

The spleen continued to enlarge until almost to the middle line: surface measurement was 11 1-2 inches by 7 inches; towards the last quite tender to touch. The liver increased in size very rapidly, until it reached the umbilicus almost.

No enlargement of lymphatics or any part detected until the disease was well advanced; then the cervical glands became slightly enlarged. Following this there was slight increase in size in the inguinal group, and later a nodule formed on the back of the tongue. This increased rapidly, and at the time of his death, five days after leaving the hospital, I was informed by his family physician that it was as large as a hazel nut. Palpation failed to discover lymphatic enlargement in the abdomen. There was no ascites or anything to lead one to infer that there was enlargement of any of the deeper glands; as, for example, in the gastro-hepatic omentum or iliac groups. The degree of lymphatic enlargement even at the last could only be termed slight. I emphasize this point, because I have already mentioned the fact that in every blood examination there was found a great excess in the small mononuclear or lymphocyte variety of white corpuscles. From the blood examination, one would have expected great disturbance in the lymphatic structures, instead of in the spleen and liver. Myelocytes were rare. The polymorphonuclear were of course greatly diminished. No nucleated reds discovered; no change noticed in the red cells. The last examination showed fully 90 per cent. lymphocytes; fields frequently contained no other variety.

The patient became paler and weaker; appetite remained good, sometime quite ravenous. He took milk in large quantities with his food. On several occasions he had free nose-bleed. These hemorrhages were easily controlled by plugging and application of adenalin solution. Intellectually he was exceedingly bright to the last. The urine gave a decided Diazo reaction at first; later there was a diminution in quantity, with albumen and casts.

Patient left the hospital on December 1st, and died on December 5th. His pulse before leaving the hospital was about 115 and small. Heart sounds were weak, but no murmur detected while in bed.

The features of the case are: (1) The exceedingly brief course of the disease, exactly one month; (2) the possible connection between the origin of the disease and the urethral discharge and subsequent balanitis which immediately preceded the onset of the illness; (3) the fact that he was beginning his course as a medical student had engaged him in work which exposed