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VAQUEZ-OSLER DISEASE

A quarter century has elapsed since the attention of clinicians was first clearly directed to a syndrome including erythrocytosis, general cyanosis, and enlargement of the spleen. Vaquex and Osler deserve credit for having brought this unique polycythemia into general notice, and for having dispelled the earlier belief that the malady represents essentially a splenic tuberculosis; hence the justification for the designation Vaquez-Osler disease. Increment in red blood corpuscles is known to occur in the cyanosis of congenital heart disease in which the circulation is too slow, and particularly as a response to the needs of respiratory exchange under conditions of oxygen shortage, such as occurs at high altitudes. Polycythemia under these conditions is a compensatory overproduction of red cells to facilitate the gaseous metabolism of the organism. In the cryptogenic type of polycythemia, however, the stimulus is not oxygen deficiency, so that the blood picture does not represent a beneficial response of the blood-forming tissues. The true pathogenesis of the disease remains unknown. In a recent address before the Royal Society of Medicine in London, Vaquez ventured to liken the harmful, cryptogenic polycythemia that bears his name to the overgrowth of the blood, just as solid tissues may develop tumors. Thus, Vaquez's disease might be thought of as a benign tumor of red corpuscles, as leukemia is a malignant tumor of the leukocytes. The conception of blood as a distinct tissue is by no means new; and the direction of attention to this view may be productive of helpful studies in the domain of a still obscure malady.

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