toxæmia of a more acute, but still essentially similar, nature to that of tuberculosis or lymphadenoma. The peculiar glandular inflammation herein described may therefore well claim an independent position in the nosology of disease, having an acute well-defined onset running a definite course with unequivocal physical signs. The morbid process is probably that of a general infection. The *materies morbi* becoming arrested in the glands of the scalp, its nature and point of invasion are matters of speculation. Most glandular enlargements are associated with well-ascertained specific causes. On the other hand we have the glandular inflammation of parotitis, which is the only local manifestation of an acute specific fever, and we have an orchitis of a similar nature. These represent acute inflammation of glands of unknown etiology, with sudden onset and rapid subsidence, but as they do not concern lymphatic glands their analogy with the condition described in this communication is imperfect, but the morbid processes must necessarily be similar.

During the last three years at least six cases of this acute inflammation of the scalp glands have come under my notice, and one of them merits detailed description owing to the extraordinary tendency it displayed to relapse.

The patient is a lady aged 35 years, who until 1895 had good health. On January 18th she had what appeared to be an ordinary attack of influenza

with pains in limbs, headache and sickness, and temperature 104°. The symptoms abated in a few days and rapid convalescence ensued. On January 26th, soon after leaving her bed, a relapse supervened with similar symptoms. Subsequent relapses occurred again on February 9th, 16th, March 1st and 10th, and another during April, in each attack the headache was agonising and the sickness very distressing. And each attack was accompanied by a series of inflamed and enlarged glands, mainly over the occipital region, varying in size from a pea to a filbert nut, and exceedingly tender. In all the patient had fourteen similar attacks, the last being on October 28th, 1896. She was then three months pregnant, and she remained free until April, 1898, when she suffered another attack precisely similar in all details, the enlarged lymphatic glands in the scalp being the most prominent feature.

The extraordinary tendency of this case to relapse suggested a malarial origin, but no antecedent history of this diathesis could be ascertained in this or in the other cases, and the exhibition of quinine did not prevent the recurrence of the attacks. On the whole it presents the closest analogy to epidemic catarrhal fever or influenza, which for some undetermined reason attacks especially the glands of the head and neck, as other varieties attack the lungs, nervous system, or intestines. The classical accounts of this disease do not, however, mention this peculiar manifestation. The only references to a similar condition in recent literature contain an epidemic of acute catarrhal fever associated with enlargement of the carotid lymphatic glands, which prevailed in Eastern Ohio from 1893 to 1896, described by Dr. Park West; and a glandular fever of childhood affecting mainly the cervical glands, reported by Dr. Dawson Williams.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

EPISTAXIS—A SIMPLE METHOD OF TREATMENT IN SOME CASES.

EPISTAXIS may of course be caused by many surgical affections of the nasal cavities. These require their appropriate treatment; for such cases I do not propose to make any suggestion. In many, however, apparently the cause is not strictly merely local, but is due either to the condition of the blood or to some degeneration of the coats of the blood vessels. In some of these cases I have found a simple application successful, when, as sometimes happens, position—local application of astringents, hot water douches, and pressure have failed. Sometimes too as in the country, astringents and other appliances are not at hand, and under such circumstances I would suggest the trial of the application to the back of the neck of very hot poultices, which I have found useful on more than one occasion. I am quite aware that the use of hot water bags to the spine has been proposed, and I presume they act in the same way as hot poultices, but hot water bags are not often at hand, whilst hot poultices can readily be obtained in the poorest houses and most remote districts. I have used linseed meal to make the poultices, but any other heat-retaining material would do equally well. The rationale of the success of the method is the effect produced on the vessels through the vasomotor system.

I may quote shortly one case in illustration. Many years ago I was asked at 7 A.M. to see an old lady whose nose had been bleeding for three hours. I found her very weak, and the bleeding not severe, but continuous. Local pressure and astringents had been tried without success. I applied a very hot linseed poultice to the back of her neck, and the bleeding at once stopped. This lady subsequently went to the country, and she informed me that when she again got a return of the bleeding, and it continued any time, she doctored herself successfully by the application of the hot poultice. The bleeding in her case was evidently due to degeneration of the coats of the blood vessels; she had a rigid radial artery.

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TRAUMATIC APHASIA.

IN connection with the case related under this heading in the BRITISH MEDICAL JOURNAL of November 19th, I wish to put briefly on record a case which resembles that in the substitution of a less familiar language after a brain injury.