

they were not found. Some authors in speaking of eosinophilia, have made the statement that in infections as pneumonia where eosinophiles persist or reappear, they never prove fatal. My experience has been far too limited to express any definite opinion on this point. I, however, believe this to be true in most cases. Eosinophilia although referred to definite conditions is symptomatic of a slow or mild intoxication, or in the case of reappearance after an acute attack, indicates that the patient has overcome the infection. I do not think that one should regard acute infection as positively chemiotactic for the finely granular leucocyte or polynuclear and negatively chemiotactic to the eosinophile. For I believe that we would find them in the early stages of this condition, and, as I said before, we certainly find them towards the end of the conditions, where resistance is offered, as proof of this belief that eosinophilia is symptomatic of slow intoxications. I would like to mention a few observations made by us in the study of carbon monoxide poisoning. The following are representative counts which illustrate my point:

		Eosin.	Poly.	Trans. and Mon.	Vac.	L. and S. Lymph.	Mast.
Normal.....	6.110	6.55	23.28	2.73	3.85	63.02	.18
1. Acute poisoning, 1 hour	20.700	7.75	43.25	1.75	2.00	43.5	1.75
2. 8 hours.....	19.700	.0	87.75	2.00	1.25	.9	.0
3. 30 hours.....	7.400	2.25	30.50	2.25	5.5	59.5	.0
Chronic poisoning.....	10.500	15.25	49.50	3.75	1.75	27.5	1.0

In the above condition we have the same active toxic agency throughout, that is, the products involved from carbon monoxide poisoning, which are doubtless metabolic.

In acute poisoning we get, early, a slight rise in the percentage of eosinophiles, followed by an absolute absence, at the maximum of the intoxication, then gradually reappearing again, as they always do in resisted infections.

We also have a marked polynuclear leucocytosis. In the chronic form we have an established eosinophilia with a moderate polynuclear leucocytosis.

Lymphocytosis.—By lymphocytosis we refer to an increase in the large and small lymphocytes in the blood. There are very few conditions in the adult in which we get a marked relative and absolute lymphocytosis. There is usually a slight lymphocytosis towards the end in most infectious diseases. In children,