other and put away from them all effort at keen business competition. There should be no seeking of personal aggrandisement, regardless of the feelings and interests of others. Competition there ought to be, but it should be the emulation of knowing and doing our business as well as or better than our neighbours—of being as kindly and sympathetic to our patients as we can, and of sparing no effort for their comfort and recovery. In an occupation which numbers in the United Kingdom more than 30,000 there will always be some whose code of morality is a loose one, who will go as near the verge of breaking laws as they think they safely can; some with whom moral obliquity is part of their nature; and yet others who, by original disposition or by cultivation, are cantankerous and ill-conditioned fellows. As sensible men we must recognize the fact that so long as the present constitution of humanity remains the same we cannot eliminate them; indeed, perhaps we should not long to do so even if we could. They are stimulative. This being so, how shall they be dealt with? I say, leave them alone as much as possible; let them fulfil their destiny by themselves. In no respect yield to them because they are objectionable; equally, and above all things, do not imitate them—it would be degrading. They carry within them their punishment, which develops as inevitably as the planets follow their courses. If we had this choice put before us—the alternative of a life of peace and comfort, with an equable mind and the esteem of our friends and brethren; or, on the other hand, a life of perpetual disagreement, always a position of offence or defence, with the knowledge that the goodwill and friendship of those of our own occupation are withheld from us, would any sensible man hesitate for a moment which to accept? Yet a man may so order his life that the latter is the result he attains—often, it may be, by slow and insensible degrees and not of deliberate aforethought.

Is a medical practitioner morally bound to conform his fees to any given standard? It is an opinion largely held that he is. Anyone deviating, either by falling short of or exceeding the custom of his locality, is sure to be subjected to active criticism. I submit to you, however, that every man has a right to value his services. If he fixes his fees above those of his neighbours it is a question between him and his patients whether or not they will accept his estimate of what his professional knowledge and skill are worth; his fellow practitioners have no claim to any voice in the matter. We may doubt the wisdom of the man who charges smaller fees than his brethren, and thereby proclaims his opinion that he is worth less. Yet he is equally within his rights, and it would be unjust to submit either to ostracism for what they have elected to do. I would willingly see more inequality of fees than exists, certainly the value of the work of different men varies out of proportion to the difference of reward. Take consultants, for instance: the conventional fee is the same for the struggling youth as for the man of great experience and knowledge. There is no gradation. I think there is a somewhat general feeling that a change would be to the advantage of everybody. Among general practitioners, again, it would not be an unfair arrangement if it were customary and usual to double fees at a certain age. There are undoubtedly difficulties in the way of introducing such changes; most changes are difficult. It could be applied only to a limited extent in country practices where the fees are often as much as the people can afford. It probably, also, would involve something less of the personal attachment which usually exists between practitioners and their patients. I am not, however, without hope that an alteration may yet be made in the direction I have indicated, and perhaps rather by slow evolution than by a rapid revolution. But I trust that the members of the medical profession will never take the false step of attempting to dictate to any one what his fees must be or of refusing recognition to those who may deviate from ordinary custom.

Are there circumstances which ought to prohibit a medical practitioner from competing for a vacant paid appointment? A medical man leaves a locality or dies, and his practice is bought by another; a partner holds appointments and resigns them: is there any reason why any one else should not compete with the successor to the practice? I venture to assert that there is not. There is no property in such posts. It would be alike contrary to public interest and to the best traditions of the profession that an effort should be made to have it created, even by custom. We ought not to think badly of any man who elects to contest any such vacancy because he does so. Even in the case of a necessitous widow who has sold a practice and receives payment for

appointments, it must be held as an act of goodwill and charity on the part of an eligible candidate if he declines to compete for vacancies. Again, the same question arises in the event of a man being unjustly dismissed. A Board or committee may seek to impose terms or remuneration which are manifestly inequitable. Do these circumstances imply any moral claim to such support from his brethren as is implied in a refusal to endeavour to supersede him? I assert that they do. None of us should aid or abet the doing of injustice. While the quarrelsome or injudicious man has no reason to expect to be supported in opposition to the powers that be, the man, who has been dismissed because he has conscientiously done his duty, or the man who resists an effort to reduce his remuneration below what is just recompense for his labour, has the strongest possible grounds for expecting active sympathy and support. I hold that any one disregarding this obligation and acting in a manner contrary to the sense of honourable men has voluntarily renounced his right to be treated as their equal.

It is well for the future of medicine as a profession that its governing body, the General Medical Council, is taking cognisance of breaches of good conduct by those whom it has registered. The Council now punishes and censures acts of which it formerly took no notice. There is hope that it may one day feel able to extend its powers a little further. But even if it does there will still remain minor lapses—acts which may be classed as ungentelemanly, and personal disagreements which it cannot be expected to regulate. For such, we now have admirable tribunals in the Ethical Committees of the Branches and Divisions, to which we may look to maintain in the future a high standard of professional honour. We need not desire for them any more extended powers than they now possess, for a deliberate and ordered expression of opinion is a sufficiently powerful agent for the object in view.

In concluding these remarks there come to me the words of the Psalmist: "Behold how good and how pleasant it is for brethren to dwell together in unity." And if I have in any way directed your thoughts to the means which tend to amity and to good fellowship and to that kindly charity which thinketh no evil, I shall feel that my purpose has been attained.

THE CALCULATION OF THE DATE OF DELIVERY IN PREGNANCY.

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THOUGH authorities differ somewhat as to the average duration of pregnancy in woman, the amount of divergence is small, and it is generally agreed that there is no absolutely sure method of calculating the exact date of delivery, the causes of this being mainly the impossibility of determining the date of fruitful coitus, combined with our ignorance of the factors which go to induce the occurrence of labour at term. Added to this is the prevailing inaccuracy of the woman regarding the date of the last menstrual epoch.

The length of gestation is given by Matthews Duncan¹ as 278 days, Schlichting² 273.2 days, Ahlfeld³ 281.6 days, Löwenhardt⁴ 279.8 days, Hasler⁵ 280 days, Montgomery⁶ 276 days, Edgar⁷ 280 days, giving an average of 278.3 days.

The simplest calculation is, perhaps, that by Naegeli's method, which consists in counting three months back from the date of the onset of the last menstrual period, adding seven days (in Leap Year six days if February be included), and counting a year forward from the resulting date.

I have kept by Naegeli's method a record of 200 cases which were under my own observation, only those being recorded in which, on inquiry, the woman herself gave an exact date for the onset of the last menstrual epoch, and the results are as follows:

A. Labour occurred before the estimated date...	53.70 per cent.
B. " " " after " " "	24.50 " "
C. The estimated date was exactly correct " " "	16.04 " "

The remaining percentage is accounted for by immature and premature labours.

In A. labour occurred on an average 3.4 days before the estimated date.

In B. labour occurred on an average 1.8 days after the estimated date.

There are, therefore, two points about this analysis which should be noted:

1. The percentage of labours occurring before the estimated date is far in excess of those occurring after it.

2. In Class A the average number of days is greater than in Class B, or, in other words, those in which the date of delivery is after the estimated date are nearer the latter than those in Class A.

I argue, then, from these facts that, in Naegeli's method, the number of days added on is too great, and that by adding fewer days a still nearer approximation to the date of delivery might be got, and this conclusion comes into line with the average length of gestation arrived at from the authorities quoted above, which is less than that given by Naegeli. If two days less be added the result corresponds both to the average length of pregnancy which I have quoted, and with the average (practically) in Class A.

Where available—which, unfortunately, is seldom—Löwenhardt's method will be found to be more accurate than Naegeli's, and the two will be found to correspond almost exactly, provided two days fewer are added to the latter. In fifty other cases which I calculated by Löwenhardt's method, the date of delivery was in all within 1.6 days of the estimated date. Löwenhardt's method consists in counting the number of days between the last menstrual period and the one preceding that and multiplying by ten. The date can then be got by tables.

REFERENCES.

¹ Arch. f. Gynäk., Bd. lli, 456. ² Ibid., Bd. xvi, 210. ³ Beobachtungen über die Dauer der Schwangerschaft. ⁴ Die Berechnung und die Dauer der Schwangerschaft. ⁵ Arch. f. Gynäk. ⁶ Signs of Pregnancy. Second edition. ⁷ Practice of Obstetrics.

SCROFULOUS ULCERS OF THE LEGS (BAZIN'S MALADY)

SUCCESSFULLY TREATED BY HIGH-FREQUENCY CURRENTS.

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MR. JONATHAN HUTCHINSON, in his *Archives of Surgery*, vol. v, p. 113, referring to Bazin's malady, says: "It is a name given to a manifestation of scrofula occurring mostly in young women, in which multiple ulcers, the consequence of a subcutaneous and self-infective inflammation occur on the legs, such ulcers being difficult of cure, prone to relapse, and presenting appearances very likely to be mistaken for syphilis." He further quotes in the same volume, p. 32, a translation by Dr. Colecott Fox of Bazin's description of the disease associated with his name.

The case now to be related must, I believe, be regarded as an example of Bazin's disease. It is true that the ulcers were present only on one leg, and that the symmetry, which has been a prominent feature of most of the cases recorded, was therefore lacking. But in view of the physical character of the ulcers, of their recurrence, and of the age and constitutional tendencies of the patient, this absence of bilateral distribution can hardly affect the diagnosis, and support for this position can be found in the fact that Mr. Hutchinson includes among his records at least two instances in which a similar limited manifestation of the disease existed.

The patient, a young lady aged 16, who had spent the greater part of her life in Eastern Europe, was brought to me by Dr. Alexander Thomson of Glasgow early in January, 1904. She was tall, of dark complexion, and somewhat phlegmatic disposition. With the exception of a number of ulcers on her left leg, and some evidence of anaemia, she appeared to be free from definite signs of disease. There was, however, a degree of coldness of the extremities, and at various times, it was said, she suffered from enlargement of the glands in the submaxillary region, facts which may be quoted in favour of the diagnosis here suggested. Neither in the family history nor in the physiognomy of the patient was there anything to suggest the possibility of a syphilitic taint. There is no history of tubercle in the family. The more recent history of the patient is included in the following note by Dr. Thomson:

History.

In April, 1897, I was called to attend Miss K. T., a young girl of 11 years of age, suffering from chicken-pox. The attack was a very severe one, the eruption being very copious, and the fever running high and lasting long; and a considerable degree of debility followed. The patient's home was in the Balkan States, and she was in this country merely on a visit. The coldness of the climate here made her always feel uncomfortable. Her personal history was free from any serious illness, but she had never been robust, and was always of a lethargic, indolent temperament.

After recovering from the attack of chicken-pox, she went to the coast for the month of July. On her return to town I was sent for to see her on account of the condition of her left leg. On the outer aspect of the

middle third of that limb were six or seven punched-out ulcers of various shapes and sizes. The largest was about $\frac{1}{2}$ in. in diameter, and the smallest about $\frac{1}{4}$ in. across. The ulcers presented a grey, unhealthy surface, and were discharging a thin, serous fluid. The skin in their neighbourhood was of a livid blue colour, and was much infiltrated.

The history given was that within a few days of going to the coast, nodules were observed on the leg in the affected region. These were not painful, but gradually rose above the surface and then slowly broke down to form ulcers. Under complete rest in bed for several weeks, the use of cod-liver oil and iron, and local application of lotions of boracic acid, etc., the ulcers gradually healed.

In September, 1897, the patient returned to her home in the East and remained there until September, 1902, when she once more came to Glasgow. During these five years she enjoyed fairly good health, and the leg gave her no trouble. For some months after coming here she continued well, but in June, 1903, nodules began to form in the region that had been affected six years previously. The stages through which these nodules passed were an exact repetition of what had taken place in 1897—namely, slow formation and elevation, breaking down, and ultimate formation of ulcers. The main difference noticeable was that the edges of the ulcers were on this occasion hard, white, and callous. They were seven in number, and the condition of the surrounding skin was as it had been during the former attack. The blue colour was, if anything, more deep, and the scars of the old ulcers were sharply defined as white patches. The new ulcers partly encroached upon the scars of the former ones.

On this occasion the treatment adopted in the former attack proved quite useless. The patient remained in bed for two or three months, and took malt, hypophosphites, syrup of iodide of iron, and cod liver oil. Locally the ulcers were treated with a great variety of dressings, including sulphate of zinc, black wash, compound tincture of benzoin, antiphlogistine, etc., but they utterly refused to heal. The only improvement noticeable was that the surrounding induration lessened and the ulcers had a cleaner and healthier appearance after being dressed for some weeks with antiphlogistine. Thorough scraping of the ulcers was also tried on two separate occasions, but without benefit. Seeing no improvement was being made, I requested my friend Dr. Somerville to try upon my patient's leg the effects of the high-frequency currents. I shall leave him to describe his treatment, the results of which proved highly satisfactory, and shall only add that I have seen the patient on several occasions since the electrical treatment was stopped, and that the ulcers continue soundly healed. With the exception of a temporary attack of acne she has, indeed, enjoyed her usual measure of health.

Comparing the facts of the case with the descriptions of Bazin's malady, I have no doubt that it is an example of that disease, though it must be placed among the rarer members of the group in consequence of the ulceration affecting only one of the lower limbs.

When the young lady came to me I found on the anterior aspect of the left leg seven punched-out ulcers ranging in size from a threepenny-bit to a florin. The ulcers had undermined irregular edges resembling markedly the ulcers produced by specific disease to which, as Mr. Hutchinson points out, cases of Bazin's malady are apt to be referred. The skin in the immediate neighbourhood of each ulcer had the dark-red "violaceous" character described by Bazin, and was free from irritability and tenderness.

Dr. Thomson has noted the treatment adopted by him. The high-frequency currents were first applied by me on January 12th, 1904, and were continued till March 28th, 1904, forty-one applications in all being employed. The patient sat for about eight minutes on the auto-condensation couch; thereafter the limb was treated by the spray éffluve and also with a flat glass electrode of high vacuum connected with the top of the Oudin-Dean resonator. Very shortly after treatment was commenced the ulcers began to take on a more healthy appearance; they gradually filled up, and the usual healing line was soon noticeable, till finally they were covered entirely with healthy skin.

I saw the patient at the end of January of this year, when I found the ulcers perfectly healed, the skin of the limb quite smooth, free from induration, and was surprised to learn that a short time previously the young lady had walked no less than thirty miles in one day without any evil effect, and had been climbing hills during the summer holidays.

THE CORNEAL REFLEX THE MOST RELIABLE GUIDE IN ANAESTHESIA.

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THE number of signs of anaesthesia which students are now supposed to take into consideration is altogether beyond the grasp of many men in moments of doubt. In addition to this, I believe that the common resort to the evidence of pupillary variations which are also produced by partial asphyxia, strong light and operative influence, quite