

upper lip to the lobe of the opposite ear is $10\frac{1}{2}$ inches.

(II.) Distance apart of most prominent points on opposite sides (measured by calipers) is $7\frac{1}{4}$ inches.

The glands along the sterno-mastoid and clavicle are also enlarged. The axillary glands are also affected, but it is only lately that the inguinal glands have become involved in the morbid process. The thyroid body is also enlarged, both lobes being about equally affected. The most careful physical examination failed to detect any enlargement of either the spleen or liver.

A drop of blood examined under the microscope presented a great increase in the number of white blood corpuscles—from 60 to 80 could be easily counted in a field; their size was not much if any larger than normal white cells, being in marked contrast in this respect to the white cells of the preceding case. We could not decide that the red cells were less in number than they should be, though from the investigations made on this point by those who have paid special attention to this subject it is probable that there is always a positive decrease in their number in this disease. They appeared natural in form, but formed imperfect ruleaux. She is troubled with an asthmatic cough and dyspnoea. These two symptoms although always present, are much aggravated when she takes a "cold." Hissing, sibilant rales are heard all over the chest, they are loudest in the inter-scapular region. There is no change in the resonance in the latter situation, but a slight degree of dulness can be detected over the first bone of the sternum. There is no venous hum * heard over the manubrium. The pulse is 80 and regular. There is nothing abnormal found in connection with the circulation, except that there is distension of the cervical veins. The following treatment was ordered. The red oxide of mercury ointment is to

be applied to the cervical glands—over a very small space at a time. She is to take four minims of Fowler's solution three times daily.

November 4th. There is no noticeable difference to be detected in the size of the enlarged glands. Examination of the blood shows about the same proportion of white corpuscles as on her former visit. The spleen and liver were again carefully examined, but no enlargement of either can be detected. She is troubled as formerly with a spasmodic cough, but says she breathes easier.

November 30th. Patient reports herself better in general health. Breathing is not much interfered with. The enlarged glands have diminished a little in size, the following measurements were taken to-day.

(I.) From the lobe of one ear passing over the upper lip to the lobe of the opposite ear is one inch less than it was when first measured.

(II.) Distance apart of most prominent points on opposite sides is three-quarters of an inch less than it was formerly.

January 4th. Breathing is very free. No appreciable difference in the measurements.

February 1st. Patient says she has taken a cold. The breathing is very difficult, and is attended by a "TRACHEAL STRIDOR" heard several feet from her. Measurements are increased—being greater now than they were at first. The axillary glands have also increased in size since her last visit. She says the glands in her neck commenced to swell a few hours after her return home from her former visit to us, and in forty-eight hours had attained their present dimensions.

There is no difference to be detected in the number of white blood cells. The face has a cyanotic hue. The cervical veins are considerably swollen. The voice is whispering. This was the last visit she paid to us. She died shortly afterwards—asphyxiated.

REMARKS—It is well known that glandular enlargement is not always attended by leucocythæmia, and that there is a condition which can be distinguished from this disease only by the absence of an excess of white corpuscles in the blood. This condition is called Hodgkin's disease by Wilks, adénie by Trousseau. Hodgkin who was the first to describe it, named it *lymphatic anæmia*. It resembles the lymphatic form of leucocythæmia in its slow and insidious outset; in the organs attacked

* Dr. Eustace Smith describes (Lancet, August 14th, 1875) a *venous hum* which is produced in children with enlarged bronchial glands. It is heard by placing the stethoscope over the manubrium, and at the same time making the patient turn back the head so that his face becomes almost horizontal. "The explanation of this phenomenon I believe to be that the bending backwards of the head throws forward the lower end of the trachea, which carries with it the glands in its bifurcation, and the left innominate vein, as it passes transversely behind the first bone of the sternum, is compressed between the enlarged glands and the bone."—(Smith). The absence of the hum in the present case is likely owing to the adherence of the glands to the bone, so that the trachea in its ascent could not carry them up. Dr. Smith saw a case where this occurred, it was a boy who had lymphadenoma. There was dulness over the manubrium, but no venous hum. After death, the enlarged glands were adherent to each other and to the sternum. The alteration in the position of the trachea when the head was bent back, had no effect on the position of the glands.