

examination in the hope of finding the more typical form. That the limitation should be thoroughly recognized is important too for a special reason, inasmuch as if one relies too much on the value of the blood examination he will be apt to discard the diagnosis of pernicious anæmia made from the general signs, for the insufficient reason that the blood state was not typical of the disease.

Nor is it too extreme to say that even in leucæmia the blood examination alone is insufficient for a diagnosis without regard for the other clinical signs. While the pathognomonic condition of the blood in this disease should be certainly recognized, one *does* nevertheless see or read of instances where in non-leucæmic patients the blood resembled that disease. In order to be pathognomonic, the blood state (characterized as it is by very great increase of the mononuclear leucocytes), should not be found in any other disease. Nevertheless, Palma has found a similar condition of the blood in a case of sarcoma, Cabot, in certain cases of pertussis, in one of which there were mononuclear leucocytes varying in number from 103,000 to 185,000, instead of the normal six or eight thousand. We know further, that not infrequently there are periods of remission of the disease where the blood for a greater or less length of time returns to the normal, presenting no features whatever to aid us in the diagnosis. So rare, however, do cases such as these of Palma and Cabot occur that when the typical picture does present, one may be practically certain of the diagnosis, though the limitation as just explained leaves no doubt that the blood findings afford merely a confirmatory evidence in the diagnosis.

Perhaps, however, the best answer to the question so frequently raised of late as to whether or not a blood examination is ever necessary, may be answered by the following citation of a case:—

A patient, J. C., æt. 68, was admitted to the private wards of the Royal Victoria Hospital, complaining of chills and fever which had been present off and on for some weeks previous to his admission. There was no regularity in the occurrence of these symptoms but the patient instead of improving, became rapidly worse, inasmuch as great prostration supervened, repeated vomiting, and pains in the limbs. There was nothing in his personal history of any importance. With the exception of a history of an empyema necessitatis 40 years previously, he had been a healthy man and temperate in his habits. There was no history of malaria or of residence in a malarial district.

*On Admission.*—The only evidence of disease that could be found at first was some anæmia, weakness, occasional vomiting, some emphysema and old pleurisy, and a chondroma of the left testicle. The urine was normal. The retina showed no evidence of disease, and the glands