

is found, accompanied by eosinophilia and a moderate polynuclear leucocytosis. In narcosis produced by ether and chloroform a well-marked increase lasting for a number of hours is found, especially in the former. In acute delirium and convulsions the increase varies directly with the severity of the attack.

*Inflammatory and Infectious Leucocytosis.*—This is, perhaps, the most important type, and to which may be attached the greatest clinical significance; however, before an accurate clinical picture can be obtained, one must take into account the many aforementioned factors which may affect the true clinical picture represented by our white blood counts. This can best be obtained by obviating those factors where possible by accurate counts taken at proper intervals, as before a meal to avoid digestive leucocytosis, before baths, sponges, or massage, so that your result will not be affected by the thermal and mechanical influences before mentioned.

We always get a leucocytosis varying in degrees with the resistance of the patient, and the intensity of infection in pathological conditions, produced by micro-organisms; so we may say that this class of leucocytosis, which always accompanies infectious and inflammatory conditions, must be regarded as indicative of an attempt on the part of the human organism to resist the invading principle, whatever its nature may be, through the protective actions of the leucocyte. Our index of the intensity of the infection, and the resistance of the patient, must be, in a general way, the degree of leucocytosis, together with the presence or absence of eosinophiles. I shall refer to the significance of the latter point in speaking of eosinophilia.

*Eosinophilia.*—As the name suggests, eosinophilia is a name applied to an increase of these cells in the blood above the normal 2 to 4 per cent. usually present. It is present, and of considerable diagnostic importance in such skin diseases as pemphigus, eczema, pellagra, lupus, psoriasis, wide-spread urticaria; in bronchial asthma, infection with various intestinal parasites, and in new growths, especially those involving the bone marrow. Again, Neusser has attempted to classify the various neuroses into those with and those without eosinophilia. Eosinophiles are nearly always increased above normal in the later stages of acute infections, and we have come to recognize their presence throughout an acute affection, or their early reappearance, as of extreme value in determining a favorable prognosis. I have been able to demonstrate their reappearance previous to a true crisis in pneumonia, whereas in a previous pseudo crisis