

perhaps, one or another such affection has preceded the leucæmia, but it is so seldom, that one cannot prove anything from it. External circumstances also appear to have no influence. We find leucæmia in individuals in the best as well as in the worst conditions in life; the bodily constitution, also, appears to have just as little influence; for we not infrequently find leucæmic patients among strong, robust individuals. One can at least say that some connection is demonstrable in certain cases with intermittent fever; but with the other affections, as syphilis, typhus, etc., this is in a high degree doubtful. In our patients, then, we are unable to demonstrate absolutely any certain cause for the disease; it may have already existed a long time when the patient for the first time remarks that, without reason, he has palpitation and shortness of breath after any considerable bodily exertion, and attacks of fever without apparent cause. Other symptoms then gradually appear; his appearance becomes wretched, he suffers from weakness and is ill nourished. Pains in various parts appear and œdematous infiltration of the skin, especially about the knee-joint. Whether there is anything abnormal present in the joints is difficult to say; possibly an effusion has taken place into the knee joints; and then occur hæmorrhages and petechial formations in the skin. So far as is known there is no heredity.

The treatment of leucæmia must be entirely symptomatic. Although many remedies have been tried, a specific has not yet been found. In certain cases the early and continued administration of quinine has had good results. Mosler has described one or two cases in which the symptoms have disappeared after early treatment by quinine, but whether they were cases following intermittent fever I cannot just at this moment remember with certainty; but if the disease is developed and the enlargement of the spleen considerable, quinine may be given for months, and in large doses, without producing any change in the blood or in the spleen. As for other remedies, the iron preparations have been given on general principles, also the iodine preparations, the mineral waters of Halle and Kreuznach, etc.; the preparations of arsenic, counter-irritation, moxas, setons, and

so on, everything indeed that one can mention, with very little temporary symptomatic benefit. Extirpation of the spleen has been performed, but all the cases in which this has been attempted have died from profuse hæmorrhage. It is impossible to ligate all the small vessels; and owing to the great tendency in leucæmia to bleeding, death has usually resulted immediately from profuse hæmorrhage into the peritoneal cavity. This operation has now been completely given up, because it has absolutely nothing rational in its favor; for even if it were possible successfully to extirpate the spleen, nothing could be gained by it because the spleen is not the only place of origin of the white blood corpuscles and, therefore, the production of these latter would go on in spite of the removal of the spleen. The results of the operation have heretofore been so unfavorable as to preclude all thought of it. Our efforts therefore are restricted to relieving symptoms. We administer preparations of iron, and for the alleviation of the grave dyspnoea, as it is of purely nervous origin, we give those medicines which influence the nervous system: as morphia, opium, chloral hydrat, and such like. The diet should be regulated and an abundance of albuminous substances allowed.—*Wiener Medizinische Zeitung*.

Selections.

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GASTRIC SYPHILIS AND SYPHILITIC GASTRIC ULCER.

BY DR. L. GALLIARD.

Almost all the visceral localisations of syphilis have been carefully studied in these modern times. We are familiar with tertiary lesions of the throat, pharynx and rectum; even intestinal syphilis has been described, and yet nowhere do we find mention of the possibility of development of specific lesions in the stomach, which anomaly forcibly arrested the attention of Dr. Galliard, who undertook to investigate (*Archives Generales de Medicine*, Jan. 1885, p. 86) if the various records would not permit of the