

cerned, but it is generally believed that the differential count may be of the greatest value, particularly, the disproportion between the increase in percentage of the polymorphonuclears and the actual increase in the leucocyte count itself. Gibson, of New York City, who devised a "standard chart" for the visible expression of this disproportion, says, in the *Annals of Surgery*, 1906, page 485, in speaking of the relative disproportion between the differential and total counts, "Bodily resistance is more clearly defined by this disproportion than by any other means at our command, and that of all methods of blood examination, this is the most valuable, both from the standpoint of diagnosis and prognosis." Dr. H. W. Hewitt, in an article in the *Annals of Surgery* for December, 1911, on "The Value of the Leucocyte Count in Acute Inflammatory Surgical Diseases," among other things, concludes as follows: "that in acute inflammatory surgical diseases, repeated counts at frequent intervals should be made, and if the polymorphonuclear percentage rises, while the total number of leucocytes remains stationary or falls, immediate operation should be insisted upon." He also says, "No definite percentage of polymorphonuclears can be taken to positively indicate infection. If we have a percentage of between seventy-five and eighty of polymorphonuclear cells, infection is probable; if we have a percentage of between eighty and eighty-five, infection is usually found; if we have a percentage above eighty-five, infection is almost invariably encountered." He further says, "No one will deny that repeated counts are of much greater value in diagnosis than one isolated count." Emphasizing this same point, Gibson says, "The importance of a disproportionate increase of polymorphonuclear cells, particularly if progressive, cannot be overestimated, and those wilfully disregarding such evidence are perhaps not exhausting all resources available for diagnosis." Herbert French, of Guy's Hospital, says, "If the polymorphonuclear count is high, without a marked leucocyte count, it means that the pus is under great pressure." The case I am about to report bears out these conclusions.

Mr. G., age 33, traveller, presented himself at my office about 2.40 p.m. on November 28, 1911, with the following history:

Five weeks ago, he said, he was taken sick with severe abdominal pains. His family physician, Dr. Archer, at Port Perry, who was called in, diagnosed his condition as appendicitis. He recovered in the course of a week, and had been well ever since, until the forenoon of the day he consulted me, when he was seized with nausea and was unable to eat any dinner. He took the afternoon train from Lucknow, intending to go home, but while on the train