Clinical Notes

EPIDEMIC OF GLANDULAR FEVER.

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Beginning the latter part of November, 1904, and continuing until March, 1905, there prevailed among the patients and employes at the Northern Indiana Hospital for Insane an extraordinary epidemic of glandular fever (synonyms: acute cervical adenitis, Drüsenfieber; *fièvre ganglionnaire*). This epidemic was extraordinary, not only because of the large number of people affected (150), but also because of the age of the victims. All authorities agree that this is essentially a disease of infancy and childhood, but all of the 150 cases treated in this hospital occurred in adults.

This disease was first described by E. Pfeiffer, in 1889, although cases had been noted and incompletely studied some years before.

J. Park West, of Bellaire, Ohio, reported an epidemic of 96 cases, all occurring in children, and J. R. Clemens¹ reports 16 cases occurring in a boys' orphan asylum, and there have appeared, from time to time, reports of small epidemics affecting only children.

The literature on this subject is scarce, although Boggs, in Osler's latest work, devotes three pages to it, and Hare also gives one page to its consideration. Holt, in his work on pediatrics, does not mention the disease, but Graetzer and Sheffield devote a part of one page, based on Park West's account, considering it a disease of childhood only, adults being affected rarely, if ever.

In the cases observed here the ages ranged from 18 to 80; both sexes were affected about equally, and the occupation and mode of living seemed to have no influence, as those who spent almost their entire time indoors and those whose occupation kept them in the open air, those who led sedentary lives and those who did physical labor were alike attacked.

The portal of entry of the specific etiologic factor, which is as yet unknown, is generally conceded to be the mouth and pharynx, although Boggs states that "Van Starck emphasizes the importance of the constipation and gastrointestinal symptoms, and considers that the disease is an autointoxication primary in the intestinal tract." This latter view does not coincide with the conclusions reached here, as gastrointestinal symptoms of sufficient severity to attract particular attention were the exception and not the rule.

There was great diversity in the mode of onset and severity. In some cases the disease came on insidiously, with a slight elevation of temperature, anorexia and general ill feeling and slowly increasing swelling of the submaxillary and cervical lymphatic nodes, making movements of the head difficult and painful.

In this class of cases the glands did not become larger than a hickory nut, the temperature did not reach higher than 100 F., and, although there was usually some headache and general malaise, yet many who had this mild form of the disease were not at any time incapacitated for duty. On the other hand, the severer types were announced by a rigor and a rapidly rising temperature to 103 degrees or higher, intense "splitting" headache, pharyngitis and muscular soreness, and pain in the back and legs. Often the cervical lymphatics would swell to the size of a guinea egg in the course of twenty-four hours, and movements involving

the muscles of the neck would be exceedingly painful if not impossible. In some cases in which the swelling was not great, the glands remained discrete, but in others they became glued together and the entire side of the neck would present a great swollen mass with no individual glands palpable. In the majority of cases, the disease was unilateral, but in many instances both sides were involved, the left side first, the right side becoming involved during defervescence of the left or after complete recovery.

Differentiation from mumps, the only disease with which it is likely to become confused, is always easy, as the parotid glands are not involved.

Suppuration, mastoiditis, middle-ear disease and nephritis, all mentioned by the authorities as frequent complications in children, were not present in any of the cases; in fact, there were no complications, the disease running its course in from ten days to two weeks and subsiding by lysis, leaving no trace of its presence, except in a very few instances, when the swelling persisted for three or four weeks.

Treatment was symptomatic. Antipyretics, laxatives and local applications of iodized carbolic acid (N. F.) was the usual course. No drug employed had any apparent influence on the course of the disease.

CONCLUSIONS.

1. Glandular fever may and does affect adults, and is not a disease of childhood only.
2. Sex, age and occupation have no influence.
3. In adults complications and sequelæ are rare.
4. The prognosis is favorable.

MICROPHTHALMUS

WITH EXTENSIVE COLOBOMATA AND OTHER CONGENITAL DEFECTS IN BOTH EYES.*

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The explanation of such abnormalities as the following is undoubtedly to be found in interference with complete closure of the fetal ocular cleft, located at the lower side of the secondary ocular vesicle, and designed for admission of the mesoderm. There is no agreement of opinion as to the cause of the interference with the normal closure of this cleft. By some it is attributed to abnormal persistence of the mesodermic tissue; by others, to fetal inflammation in the region of the cleft. The influence of heredity has also been noted. Lang and Collins prefer to ascribe the defect in chorioidal coloboma to an abnormal adhesion of the retina to the mesoblast. When this occurs before the retinal fissure closes, the coloboma is devoid of retinal elements; but when it occurs later, the retina is present and there is no scotoma corresponding to the colobomatous area.

In some cases of microphthalmus, and of spurious anophthalmus, there is found an attached cyst, usually recognized through the lower lid. This cyst is filled with a serous fluid and often contains true retinal elements. In this connection it is worthy of mention that cases of true anophthalmus are exceedingly rare. In most so-called cases a misplaced rudimentary eyeball may be found, even as far back as the apex of the orbit, and only discoverable by careful dissection.

1. Brit. Jour. of Children's Dis., London, December, 1907.

* Read at a meeting of the Section on Ophthalmology, College of Physicians of Philadelphia, Jan. 16, 1908.