of pus having been successfully dealt with in this way. A very high leucocytosis of over 30,000 usually indicates the hopeless multiple small abscesses. The continuance of actual dysenteric symptoms coincidently with acute suppurative hepatitis has the same serious significance. Great emaciation and an alcoholic history are also unfavourable points.

Recent improvements in treatment have altogether altered the outlook in this disease in two important directions, namely, in enabling such a serious complication of amœbic dysentery as abscess in the liver to be prevented easily, and also to be treated more successfully after it has developed through neglect of proper treatment in the early presuppurative stage of amœbic hepatitis. The researches of the writer showed that amœbic hepatitis while still in the presuppurative stage, can be detected by the blood changes and rapidly cured by ipecacuanha or, better still, by emetine and the occurrence of the dangerous suppuration averted; and this success, together with the establishment of the fact that such abscesses are nearly all free from bacteria when first opened further led him to adopt repeated aspiration of an already formed abscess, combined with the use of the specific drug against the amœba, in place of the open operation, a method which allows the death-rate from tropical liver abscess to be reduced from one third to one fourth of its former figure. The reduction by these methods is shown by the following figures. From 1904 to 1906 the deaths in the British Army in India averaged 95 yearly, but have steadily fallen since the writer's paper was published in 1907 until in 1913 (the last year before the war) they numbered only 14, one seventh of the former rate. In the European Hospital, Calcutta, the number of deaths yearly averaged 5 during the six years ending with 1906, and have fallen steadily since, to reach nil for the first time in 1915.

Leonard Rogers.

ANÆMIA, APLASTIC. This condition is apparently due to an exhaustion of the bone-marrow or to its inability to respond to calls upon it. It follows severe septic and toxic conditions; in some of these the anæmia is aplastic from the beginning, so that regeneration never takes place; in other cases, regeneration may first occur and then fail. Sometimes it has followed on pernicious anæmia. We have known cases occur after repeated or continued hæmorrhage. In many instances no causal condition can be discovered, and in these we may suppose that an inherent vulnerability or weakness of the marrow renders it unable to respond to any extra demand on its functions. In most cases, however, aplastic anæmia is to be regarded as the terminal phase of a serious disease. The only possible chance of a favourable outcome would be the discovery of a removable cause. This, however, is a remote contingency. As a rule, a fatal termination may be expected in a few weeks or months. In one of our cases there was a history of anæmia for only three weeks before admission to hospital: the red corpuscles numbered 1,300,000 per c.mm.. Death