

attack of malaria, with good days and bad days alternating; had distinct chills. His doctor pronounced it malaria, and gave him quinine. Since then he has been well. Shortly before coming to Toronto, in October, he made a visit to Atlantic City. About three weeks ago he had a slight purulent urethral discharge, which quickly disappeared with some local treatment supplied by a druggist. At the time of my examination there was no sign of discharge from the urethra. There were, however, a number of small and very shallow ulcers about the corona glandis, probably herpetic in nature. The secretion from the part was abundant and very offensive. I shall return later to a consideration of this condition. It cured readily in a few days with antiseptic lotions. At the time of entering the hospital, I looked upon the case as probably typhoid fever, and instituted treatment accordingly, pending further investigation. Salol was given as an intestinal antiseptic, and calomel with magnesia sulphate to promote elimination of toxic products, bile, etc. The Widal test was applied with negative result, and repeated on several occasions. Curiously, for typhoid in the early stage, he had a good, at times ravenous, appetite; headache was absent. The temperature was not what one sees in typhoid. Each day it ran up two and three degrees, falling back to about the same level again. The rise in temperature was associated with a chill, and followed by sweating. The history of malaria three years ago, together with his recent visit to Atlantic City, suggested a repetition of the disease. Examinations of smears from the blood failed to discover the malarial or any other organism. There seemed to be a slight excess, however, of leucocytes, which is not to be expected either in typhoid or malaria. In the meantime the blood count gave directly against typhoid, showing a distinct leucocytosis. Reds, 3,600,000; whites, 21,000. Whites showed great excess in the small mononuclear or lymphocyte variety.

The blood count, together with the great enlargement of the spleen, and the unusual symptoms of sound sleep, good appetite, etc., made it evident that the condition was the remaining one of the three conditions we had under consideration, namely, leukemia. This diagnosis was speedily confirmed by signs of enlargement of the liver, and later by slight enlargement of the lymphatic glands. Later blood examination showed rapid increase in the white corpuscles with diminution in the number of the reds. November 16th, reds, 3,400,000; whites, 23,000; November 24th, reds, 2,500,000; whites, 75,000; December, 1st, whites, 86,000; fully 90 per cent. lymphocytes.