

differentiation as suggested by Eichhorst would have quite as little satisfactory foundation as has the basis of differentiation by means of an examination of the blood.

It may very reasonably be questioned whether such a variable symptom as the incidence of leucocytosis should *per se* form a basis for the classification or whether from our present knowledge we are not laying too much stress upon this one condition.

It may be stated, in the first place, that in leukæmia the leucocytosis is notoriously inconstant; that during the course of the disease the white cells may for a long time maintain a normal ratio to the red, though all the other classical signs of the disease be present—a stage which is commonly known as the *aleukæmic* period of the malady; such a circumstance is indeed common enough, and has been placed on record already by a number of observers. Mosler (6), Seelig (7), Troje (8), and several more have made notes of cases illustrating this point. For a longer or shorter time each of these observers had occasion to see patients manifesting the usual symptoms of Hodgkin's disease. In each instance, however, the condition of the blood became altered, presenting later on a leucocytosis corresponding to that found in leukæmia, and some have regarded such as examples illustrating the sequence of one malady upon another, distinctly separated therefrom. At the same time, in each instance the author questions his right to maintain so absolute a distinction, in view of the renewed observations that are being made, and which would seem to prove not only that the leucocytosis of leukæmia is notoriously inconstant, but that in all probability there is but a single influence at work producing this differentiation of the two maladies. Troje has suggested that some inhibitory mechanism regulates the distribution of leucocytes through the circulation; that where leucocytosis occurs in the blood the regulating apparatus is inefficient, and hence we observe young developing forms free in the circulation. The further theory is suggested that to a certain extent the vessel walls may inhibit or stimulate the exudation of leucocytes by their greater or less porosity, thus explaining the occurrence of metastases.

Such cases as these above described, no matter how they are explained, would certainly indicate a marked variability in the leucocytosis which, too, would appear from the records to depend in no way upon treatment. Cases which have occurred in the Royal