A CASE OF LYMPHATIC LEUKÆMIA.

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The patient, Private S., aged 24, was admitted to the Station Hospital, Lahore Cantonment, on August 1, 1912, with tonsillitis. There was an ulcer in left tonsil covered with a sloughy grey patch. Smears from the slough were examined twice, and on both occasions the organisms associated with the ulceromembranous variety of Vincent's angina—viz., (1) fusiform bacilli, (2) spirilla—were present in enormous numbers. No Klebs-Löffler bacilli were found.

On the fifth day in hospital it was noted that there was extremely severe ulceration of the left tonsil. There was marked anaemia. The ulcer was treated with tinct. iod (B.P.) and he was given sod. salicyl. 10 gr. four times daily, and later iron. His pulse and temperature were normal on the fourteenth day in hospital; on the twentieth day the tonsil was quite healed, and he was ordered full diet and allowed up half the day. There was, however, still marked anaemia, and he was now ordered arsenic in gradually increasing doses. There appeared to be some improvement with arsenic, but this was not maintained. Examinations of his blood for malaria and of his faeces for ova were negative. There is no laboratory here in the hot weather and no blood cultures were made.

When examining smears of his blood early in September, it was noted that the lymphocytes were greatly increased. Total and differential counts of white cells were made on September 14, 1912, with the following results. White blood corpuscles numbered 24,900 per c.mm. and consisted of the following varieties:

Polynuclears, 7.6 per cent; lymphocytes, 90 per cent; large mononuclears, 1.6 per cent; eosinophiles, 0 per cent; myelocytes, 0.8 per cent.

There was at this time no appreciable enlargement of the spleen, but the lymphatic glands generally were slightly enlarged. On September 28 the lymphatic glands were distinctly enlarged and a blood count showed:

Red cells: 1,515,000 per c.mm.
White cells: 22,400 per c.mm. of which 93 per cent were lymphocytes.

On October 11 he had severe epistaxis, his temperature gradually rose to 104° F. with a frequent small pulse and severe headache. The haemorrhage continued and on October 3 he was bleeding apparently from the mucous membrane of the whole alimentary tract; also from the kidneys and bladder. There was marked swelling of the lips and tongue. He died on October 3, the sixty-fourth day in hospital.

A differential leucocyte count early on same day showed lymphocytes 98.25 per cent. The lymphocytes were of the small variety. The chief items of interest noticed at the autopsy were:
Clinical and other Notes

(1) A very large thymus gland, about 7 in. long.
(2) Spleen enlarged, weighed 14 oz.
(3) The lymphatic glands generally enlarged.
(4) Hemorrhage into the stomach and intestine, and blood-stained serum in pleural and peritoneal sacs.

There are two points of interest in the case: (1) The angina, which no doubt was the origin of the disease, resembled in every respect a condition which is not uncommon in young people, yet acute lymphatic leukemia is a rare disease; (2) the total number of leucocytes was much lower than is usual in acute leukemia.

A SECTIONAL FIELD-STRETCHER.

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The present pattern of field-stretcher (Mark II) is strong, simple and durable; while most officers will agree that it is well suited for the purpose which it is intended to serve, it is still possible that the apparatus is susceptible of improvement.

Its chief disadvantages seem to be these:—

(1) The weight (30 lb.) is excessive, this is due to the thickness of the poles and traverses. The former, which between them are required to support a weight of not more than 15 or 16 stone, are of the same material and of nearly the same thickness as a set of parallel bars capable of sustaining the weight of a considerable number of gymnasts. The traverses are required to resist a bending strain, and need rigidity rather than weight.

(2) It is clumsy and cumbersome when closed. The stretcher, if carried on the march, as is at times unavoidable, has to be borne by two men, and in such a manner that each bearer may readily hinder the free movement of the other. In addition, the weight is supported by one side of the body only; that is to say, in the most fatiguing and least economical manner possible.

(3) Owing to its length (7 ft. 9 in.) the stretcher is not so well adapted for packing and storing as it might be.

(4) It cannot be used by mounted troops.

The two stretchers described below represent attempts at remedying these defects, chiefly by decreasing the weight and increasing the portability of the apparatus.

The principle adopted has been to divide the poles and canvas into sections in such a manner that a complete stretcher will require two bearers for its transportation, each man being equipped with a carrier attached to a web waistbelt and two web braces. The material is so divided between the bearers that any two of them are able to