

the disease called leukemia one or more of the hematopoietic organs becomes the seat of a nutritive stimulation or irritation which increases their size and a functional irritation which exaggerates their work, giving rise to a great excess of white globules. When this process starts with the spleen the leukemia accompanying is termed splenic, when the lymphatics are the first or sole organs involved it is called lymphatic or glandular leukemia, while in other very much rarer instances where the solitary and agminated glands of the intestine are alone affected it has been termed intestinal leukemia.

So, in making a comparison between leukemia and pseudo-leukemia it is necessary to contrast the glandular form of leukemia with the chronic form of pseudoleukemia. Commencing with their clinical aspect, we remark that the beginning of the disease in both is slow and insidious; a very long time may pass before attention is drawn to it. For instance, Christopher Heath mentions the case of a boy from whom he removed some enlarged axillary glands, and not till six years afterwards did he develop general glandular hyperplasia. And in this case of Bisig we see one enlarged cervical gland remaining quiescent for eight years before active increase commenced, and then two and a-half years more passed before the others took on the diseased process. Generally the first thing noticed by the patient is the appearance of a tumour, a swelling where no swelling ought to be; in other cases it is a gradual increase of weakness without any notable derangement of health or disorder of any organ in particular that first attracts the patient's attention. He feels more easily tired out, is not so fit for his work as formerly, the least exertion is irksome, he becomes dull and apathetic. If he lays off work, he doesn't lose a great deal of flesh for quite a long time, but if he continues active life he soon emaciates. So far these are only symptoms that may be referred to the anemia, and this condition may last for a long time until later symptoms arise which are identical in each, owing their origin to the same cause, viz., the mechanical results arising from pressure. While these enlarged glands continue limited for long to regions away from the neighborhood of organs which their bulk might injure, symptoms will be long in developing, but when they encroach on important organs or nerves they produce such effects as alterations of the voice, dyspnea, vomiting edemata.

In leukemia hemorrhages from the mucous membranes, especially the nasal, are frequent; so also in pseudoleukemia. Eberth, in 1869, mentions a girl of 9 who had frequent hemorrhages from the nose and mouth. Payne mentions a boy of 19 who had abundant epistaxes, though the cervical and thoracic glands were normal. Bohn mentions subcutaneous hemorrhages