

5 weeks) to see me. The history was that at birth the child had been big and well nourished, and seemed to thrive satisfactorily for the first two weeks on bottle feeding, but then began to go back and show signs of wasting. Thyroid treatment had not at this time been tried, so careful dieting alone was carried out, but the child grew steadily worse and died. The second child also appeared quite healthy at birth, but it too, after the second week, began to waste, and was brought to see me. I tried dieting alone until the child was 6 weeks old, but as it steadily lost ground, I then gave thyroid (the same dieting being continued). The child almost at once began to gain weight steadily, and is now big and strong. Eight months ago this woman had another infant, and practically the same history as regards wasting was repeated. She came to see me at the hospital, as she said "to get the powders." I dieted this child for three weeks, during which time it lost weight. I then added thyroid, and the result was that the infant began to pick up at once, and has since done excellently. These results are interesting from the point of view of the known condition of the thyroid in phthisical patients, and its probable effect on the thyroid of the infant.

Congenital Syphilis with Wasting.

Five of my cases were syphilitic, in which wasting was a marked symptom. Mercury was at first given, without any effect on the weight, then, along with mercury, thyroid was administered. The result was that 3 out of the 5 cases began to gain and eventually recovered. The other 2 (already noted) did not react at all and death ensued.

Wasting in Older Children.

Of 8 children over 9 months who were suffering from malnutrition, following an attack of an acute disease, 6 improved on thyroid treatment, 1 died of tuberculous meningitis, and 1 was lost sight of. I have only mentioned 8 cases of older children, but in the last six months I have used thyroid frequently for such children suffering from debility after such acute diseases as pneumonia, measles, and whooping-cough. The results have been very favourable, except in those cases which proved to be tuberculous; in such cases thyroid treatment would seem to be contra-indicated.

Dosage.

In the treatment of children under 9 months I begin with $\frac{1}{2}$ grain thyroideum siccum once daily. Formerly I used to give slightly larger doses, but in some cases this seemed to induce diarrhoea. In older children I go up to 1 grain once daily, according to the age of the child. In the giving of thyroid it is advisable to test the faeces to see whether they are acid or alkaline. In two cases in which thyroid appeared to produce no good results I found that the stools were very markedly acid. Sodium bicarbonate was then given three times a day, and shortly afterwards both children began to improve.

Complications.

In no case have I noticed any grave symptoms which might fairly be attributed to the use of the drug. I have already mentioned diarrhoea as sometimes occurring, but, even when this was so, it was impossible always to be sure that it was due to thyroid treatment. The diarrhoea was never either severe or prolonged.

In six cases a bright punctiform rash appeared, mostly on the body. In two cases it was confined altogether to the front of the chest. The rash was usually very evanescent, and disappeared in from twelve to twenty-four hours without any change of treatment. In only one case had I to stop the thyroid for a short time (three days). The rash thereupon soon disappeared, and on thyroid being again administered it did not recur.

In concluding I may mention that I found the result of cases treated in hospital to be not so satisfactory as of those treated at home, provided that in the latter case the mother was anxious and willing to carry out instructions. For instance, three patients under treatment in the ward showed no improvement; it was then decided to try them at home, the same dieting to be strictly carried out. An increase in weight was noticed almost from the first, and rapid progress was made toward recovery. It is difficult to explain why there should be such a difference between

home and hospital results; it seems probable, however, that the amount of nursing and general "mothering" that is impossible in a hospital ward is very beneficial in such cases and conduces to a more rapid recovery.

REFERENCE.

¹ *Scot. Med. and Surg. Journ.*, December, 1907.

Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

THE SAMAR TWINS.

In February, 1910, at Hong Kong, I had an opportunity of examining a remarkable case of united twins. They are natives of the island of Samar, one of the Philippine group, and were passing through Hong Kong on their way to the United States and Europe, where they are to be exhibited.

Two otherwise complete bodies are attached by an external bond, which consists of a union of the right and left buttocks respectively. The twins are of the male sex, and when seen were 22 months old. The genital organs are normal in every respect, except that the penis in each case is rather smaller than it should be. The most remarkable thing about them is the existence of a common anus. As far as I could tell by a rectal examination, the whole rectum is common.

For their age the twins are exceptionally healthy looking; there was no history of any kind of sickness since their birth. The mother is a fine type of a Filipino woman, and was still suckling the children, who are the only children she has had. I was unfortunately unable to obtain a clear account of the confinement, but it did not seem to have been very difficult. The children are able to walk about quite well; owing to their activity, the photograph was taken under great difficulties, and I was unable to obtain another view.

The twins are remarkably healthy, and it seems quite probable that they will live to become as famous as the Siamese twins, who reached the age of 46 years, married, and produced children. It will be remembered that in the Siamese twins the bodies were united by a band of flesh stretching from the end of one sternum to the same point on the opposite twin. As far as I can ascertain, this case of twins with a common rectum is unique.

R. M. RIGGALL, Surgeon R.N.,
H.M.S. *Bedford*.



TREATMENT OF DEPRESSION OF SKULL IN NEWBORN INFANT.

THREE or four cases of depression of skull or depressed fracture in newborn children having been reported in the JOURNAL in the last twelve months or so, it may be of interest to record one in my own experience, which illustrates the simplicity with which such cases can be successfully treated.

After a tedious first labour, the child when born was found to have a depression in the left fronto-parietal region, about $1\frac{1}{2}$ in. or 2 in. in diameter. As it was hoped

that recovery might occur spontaneously and the child seemed in no way affected by the condition, nothing beyond a fruitless manipulation was done till the tenth day. The child was then taken into our cottage hospital where, with all needed help, I operated under an anaesthetic as follows:

I provided myself with an awl made from a large sized knitting needle and an elevator made of stout wire with bowed handle and a point, somewhat flattened, bent to a right angle, so as to be about $\frac{1}{2}$ in. in length. I dissected back a small tongue of scalp, including the pericranium, over the centre of the depression, and cautiously bored through the skull. Inserting my elevator, I then easily drew the part into position. A suture and dressing were applied, and the child sent home in a few hours. Healing took place in the course of a week without the smallest complication.

Cirencester. W. R. COSSHAM, M.D. Aberd., M.R.C.S. Eng.

Reports

ON

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

GUY'S HOSPITAL.

SECONDARY PAROTITIS.

(By W. A. MAGGS, M.R.C.S., L.D.S. Eng., Dental Surgeon to the Hospital.)

HENRY T., aged 40, attended at the dental department on December 9th, 1909, complaining of pain and swelling of the face, and difficulty in opening the mouth.

The roots of the left second lower molar were found to be bathed in pus—an attempt at extraction had been made a week previously—and on the same side swelling of the floor of the mouth, some ulceration of the inner surface of the cheek, and sloughing at the orifice of Steno's duct. The left parotid and submaxillary salivary glands were enlarged and tender. The tongue was thickly coated with white fur and the breath very fetid.

The temperature and pulse being high, and the general appearance and condition of the patient unsatisfactory, I removed, without anaesthetic, the roots of the broken-down tooth, and ordered a mouth wash of formaldehyde (1 in 1,000) to be used every four hours, and hot boric acid fomentations outside the cheek. A mixture consisting of quinine sulphate gr. ij, dilute nitric acid m ij, magnesium sulphate gr. xv, and water 3j, was ordered to be taken three times daily.

At the end of a week the patient returned apparently in normal health. The mouth and tongue were clean, the swelling of the cheek and floor of the mouth had subsided, and there was absence of ulceration.

He brought with him a mass of friable substance, about the size and shape of an almond, which he said had come away spontaneously from the anterior part of the floor of the mouth. The mass, consisting of soft salivary calculus, had presumably been extruded from Wharton's duct, and the specimen has been placed in Guy's Museum.

Secondary parotitis is well recognized as a result of abdominal lesions, especially after laparotomy, and is generally regarded as being due to an ascending infection from within the mouth. The focus of infection in this case was a tooth, and the inflammation of the salivary glands was evidently due to oral sepsis combined with stasis, the patient for some days previously being unable to use the left side of his jaws, owing, first, to the condition of the broken and jagged tooth, and later to the swelling of the parotid gland. The chief interest in the case is its rarity, and the rapid recovery of the patient in response to treatment.

Oral sepsis being of common occurrence, it seems remarkable that parotitis due to infection from the teeth is not more frequently seen. I can recall one similar case, and it may be that others have been overlooked owing to the great swelling of the cheek which so often accompanies suppuration within the mouth.

Reports of Societies.

ROYAL SOCIETY OF MEDICINE.

MEDICAL SECTION.

Tuesday, April 26th, 1910.

J. MITCHELL BRUCE, M.D., F.R.C.P., President, in the Chair.

Hospital Infection of Tuberculosis.

DR. J. EDWARD SQUIRE communicated a paper based on an inquiry into the extent of the risk of infection from tuberculosis to members of the resident staff of a consumption hospital, which is published in full at p. 1039 of this issue.

DR. THEODORE WILLIAMS said no nurse was admitted to the wards of the Brompton Hospital without medical examination, and all, while they were there, remained under medical observation, and in many cases for lengthy periods. He deprecated the admission of nurses who had previously had tuberculosis on the nursing staff of a consumption hospital. He emphasized the conclusion that there was very little risk indeed of infection inside a chest hospital.

SIR SHIRLEY MURPHY thought the value of the paper was increased by the fact that the observations were made by the same person all along, but it was much to be desired that similar observations should be made on groups of persons not associated with chest cases. It was possible that the question of age might be of importance in regard to nurses previously employed in other hospitals; there was an increasing incidence of death in the general population up to 35 years. It did not seem to be conclusively proved that even the small rise in the incidence of infection depended on the hospital residence.

Professor W. OSLER remarked that he had often said to persons fearful of contracting consumption that the best place for them in which to live would be a consumption hospital. His impression was that the resident persons in general hospitals were more liable to contract tuberculosis than the public at large. There was no doubt universal infection in all chest hospitals, but the resistance of those belonging to the Mount Vernon and Brompton Hospitals was good testimony to the sanitary and dietetic arrangements in these institutions.

DR. G. A. HERON held that the condition of infection as regards tuberculosis in the homes of the poor were much more serious than those in hospitals. He referred to the observations he and Dr. Chaplin had published on the infectivity of the dust in the Victoria Park Hospital; only two of the animals treated with the dust developed tuberculosis. His clinical experience in regard to the staff of that hospital was that in 21 years he had known 6 cases of infection among the 35 to 40 nurses constantly employed there; in 12 years as regards the resident medical officers 5 had left the hospital with tuberculosis, and of these one was undoubtedly tuberculous before he undertook office. It was important to take precautions that the publication of such statistics should not be allowed to minimize the general fear of infection among the general public.

DR. NATHAN RAW said that during the last twenty-two years he had made similar observations to those in the paper, and his conclusions were in agreement with them. Out of 420 nurses and servants 8, and out of 17 house-physicians 2 developed tuberculosis. Nurses, he thought, were more prone to develop phthisis in asylums, next in general hospitals, and least in open-air wards or sanatoriums. The risk of nursing typhoid was greater than that of tuberculosis. He thought there was more tuberculosis among school teachers than nurses.

DR. F. J. WETHERED said he believed the risk of contracting tuberculosis was greater in a general hospital than in a chest hospital. In this relation the risk was in them chiefly from tuberculous milk rather than from dried sputum.

DR. SQUIRE, in reply, emphasized the desirability of the routine examination of nurses and others on leaving the hospital. No nurses, he thought, should be accepted who showed signs of active tuberculosis. He thought that age did not completely cover the difference in infection between those who had previously lived in hospital and those who had not.

I am not concerned with "General Practitioner's" "half-and-half fraternity who try to excuse their breach of the ethical rule by the suggestion that they are acting in the interests of the patient." I simply maintain that any consultant or specialist has the right to see and treat any "free" patient who consults him, and in many instances, owing to the present attitude of the general practitioner, it is in the best interests of the patient for him to do so independently. Of course very much depends upon the nature of the case. For instance, the majority of cases which come to a consulting physician are of such a nature that the consultant must have the co-operation of the general practitioner. In surgery and gynaecology a lesser number come under this head. In the various specialities, such as eyes, ears, nose and throat, skins, etc., it is absurd to say that in the majority of cases the patient must not be seen or treated when unaccompanied by his family doctor. In all cases where it is advisable and practicable, the further treatment can be and is carried out by the general practitioner. General practitioners in many instances greatly add to the difficulty of friendly co-operation (1) by looking upon a consultation solely as a lesson for their own instruction in dealing with the present and future similar cases; and (2) by giving the patient no choice of a consultant, but insisting upon a particular man, using their old hospital teacher.—I am, etc.,

April 25th.

EST MODUS IN REBUS.

GENERAL PRACTITIONERS AND POOR LAW REFORM.

SIR,—Dr. Vipont Brown admits that destitution stands for an "appalling reality," and it can scarcely be denied that it is because they have to deal with this "appalling reality" that guardians are destitution authorities. If the Minority scheme became law and the Education Committee looked after the destitute during the school age, and the Sanitary Committee attended to the destitute during sickness, most people would have thought that the above committees became destitution authorities for the same reason that the guardians are now. Because under these circumstances I unhesitatingly style the above committees destitution authorities, I am said by Dr. Brown to "do violence either to etymology or to obvious facts."

It is true the present guardians have to deal with the technically destitute—that is, "poor persons" who must submit to some test of their poverty; and the new destitution authorities would abolish all tests, and treat all "poor persons" as destitute in order to prevent them from becoming technically destitute. There may be the shadow of a distinction in this, and I should have thought more of it if Dr. Brown had not defined destitution as an appalling reality. On the whole, as all these bodies have got to do the same practical work, in spite of the above shadowy distinction, I prefer to regard them all as destitution authorities in spite of "etymology and obvious facts."

Dr. Brown need not descend to a "*tu quoque* argument"; whatever my views may be on the subject, I did not label the Minority scheme "socialism." If Dr. Brown had read my letter more carefully he would have seen that it was Professor Gilbert Murray who so labelled it. I only expressed assent to the correctness of the label.—I am, etc.,

MAJOR GREENWOOD,
Honorary Secretary, Poor Law Medical Officers'
Association of England and Wales.

London, E.C., April 23rd.

THE INTERNATIONAL MEDICAL CONGRESS.

SIR,—With reference to the report upon the meeting of the Bureau of the Permanent Commission at The Hague, "The International Congresses," issued in No. 2572 of the BRITISH MEDICAL JOURNAL, I beg your favour to be given place for the following rectification:

I did not want Professor Waldeyer to be elected honorary member of the committee. On the contrary, I opposed to this idea. What I wanted was to persuade Professor Waldeyer to withdraw his resigning upon the membership in order to keep his person for the committee. I am happy to have succeeded in attaining this object. As to the question of the International Medical Press Association, I never spoke of the exclusion of the named association; I but supported the motion that at the same

time when the Press Association gets the reports of the Congress, also all medical news should have them, in order to make the reports spread earlier and on a wider basis among the interested world.

I will not touch the other parts of the report, being in no stricter contact with my person. An official account of the meeting will probably in short be issued by the General Secretary of the Permanent Committee.

With many anticipated thanks, I am, etc.,

Budapest, April 21st.

EMIL GRÓSZ.

FOXWELL MEMORIAL.

SIR,—We ask permission to call attention in your columns to a fund which has been opened with the object of perpetuating the memory of our late friend and colleague, Dr. Arthur Foxwell, whose untimely death by accident last year was, and still is, deeply deplored.

It has been decided that the memorial shall take the twofold form of a mural tablet to be affixed within the Queen's Hospital, and of an annual prize for a clinical essay open to residents of several Birmingham hospitals.

Personal friends, colleagues, and past house-physicians of Dr. Foxwell have subscribed for these purposes about £200, of which sum £150 is available for endowment of the prize.

If there are other friends and former associates of Dr. Foxwell who would wish to contribute to this memorial, we beg to intimate to them that the fund is not closed, and that we shall be grateful for any further subscriptions.—We are, etc.,

J. T. J. MORRISON,
Chairman of the Medical Committee, Queen's
Hospital.

O. J. KAUFFMANN,
22, Broad Street, Birmingham.

A. W. NUTHALL,
89, Cornwall Street, Birmingham.

W. F. HASLAM,
54, Newhall Street, Birmingham.

Treasurers
of
the Fund.

Birmingham, April 25th.

Universities and Colleges.

UNIVERSITY OF MANCHESTER.

THE CHAIR OF CLINICAL SURGERY.

MR. F. A. SOUTHAM, M.A., M.B., F.R.C.S., has recently resigned his position as Professor of Clinical Surgery at the Manchester University, in view of the approaching expiration of his term of office as Honorary Surgeon to the Royal Infirmary. The Council of the University has appointed Mr. Wm. Thorburn, M.D., F.R.C.S., to the chair. Mr. Thorburn was appointed Assistant-Surgeon to the Infirmary in 1899 and Surgeon in 1899. He has had a long connexion with Owens College, Manchester University, and the Infirmary, both as student and a member of the teaching staff. In 1891 he obtained the Jacksonian prize of the Royal College of Surgeons, and in 1894 was Hunterian Professor of Surgery and Pathology, and he is now an Examiner in the University of London. His special contributions to surgical literature have been mostly on the diseases and injuries of the spinal cord.

UNIVERSITY OF DUBLIN.

The following were among the degrees conferred at the Summer commencements on April 19th:

M.D.—H. S. Metcalfe.

M.B., CH.B., B.A.O.—J. H. Crane, M. A. Diemont, A. C. Hallowes, Beatrice M. Hamilton, C. B. Jones, R. E. Lee, H. S. Metcalfe, B. H. Moore, H. Müller, C. J. Pentland, G. P. H. Smiley, G. R. Watson.

CONJOINT BOARD IN SCOTLAND.

The following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—Florence W. Heyworth, L. J. Hollings, C. J. B. Inglis, T. H. Spence, B. C. Sen, A. O. Olaribigbe, C. M. G. Elliott, J. M. McLachlan, H. A. L. Guthrie, B. S. Bhandarkar, P. G. Bainbridge, H. D. Atherstone, C. T. Darwent, C. Popham, J. Fitzpatrick, J. J. O'Connell, J. J. Mulvie, Violet M. Tracey.

SECOND COLLEGE.—J. J. Dykes, L.D.S., S. E. Jones, E. Spence, W. Ainsley, A. B. Bull, B. M. Lynam, J. A. Whittle, W. Lessey, W. W. K. Duncan, Kathleen Wall, Lillian S. Wilkes, W. Martin, J. G. Lessey (with distinction), R. C. W. Spence, H. W. Ward, C. H. N. Baker, J. M. Hiddleston, H. C. Sutton, M. Clossky, H. W. Cochran, G. H. Hodges, W. J. Hogg, J. E. Rees, E. P. Dewar.

THIRD COLLEGE.—R. A. Mirzan, Ida M. Bernard, S. D. Large, W. W. Watt, W. L. Coullie, G. A. Macvea, W. W. McCowat, Dorothea L. Schwabe, C. E. H. Smith, H. A. Topalia, V. G. L. van Someren, T. R. G. Melrose, J. N. Robson, P. D. Banerji, D. B. Cama, I. C. Mackenzie, D. A. Evans, B. M. Nanavaty, H. Buksh, V. T. W. Eagles, B. S. Bhandarkar, T. E. Ferguson, B. C. Sen, C. Hunter, D. L. Hatton, K. Nath, J. A. Frost, T. N. Wilthew.

FINAL.—J. W. Hitchcock, G. F. Hegarty, C. J. Arthur, A. V. Heynemann, J. C. Hawkes, P. D. Banerji, H. C. Bankole-Bright, W. Crosse, W. T. Torrance, J. J. O'Callaghan, H. Chatterjee, R. F. Lunn, M. S. Freedman, W. C. L. Malone, H. W. Powell, D. Chand, M. J. Fraser, E. L. Hutchinson, V. Thomas, Ethelina E. M. Heynemann, M. R. Dalal, E. P. Ghose, H. H. Scott, J. D. Collins, R. Anderson, G. Wallace, E. A. S. Shaw, H. E. Bond.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved at the examinations indicated:

SURGERY.—*H. R. L. Allott, *M. Graves, †F. F. L. How, B. J. Nolan, *L. M. Potter, *G. W. Simpson.
MEDICINE.—*†C. S. Foster, *M. Graves, †C. Pyper, *L. M. Potter, *A. H. Rich, *H. Stanger, †W. H. Watson.
FORENSIC MEDICINE.—K. Baylis, A. Cordon, M. Graves, C. Pyper, F. C. V. Thompson, R. P. Wyde.
MIDWIFERY.—A. Cordon, H. P. Jelley, F. C. V. Thompson.
† Section I. * Section II.

The diploma of the Society has been granted to Messrs. K. Baylis, M. Graves, H. P. Jelley, B. J. Nolan, and L. M. Potter.

Medico-Legal.

SALE OF SHARE.

VENDOR objects to the answer *re* "Sale of Share" in our issue of April 16th, p. 969: (a) That six months' introduction is far too long under the circumstances, and should be shortened by two-thirds. (b) That to share the profits during the introduction would be unfair to "Vendor."

* (a) As was stated in our reply to "Vendor," the length of introduction is always a matter for agreement, and it is difficult to fix any customary time. In his particular case six months might be longer than necessary, but two months' introduction would seem very short. (b) The sharing of profits is also objected to, but from his letter "Vendor" would seem to be passing over expenses, which should be deducted before profits are estimated—for example, maintenance of "junior's house and surgery." In Barnard and Stocker's *Manual on Medical Partnerships* the following rules of procedure during introduction are laid down: (1) Profits shared equally between vendor and purchaser; or (2) for the first half of the time the vendor takes all the receipts and pays all expenses, and for the last half the purchaser; or (3) one of them takes all the profits, paying all the expenses, and making an allowance to the other. Perhaps one of these methods would meet with "Vendor's" approbation.

Medical News.

THE Edinburgh District Lunacy Board has raised the salary of the Medical Superintendent (Dr. Keay) from £800 to £1,000.

A NEW nurses' home for the City of London Asylum, near Dartford, Kent, is to be opened by the Lord Mayor and the Lady Mayoress on May 28th.

WE are informed *officieusement* that the fifteenth International Congress of Hygiene and Demography will probably be held in Washington, U.S.A., in September, 1912.

A CONFERENCE under the auspices of the National Housing and Town Planning Council will be held at the Caxton Hall, Westminster, on Friday, May 6th, at 10.30 a.m., to consider town planning in Greater London.

THE Brussels Medical Graduates' Association will hold an extra biennial dinner this day (Friday) at the Trocadero Restaurant, London, at 7 for 7.30 p.m. Tickets, price 5s., not including wine, can be obtained from the honorary secretary, Dr. Arthur Haydon, 23, Henrietta Street, Cavendish Square, W.

PRACTITIONERS and students may attend the in-patient teaching of the physicians of the National Hospital for the Paralysed and Epileptic, Queen Square, W.C., in the afternoon on Monday, Tuesday, and Friday of each week. Further particulars can be obtained on application to the Dean at the hospital.

A SPECIAL meeting of the Royal Society of Medicine will be held on May 18th, at 5 p.m., at Morley Hall, George Street, Hanover Square, W., when Sir Almroth Wright, F.R.S., will open a discussion on "Vaccine Therapy: Its Administration, Value, and Limitations." The discussion will be continued on May 25th, June 1st, June 8th, and June 15th. Any Fellow who wishes to take part in the discussion is requested to communicate with the Honorary Secretaries.

A MEETING of hygienists and others interested in public health will be held at the Hotel Cecil, Strand, on

Thursday, May 5th, at 3.30 p.m., for the purpose of forming a British National Committee of the International Hygiene Exhibition to be held in Dresden next year. This committee will arrange for the British participation in the exhibition, which will be open from May till October, 1911. It is hoped that a large number will be present, and that the Government will send representatives of the various departments. All inquiries with regard to the exhibition should be addressed to the offices of the British Executive Committee, 47, Victoria Street, S.W. (telephone No. 3807 Victoria).

A QUARTERLY court of the directors of the Society for Relief of Widows and Orphans of Medical Men was held on April 13th, Dr. Blandford, President, in the chair. Seventeen members of the court were present. Two members of the society had died since the last court, and their widows applied for assistance on behalf of themselves and their children. In both instances they were without any income whatever, and the court voted grants at the rate of £50 a year for each widow and £15 a year for each child. By its by-laws the society can only grant relief to the widows and orphans of its deceased members. Membership is open to any registered medical practitioner who at the time of his election is resident within a twenty-mile radius of Charing Cross. Full particulars and application forms for membership may be obtained from the Secretary, at 11, Chandos Street, Cavendish Square, W. The next election will be on July 13th. Application forms must reach the Secretary on or before June 22nd. The invested funds of the society now amount to £100,550. The annual general meeting will be held on May 26th, at 5 p.m.

AS in the past couple of years, Trinity College, Dublin, has decided on two courses this year. The summer course will begin on June 6th, and the autumn course on September 19th. Each course, as before, will last three weeks. Mr. B. G. A. Moynihan has kindly consented to give a lecture inaugural to the work of the session on Monday, June 6th. Classes will be held in Medicine, Surgery, Gynaecology, Anatomy, Physiology, Pathology, Diseases of the Skin, Eye, Ear, Throat, and Nose; Radiology, and Urology. The teachers are members of the professorial staff in the School of Physic, or physicians, surgeons, or specialists connected with the Dublin hospitals. They aim at making the classes as practical as possible and suitable to the needs of doctors in general practice. Arrangements have been made by which a limited number of members of the class can reside in college rooms and dine on commons at an inclusive cost of £1 1s. per week. Any qualified medical man, whether a graduate of the Dublin University or not, may join the course and become entitled to all its privileges. Further details will be found in our advertising columns, or a syllabus can be obtained on application to the Honorary Secretary, 27, Lower Fitzwilliam Street, Dublin.

THE usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on April 15th, 1910, Dr. de Havilland Hall in the Chair. The accounts showed that during the first quarter of this year the business of the society has been unusually good; as a rule the sickness claims are more numerous than in any other three months of the year, the extra number arising for the most part from bronchial affections, to which medical men, and especially those in general practice, are much exposed; but so far, the records of 1910 are exceptionally good, as the claims received have been both less in number and of shorter duration than usual. The committee were mainly occupied with the examination of the draft of the report of the society's business in 1909, which will be presented to the members at the annual general meeting to be held on May 19th. The year's working has produced "a satisfactory increase in the number of members and the invested reserves." In 1884 the funds of the Society amounted to £1,435 only; a large addition has been made to them every year until, at the end of 1909, the total amount of the society's invested funds was £235,376. The membership has grown from a few hundreds in 1884 to 2,831, and the amount distributed as sickness pay in 1884-5 was £843, and in 1900 £15,115. An appreciable part of the increase in the funds has been produced by the great economy with which the business has been conducted. No agents are employed, and no commission is paid for the introduction of new business. This may perhaps be the reason why the increase in membership has not been so rapid as the increase in wealth of the society, or the increase in the amount of useful work it does. Prospectuses and all particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.