or she would at once be overcome with fright lest the procedure might hurt. The very fact of an existence, or even appearance of fright, will cause an instantaneous mild form of leucocytosis due to shock, sufficiently so to materially alter the blood picture, and to lead to a possible inaccurate diagnosis. I use a needle resembling a miniature scarificator, known as a blood needle, and which can be procured from any surgical instrument maker. This miniature instrument can easily be hidden in the palm of the hand; the needle can be regulated as to the depth of puncture desired. The puncture occurs instantaneously and causes a sufficient exudation of blood to make all the tests necessary for a complete blood examination. These differential procedures, although apparently of little note, are of the utmost value to arrive at a correct diagnosis by means of blood examinations. Our text-books quote correctly regarding the spreading of the blood. Wipe away the first few drops, and by smearing some around the puncture you will avoid having any dirt which had not been washed away mix with the blood, and collect about the fourth or fifth drop upon a perfectly clean cover glass, without allowing the latter to touch the skin. Drop the cover glass face downward upon a perfectly cleaned glass slide so that the force of the impact will help to spread the drop of blood. Place slide immediately under microscope, using the 1-12 oil immersion lens, and examine. Whenever a lengthy study of the fresh blood is required then the hot stage should be brought into requisition. The process of diluting the blood is universally the same, differing only as to the solutions to be used. For red cells a 1 per cent. solution of sodium chloride is my preference. Water alone breaks up the red blood cells, but NaCl preserves the cells. For white cells a 1 per cent. acetic acid solution with one drop of saturated solution of methylene blue, is my preference. To get exact results, and so as to save a great deal of labor, the Zeiss-Thoma counting apparatus, with two separate pipettes for red and white corpuscles should be used. The method of counting is so well explained in all text-books as to deserve no further notice at this time. For the estimation of hemoglobin the Fleischl Hemometer and the Gower's Hemometer are mostly used, and again our text-books fully explain the use and reading of these instruments. To estimate the specific gravity of the blood Hammerschlay's method is mostly used, and seems to work best. There exists no fixed rule regarding the preparation of cover-glass specimens, but, as a rule, we are taught as follows: Arrange a number of clean cover glasses near bedside of patient, and obtain the blood as previously stated. Collect a drop of blood upon a cover glass, and let the latter fall upon another cover glass in such a way that their corners do not coincide. The drop of blood will immediately spread over the whole surface, and as soon as it stops spreading slide off the top cover without lifting them apart. Dry the cover glasses over an alcoholic flame, or immerse for half an