Clinical Notes

SPIROCHETES IN ACUTE LYMPHATIC LEUKEMIA AND IN CHRONIC BENIGN LYMPHOMATOSIS (HODGKIN'S DISEASE).

SECOND COMMUNICATION.

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In connection with a former communication¹ on spirochetes in Hodgkin's disease, we wish to report two further cases in which spirochetes were found during life.

CASE 1.—History.—The first case presented the picture of acute lymphatic leukemia. The patient had been sick about six weeks. He entered the hospital Wednesday, August 28, and was seen by Dr. Pröschner in the hospital on the morning of this day.

Examination.—On examination he appeared very anemic and cachectic. The lymph glands over the whole body were swollen, soft and discrete. The lymph glands in the inguinal and crural region were the most enlarged, but those in the cervical and axillary regions were also very large and easily palpable. Glands behind the ear and in the cubital region were enlarged also and distinctly felt. The patient had had profuse hemorrhages from the mouth for five weeks. He had been always healthy up to six weeks before admission. There was absolutely no trace of luetic infection to be found and no history of such infection could be elicited.

The blood examination showed: Red blood corpuscles, 900,000; leucocytes, 32,000; hemoglobin, 14 per cent. The blood smears showed only large and small lymphocytes, very few polymorphonuclear leucocytes, a few poikilocytes and normoblasts.

Dr. Pröschner found in the smears made from the fluid obtained by aspiration of the lymph glands large numbers of spirochetes. These organisms averaged about 20 microns long, the curves of their body were shallow and few in number. The body was slender, and both ends of the organism pointed.

A gland was extirpated and: First. In the exudation from this gland spirochetes with very poor motility were seen with great difficulty. Second. In frozen sections stained by Levaditi's last pyridin silver method, innumerable spirochetes were found. Third. In smears made from the exudation from this gland stained by a special method (Pröschner), which we will describe later, very great numbers of spirochetes were found.

CASE 2. History.—The second case presented the picture of chronic lymphomatosis (Hodgkin's disease). The patient had been sick about three years.

Examination.—The blood picture was normal. One year previously the red blood corpuscles numbered 5,000,000; leucocytes, 6,600; hemoglobin, 80 per cent.

The glands in cervical axillary and inguinal regions were considerably enlarged and readily palpable. One gland, extirpated one year ago by Dr. Pröschner, showed only the lesions of chronic lymphatic hyperplasia. In this patient three different glands were aspirated. In the smears from the fluid obtained in this way we found in each instance large numbers of spirochetes, which corresponded with the organism described in the former case. On aspiration, two of the glands furnished small particles of cheesy-looking material. Smears from this were made and stained for tubercle bacilli and spirochetes. No tubercle bacilli were found. The cheesy material was a solid mass of spirochetes.

In a later communication we will furnish a complete record of our findings in these cases, with six additional cases which we have now under examination, together

with our conclusions concerning this class of blood diseases.

NOTE.—Since the writing of this paper the patient in Case 1 (the acute case) has died. It was absolutely impossible to obtain an autopsy, which would have helped us to determine: First, whether this was a pure lymphatic infection or whether the bone marrow was also involved; secondly, something of the port of entry of the organism.

AN INTERESTING CASE OF INCONTINENCE OF FECES IN AN UNDERSIZED BOY OF SIX YEARS.*

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When, two years ago, three boys with incontinence of both urine and feces were brought to the Children's Dispensary, University Hospital, inside of three months, I reviewed the literature¹ on incontinence of feces in childhood and could find altogether only twelve cases in children over three years of age. Another recent review of the literature from 1904 to the present time failed to reveal any more cases of this condition.

Patient.—In February, 1907, a very small, rather stout, ruddy-cheeked boy of six years was brought to me with this history:

History.—His parents, who are well, are both short and stout. The father is a motorman. John is the fourth child, born after a protracted labor, without instruments, however. He was a large, well-developed baby at birth and had never been seriously ill. He was breast-fed until nine months of age, was then weaned, and given table food soon afterward. His teeth appeared regularly and he grew normally until four years old.

Two years ago, however, without any general or local cause which the parents could discover then or can think of now, the boy began to lose control of his bowel movements. He did not appear to be nervous; his appetite seemed normal; he ran about like other boys of four years. He had had no illness, nor had he been kept housed up during the winter. His diet had been that of the other older children, including many fried things, much tea and coffee. He was not constipated, but had a tendency to diarrhea at times. Nor had he ever had enuresis. The three older children, though uniformly small, all kept well, and John alone developed incontinence of feces.

The incontinence recurred with constantly increasing frequency until a day rarely passed without its happening once at least, and sometimes he would soil his clothing as often as six times in twenty-four hours. He has been and still is bright mentally and physically active, though his mother has not sent him to school yet on account of the incontinence. Like his sisters, who also are small for their ages, John has a slight defect in his speech, which, his mother says, all of her children have had, but they outgrow it as they grow older.

Examination.—John is 41 inches high and has been just that high for the past eighteen months. His physical development otherwise is excellent. There are no adenoids, though his tonsils are slightly hypertrophied. The circumference of his head is 19½ inches; that of his chest is 22 inches. He weighs 41 pounds. His thoracic and abdominal viscera show nothing abnormal. Rectal examination revealed a sphincter which was apparently securely closed, and this could be palpated well by introducing the finger into the rectum.

* Read in the Section on Diseases of Children of the American Medical Association, at the Fifty-eighth Annual Session, held at Atlantic City, June, 1907.

1. Maurice Ostheimer, "Incontinence of Feces in Children," University of Pennsylvania Medical Bulletin, February, 1905.