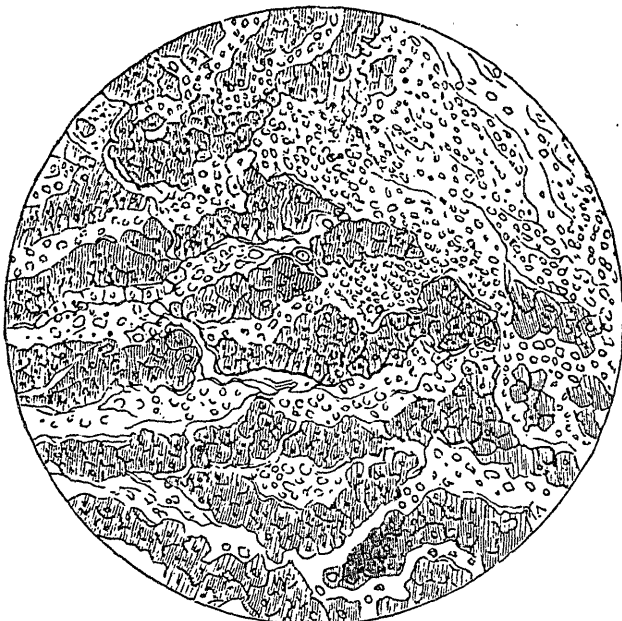


The deposit in the liver was both localized and diffused, as is shown in the accompanying diagrams. They seem to have been found first in Glisson's capsule, and to have been extended towards the centres of the lobules. In some places the hepatic cells had undergone fatty degeneration. The action of the lymphoid growths on the healthy liver structure resembled very much the hypertrophy of connective tissue in cirrhosis.

The spleen, so far as we were able to judge, was healthy. If there were any lymphoid

cupied by enlarged glands. It will also be noticed in his case that at the onset of the disease, he suffered from most excruciating pains in the limbs. Whether these were caused by any change in the bone structure or not, could not be determined, as no examination was made. It is possible that lymphoid deposits or growths were taking place beneath the periosteum, or in the medulla, at the time. One of the ribs was examined but no pathological changes were found.

In Case II. the diarrhoea, from which the



[FROM A DRAWING BY DR. NEVITT.]

deposits or growths they must have been very slight.

These deposits or growths were also found in the lymphatic glands. The walls of the intestines were not examined.

In Case I. the blood presented corpuscles of different sizes, as has been already described. In Case II. there was not so much difference, the majority being of the normal size.

The clinical histories of both cases were of a typical character. There were, however, in both some peculiar symptoms which preceded the onset of the disease by many years. The first patient suffered for years from violent attacks of pain in the region of the stomach. The situation of the pain was afterwards oc-

patient suffered for years, may perhaps have been due to some tissue changes going on long before the apparent onset of the disease. The question arises whether this may not be a much more protracted disease than we have hitherto supposed, and whether in such cases a diagnosis might not have been made much earlier if the blood had been examined.

The anæmia was much more marked in the lymphatic than in the splenic case. With regard to the causation of this disease, these cases throw very little light. In neither was there any hereditary weakness. In the second case it is possible that hardship endured during his apprenticeship may have been a predisposing cause. The occupation of the first