

volvement of the thoracic duct, with enlargement of the left supraclavicular glands, occurred. Herbert E. Durham, in the same issue, mentions another possible means of involvement of these glands, viz., where the peritoneum has been invaded the infection may be carried by the lymphatics passing up behind the costal cartilages. He refers to some experiments on peritoneal infection in animals, in which the spread was shown to take place rapidly through these channels. It does not appear, however, how this route of transmission can explain the greater tendency to invasion of the left, as compared with the right supraclavicular nodes.

Having, like Dr. Moorehead, been under the impression that enlargement of the supraclavicular lymph nodes by way of the thoracic duct, was not uncommon in intra-abdominal tumors and that its clinical significance was generally recognized, I was surprised to learn that so few cases have been recorded. I wish, therefore to briefly report two cases coming under my observation:

CASE 1.—Enlargement of the left supraclavicular glands in a case of disseminated crude tubercle of the liver.

C. R., aged 59, farm laborer, admitted to St. Michael's Hospital, under my care, November 29th, 1899.

Family history was unimportant. Patient took alcohol occasionally and used tobacco in moderation. Had never suffered from any serious illness except influenza four years previously.

Two months before entering the hospital patient had been working in a cold, damp silo, when he contracted what he considered to be a severe cold, with chills and fever. The latter had been recurring every morning between one and three o'clock, the shivering lasting for about an hour, followed by fever and profuse perspiration. Feeling exhausted he would then fall asleep; next day he would be dull and stupid.

Temperature ranged from 99 deg. to 104 deg. Patient slept well, but showed considerable emaciation and complained of feeling very weak. He suffered no pain, but could not breathe deeply without some discomfort. Examination of the circulatory and respiratory systems revealed nothing of importance. Stomach showed a moderate degree of dilatation. Examination of the stomach contents after a test breakfast showed total acidity, 70; free HCl, 40; no lactic acid and no Oppler-Boas bacilli. Repeated examinations of the blood for the plasmodium malarie were negative. Leucocytes were 10,000 per c.mm., of which the polymorphonuclears formed 92 per cent. Urinalysis was negative. The liver was palpable an inch below