take Fowler's solution; no other medicine was administered. Recovery. Case VI. Boy, fifteen years old. Gunshot wound of left arm. Extreme opisthotonos and trismus. Arsenic. Recovery. Drs. Mudd and Green. Case VII. Man, thirty years old. Finger cut by a saw. Trismus; not a severe case. Arsenic was administered, and the case resulted in recovery. Dr. Mudd.

These are some of the cases treated by arsenic. All traumatic; all resulted in recovery. There have been, of course, fatal cases where arsenic has been used, but death has always occurred in the first thirty-six hours.

SHORT COMMUNICATIONS.

DR. WILLIAM F. STEVENS.

At a meeting of the Middlesex East District Medical Society, held at Woburn, April 2, 1879, the committee appointed to prepare proper resolutions on the death of the late Dr. William F. Stevens, of Stoneham, presented the following, which the society voted to accept, and authorized the secretary to send a copy to Mrs. Stevens, and to the Boston Medical and Surgical Journal for publication:—

TO MRS. DR. WILLIAM F. STEVENS, STONEHAM, MASS.

DEAR FRIEND,—The members of the Middlesex East District Society, along with many others, wish to condole with you in the great loss we have recently sustained in the death of Dr. Stevens. To the younger members of this society he was specially endeared by numerous acts of kindness and professional courtesy, and by all of us the loss will be severely felt in the future.

As physicians, we desire to put on record the opinion that no one ever surpassed him in a due regard for the rights of his fellow practitioners. His was indeed the soul of honor, "without fear and without reproach," who scorned to take an unfair advantage of a rival practitioner, and studied to save the feelings of others even at the sacrifice of his own.

We desire also to record our admiration of his great skill and remarkable fidelity to duty—a fidelity which knew neither rich nor poor, but only suffering humanity.

Nor will we soon forget the moral beauty of his character, which reflected its lustre on the profession to which we are proud to belong. It shall be our duty and privilege to "keep his memory green,"—an example for all time of what a good physician should be.

A true copy, attest: J. RICHMOND BARSS, *Secretary*.

BLOOD-CELL COUNTING.

MR. EDITOR,—I hope you will allow me to suggest to your readers some points in reference to instruments for blood counting, as some misapprehension may arise from a hasty reading of the article by Drs. Henry and Nancrede contained in the *JOURNAL* for April 10th. In the Malassez and Gowers patterns of instruments for blood counting it is proper to admit the existence, first, of errors of instrument, which affect comparative results. These may be unequal depth of cell or want of uniformity in the calibre of the capillary tube used as a cell, unequal ruling of lines, and also want of uniformity of the surface of their covering glasses. Second, of errors of method in the practical use of these instruments, which affect comparative results; these may arise from those errors which occur in experiments upon a single specimen of blood. The only important errors of this kind occur from an imperfect cleaning of the blood pipette; from the fact that the lumen of the tube may contain moisture, and that all the blood has not been blown from the blood pipette into the artificial serum; also, as stated by these writers, from gravitation of corpuscles contained in a drop too large for the cell.

The errors of the first class are those which in a well-made instrument are so trifling that they may be disregarded; those of the second are not so easy to avoid or calculate, but with