

So marked is this enlargement that at first sight one would be inclined to at once come to the conclusion that it is a case of Hodgkin's disease. The very considerable increase in the number of the white-blood cells, together with the increase in size of both spleen and liver, make it more probable that the case is one of lymphatic leukæmia. Osler, in his article on leukæmia, in "Pepper's System," says that when the white cells increase to such an extent as to bring about a proportion of one white to fifty red, then we have to do with leukæmia. He draws particular attention, however to the variableness of this proportion from day to day. A case, therefore, might be diagnosed one day as lymphatic leukæmia and another day as Hodgkin's disease, if we were to rely solely on the proportion which the cellular elements of the blood bear to each other. There are cases, and the one exhibited belongs to this class, where it takes some time to come to a conclusion whether we have to do with lymphatic anæmia or Hodgkin's disease. Is it possible that a case of Hodgkin's may end in what we call lymphatic leukæmia.

Dr. BELL referred to cases which he had seen in hospital. Cases of Hodgkin's disease lived many years; those of leukæmia died within two years. He thought the present one a case of leukæmia in an early stage.

Dr. SHEPHERD spoke of difficulty in diagnosing between Hodgkin's disease and scrofulous glands of the neck.

Dr. A. LAPHORN SMITH referred to a case of *Torticollis*, previously shown, saying that a history of syphilis had been found. He also exhibited a case of doubtful psoriasis following vaccination. The eruption came out a year ago, soon after the patient had been vaccinated.

Dr. SHEPHERD regarded the case as one of eczema.

Dr. MILLS said that the case was of interest, because of the recent evidence that lymphatic glands are producers of red blood corpuscles, and this case would support it from the pathological side.

*Case of Leprosy.*—Dr. SHEPHERD exhibited the case, occurring in a man aged 19, a native of Trinidad. He had a well-marked tubercular eruption on the face and hands, and a copious macular eruption on the legs and buttocks. The maculæ were of the size of ten cent pieces, of a bronzed color, and showed some infiltration. The fingers of both hands were crooked and swollen, and

patient could not use them. The claw-like appearance of the hands was very marked. Large bullæ were seen on the hands and wrists, which when evacuated left troublesome ulcers. The patient's face was very characteristic of leprosy, the thickened tissues, dull expression, and tubercular nodules, also loss of eyebrows, and injected conjunctiva, gave the individual an appearance *sui generis*. There were also a number of anæsthetic patches, viz., on the inside of each thigh with atrophy of the skin on right elbow, and on dorsal surface of fingers and toes. The anæsthetic patches have only appeared within the last year. The right ulnar nerve could be easily felt, and was slightly enlarged. The mucous membranes were not affected. The patient had been in this country four years and had been treated for syphilis; he came to Canada by the advice of physicians who thought his disease would improve in a colder climate. He was affected with the disease two years before he left Trinidad; the eruption was then principally on the chest, and disappeared with the use of chaulmoogra oil internally and externally. He said the disease is common in Trinidad, and exists chiefly among the Portuguese. There was no history of leprosy in his family. Dr. Wyatt Johnston had excised one of the tubercles on the nose and had obtained from it the bacilli of leprosy in abundance, a beautiful preparation of which was shown.

Dr. MILLS said that in the skin, as in the eye, it had been demonstrated that blind spots occurred, and thought it would be interesting to see if these corresponded with the anæsthetic areas in leprosy and in other pathological conditions.

In answer to Dr. SMITH as to whether the disease was contagious, Dr. SHEPHERD said that, like syphilis, it was inoculable, but not contagious. Leprous men have lived for twenty years without conveying it to their wives. It was hereditary; usually skipping a generation. Great diversity of opinion exists as to the contagiousness and the heredity of the disease. This is well shown in the reports from the different leper stations.

*Cases of Cancer of Pylorus.*—Dr. JOHNSTON showed two cases. The first case was from a woman aged 49, a patient of Dr. T. A. Rodger. She always was dyspeptic. A distinct tumor was felt in right hypochondriac region about a year ago. Symptoms of gradual exhaustion were experienced, accompanied with dilatation of the stomach. At the autopsy, the pylorus was found involved