on the dress of either patient or operator. This I do not believe. I have in my early days seen as much bleeding, and, in my early professional life, bled as much as most medical men now alive, and I don't think in the majority of cases, it is possible to prevent the first rush of blood from getting away from the bowl. Sometimes the blood does not flow in a full stream. This may be due to two causes; first, the vein not having been sufficiently incised, and second, because of the amount of adipose tissue on the arm, and deep seated position of the vein. Its flow may, however, be increased by having the patient forcibly grasp with the hand a ruler, and move the fingers about. If a ruler is not to be had, most houses have a porridge stick, which will answer the purpose equally well. The amount of blood to be withdrawn depends, of course, upon the character of the patient; from ten to twenty ounces is the average, the former in fairly strong patients, the latter in robust plethoric patients. To enable you to judge of the quantity withdrawn, it is a good plan to accurately measure, in water, the number of ounces you desire to take from the patient. Put this in bowl and mark in ink the height to which it comes. Then throw the water out. When the blood flowing into the bowl has reached the marked point, you know that the required amount has been obtained. Then untie the tape or handkerchief, place your thumb over the wound. A pad of lint, previously prepared, is then placed over the incision and kept in position by a bandage. This is applied by making a turn around the arm below the joint, then going over the pad above the joint, making another turn around the arm at this point, and lastly returning across the pad. The pad should be allowed to remain for two days, when it may be replaced by a smaller one. This in turn may be removed in about three days, by which time the wound is generally completely healed. If it has not, an ordinary piece of absorbent cotton may replace the pad for two or three days. Occasionally, blood cannot be obtained from the arm, or cannot be obtained in sufficient quantity, or you may be called upon to deal with a case where you consider bleeding absolutely necessary, and yet without a lancet to perform the operation. In such a dilemma, blood may be obtained from the temporal artery, the anterior branch of which should be selected. One such instance occurred in