Many nucleated red cells were seen, mostly normoblasts, with a few megaloblasts. There was a marked poikilocytosis. The general blood count gave the following result: Red cells, 1,595,000; white cells, 17,300; that is to say, a ratio of 1 white to 94 red cells. For several days subsequently there was marked general improvement, and the blood count showed 2,030,000 red cells, 34,000 leucocytes, hæmoglobin 42 per cent. On December 20th the patient, who had for the previous couple of days seemed weaker, manifested some new symptoms. Two rapidly-growing subcutaneous nodules appeared on the forehead, one of them being distinctly tender, and bleeding from the nose again ensued, necessitating plugging.

For the next three days the patient became distinctly worse; severe epistaxis continued, which was barely controlled with the greatest efforts. The dulness over the sternum increased in size and intensity, larger nodules could be felt in the region of the retroperitoneal glands about the abdominal aorta, and in general the patient's whole condition was that of one moribund. Cultures from the blood were taken, but remained sterile. Examination of the blood on this, the last day of his life, showed a very much more marked leucocytosis, the lymphocytes being almost in excess of the red blood cells. Throughout the whole course of his stay in the hospital the temperature had assumed an irregular intermittent type. The patient died on December 23rd, less than nine weeks from the onset of his illness.

The case, then, as observed, is of interest in more than one particular: in the first place as illustrating the difficulties of diagnosis between leukæmia and Hodgkin's disease. With a leucocytosis, which varies from a proportion of 1 to 75 up to 1 to 120, or even more, it will seem scarcely justifiable to make an absolute diagnosis of lymphatic leukæmia, particularly when we know that occasionally the blood in Hodgkin's disease may assume exactly that condition, the leucocytosis being of the lymphocytic variety. Myelocytes were not present. The presence of numerous nucleated red cells will to many suggest the diagnosis of leukæmia, although such a condition might occur in the most varied forms of disease which produce hæmolysis. Among other points that may be of interest in connection with this case is the mode of onset, which corresponds with that described by Hinterberger (18) and others as showing the essential nature of such