

true round-celled sarcoma is very likely unknown in this situation, though the presence, microscopically, of a formless arrangement of absolutely similar cells, with scanty supporting tissue and vascular clefts, in place of true vessels, would be suggestive of this kind of tissue. Careful search would probably reveal the presence of some oat-shaped cells amongst the round cells. The cell characters are sufficiently definite; a small cell, with abundant cytoplasm, which stains rather strongly with acid dyes (eosin, erythrosin), a well-defined central nucleus which stains feebly and shows distinct chromatic nodal points.

There is a form of tubercle in which the lymph-node presents not giant-cell systems, but marked hyperplasia of the trabecular tissue and of the endothelium lining the perifollicular sinuses. It is doubtful whether this is not really a form of Hodgkin's disease, and search should be made for other evidence of the latter condition.

We may assume that the true histological picture of Hodgkin's disease is fixed at the type described by Andrews and Reed independently in 1902. The presence of many giant-sized cells, of eosinophiles, and partial or complete loss of gland structure, are the essential points. These cells are arranged almost in a heterogeneous medley, though the different kinds of cells are frequently herded together in different fields of the section. This picture, so suggestive of a granulation-tissue formation, is better labelled "malignant granuloma," the prefix indicating the malignant course of the disease, and that the prognosis is more serious than is generally supposed. The frequent association of the condition with a mass in the mediastinum would point to the presence of the latter, even though it produced only slight physical signs; it would also suggest implication of a persistent thymus. The histological characters of the form which may be expected to erode the neighboring bones and produce serious complications will be referred to later.

In a sense, there is nothing to be gained by making a diagnosis of "malignant granuloma" rather than of "sarcoma" or of "Hodgkin's disease, terminating in sarcoma." The gain lies in the more correct conception which is obtained by classifying this type of disease with the blastomycoses and other mycoses, and thus separating it off from the pseudoleukaemias. The distinction of the two varieties of Hodgkin's disease was drawn attention to by Martin (*Journ. Med. Res.*, 1901, p. 249), who classified them as infectious granuloma and lymphosarcoma, respectively. Since the latter condition is sometimes associated with simultaneous development of