

granules. Liq. arsen. and Vin. Ferri were ordered.

On 26th and 27th she vomited a good deal, the vomited matters containing small black fibrinous clots; similar clots keep forming in the mouth. Respiration, sighing. Cervical glands greatly reduced in size. Temperature 100.4° F.; pulse 124.

Vertigo, of which she has complained for a few days, has disappeared. An examination of the blood showed about the same number of red corpuscles while scarcely any white could be found. 30th.—Death occurred to-day, with signs of heart failure.

Autopsy five hours after death. Only a partial one was permitted.—Emaciation moderate. A few hemorrhagic spots on arms. The cervical, axillary and inguinal glands vary in size from a pea to a filbert. They are all hard, the cervical being in the same condition as the others. Very little blood in the vessels. Lungs healthy. About 2 ounces fluid in pericardium. Heart of normal size, surface thickly studded with hemorrhagic spots, giving it a mottled appearance. Small, partly discolored clot in right ventricle; valves healthy. Liver slightly enlarged and pale, no appearance of lymphoid growths seen. Spleen about twice normal size; structure healthy. Surface of small intestine has a grayish, mottled appearance, from enlarged Peyers' and solitary glands; kidneys and suprarenal glands, healthy; retroperitoneal glands enlarged and hard.

These two cases, though presenting such strong contrasts, are, nevertheless, I think, examples of the same disease. They serve to illustrate the extremes of the phenomena presented in Hodgkins' Disease; in the one the local glandular changes first attract attention and predominate throughout the course; in the other case the anæmia and debility were the chief symptoms, except during the few days the cervical glands were so greatly enlarged. In Patrick's case the disease ran the typical course, beginning with enlargement of the cervical glands, the usual seat of initial lesion, and gradually spreading till nearly all the glands became affected, some of them attaining great dimensions. Accompanying the gland changes was the progressive anæmia. Grace Waterman's

case presents a rare and interesting phenomenon in the disappearance of the leucocytal excess simultaneously with the sudden disappearance of the enlargement of the cervical glands. It is to be regretted that the case did not come under observation earlier, so that the condition of the blood could have been ascertained before the rapid enlargement in the cervical glands occurred. It is probable, however, that there was little, if any, excess in the white corpuscles, and that the great increase found was due to and derived from the rapidly enlarged glands. A very limited number of glands may induce a leukæmic state of the blood.* This case appears to be a striking illustration of the truth of that statement. It is not unusual for enlarged glands to undergo a remarkable reduction in size during the last few days of life both in leukæmia and Hodgkins' Disease. And a case may present the greatest variation in the number of leucocytes in the blood from day to day, but I am not aware that any case has been recorded in which there was such coincidence in the reduction of enlarged glands and the complete disappearance of leucocytal excess as was observed in this case. Cases of Hodgkins' Disease are recorded in which the blood has suddenly become leukæmic before death; also cases of leukæmia in which the leucocytic state of the blood has disappeared while all the general symptoms persisted.†

Goodhart reports a case of remarkable variation in the ratio of white and red corpuscles from day to day. At the first examination the ratio was 60 white to 100 red; a week later 72:100; three days later 18:100; and after a few days more the ratio was normal. In this case the spleen was enlarged, and the liver and kidneys contained lymphoid growths.‡ Such cases show the necessity of repeated examinations of the blood in order to be fully cognizant of the changes it may be undergoing. They also indicate the essential unity of Hodgkins' Disease and leukæmia or leucocythemia. It would probably be well were they treated as

* Gowers in Reynold's System; Am. Ed., vol. iii., 511.

† Osler in System of Pract. Med. by Amer. Authors, vol. iii., 895.

‡ *Lancet*, 1876, Vol. 2.