organs and in the tissues, not only where lymphoid elements previously existed, but elsewhere as well, and, above all, in the bone marrow. Within the last year, however, Askanazy (1) writing in *Virchow's Archiv*, and following the views of Neumann, (2) who regarded leukæmia as a disease primarily of the bone marrow, has asserted that the morbid anatomy of the two diseases has one great distinctive feature; that in leukæmia the marrow throughout is diffusely affected, while in pseudo-leukæmia the changes are always localized, manifesting perhaps multiple lymphomata, but never a diffuse lymphoid or pyoid condition. From the number of cases on record, however, proving the contrary the distinction would scarcely seem justifiable; while Askanazy's explanation of the absence of bone marrow changes in some cases of true leukæmia are scarcely forcible enough to render the theory unimpregnable or to convince other authorities on this subject.

Nor can one distinguish between the forms of multiple glandular enlargements or the varieties of splenic tumors, for the macroscopic and microscopic lesions are throughout interchangeable; in both one may have a like tendency to infiltration of cells; and, in both the true and the so-called false disease metastases may occur in almost any part of the body. Recent observations have in this respect borne out the older theories of those who recognized between the two conditions no distinctive morbid anatomy.

There is no more satisfactory proof necessary to bear out the theory of this close relationship than is obtained in a casual perusal of the literature of the past decade, dealing with some cases of leukæmia, for it sufficiently illustrates the many difficulties one meets with in endeavouring to differentiate between cases of true leukæmia and Hodgkin's disease. Almost every year within that period one or more cases are recorded, showing with what hesitation the observer is inclined to make any absolute distinction. If distinction there be, it is universally recognized to be a clinical consideration only, for from the morbid anatomy alone we can obtain no satisfactory differentiation other than the presence of increased leucocytes within the blood vessels. Even this, from the point of view of pathological diagnosis, is not free from objection, inasmuch as we may be at a loss to decide whether or not such a condition has been a terminal process, as so commonly occurs. The leucocytosis itself is a purely clinical observa-