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LEUCOCYTES AND LEUCOCYTOSIS.

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In discussing the subject of leucocytes and leucocytosis in a paper of this kind, it is only possible to give a bare *resumé* of the question, and to touch on the more important points. It is my endeavor to bring out the clinical significance of leucocytosis, and also to show the value of considering the factors which affect the proper interpretation of a white blood count, so that it may be of definite value in the diagnosis of various pathological conditions. The first essential in the study is an accurate count from the laboratory. The clinician should not have to concern himself with a possible error in this respect. I shall not discuss the various questions of origin or theories of leucocytosis, as it would be impossible to do justice to such a wide and important subject at this time.

Classification.—The leucocytes, when classified according to origin, make up the following varieties:

1. Lymphocytes 22 to 24 per cent.
 - (a) Small.
 - (b) Large.
2. Large mononuclear leucocyte 1 to 2 per cent.
3. Transitional 2 to 4 per cent.
4. Polynuclear leucocyte 70 to 72 per cent.
5. Eosinophile 2 to 4 per cent.
6. Mast cell .5 to 2 per cent.