variety. Within a week after admission the patient died, having developed nodules in the skin, high fever, progressive asthenia, repeated hæmorrhages, and showing shortly before death a still more marked mononuclear leucocytosis. A diagnosis of leukæmia was made, though the necropsy revealed a primary sarcoma of the cervix uteri.

In another patient the condition was somewhat similar. She was admitted because of hæmorrhages from the stomach and purpuric spots upon the trunk and limbs. The course of the disease was progressively severe up to her death, two weeks after admission. The examination of the blood had revealed a ratio of white cells to red of 1 to 21, the leucocytes being chiefly of the lymphatic variety. From our experience of the other case just mentioned, and from a few similar instances recorded by Fagge (10), the diagnosis of sarcomatosis was made and verified at the necropsy, the primary lesion existing in the ovaries. It would have been natural under the ordinary conditions to have made the diagnosis of leukæmia were it possible to regard the blood examinations as a reliable means of diagnosis in all cases. Some instances recorded by Fagge are practically identical with the two just described, and while the author has already published them as instances of sarcomatosis, Ebstein, in his classical work on leukæmia, considers Fagge to be in error as having confused sarcomatosis and true leukæmia. Our own cases, however, not only aid in bearing out the diagnosis made by Fagge, but would seem to further emphasise the great confusion to which we are liable on attempting to distinguish any of the various lymphomatous diseases by an examination of the blood alone.

We have observed, too, an instance bearing a similar instructive lesson in the wards of the General Hospital some years ago—a case which has since been put upon record by Professors Adami and Finley (11). The patient referred to was a girl, aged 11, who was admitted to the hospital on account of a violent hæmatemesis. An examination revealed great anæmia and a ratio of the white cells to the red which bordered on the line between leukæmia and leucocytosis. The spleen was very much enlarged. After a few days' sojourn in the hospital the patient died, presenting the typical morbid anatomical changes of leukæmia or of Hodgkins' disease, the diagnosis in such a case being absolutely impossible. Nor are the multiple lymphomata the only diseases which may be followed by this so-called