

like purpura in a man of 56 who eventually died from subacute peritonitis. Virchow speaks of the frequency of papular emptions in leukemia, and Trousseau found them so often present in pseudoleukemia that he introduces it in his didactic description of that disease. Mosler, in 1868, called attention to the presence in leukemia of stomatitis and pharyngitis, producing a fungous state of the mucous membrane. Meyer, Bohn and Eberth say they are often initial symptoms in pseudoleukemia. Dyspnea is met with in both, which, as in chlorosis, is partly due to the deficiency of red corpuscles, but is, of course, most prominent when there is also mechanical obstruction from enlarged glands. In both there is usually low fever of a remittent or intermittent type. The causes of death in both are similar—hectic or cachexia, repeated hemorrhages, asphyxia, pleurisy, peritonitis or brain lesions serous or hemorrhagic. There is thus no special difference during the commencement, course, or termination of these affections.

If we now turn to their anatomical aspect we find also a similarity—sometimes a simple hypertrophy of the adenoid cells alone, sometimes an increase of the connective stroma as well; the former being usually the rule in leukemia, the latter in pseudoleukemia, but not invariably—thus Trousseau had a patient under observation who, after consulting several Parisian physicians, went to Berlin to have the benefit of Virchow's advice, and was told by that great authority that his blood was not leukemic. Shortly afterwards the pressure effects of the glandular masses in his neck caused his death, and Virchow made a microscopic examination of the glands and found nothing but proliferation of the adenoid cells—adenoid hyperplasia.

Acute pseudoleukemia, as Julius Dreschfeld points out in a very interesting lecture in the *British Medical Journal* of April 30, 1892, differs only in degree from the chronic variety—it runs its course rapidly instead of slowly. He mentions the case of a strong, vigorous man of 23 who lived only five or six weeks after symptoms of the disease commenced. In this case the mediastinal glands were involded with proliferation of both cells and stroma. The spleen was enlarged, weighing 16 ounces; there were deposits in the liver and kidneys; but none of the superficial glands were enlarged. The patient was anemic and somewhat emaciated. Temperature 100.4° F. Cough and dyspnea were present, being, in fact, the symptoms that led him to enter the hospital. The lincocytes were increased in number, there being 1 white to 40 red. Now, was the altered ratio due to the diminution of red corpuscles or was there an actual increase in the number of white ones? Diminution in number of the red corpuscles is not entirely due to splenic enlargement. Lloyd Roberts, in 1869, published in the *British Medical Journal*