

processes. In collecting together a large number of cases note has been taken of the many instances of acute lymphomatous affections where the onset has followed upon some affection of the alimentary tract, such as stomatitis or ulcerative enteritis or similar conditions, all leading to the suspicion that the disease has arisen through the entrance of some toxic or infective agent by way of the alimentary canal. As will be seen from the history of our present case, the symptoms followed directly upon an acute and painful affection of the lips and gums.

Whether or not, then, finally, we are justified in recognizing in leucocytosis any special type of disease, our knowledge does not at present permit us to decide; but when we consider the difficulty with which author after author endeavours to satisfactorily classify and separate these different affections, it may not for the present seem unreasonable to still maintain under one group all these various forms—the leukæmias in their various manifestations, acute and chronic, lymphatic, splenic, and myelogenous, the similar varieties of Hodgkin's disease, and all such like affections characterized by a hyperplasia of the lymph glandular structures where no primary focus of disease can be found to account for such a condition.

It merely remains for us to record our indebtedness to Professor James Stewart, in whose clinic the patients were observed, and by whose kind permission the material was placed at our disposal.

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Since presenting the above paper before the Canada Medical Association, one of us (C. F. M.) had the opportunity of observing and treating a patient in whom the symptoms were so suggestive of the intimate relationship between leukæmia and pseudoleukæmia, that it seemed to us well worthy of mention in this article. A full report of the case has recently been published in the *Montreal Medical Journal* by Drs. Robins and Argue, resident physicians of the Royal Victoria Hospital.

The patient was a young Canadian, aged 19, and was sent to the Royal Victoria Hospital on August 6th by Dr. A. E. Vipond. For two weeks previously he had been suffering periodically from epistaxis, high irregular fever, progressive asthenia and pallor. There was general glandular enlargement, and his blood condition remained