may act occasionally in this capacity (Götsch). In all cases, in which such complications are not present, and in which a leukemia develops after an accidental injury in a heretofore healthy individual, trauma evidently does not create the fundamental leukemic reaction. It elicits this response from a prepared soil (an asymptomatic leukemic state) in a similar fashion as trauma sometimes provides the final stimulus for the manifestation of a roentgen-carcinoma in a skin conditioned for this growth lesion by previous exposure to the particular type of radiating energy. For those exceptional cases, in which a thorough and careful analysis of the pre-accidental symptoms and a critical evaluation of the post-accidental findings exclude with great probability the presence of a leukemia of longer standing, the existence of an etiological relationship between trauma and leukemia may be acknowledged in this sense. This decision does not settle the question from a scientific or medico-legal view point as to whether the trauma simply hastens the appearance of the blood dyscrasia, which might have become manifest normally at some later date, or elicits this response, which may never have become a reality without its intervention.

No evidence exists upon which to assume a traumatic activation of a leukemic virus, which may have remained silent and resting in the organism. The repeated failures to transmit mammalian leukemia by cell free filtrates militates against this conception. Human leukemia is not transferred from mother to fetus, which would likely occur if a virus infection were the cause of mammalian leukemia (Morawitz and Deneke), unless one assumes that some hypothetical, large molecular, leukemiogenic agent or the maternal leukemic leucocytes containing it were incapable of penetrating the placental filter. Experiments on pregnant leukemic mice were negative (Burchenal). It is unlikely that a direct blood contact with a leukemic individual might result in the transfer of leukemia. While the experimental introduction of mouse leukemic blood has been used successfully to transmit leukemia to normal animals (Furth), large amounts of leukemic blood have been transferred into individuals suffering with agranulocytosis without any untoward effects, in regard to subsequent leukemic developments (Schittenhelm; and Bock).

Finally, from a medico-legal standpoint it is essential that the diagnosis of leukemia should be established definitely and the organic effect of trauma demonstrated. The early and repeated examination of the blood furnishes some of the most important evidence. In the interpretation of the leukemic blood picture consideration should be given to the fact that occasionally cancer, tuberculosis, and septicemia may produce similar hematic changes. Roentgenograms of the bones should be made in all cases in which the development of leukemia after injury to these organs is made the subject of litigation. A complete post-mortem examination may contribute significant data by showing, for example, the site and extent of the injury sustained. In two of the traumatic leukemias reported large scars were shown in the spleen at