

any physician whose certificate was revoked and whose registration was cancelled. Nothing in this act shall be construed as discriminating against any applicant who was able to comply with the provisions of section two of chapter 112 of the General Laws, previous to the passage of this act.

A bill has been introduced and will be favored by the Joint Committee, to provide for the registration of medical students for the limited practice of medicine.

SECTION 1. An applicant for limited registration under this act who shall furnish the Board of Registration in Medicine with satisfactory proof that he is twenty years of age or over and of good moral character, that he is enrolled and has creditably completed not less than two years of study in a legally chartered medical school in good standing, which medical school has the power to grant degrees in medicine, and that he has been assigned to the care and observation of persons needing medical service, by a teacher in a medical school as defined in this act, may upon payment of a fee of one dollar be registered by said Board as an assistant in medicine with the right to sign birth certificates and perform such service as may be delegated to him by his instructor under the following restrictions:

SECTION 2. Such registered assistant in medicine may not by himself alone use or apply any narcotic drug as defined in the Statutes of this Commonwealth relating to the possession, application or distribution of narcotic drugs; he may not, except in the presence of and under the supervision of the instructor in the medical school of which he is enrolled, advise or employ any treatment for diseased conditions, nor perform any operation which is or may be carried out by the use of any instruments other than those which may be necessary in dealing with normal cases or those used in the examination of patients for the purpose of making a diagnosis; he may not sign certificates of death.

SECTION 3. Nothing in this act shall be construed as preventing the employment of any measure for the relief of suffering or prevention of death in an emergency whenever it may be found to be impossible to secure the services of a registered physician.

The purpose of this bill is simply to provide in a useful manner for the education of medical students under the supervision of their instructors.

Bills for the Registration of X-ray Technicians and bills for the registration of medicines and other measures of importance will be presented and discussed in later issues of the JOURNAL.

A MEETING of the Worcester North District Medical Society was held at the Fay Club, Fitchburg, Tuesday, January 24th, 1922, at 4 P.M. The speaker was Dr. John T. Bottomley, of Boston. Subject: "Jaundice."

The Massachusetts Medical Society

ON TRANSFERRING FROM ONE DISTRICT TO ANOTHER.

January 13, 1922.

A. Wilson Atwood, M.D.,

Secretary of the Worcester District Medical Society.

Dear Doctor Atwood:

I am glad you have written me about the procedure of transfer from one district medical society to another, for there has long been a good deal of misunderstanding about this matter. We look to our by-laws, the rules of the game we are playing, for directions when in doubt. Chapter III, Sections 2 and 3, cover this case. You will note in Section 2, that the membership of each district society "shall consist only of fellows, retired fellows, and honorary fellows, having legal residences within the boundaries of the district, except in cases decided otherwise by vote of the council." The next section shows what is to be done by fellows who live in one district and wish to be members of some other district, having their places of practice in other than the district in which they reside. Therefore it is plain that if a fellow moves from one district to another he automatically transfers his membership from the district where he resided to the one where he has moved. All he has to do is to get into touch with the secretary of the district into which he has moved and let the secretary know that he has arrived. The fellow or the secretary will notify the secretary or librarian of the parent society and the transfer will be made in the Directory of the Society. The meaning of the word "Reside" was settled by the council in 1876 as meaning "Legal residence." This is in accord with the laws of Massachusetts in determining the very important questions that constantly arise as to what is a person's legal residence. As I understand the matter, a person must have lived in a definite town or city for the term of six months and, further, must have signified that he considers that town or city his legal residence before he is reckoned as a legal resident of that city or town. When he has acquired a residence he is assessed as a citizen and his name is placed on the voting list and the law regards him as residing in that place and in no other. Under our by-laws, a fellow may live and reside in one town and belong to a district society of which that town is not a component part, if he so elects, but he is required to take the steps outlined in Section 3 of Chapter III and also receive the vote of the council before he can belong to another district. Under all other conditions, he is listed where he has a legal residence, so far as that can be determined.

Trusting that I have made the matter clear, I am,

Faithfully yours,
WALTER L. BURRAGE, *Secretary.*

EXTRACT FROM CHAPTER III OF THE BY-LAWS OF THE MASSACHUSETTS MEDICAL SOCIETY.

Section 2. The membership of each district society shall consist only of fellows, retired fellows, and honorary fellows, having legal residences within the boundaries of the district, except in cases decided otherwise by vote of the council.

Section 3. Any fellow wishing to change his membership from one district society to another without a change of legal residence must petition the council in writing to grant such a change, stating the reasons therefor, and send such petition to the committee on membership and finance, which shall consider the petition, shall consult with the officers of the two districts concerned in the change, and shall report recommendations to the council. The council shall decide by vote whether or not such petitions shall be granted.

Correspondence.

SCHICK TESTING IN THE BOSTON PUBLIC SCHOOLS.

Mr. Editor:

Your editorial of December 29th, 1921, here quoted,

"One may be pardoned for suggesting that since vaccination is urged for protection against smallpox, that the Schick test should be used for determining the susceptibility to diphtheria, and also the employment of toxin-antitoxin as a preventive for the non-immune. Even if the city is not prepared to undertake this work, advice to parents is timely.

"Diphtheria kills more children in Massachusetts than smallpox, and yet, under present well-known methods, is almost as controllable. Massachusetts had 885 cases of diphtheria reported during October of this year, and the number increased to 1185 in November. If these were smallpox figures, there would be a general alarm. The mortality percentage in diphtheria is often higher than is found in smallpox epidemics of mild type."

suggests this statement from the Director of Medical Inspection, Boston Public Schools:

Impressed with the advantages of the Schick test for the prevention of diphtheria, the Director of Medical Inspection recommended its adoption in two districts. The school Committee approved this recommendation in November, 1921.

Dr. Solomon H. Rubin, school physician in the William L. Garrison and George Putnam Districts (enrollment about 2,700 pupils), was assigned to this work. Suggestions for the cards and record blanks were taken from the New York system.

Local physicians were informed of the proposed work and its advantages, and 1,500 circular letters were sent, through the children, to the parents, advising them in regard to the Schick test, and requesting consent for its application to their children.

A mothers' meeting was held in the William L. Garrison school at which Dr. Edwin L. Place, Superintendent, South Department, Boston City Hospital, described for their information the Schick test and its advantages. Dr. Ceconi, representing Board of Health, cooperated.

The following is a report on the work in the William L. Garrison District:

Date on which Schick testing commenced, Nov. 1, 1921

Number of pupils in district	1,149
(permission requested from parents of each child)	
Number of pupils whose parents gave permission for performance of test	531
Number of pupils Schick tested	531
Number positive	373
Number negative	148
Number combined	9
Number pseudo	1
Total	531

Toxin-antitoxin inoculations were given only to a small number of the positive children, principally to determine the reaction of the first inoculation.

Number of pupils given first inoculation	145
Number of pupils given second inoculation ...	131
Number of pupils absent from school on day of second inoculation	14

The third inoculation was not given owing to the vacation intervening.

Arrangements have been made with the Master of the George Putnam District for the application of the Schick test to children bringing written permission from their parents or guardians. A teachers' meeting was held on December 21st, 1921. There was a discussion of the work, and it will undoubtedly receive the full cooperation of the teachers.

In the William L. Garrison District, less than 50% of the parents gave their consent. This may have been due to several factors: the indifference on the part of the parents, the fear of consequences. Some parents who were either unacquainted with the work, or who feared the consequences, are now willing to have their children Schick tested. The wishes of the parents have always been respected. In a few instances, parents have been unwilling to permit the second inoculation and in some cases they would not permit immunization after the Schick test had been performed.

There have been very few instances of illness resulting from immunization by toxin-antitoxin. Headache, malaise, fever, local redness, and induration at the point of inoculation, also pain in the immunized arm occurred in a few cases. Toxin-antitoxin has been given, with no after-effects, to children showing organic lesions of the heart. It has been demonstrated that the younger the child, the more likely he is to endure without consequences the toxin-antitoxin.

The fact that there are 373 positive reactions against 148 negative in a small group of 531 children indicates the value of Schick testing.

The cases of diphtheria that have been reported in this district were cases that if Schick tested would show a positive reaction.

Some local physicians have advised parents against the Schick test. On the contrary, a large number of physicians whose children attend the Garrison school have requested that their children not only be Schick tested but that they be immunized, a manifestation of confidence in Schick immunization.

The Director of Medical Inspection believes that the introduction of the Schick test to the profession of Boston will, in a few years, practically stamp out diphtheria. He questions the advisability of the school authorities adopting this test in all of the schools, but its success in one district will demonstrate to the public its importance in the prevention of diphtheria.