

changes in the diffuse adenoid tissues of the body, it should be subdivided into lymphoma (pseudoleukaemia of some authors) and lymphosarcoma.

A few words will suffice to explain the features of the pseudo-leukaemic enlargements of the glands of the neck (which are best differentiated entirely from "lymphosarcoma"). The microscopic section shows a dense aggregation of small round cells, with very little fibrous tissue and entire loss of structure of lymph-node. This class of case may be, and has been, incorrectly called small round-celled sarcoma. Scrapings of the gland stained by blood-staining methods demonstrate the real nature of the constituent cells.

Lymphosarcoma of the glands of the neck. Some of the cases so described in the literature are nothing more than malignant granuloma. Others are identical with the pseudoleukaemic type already described. Others, however, occur where the tissue is almost entirely made up of large multinucleate cells and a sprinkling of lymphocyte-like cells amongst them. The multinucleate cells give the tissue an appearance somewhat recalling that of myeloid sarcoma, but the nuclei in the giant cells are few in number and large in size in the case of lymphosarcoma.

2. The examination of the blood-film. The red cells show changes in number in all the conditions referred to, and the color index is lower than unity. The total white cell count varies so much that definite rules become impossible. In pseudoleukaemias there is a tendency to absolute and relative increase of the neutrophile leucocytes, though the variation of these values with the periods of pyrexia, which tend to occur, indicates that the leucocytosis is of secondary importance. A very decided increase of the lymphocytes, especially if they were all abnormally large, would point to lymphemia (lymphatic leukaemia), but this diagnosis would have been made before a test-excision had been undertaken. The histological appearances would be identical with those described for pseudo-leukaemia. A moderate grade of lymphocytosis may be expected in the simple chronic inflammatory cases, but in lymphosarcomas there is sometimes a relative increase of the large mononuclears, as well as of the lymphocytes. The increase of the lymphocytes and the finding of unusual forms of the same (senile types, meso-lymphocytes, lymphocytoid large mononuclears, etc.) would be expected in the malignant granulomas. The details of analysis of blood cell counts on this plan cannot be dealt with in the limits of this paper.

3. The examination of the bone-marrow. This was advocated by Ghedini, who performed many exploratory punctures of the