nervosa, the blood examination revealed 900,000 red cells, about 20 per cent. of hæmoglobin, nucleated red cells of various sizes, and otherwise a condition which, from the stained specimens, showed all the characteristic features of the blood of pernicious anæmia.

From the work, too, that has been published in the last few years the diagnosis of such a disease even as leukæmia cannot be established from a mere examination of the blood constituents. As has been shown by a number of recent observers, sarcomatous growths may undoubtedly induce a cellular ratio in the blood which is indistinguishable from that present in a typical true leukæmia. And hence, from our present knowledge, it would seem practically impossible to diagnosticate definitely a leukæmic condition, apart from the numerous concomitant symptoms, objective and subjective.

Having ourselves met in the past few years with not a few cases where an absolute diagnosis of leukæmia or of pseudo-leukæmia was rendered extremely difficult, it has seemed to us worth while to note this fact, and to mention briefly some instances which show how closely related these two conditions really are. That the relation between the two is in itself nothing new we are quite aware, but inasmuch as the matter has only been referred to in connection with isolated cases, and inasmuch, too, as the subject has apparently received far less attention than it deserves, we have taken upon ourselves to emphasise it the more.

Previous to careful and systematic examination of the blood the French writers, under the term "adénie," or "diathèse lymphogène," grouped together all those diseases which appeared to involve mainly multiple lymphatic glandular structures; hence they included leukæmia and pseudo-leukæmia under the same head. And it was not until some years later that an examination of the blood revealed occasional differences which permitted of a subdivision into various forms of lymphogenous diathesis and of a separation of the two diseases above mentioned. Since that time it has been the practice of physicians to describe under different headings these two closely allied diseases, and yet within the past few years case after case has been recorded to show that such a separation is scarcely justifiable.

If we compare, for example, the morbid anatomy of the two affections, we observe to all intents and purposes identical conditions; we may get in both the same lymphoid overgrowths in the