

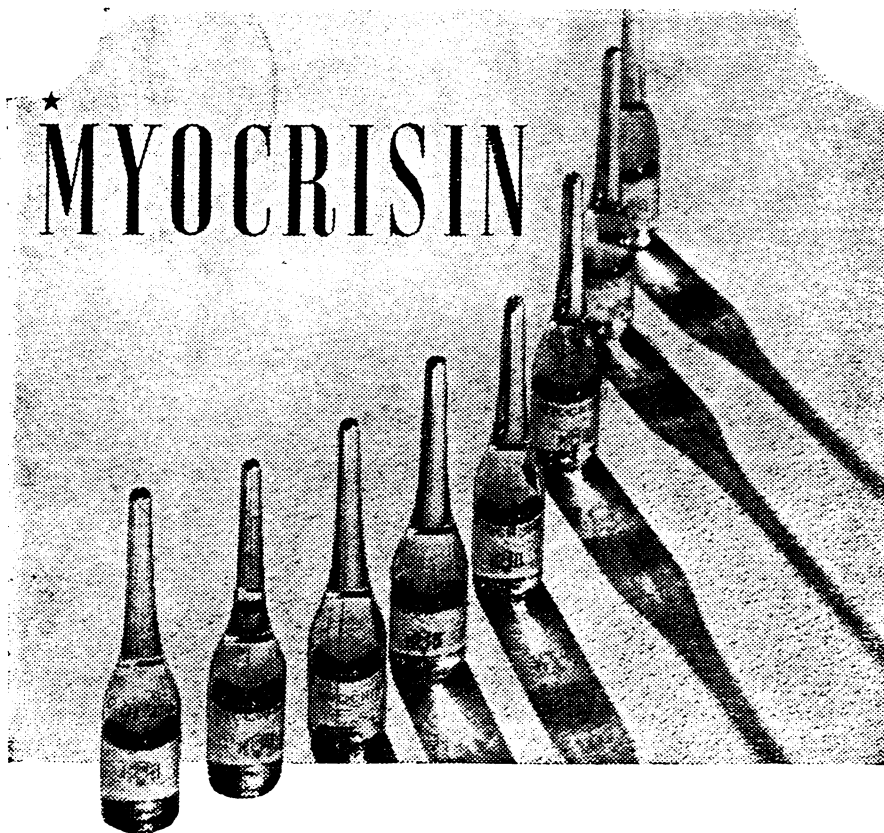
# POST-GRADUATE MEDICAL JOURNAL

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and also of discomfort in the region of the costal margin on the left side. On arrival at the out-patient department he appeared very pale and looked extremely ill. His temperature and respiration rate were not raised, but the pulse rate was 104. There was a large mass of glands to be felt in the anterior triangle of the neck on the right side; the corresponding glands on the left side were also enlarged, but not to the same extent. The glands were discrete, soft, and easily movable. No glands were felt in the axillæ or in the inguinal regions. No abnormal physical signs were found in the chest. The abdomen was soft; the edge of the liver was palpable just below the costal margin; the spleen was considerably enlarged, the notch being easily felt. X-ray examination of the chest showed the heart to be globular in shape. No opacities suggestive of enlarged mediastinal glands were seen; no shadows of pathological significance were visible in the lung fields.

The comparatively short history of the illness and its somewhat acute character were suggestive of the diagnosis of acute leukæmia. The patient was referred to the Royal Cancer Hospital, where he was admitted the same afternoon under the care of my colleague Mr. Cecil Joll. A lymph node from the right side of the neck was removed for microscopic examination, and the following report on the section has been sent to me by the courtesy of Dr. F. H. Yates: "The microscopical picture is that of active lymphadenoma. The normal structure of the gland is entirely destroyed by proliferation of young collagen fibrils, distributed diffusely throughout the node. There is also active proliferation of the reticulum cells, with the formation of numerous giant cells of the Sternberg-Reed type, and the laying down of a considerable reticulin network. Numerous polymorphs are present, and in some areas many eosinophiles are seen. In a few minute areas necrosis is taking place." The blood picture showed no changes of material significance.

The diagnosis of Hodgkin's disease in this case rested, of course, upon the result of the blood examination, and on the characteristic histological changes seen in the lymph node. The clinical course of lymphogranuloma varies a good deal in individual cases, both acute and chronic forms being recognized, though the former is relatively uncommon. From the clinical point of view, the rapid onset of the illness with marked progressive emaciation and pallor, are, perhaps, more characteristic of acute lymphatic leukæmia, of which a provisional diagnosis had been made in this case, until blood examination showed the absence of any characteristic alteration in the white cells, and the true nature of the disease was revealed by biopsy.

It may be remarked that in those cases of Hodgkin's disease in which the glandular enlargement is chiefly in the mediastinum cervical gland affection is usually conspicuous by its absence; indeed the presence of enlarged external lymph nodes is rather the exception than the rule. Conversely, in the common type of lymphadenoma, with multiple cervical glands and enlargement of the spleen, X-ray examination of the chest is likely, as in this case, to show little or nothing of pathological significance.

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