

were normal throughout, and in fact until the examination of the blood on the following day, no satisfactory diagnosis could be made. The very first examination of the blood in the fresh state, however, revealed an enormous increase of the leucocytes, these being almost equal in number to the red cells. The diagnosis of Myelogenous Leuchæmia was made on the basis of this examination and subsequently confirmed by stained preparations. Examinations of the blood showed for the following week a red blood count of between three and four million, a white blood count averaging about a hundred thousand, (in which the differential count showed by far the large majority to consist of myelocytes) and the hæmoglobin varied between 60 and 70 per cent. Soon after, the patient who had constantly had slight fever of an irregular and mostly intermittent type, became rather weaker, the blood count varied rapidly and within 24 hours the white cells decreased in number within a few days to almost normal. Progressive asthenia and coma developed and four weeks after admission he died. The blood count remaining normal to the end.

At the autopsy which was performed by Dr. Adami, the diagnosis of myelogenous leuchæmia was confirmed, the spleen and glands were found normal; the bone marrow, however, was characteristic of the disease.

The necessity of a blood examination was here self-evident, there being no signs or symptoms otherwise upon which one could base a diagnosis.

That the counting of the blood cells and the estimation of the hæmoglobin are sufficient for all practical purposes of diagnosis, is I think, generally admitted. I would go even further and say that in the majority of cases one can obtain *sufficient information from the microscopical examination with ordinary slide and coverglass of a freshly removed specimen of blood.* One can thereby gain a very fairly accurate idea of the leucocyte count, of its relation to the red cells, of the shape, size and arrangement of the latter, and when present, he can see the nuclei in their bodies. One may obtain in addition thereby an approximate conception of the amount of hæmoglobin from the coloration of the cells. Having this information, even if it be only approximate, we are in possession of whatever facts we need for ordinary differential diagnosis. I would not be misunderstood, however, to lack in my respect for the instruments now in vogue and from which one always derives greater satisfaction, but that they are not *usually* needed to make our diagnoses, will, I think, be acknowledged by most of those who have studied along these lines.

It is a comparatively easy matter to tell whether or not a very