

she cultivates, and it is not infrequent that we hear that one of the privates of the rank and file has nullified the teachings of his teacher, all this due to energetic, conscientious study and research work. *Fas est et ab parvum ingenium doceri.* The study of hematology is divided into three branches: 1st. Methods of clinical examination of the blood; 2nd. Physiology of the blood; 3rd. General pathology of the blood; and I shall dwell upon these branches by mentioning, 1st. The imperfect practical manipulations; 2nd. The effect of medication upon the blood; 3rd. The blood in infectious diseases. The scientific apparatuses and appliances adapted for blood work are many, but the principally used ones are a good microscope provided with a 1-6 plain and 1-12 immersion lens, the Zeiss-Thoma counter for red and white corpuscles, the Fleischl Hemometer, blood needle, staining solutions, cover glasses and slides, hot oven and stage. But one American author, Dr. R. C. Cabot, of Boston, Mass., has furnished us with a text-book entirely devoted to the clinical examination of the blood, a brilliant work by a thorough student and teacher. *Fama semper vivat.* Amongst the European authors we find such authorities as Von Ehrlich, Engel, Ziemann, Von Limbeck, etc., and all these authors agree upon the following processes of obtaining a specimen of blood for microscopical examination: 1st. Obtain the blood by puncture; 2nd. Spreading of the blood; 3rd. Diluting the blood for counting purposes; 4th. Counting of red and white blood cells separately; 5th. Hemoglobin estimation; 6th. Estimation of specific gravity; 7th. Preparation of cover glass specimens; 8th. Staining; 9th. Differential counting; 10th. Bacteriological examination. Regarding the obtaining of blood by puncture we are taught as follows: Clean the lobe of ear or bear of finger of patient with a damp cloth and then rub against a dry one, so as to remove all gross dirt (some authorities advise washing the parts with soap and water or some antiseptic solution), and use a lancet or surgical needle for puncturing the skin. My findings based upon numerous tests reveal the fact that blood obtained in this manner will always show certain histological changes which are not shown in the blood of the same person if the blood is obtained by a method which I have adopted after many years' practical and experimental work in the field of hematology. *Facile est inventis addere.* Friction produced by rubbing the part from which the blood is to be obtained will cause a temporary thermogenesis, and subsequently a temporary increase of leucocytes in the blood-vessels near the irritated part. Cleaning of the parts with antiseptic solutions, or soap and water, will cause immediate resorption of some of the chemical substances of such antiseptic soap into the nearby tissues, and will cause, first, chemico-physiological and subsequently histological changes in the blood cells. I have the patient immerse his or her hand in lukewarm water for a few seconds, and permit the hand to dry by ordinary temperature. Should your patient see you exhibit a lancet or surgical needle, he