

of a marked leucocytosis of over 20,000, and in the disregard for any leucocytosis which is merely moderate.

Much has been written on the value of hæmoglobin estimation as a guide to surgeons in treating cases of hæmorrhage with shock, *e.g.*, gastric ulcer, and it has been thought possible in this way to prevent fatal collapse by finding from the blood that the patient's condition would not warrant the attempt. Experience of those who are competent to judge does not seem to bear this out, and surgeons, it would seem, are more justified in relying on their observations from the patient's general condition than from the percentage of hæmoglobin.

The notes as above given have purposely avoided any reference to the Widal test, the examination for malarial plasmodia and bacteriological examination of the blood, as being already more than sufficiently dealt with in current literature. It may, however, be incidentally said that difficulties in successfully cultivating bacteria from the blood in cases of sepsis have doubtless been due in the past to the insufficient quantity of blood employed. The more recent observers, who have by resection used several cubic centimetres of blood for cultures, have been enabled to obtain excellent and positive results, not only in streptococcus septicæmia, but likewise in general gonorrhœal infections, in pneumonia, and in typhoid fever.