

CASE III.—*Lymphadenoma of the Cervical, Axillary and Mediastinal Glands—Progressive Anæmia.*

T. B., aged 20, a machinist, was admitted to Hospital Nov. 20th, 1880. Parents living and healthy. Has four brothers and sisters. He is a twin. There is no consumption in the family, nor have any of the members suffered from glandular enlargements. Had typhoid fever three years ago; does not think he has ever been so strong since. About the middle of last February the glands on the left side of the neck became enlarged, and shortly after those of the left axilla; the latter increased rapidly in size, and got painful. He has lost flesh, and has become pale and weak. Has had a cough for some time.

Oct. 25th.—At this date the patient was sent for examination by Dr. Rodger, of Point St. Charles, under whose care he has been. Appearance that of a pale, thin young man; long face, eyes blue; head elongated in anterior and posterior diameter; forehead narrow, but very prominent. In left cervical region glands in anterior and posterior triangles enlarged, the size of large almonds, and forming a conspicuous swelling. There is an enlarged gland placed directly over middle of left sterno-mastoid muscle. On the right side there is a single large gland in subclavian triangle; the others are scarcely perceptible. In left axilla there is a bunch the size of a small fist, situated anteriorly, beneath the pectoral fold. The separate glands can be distinctly felt, and they are elastic, moveable, and not painful. Right axillary glands were sore at one time, and a little swollen, but are now of normal size. Inguinal glands not enlarged. On inspection of chest, a decided prominence is noticed on left side, over cardiac area, extending beneath third, fourth and fifth ribs, as far out as the nipple line to the left, and to the middle of sternum on the other side. The swelling occupies an area about the size of the palm of the hand. Percussion gives a dull note over the swelling, as high as the second space above, and merging below with the cardiac and hepatic dullness. To the right its limit is about the mid-sternal line; to the left, the nipple line. Over the rest of the chest the percussion is normal. No special alterations in breath sounds.