

normal, so far as the leucocytes were concerned; in other words, the symptoms pointed definitely to acute Hodgkin's disease.

The blood examination on his admission revealed 3,166,000 red cells, 8,000 white, and 42 per cent. of hæmoglobin. For the first two weeks after his sojourn in the hospital his general condition improved, the leucocytes were not markedly increased at any time, nor were there any other notable changes. Suddenly, however, on the fifteenth day after entry, there was a marked change, with increased fever, recurrent hæmorrhages from the nose, and the blood examination within two days showed over 60,000 white cells to the c.mm. This leucocytosis persisted for a week, his condition otherwise getting progressively and rapidly worse. Life was prolonged but for one week more, and during that period the leucocytes again diminished in number, returning in about two days to normal, and on the day previous to death an estimate showed merely 14,000 to the c.mm. It was observed, too, that the uric acid increase in the urine was coincident with the subsiding leucocytosis.

In the illness then, which lasted in all about six weeks, there was a period where undoubtedly all the typical signs of acute leukæmia were present, while on other occasions the examination revealed the usual classical symptoms of acute Hodgkin's disease. Nor is this merely a sequence of a leukæmia upon that of Hodgkin's disease, inasmuch as later the symptomatology had returned again to that of the original malady.

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