Victoria Hospital have shown both in the acute and in the chronic form not only wide variation in the cellular ratio of the blood corpuscles, but in many instances the condition of the blood has been such as to render absolute differential diagnosis impossible. Meeting then, as we do, so many stages of leucocytosis in the multiple lymphomata varying from a normal ratio up to an excess of the white over the red cells, it may be questioned whether those cases recorded by Ebstein (3) and others, where leukæmia has followed upon Hodgkin's disease, are really to be looked upon as instances of one disease complicating another, or whether we are not rather observing the same disease in its different forms.

It by no means infrequently happens that in cases of multiple lymphomata the number of white cells borders so closely on the ratio found in leukæmia that we are in doubt as to the presence of a true leukæmia or of an ordinary leucocytosis. Nor is this all; one may find in other diseases a leucocytosis quite as marked numerically as seen in leukæmia. Such a condition has recently been described by Palma (9). In his case there were multiple glandular swellings throughout the body, while the blood condition was normal, and finally the diagnosis of Hodgkin's disease was established. A month later, however, the blood showed all the characteristics of true leukæmia, and shortly after the patient died, showing at the necropsy a primary round-celled sarcoma of the thymus gland with metastases in the various organs, with multiple hæmorrhages and a bilateral suppurative nephritis. Such a case is in itself sufficient to show how impossible it is from the blood alone to make a satisfactory distinction between a number of these diseases which induce leucocytosis. Similar instances, too, have come within our experience at the Royal Victoria Hospital, where patients have entered with symptoms pointing to true leukæmia, and with a blood-count likewise assuring one of such a condition; and yet at the necropsy primary sarcoma of the pelvic organs was found, with numerous metastases, somewhat resembling the case described by Palma. One of these patients entered the hospital with general *malaise*, enlargement of the spleen and some fever. Within a few days after admission purpuric spots developed on the body, while hæmorrhages were manifest from the gums, from the stomach and the intestines. There was a marked leucocytosis of about 1 to 100, the leucocytes being chiefly of large mononuclear