

of first demonstration). In the early fetus (see Fig. 16) the sinus is a long tube receiving high up the genital ducts and urethra. About the commencement of the tenth week the epithelium lining the terminal parts of the Müllerian ducts proliferates (Berry Hart believes the proliferation takes place from the Wolffian ducts), and grows towards the perineum as two solid rods; the mesoblast surrounding the rods is also in a state of active growth. The rods fuse together, the hymen and lower third of the vagina being formed by a canalization of the epithelial rods. The transformation of the terminal parts of the Müllerian ducts results in the opening of the vagina being brought down almost to the

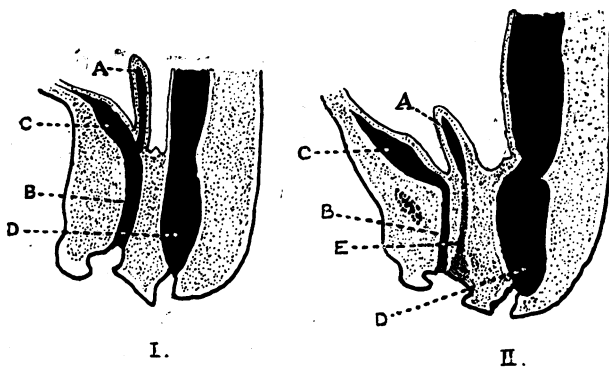


Fig. 16.—Diagrams showing the termination of the vagina about the seventh week (I) and about the thirteenth week (II); after Dr. F. Wood Jones. A, Müllerian ducts (vagina and uterus); B, urogenital sinus; C, bladder; D, rectum; E, vagina represented by a rod of epithelium.

perineum; all that remains in the female of the original cloaca are the trigone of the bladder, the urethra, and that part of the vulval cleft which lies between the labia minora. The migration of the vaginal orifice is a sexual change—an adaptation for impregnation and parturition. In all the cases of android females—females in which hyposynclisis had occurred—two things were noticed about the vagina: (1) the orifice was high up in the urogenital sinus, a position which is normally retained in the male; (2) it is very narrow—clearly in these cases the vaginal migration had failed to occur. In three of the six android females the rectum opened into the clitoric urethra.

Thus it will be seen that Hunter's dictum, that the full development of the sexual characters depends on the testicular or ovarian stimulus of perfection, seems likely to provide the best key to the pathology of all the cases we have considered, and that a more exact study of such malformations is likely to throw much light on certain obscure physiological problems.

#### REFERENCES.

- <sup>11</sup> S. Shattuck, *BRITISH MEDICAL JOURNAL*, October 19th, 1907.
- <sup>12</sup> Arthur Thomson, *Journ. of Anat. and Physiol.*, vol. xxxiii, 1899, p. 359.
- <sup>13</sup> F. Keibel, *Archiv für Anat. und Physiol.*, 1896, p. 55.
- <sup>14</sup> A. J. Broek, *Zur Entwicklungs-geschichte des Urogenitalkanals bei Beutlern*, *Verhand. anat. Gesellsch.*, 1908, p. 104.
- <sup>15</sup> D. Berry Hart, *Journ. of Anat. and Physiol.*, vol. xxxv, 1903, p. 330.
- <sup>16</sup> A. Lichtenberg, *Ueber die Entwicklungs-geschichte accessorischer Gänge am Penis*, 1906.
- <sup>17</sup> A. Fleischmann, *Morph. Jahrbuch*, Bd. xxxii, 1904, p. 23.
- <sup>18</sup> G. H. Edington, *BRITISH MEDICAL JOURNAL*, September 21st, 1907.
- <sup>19</sup> Keith and Shillitoe, *Lancet*, January 18th, 1904.
- <sup>20</sup> Macnaughton-Jones, *Journ. of Obst. and Gynaec. of the Brit. Empire*, 1905, October, p. 245.
- <sup>21</sup> G. F. Blacker, *Journ. of Anat. and Physiol.*, vol. xxx, 1896, p. 283.
- <sup>22</sup> J. E. Spicer, *Proc. Royal Medical Society, Obstet. and Gyn. Section*, October 8th, 1908, *Lancet*, October 24th, 1908, p. 1216.

AT the recent half-yearly meeting of the Medico-Psychological Association (Scottish Division) it was reported that Sir John Jardine, M.P. for Roxburgh, had stated his intention to bring in next session the bill drafted by the Division with regard to superannuation allowances. A hope was expressed that all members of Parliament representing Scottish constituencies would be approached in due time by those interested and be persuaded to assist the passage of the Bill. At the same meeting a paper was read on the bacteriology of the cerebro-spinal fluid in cases of general paralysis by Drs. Forbes Robertson and Dods Brown. For the most part the members present were in agreement with the statements made, but Dr. Marr held that general paralysis of the insane was probably not of microbic origin. This opinion was founded on a research carried on by him during the past three years, during which he investigated the condition of the cerebro-spinal fluid in 53 cases of the disease.

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### THE VALUE OF TURPENTINE IN GALL-STONE OPERATIONS.

A WOMAN about 54 years of age, who had been suffering for several months with fever and suppuration of the gall bladder, came under my care in the Native Mission-Hospital. Cholecystostomy was performed, and the gall bladder, which was full of stones, was cleared out. A large mass of impacted stones was found lying apparently in the ductus choledochus, but, on account of the adhesions round the gall bladder, etc., the duct could not be properly exposed. A spoon was passed 3 in. or so through the cystic duct, but the stones could not be removed, and they were so hard that it was impossible to break up the mass or to make any impression upon it. After working at it for some considerable time I feared that I should have to leave the impaction unrelieved, when, suddenly recollecting the well-known solvent action of turpentine on gall stones, I determined to try it.

A piece of indiarubber tubing was fixed on a small glass-syringe and 1 drachm of turpentine injected through the cystic duct on to the surface of the impaction. In a few minutes I was able to break up the impaction, and in about ten minutes all the stones were removed from the duct. The patient made an uninterrupted recovery, the opening in the gall bladder healing up in about six weeks.

From my experience in this case it seems to me that the habitual use of turpentine in connexion with cases of choledochotomy in which there is the slightest difficulty in removing the bile concretions might materially lessen the risks of the operation.

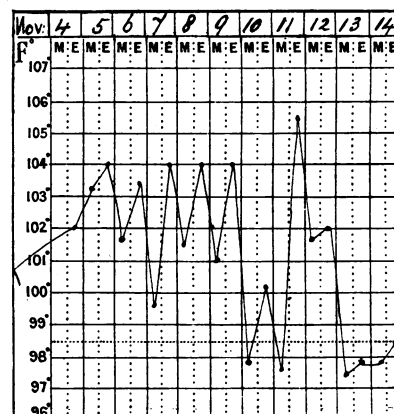
Nablus, Palestine.

GASKOIN WRIGHT.

#### ERYSIPELAS MIGRANS COMPLICATING PREGNANCY.

THE following note of a case where, the day after the onset of a very severe attack of erysipelas, premature birth occurred in a primipara, and in which complete recovery took place, may be of interest.

The patient was seen by me on November 2nd, 1907, and was then, apparently, convalescent from an attack of acute tonsillitis, of which I can only speak from hearsay. Within twenty-four hours of my visit she developed an attack of erysipelas, beginning on the face and extending, in the



course of a couple of days or so, over the head, neck, shoulders, and back, down to the level of the waist behind. It extended for about 3 in. below the point of the shoulder on the outer surface of each arm, and did not affect the front of the trunk at all. A few large blebs formed on the ears and eyelids, which ultimately burst and dried up, leaving no trace of scar.

I take the case to have been one of so-called erysipelas migrans. There was great constitutional disturbance, and, following a recrudescence of the disease in the face, from which it had almost died away, on the evening of November 11th the patient's condition became, for a few hours, extremely critical. The next morning, however, she was

much better, and, rapid crisis occurring, she made an uninterrupted recovery. The point of interest is, that on the morning of November 4th she began to have pain and some vaginal haemorrhage, which culminated in the premature delivery of a child, which, however, only lived for a few days. This took place at about 7 p.m. on the same evening, and, with the exception of a douche containing Condy's fluid, given immediately afterwards, no special precautions were taken, but from first to last the puerperium pursued a perfectly normal course.

I gave the patient ferr. et ammon. citratis and tr. nuc. vom. internally, and applied a paint of liq. ferri perchlor. fort., and glycerine externally. I am much indebted to the district nurse for the care and attention she devoted to the case.—I am, etc.,

Sheffield.

JOHN SORLEY, M.B., C.M. Edin.

## Reports

ON

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

#### ANCOATS HOSPITAL, MANCHESTER.

##### TWO CASES OF TRAUMATIC RUPTURE OF THE SPLEEN.\*

(By GARNETT WRIGHT, M.B. Ed., F.R.C.S. Eng.,  
Honorary Surgeon to the Hospital.)

RUPTURE of the spleen is an accident sufficiently grave to render a short account of such cases of interest, and this is my reason for bringing the following two cases to notice.

#### CASE I.

On August 8th, 1907, a woman, aged 35, was brutally assaulted by her husband and kicked in the abdomen, with the result that she immediately fainted. On recovering consciousness she complained of severe pain under the left lower ribs, and was removed to hospital. I saw her about five hours after the injury. She was then fairly comfortable. The pulse was 96 and the temperature 99° F.; the lips and conjunctivae were pallid, and her general appearance suggested that she had lost some blood. Abdominal examination revealed slight distension, but the abdominal wall moved freely with respiration. There was some tenderness and rigidity in the left hypochondriac region, and the area of splenic dullness extended to the costal margin.

A diagnosis of internal haemorrhage, probably of splenic origin, was made, but the patient looked so well that expectant treatment was adopted in the hope that the bleeding would cease spontaneously.

On August 10th, the second day after admission, the abdomen had become more distended, the dullness had extended into the left loin, and the pulse had risen to 108, while the temperature was rising; operation was therefore decided on.

Under chloroform anaesthesia a vertical incision was made through the left upper rectus, and on opening the abdomen fluid blood was found, with a collection of large clots round the spleen. The incision was converted into a T-shaped one, by carrying a second incision transversely outwards, and on clearing away the clots a small tear about  $\frac{3}{4}$  in. long was found on the gastric surface of the organ, near its upper pole. The spleen itself was much enlarged and extended to the costal margin. Sutures cut out at every attempt to sew up the tear, and a gauze pack was applied to stop the bleeding. The peritoneum was washed out with saline solution and the wound closed, the gauze pack being brought out through the transverse incision. The patient made an uneventful recovery, the gauze being removed gradually, the last portion coming away about a week after the operation. She left hospital on September 16th, 1907, in good health, and still remains well as far as I am aware.

#### CASE II.

A little girl, aged 2 years and 5 months, was run over by a spring cart on November 1st, 1907, at 12.30 p.m. She was immediately taken to hospital, and on arrival there was found to be in a condition of extreme shock, with a pinched face, pallid lips, and feeble fluttering pulse. The abdomen moved freely, and there was no tenderness, but there was slight dullness in the left flank. Internal haemorrhage was suspected, but the child was in a state of such profound shock that immediate operation seemed out of the question.

At 5 p.m. the dullness in the left flank was more pronounced, and shifted with changes in position. There was no abdominal tenderness. The general condition of the patient was if anything slightly better, but as it was evident that the bleeding was profuse, it was decided not to delay operation any further.

The abdomen was opened through a vertical incision in the left upper rectus, and a large quantity of fluid blood escaped. The upper half of the spleen was torn completely off. The incision was converted into a T-shaped one and the spleen excised, the pedicle being clamped and ligatured. Some difficulty was experienced in securing the upper part of the pedicle, where the spleen had been torn away from it. The peritoneum was washed out, a gauze pack passed down to the pedicle, and the wound closed.

The patient rallied somewhat after the administration of salines subcutaneously, but during the night convulsions set in. She died at 3.15 the next morning. Inspection of the wound showed that no further bleeding had occurred.

#### REMARKS.

These two cases illustrate the great variations in the extent of the lesion, and consequently in the acuteness of the symptoms and the gravity of the prognosis.

Operative interference is necessary in the great majority of cases of rupture of the spleen, as only 7 to 8 per cent. recover under expectant treatment, according to the statistics of Berger. Ross, in the *Annals of Surgery* for July, 1908, records the case of a boy of 8 years who recovered without operation, the symptoms pointing to a rupture of the spleen.

As to the time of operation, in the majority of cases it should be performed as soon as the diagnosis is made or signs of internal haemorrhage present themselves. Operation was delayed in my second case because of the profound shock from which the child was suffering, in the hope that she would rally, a hope which was only very partially fulfilled. There is no doubt in my mind that death was due to the loss of blood in this case, and the convulsions which set in just before death were probably due to cerebral anaemia. In a similar case I should now be inclined to operate at once.

The T-shaped incision which I adopted in both these cases gives very good access and at the same time the vertical part of the incision enables one to examine other structures, such as the liver, omentum, and mesentery, which may be injured at the same time as the spleen, or may even be the sole source of haemorrhage. I see that Mr. Miles advocates this incision also. In many cases splenectomy is the best method of dealing with the haemorrhage, and is advocated by Elsworthy Eliot, jun., in all cases, as being quicker and more reliable than suture or tamponade, and he recommends clamping the pedicle and leaving the clamps *in situ* as the quickest method of dealing with the pedicle. On the other hand, this seems a severe operation when there are only slight tears in the substance of the spleen, as there was in my first case; and Ross, quoting Berger's statistics, mentions 6 cases treated with tampons with 5 recoveries, so that I would suggest that tamponade has a distinct place in the treatment of injuries of the spleen, especially as we know that splenectomy is in some cases followed by undesirable sequelae. Whenever tamponade or suture are employed it is necessary to make sure that all the tears are dealt with, as Lamarchia lost a case from a second tear which bled into the lesser sac. The blood should always be washed out of the peritoneal cavity to avoid the future formation of adhesions; but drainage is not necessary unless there is an injury to the tail of the pancreas, which lies in close relationship to the spleen.

\* Read before the Manchester Medical Society.

## Medical News.

MAJOR SIR ALAN PERRY, M.D., D.P.H., Inspector-General of Hospitals, Ceylon, has been appointed a Knight of Grace of the Order of St. John of Jerusalem.

UNDER the will of the late Mr. Joseph Standing Dronsfield, formerly of Oldham, the infirmary in that town receives a sum of £1,000.

THE foundation stone of a new infirmary for the Wandsworth Union was laid on December 15th. It is to be built in St. James's Road, Wandsworth Common, at a cost of £66,550.

THE cholera epidemic continues in St. Petersburg, as many as thirty-three cases with nine deaths having been reported on December 7th. Later statistics do not reveal any rapid increase, but they do not show any steady decline. The municipal sanitary authorities having failed to deal promptly with the matter the Government has placed them under the direction of a special sanitary official.

THE Royal Ear Hospital, Frith Street, Soho, and the Swansea Hospital each receives a sum of £500 under the will of the late Mr. James Lawes Perrin, similar sums going to the following Bristol institutions: The General Hospital, the Royal Infirmary, the Hospital for Women, the Eye Hospital, and the Deaf and Dumb Institution. It was in Bristol that the deceased carried on his work as a tobacco manufacturer.

A JOINT meeting of the Irish Medical Schools' and Graduates' Association and of the Scottish Medical Diplomates' Association will be held on Thursday, January 21st, at 4 p.m., at the Hotel Cecil, London, to consider the exclusion of graduates of the universities and the diplomates of Scottish and Irish corporations from candidature for positions on the staffs of certain hospitals in England. In the evening there will be a dinner at the same hotel. Further particulars can be obtained from the Honorary Secretary of either association at 11, Chandos Street, Cavendish Square, London, W.

THE Committee appointed by the Lord President of the Council to consider the working of the Midwives Act held its preliminary meeting on Wednesday, December 16th, at the Privy Council Office. Mr. Almeric FitzRoy was in the chair and all the members were present. The course of procedure was arranged, and it was decided to hold the first meeting for the hearing of evidence on Wednesday, January 20th. It is requested that any communications to the Committee may be addressed to the Secretary, Midwives Act Committee, Privy Council Office, Whitehall, S.W. We have received from the President of the Midwives' Institute a protest against the omission of any representative of the midwives from this Committee, which is to report, among other matters, on the supply of midwives and the cost of training. Our correspondent urges that taking evidence of midwives will not in any way make up for the absence of at least one as a member of the committee, because to that body falls the responsibility of weighing evidence and of framing a report.

AT a meeting of the scientific committee of the Incorporated Society for the Destruction of Vermin, at the offices, 95, Wigmore Street, last week, under the chairmanship of Sir Lauder Brunton, Bart., the subject of the possible danger attending the use of rat virus was discussed. Dr. Collingridge, Medical Officer of Health for the City of London, was present by invitation, and it was resolved to make urgent representations to the Government to institute suitable experiments to determine whether the various bacteriological preparations used for the destruction of rats and mice are, or may be likely to become, capable of producing disease in man and domestic animals.

THE members of the Corporation of Aldeburgh and a number of other guests were entertained at dinner at the White Lion Hotel by the Mayor, Mrs. Garrett Anderson, M.D., on December 12th. The toast of "The Colonies," proposed by Mr. Alan Anderson, of the Orient Line, son of the Mayor, was acknowledged by Captain Collins, R.N. The toast of "The Medical Profession" was acknowledged by Dr. Beverley, of Norwich, who said that Aldeburgh, in electing Mrs. Garrett Anderson Mayor, had followed and endorsed the opinion of her profession, for she had been President of the East Anglian Branch of the British Medical Association. The Mayor, in responding to the toast of "The Borough," said she would try in her year of office to be a sort of motherly housekeeper, and to make the town, of which all were so justly proud, neater and more elegant, for elegance was not wickedness. She hoped that the Council would work together with her to this end.

THE late Miss Annie Graham Sewell, who died on November 7th, a daughter of the late Dr. Charles Brodie Sewell, of Cavendish Square, directed by her will that her residuary estate should be divided equally between five bodies, of which one is the Royal Medical Benevolent College and another the British Medical Benevolent Fund. In each case the capital sum is to be invested, and out of the income pensions of not less than £20 nor more than £50 are to be provided. These are to be called the "Brodie-Sewell Pensions," and in awarding them preference is always to be given to the wives and spinster daughters of deceased medical practitioners. The sum which each of these institutions appears likely to receive is about £8,000.

AT a meeting of the council of Queen Victoria's Jubilee Institute on December 10th it was reported that progress in the organization of district nursing in Wales had been made, and that, with a view to meeting the needs of nursing and midwifery work in the rural districts of the principality, two local councils had been established to develop schemes of administration. The requirements of the Women's National Health Association in Ireland necessitated the employment of nurses and health workers, and this had led to an increased demand on the institution. The estimated expenditure for the coming year showed a considerable increase over any previous period, but, owing to the continued growth of the work, this was inevitable.

THE annual general meeting of the Society of Members of the Royal College of Surgeons of England was held at Frascati's Restaurant, on December 8th, in the absence of permission to meet in the college. Expressions of regret were made at the continued opposition of the Council of the Royal College of Surgeons to accede to any of the repeated applications for more efficient representation. It was also contended that under the midwifery, factory, and vaccination Acts, as well as in respect of the examination of Territorials, much better fees could have been obtained if the professional units could have relied upon the support of the college. The officers of the society were elected for the coming year, and the funds were reported to be in a flourishing state, notwithstanding the recent heavy expense of the poll of the members of the society. Several new members were elected, and a hearty vote of thanks was accorded to Mr. Joseph Smith, J.P., for presiding during the past year.

IT appears, according to the *Oporto Gazeta dos Hospitaes*, that the epidemic of plague in Terceira in the Azores is increasing, and in consequence a medical mission has recently been dispatched from Lisbon to the island with the view of carrying out an energetic campaign against the outbreak. Professor Souza Junior, head of the Bacteriological Laboratory in Oporto, is in charge, and is accompanied by Professor Ramos e Oliveira and four other physicians, together with a staff of twelve hospital attendants and six disinfectors. The members of the mission, who are all "vaccinated according to the present-day methods recognized as being of service against the plague," receive the Government guarantee of a pension to their family in case of death.

AT a dinner given in London recently to Dr. James Matthew Moody, Medical Superintendent of the London County Asylum, Cane Hill, which was attended by his brother, General Sir John Moody, and many past and present colleagues on the medical staff of the asylum, Dr. Moody was presented with his portrait, painted by Mrs. Beavan (Beatrice Offor), with autotype reproductions of the portrait, and with an album containing an inscription and signatures of the subscribers. Dr. D. G. Thomson, medical superintendent of Norfolk County Asylum, was in the chair, and Dr. Gardiner Hill, of the Middlesex County Asylum, Wandsworth, in the vice chair. In making the presentation, Dr. Thomson referred to Dr. Moody's high standing in the lunacy administration of this country, and to his most successful founding, organizing, and twenty-five years' management of Cane Hill Asylum, pointing out as a tribute to the reputation Cane Hill had gained under his direction that no less than nine of his assistant medical officers were now medical superintendents of English asylums, which in a period of twenty-five years is probably a record. Dr. Moody, in accepting the presentation, expressed his great pleasure and pride in receiving such a gift from the hands of his past and present colleagues, and assured them that their appreciation of his work at Cane Hill was ample reward and recognition of all his work there, for were they not likely to be, with perhaps the exception of himself, his most severe critics? The usual loyal toasts were duly honoured, and Dr. and Mrs. Moody's healths proposed and received with acclamation.

Dr. Coutts, if he went still more deeply into the subject, would find that not only 2,000, but a very large majority of the 50,000 alluded to, whether they belong to the "Society for the State Registration of Nurses" or not, are in favour of the bill now before Parliament.

One understands in the case of the London Hospital, where of course a considerable drop in the funds would result, owing to the fact that they would no longer be able to send out their nurses to do private nursing at the end of a two years' training, as is now done, why they must be opposed to the bill, and one naturally sympathizes with them, but it would be interesting to know why the heads of several other training schools, where this is not the case, do not lift their voices in more energetic protest. Surely they cannot be ignoring the bill, or is it that they are not sufficiently backed in their opposition by their nurses?—I am, etc.,

London, N., Dec. 14th.

(Mrs.) W. F. HADFIELD.

## Universities and Colleges.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At an ordinary meeting of Council on December 10th the diploma of Fellow was conferred upon the following candidates:

Hermann Balean, M.D., B.S.Lond., L.R.C.P., M.R.C.S., London Hospital; John McCallum Anderson Macmillan, Captain, I.M.S., M.B.Edin., L.R.C.P., M.R.C.S., Edinburgh University and St. Bartholomew's Hospital; Robert Ainslie Ross, M.B., Ch.B.Edin., L.R.C.P., M.R.C.S., Edinburgh University and St. Thomas's Hospital; William Haywood Hamilton, Captain, I.M.S., L.R.C.P., M.R.C.S., St. Bartholomew's Hospital; Athelstan Jasper Blaxland, M.B., B.S.Lond., L.R.C.P., M.R.C.S., University College Hospital; George Herbert Colt, M.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S., Cambridge University and St. Bartholomew's Hospital; Albert William Duncan Coventon, M.A., B.C.Cantab., L.R.C.P., M.R.C.S., Cambridge University and St. Bartholomew's Hospital; William Harold Hey, M.B., Ch.B.Vict., L.R.C.P., M.R.C.S., Manchester University; Charles William Menelaus Hope, M.B., B.S.Durh., L.R.C.P., M.R.C.S., Durham University and St. Bartholomew's Hospital; James Elrick Adler, L.R.C.P., M.R.C.S., London Hospital; Walter Welchman, M.B., B.S.Lond., L.R.C.P., M.R.C.S., Guy's Hospital; Haldinstein David Davis, M.B.Oxon., M.R.C.P., M.R.C.S., Oxford University and St. Bartholomew's Hospital; Harold Beckwith Whitehouse, M.B., B.S.Lond., L.R.C.P., M.R.C.S., St. Thomas's Hospital and Birmingham University; John Jackson Whatley Evans, L.R.C.P., M.R.C.S., Westminster Hospital; William Stephen Fenwick, M.B., B.S., B.Sc.Lond., L.R.C.P., M.R.C.S., Charing Cross Hospital; Godfrey Martin Huggins, L.R.C.P., M.R.C.S., St. Thomas's Hospital; Kenneth Macfarlane Walker, B.A.Cantab., L.R.C.P., M.R.C.S., Cambridge University and St. Bartholomew's Hospital; William Elliott Carswell, M.B., Ch.B.New Zealand, L.R.C.P., M.R.C.S., New Zealand University and London Hospital; Henry John Nightingale, M.B., B.S.Lond., L.R.C.P., M.R.C.S., St. Thomas's Hospital; Andrew John Crawford, M.B., Ch.B.New Zealand, L.R.C.P., M.R.C.S., New Zealand University and London Hospital; Robert Joseph Willan, M.B., B.S.Dur., L.R.C.P., M.R.C.S., Durham University; George Henry Pooley, B.A.Cantab., L.R.C.P., M.R.C.S., L.S.A., F.R.C.S.Edin., Cambridge University, St. George's and St. Bartholomew's Hospitals; David McCrae Aitken, M.B., Ch.B., F.R.C.S.Edin., Edinburgh University and St. Thomas's Hospital; Percival Templeton Crymble, M.B., B.Ch., B.A.O. R.U.I., Queen's College, Belfast, and London Hospital; Bryden Glendinning, M.B., B.S.Durh., Durham University and Guy's Hospital; Thomas Killen, B.A., M.B., B.Ch., B.A.O.R.U.I., Queen's College, Belfast, and London Hospital; John Ernest Payne, M.A., M.B., B.C.Cantab., Cambridge University and St. Bartholomew's Hospital; and Robert Townley Slinger, M.B., Ch.B.Vict., Manchester University and London Hospital.

## Medico-Legal.

### UNSUCCESSFUL CLAIM TO PARTNERSHIP.

HALL v. PRINCE.

THIS action was heard before Mr. Justice Parker in the High Courts of Justice, Chancery Division, on November 24th. The plaintiff was Dr. John Charles Hall, of Castleford, and the defendant Dr. Hugh Tennant Prince, of Tadcaster. Counsel for defendant were Mr. Grant, K.C., and Mr. Charles Church, instructed by Mr. J. H. Milner, Leeds. Dr. Hall was represented by Mr. Mark Romer, K.C., and Mr. F. H. L. Errington, instructed by Messrs. North and Sons, Leeds. The plaintiff claimed a declaration that he was a partner with defendant, and asked for an injunction to restrain the defendant from the management and enjoyment of the partnership property. Dr. Hall was examined at length by Mr. Grant. In the cross-examination by Mr. Romer the following questions and answers were recorded:—Q. After you became qualified, or since you became qualified, have you ever had a practice of your own? A. Not a practice of my own; no, yes, well, a short time, a month.—Q. Where was that? A. Billingborough.—Q. Billingborough is a place, is it not, where you first went as a locum-tenent to Dr. Blasson? A. It is so, yes.—Q. After Dr. Blasson had determined this locumtenency, shall we call it? you sug-

gested, did you not, that you had been rather badly treated by him? Did not you suggest that you were, or ought to be, a partner of his? A. No, it was an original suggestion on his part. I had been with him as locumtenent on six different occasions, and the partnership—we discussed it—fell through, and I remained on and attended to the practice.—Q. I know it fell through, but you said you were a partner, or ought to be a partner, did you not? A. I said I ought to have been, because it was on his invitation I had come down. Q. You went there as locumtenent and suggested at the end that you had been brought there to be a partner or something of that sort? A. I should not go six times running and remain eighteen months without some obvious encouragement to do so.—Q. Dr. Blasson did not assent to your view about the matter? A. No, he did not.—Q. When you were acting as locum-tenent to Dr. Blasson did you live next door to him? A. No, I lived with him in his own house to the last locumtenency.—Q. When he repudiated your suggestion about a partnership did you set up in business next door to him? A. It was next door. It was the only available room. I simply had rooms temporarily.—Q. You practised there on your own account for six months, I think. A. Yes, roughly six months.—Q. And when you left at the end of six months did you not suggest to Dr. Blasson that he should buy your practice?—A. No. I suggested that he might like to buy the drugs. An agreement appears to have been entered into between the plaintiff and defendant whereby the plaintiff was to enter the services of the defendant as assistant and dispenser for one year at a salary of £200 a year. Later the main terms of a proposed partnership were provisionally arranged. All the negotiations for a partnership were, however, based upon a representation made verbally by the plaintiff to the defendant, and the defendant before consenting to enter into the suggested partnership required the plaintiff to satisfy him as to his financial position. The negotiations for apartments came to an end, and the defendant offered to take the plaintiff as assistant. Dr. Prince was not called upon to defend. The terms of settlement between the parties were that the action should be dismissed with costs agreed at £100; the defendant to pay £150, less agreed sum for costs, this amount being that payable by Dr. Prince for services rendered by Dr. Hall; the plaintiff to undertake not to practice at Tadcaster or within seven miles thereof for ten years without prejudice to his right to act within that area as medical officer of the Castleford district of the Pontefract Union; the plaintiff to be at liberty to collect and retain all fees earned by him at Tadcaster from August 1st, 1907, except those entered in defendant's book; the defendant to pay £5 for fees from said date in defendant's books. The plaintiff to give up forthwith possession of house at Tadcaster, but to be indemnified against past and future rent thereof and all unpaid rates and taxes; plaintiff to pay electric lighting bill down to date of delivery of possession. From the cross-examination quoted above it will be seen that this is not the first time the plaintiff has attempted to force himself into a partnership without success.

### THE SALE OF A PRACTICE.

JUDGEMENT was delivered in the Chancery Division last month in a case which has been watched with much interest in Yorkshire, not on account of any novel feature which it presented but because of the position of the defendant. At the beginning of last year Dr. Edward Ellis, a practitioner of long standing in Halifax, decided that the time had come when, if he could sell his practice, he would like to retire and take life more easily. In the spring a purchaser was introduced by an agent, the practice investigated by the prospective purchaser and his brother, and a contract drawn up. Part of the purchase money was then paid, and in June the introduction commenced. Some three months afterwards the purchaser expressed some vague dissatisfaction with the practice, and some three months later, or at the beginning of this year, suggested that either the contract should be rescinded and the money paid on it returned, or that the practice should be made over to him on greatly reduced terms. At the same time he implied that he had been materially deceived as to the nature of the practice, and finally commenced an action in which he charged the seller with having deliberately and fraudulently misrepresented the nature of the practice. The purchaser's complaint seems to have been that the practice was more of a working-class character than he had believed, and that it offered no opportunity for the special gynaecological work which he himself desired to undertake. The end of the case was that Mr. Justice Warrington gave a verdict in favour of the defendant, Dr. Ellis, on all points. In certain matters where there was a difference between the evidence of the seller and that of the purchaser and his brother, he preferred, for reasons which he gave, to accept as correct the evidence of Dr. Ellis, and concluded that there had been on his part no misrepresentation, either intentional or unintentional, and that, on the contrary, the purchaser had been afforded every opportunity of deciding on the nature and value of the practice for himself, and had been assisted in his task in every way by the seller. We congratulate Dr. Ellis on the firm position which he maintained throughout this unpleasant matter, and on an issue to the affair which leaves his high reputation in Yorkshire without a shadow of blemish. As evidence of the value of well-kept books, it may be noted that the judge laid stress upon the excellence and clearness with which the books of this practice had been kept for many years past; anybody who even glanced through them could, he indicated, see for himself that the practice was not of the kind which the purchaser endeavoured to make out he had believed it was.