cases, 100 of the working class, and 10 of slightly better positions, and 100 women.

Of 133 men—	*Of 100 women—*
10.53 per cent. were admittedly drinkers	2 per cent. were heavy drinkers
68.4 per cent. were moderate drinkers	29 per cent. were moderate drinkers
21.07 per cent. were teetotalers	69 per cent. were teetotalers

The figures of drinking habits of the sample population are much higher than those obtained by the statistical estimation; they have been taken from the same class of people as were those for the drinking habits of the consumptive patients.

It would appear that alcoholism is more prevalent amongst the male consumptive patients than amongst the normal male population, and it also appears to be in excess amongst the females.

It does not necessarily mean that alcohol, of itself, has a great deal to do with the onset or progression of consumption, but it does mean that alcoholism, with its associates—late hours, irregular feeding, the poverty which it may entail, the crowding together in ill-ventilated public-houses where the best hygienic conditions do not obtain—has a considerable bearing on the consumptive question.

If alcoholic habits can be taken as an indication of the habits of consumptive patients of the poorer class, these figures point to the conclusion which I have held for some considerable time—that if consumption is to be eradicated the habits of a large number of the patients will have to be greatly improved.

II. HOUSING.

Mr. Dunne, the Secretary of the Charity Organization Society, and myself have investigated the housing conditions of 1,307 cases of tuberculosis. I have had placed at my disposal the reports on 865 of these cases visited by the nurses attached to the staff at the dispensary.

Of the 1,307 cases of tuberculosis investigated—

1,244 live in private houses and the remainder live in common lodging-houses, etc.

Of the 1,244 living in private houses—
376 live in a through house,
868 live in a back-to-back house.

Therefore, for every 1 tuberculous person living in a through house there are 2.3 living in a back-to-back house.

These figures may be compared with those derived from the Census, 1911. The actual number of back-to-back houses in Bradford is not known, but, as a general rule there, a three or less roomed house is a back-to-back. There are 30,834 houses with three or fewer rooms in Bradford, containing 105,744 persons, and 177,577 persons live in through houses. Therefore, for every 1 person in Bradford living in a through house, 0.595 live in a back-to-back.

Some conditions prevalent in the housing of the working classes are more likely to be remedied by education than by the State. One of these is overcrowding, which leads directly to close contact of the individual in the house.

I am of opinion that prolonged intimate contact of tuberculous patients with healthy persons is likely to lead to the development of tuberculosis in a fair percentage of these persons.

From 20 to 30 per cent. of contacts examined at the dispensary have been found to be suffering from one or other form of consumption; therefore I have had the sleeping arrangements investigated in the houses where there are tuberculous patients, and have tabulated the results:

Sleeping Arrangements in Houses with Tuberculous Persons.

I. Separate Bedroom.	II. Separate Bed, but Others in the Room.	III. No Separate Bed; Others in Bed.	IV. Kitchen.		V. Downstairs in Front Room.
			Alone.	With Others.	
	1 2 3 4 5	1 2 3 4			
323	8 10 3 1 2	345 20 7 28	13	9	15

This table is almost self-explanatory. The numbers 1, 2, 3, 4, 5, under the heading of "Separate bed" (column II), indicate the number of others in the room. The figures below represent the number of consumptive patients sleeping under these conditions—that is, under the heading of "Separate bed, but others in the room," there are 8 consumptive patients in Bradford sleeping with one other in the room, 10 with two others, 3 with three others, and so on.

Cleanliness.	*Sanitary Conveniences.*
569 were clean.	476 had a w.c.
215 were dirty.	338 had a privy.
81 were very dirty.	51 had a plug closet.

These figures point to the following conclusions:

1. That there is more phthisis in back-to-back houses with no through ventilation than in good, through, well ventilated houses.

2. That as contact with tuberculosis cases is likely to play an important part in the spread of the disease, it is necessary that the people concerned should be told of the great danger they are running, as there is ample proof that such a danger does exist.

3. That the cleanliness of the houses is not all that is desirable and may also play a part of no inconsiderable value, but the proportion of sanitary conveniences very little.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A NOTE ON ONANISM AND ITS EFFECTS ON THE MAN.

As the word "onanism" is so often wrongly used as a synonym for masturbation, it may be as well to begin by stating that what is here meant is the interruption of coitus before emission with the object of preventing conception—a practice as old at least as the Bible story of Onan, and how much older nobody knows.

Apart from its influence on the declining birth-rate, the reasons why I wish to say a word about this particular form of conjugal check or "fraud" are: That it is widely prevalent at the present time; that if persisted in it is probably always injurious sooner or later—to the man at any rate; and that its evil effects do not appear to be adequately recognized.

I do not propose now to discuss details. I only want to say just enough about its effect on the husband to attract, perchance, the interest of some of those who may not have thought about the matter, and especially of the family doctor to whom opportunities for advising and warning would chiefly occur. As regards the wife, I will not venture to say more than that the effect on her probably depends mainly on the extent to which sexual feeling is present in each individual woman—a matter about which little is accurately known.

The most likely explanation of the widespread prevalence of onanism seems to be that it does not require help from outside, and consequently it is resorted to by well-meaning people who would hesitate to use either mechanical or chemical means, and who look upon onanism as the least unnatural and therefore the best way of achieving their purpose, instead of, as it really is, the worst of all ways. It is a deplorable fact that there are so many people who practise it among those who are best qualified to produce good and useful citizens. Occasionally a man soon finds out for himself that the practice is affecting his health, and abandons it. Probably much more frequently it is continued for a considerable time and sometimes for many years. Then, after a period which varies greatly according to the nervous organization of the patient, he becomes irritable, nervous, and depressed, and by-and-by may present a more or less typical picture of what is now called neurasthenia. Sometimes accompanying, sometimes preceding, and sometimes following the onset of nervous symptoms there is in many cases impairment or total loss of sexual desire and pleasure, together with impairment of power varying in degree up to complete impotence. I have also seen acquired aspermia, which could be attributed to no other cause than onanism.

As accounting to some extent for insufficient recognition of ill effects it should be borne in mind that a man does not usually seek advice about onanism directly. This is

partly perhaps because it has not occurred to him that it is harmful and partly because he considers it a strictly private affair and is unwilling to mention it even to his medical adviser. But however this may be I have found in practice that this cause of ill health, unless definitely inquired for, is very likely to be overlooked. Of course, I do not mean to suggest that a doctor should question his patients indiscriminately, but I do suggest that he should keep the potentiality at the back of his mind, to be made use of on occasion, as, for example, in neuropathic conditions for which no other cause can be found, or which resist the usual methods of treatment.

ARTHUR COOPER,
Consulting Surgeon to the Westminster General Dispensary.
London, W.

TREATMENT OF DUPUYTREN'S CONTRACTION BY INJECTIONS OF FIBROLYSIN BOTH BEFORE AND AFTER OPERATION.

THE interesting article by Mr. Tubby in the BRITISH MEDICAL JOURNAL for November 8th, 1913, recalled a case of Dupuytren's contraction on which I operated in 1911.

J. C., aged 55, had been operated on about five years previously at another hospital, but the contraction had recurred and prevented him from engaging in his favourite pastime of pianoforte playing.

While waiting till he could conveniently give up the time to have the operation performed, I noticed in various journals notes of cases of Dupuytren's contraction treated by fibrolysin, and it occurred to me that it would be an advantage to get as much improvement as possible before operating, and to soften the scar as much as possible by means of fibrolysin. I therefore gave four injections of fibrolysin in the arm on September 26th and 29th, and on October 3rd and 6th. On October 12th, 1911, he was admitted to the Victoria Hospital, Wynberg, and I dissected out the contracted bands of fascia by means of two flaps as described in Cheyne and Burghard's *Surgical Treatment*. When dressed on October 18th the wound was healed except at one end where the skin was too short to cover the underlying structures when the fingers were extended. This soon healed over, and one month after the operation fibrolysin injections were again commenced. These caused the hand and fingers to swell, owing, I think, to the softening of the new scar tissue, and had to be discontinued for a time, and afterwards renewed in smaller doses, commencing with half a cubic centimetre. A light metal splint was made which he wore at night for many months, exercising the fingers in the daytime.

The result has been most gratifying. His hand and fingers are now quite straight and supple, and he can play the piano and stretch more than an octave; there is no appreciable difference between the right hand and the left.

O. J. CURRIE, M.B., M.R.C.S.,
Surgeon to Victoria Hospital, Wynberg, Cape Town.

LITERATURE.
Cheyne and Burghard: *Manual of Surgical Treatment*, Part I, p. 30.
Lengemann: *Medical Review*, vol. vii, 1904, p. 430.
Sandwell: BRITISH MEDICAL JOURNAL, February 17th, 1906.
Strong: *Lancet*, August 21st, 1909.
Lawrie: Ibid., March 30th, 1907.
Tubby: BRITISH MEDICAL JOURNAL, November 8th, 1913.

EMBOLISM OF RETINAL ARTERY.

As the books on the eye to which I have referred index only embolism of the central artery of the retina, the following case may be of interest. A farm servant of about 17 complained of bad sight in the left eye. The ophthalmoscope showed pallor confined to the region of the internal branch of the retinal artery. Otherwise both eyes were practically normal. There was slight conjunctivitis in both eyes, and the heart gave signs of dilatation—the apex sound was not clear. In a day or two he had signs of influenza, with dullness in the left chest and neuralgia over the left eye. Thereafter the fundus improved, and so did vision. As he did not complain of fatigue he was allowed to continue light work on the farm throughout, as he requested. Treatment was by chalybeate and blister over the orbit.

London, W.C. J. REID, M.D.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BIRMINGHAM BRANCH:

PATHOLOGICAL AND CLINICAL SECTION.

AT a meeting on January 30th Dr. STANLEY showed a woman with evidence of *Pressure on cranial nerves*. Mr. BILLINGTON showed a specimen of *Fractured astragalus* removed from a man who sustained a compound fracture of the bone by stepping backwards from the towing path and falling heavily into the well of a coal barge. The fracture was a transverse one. The bone had been replaced at the time of the injury, but some weeks later the fragments had to be removed to allow the wound to heal. The functional result, as regards the foot, was quite good. Mr. WOODMAN showed a specimen of *Fibro-sarcoma* removed from the skin over the middle part of the tibia in the centre of the calf. It was freely movable and very vascular on the surface. Dr. BALL showed specimens of *Vertebrae and ribs in a case of diffuse septic meningitis*. Gelatinous tumours were present in the diploic tissue. Dr. LEONARD PARSONS showed a case of the *Werding-Hoffmann type of progressive spinal muscular atrophy* of young children. A male child, quite normal until 5 months old, at the age of 2½ years was quite unable to stand or sit or to hold up its head for more than a minute or two. No movements of any kind were possible at the hip, but flexion and extension of toes were well performed. There was also fair degree of flexion and extension of ankle-joints. The arms could not be raised to the level of the shoulders except with considerable difficulty. The intercostal and abdominal muscles were markedly wasted and paralysed. Breathing was diaphragmatic. The fingers were long and thin; in grasping, the first and second fingers were chiefly used and slowly, so that the action resembled that of the large claws of a lobster. There was a fair amount of hypotonia, and marked and striking flaccidity of the muscles; the tendon-jerks were absent. Wasting was most marked round the pelvic girdle. No sensory changes. Cranial nerves normal. Faint reaction to strong galvanic current in biceps and triceps in upper limb, none in deltoids; good reaction in muscles of forearm. In the lower limb a considerable current was borne without pain; no reaction in muscles of thigh, and slight contraction only in peronei and extensors of toes and in muscles of calf. No polar changes. Dr. EMANUEL and Mr. BILLINGTON showed a man after the operation of *Laminectomy for paraplegia*. A butcher, aged 36, was admitted into Queen's Hospital on April 28th, 1913, with complete loss of power in the legs and abdominal muscles. There was nearly complete anaesthesia below a horizontal line midway between the umbilicus and the intermammary line, and complete loss of the sense of position of the lower limbs and involuntary muscular spasms in the legs. Bedsores were present over the sacrum, butfocks, and heels. There was knee clonus, ankle clonus, extensor plantar reflexes, and the abdominal and cremasteric reflexes were absent. There was no incontinence of urine or faeces. These symptoms had come on three months before his admission, and within a week the patient, from being a perfectly healthy and able-bodied man, had passed to the condition just described. Examination of the spine revealed an old angular deformity involving the fifth, sixth, seventh, and eighth dorsal vertebrae. The symptoms suggested compression paraplegia from spinal caries, and on May 8th, 1913, Mr. Billington removed the spines and laminae of four dorsal vertebrae, exposing healthy cord above and below the site of compression. For 2½ in. the dura mater was covered with granulation tissue, and on raising it from the front of the spinal cord a cavity was entered which contained a small amount of thick pus and breaking down tuberculous débris. The cavity was drained by a small tube, and a poroplastic jacket applied. The result was most satisfactory. The patient left the hospital five weeks later, and already sensation showed signs of becoming restored. Three months after the operation he could move the toes, a month later he could sit in a chair, in another he could walk with the aid of a stick and chair. In January, 1914,

He was medical officer for the Droitwich Union, and his fortnightly return was, until a week before his death, always sent in by himself. He was a keen lover of horses, and provided many free meals for the ponies of the salt-hawker class, now a dying feature in the industry of the borough. He was appointed a county magistrate in 1910. He leaves a widow and two sons, one of whom is in the profession and the other farming in Vancouver Island.

FLEET SURGEON ALFRED HUTTON JEREMY, R.N., of H.M.S. *Implacable*, who died in London recently, was the son of the late Rev. D. D. Jeremy. He received his medical education at Trinity College, Dublin, and qualified M.B., B.Ch., B.A.O.Dub. in 1890.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. E. Doak Capps, one of the founders of the Fort Worth (Texas) School of Medicine, and professor of diseases of the brain and nervous system in that institution, aged 46; Dr. N. Duchesne, President of the Medico-Chirurgical Society of Liége; Dr. W. G. Ewing, formerly professor of materia medica at the University of Nashville and Vanderbilt University, and president of the faculty of the medical department of the University of Tennessee, aged 65; Dr. Friedrich Löe, of Berlin, said to be the oldest member of the medical profession in Germany, and one of the founders of the Society of Scientific Medicine, to which Rudolf Virchow communicated the first fruits of his researches; Professor Nietner, of Berlin, an active worker in the war against tuberculosis, aged 57; Dr. Albert Pendin, head of the third therapeutic section of the Obuchow Hospital for Women till he was disabled by illness in 1907, aged 43; and Dr. Volckers, sometime professor of clinical ophthalmology in the University of Kiel.

Medico-Legal.

PARTNERSHIP AGREEMENTS.

A. buys a third share of a practice from B. at two and a half years' purchase on the average receipts of the previous three years, which include moneys from both receipts from a surgery situated some distance (about three-quarters of a mile) from the private residences and also a salary for a public appointment under the guardians. At the end of six years A. is able to exercise an option in the agreement to purchase a further sixth of the practice on the same lines, and does so. In the agreement there is a clause which permits either partner to exercise an option to dissolve partnership at the end of ten years, giving a previous six months' notice in writing. B. exercises this option, and continues to hold the public appointment, and also continues to take on the lease of the surgery. Would it be a usual procedure for B. to pay A. out under these two heads or not?

*** There should be a clause in the deed of partnership settling the way in which the dissolution is to be carried out. In its absence, either partner might claim to have the value of the practice realized and divided in proportion to the shares of the partners. In that case either partner might bid for the whole. It would, of course, always be open to the partners to settle the matter between themselves by mutual agreement. The usual procedure, as stated above, is laid down in the deed of partnership, and a very common arrangement is that, on the dissolution, each partner shall continue to practise independently, each retaining what patients he may happen to have at the time of the dissolution. In that case, the one possessing a public appointment at the time would retain it as his own. If the surgery had been worked in common the value would have to be ascertained, and whoever kept it would have to reimburse the other for his share in it. Another common arrangement is that on a dissolution the outgoing partner is to be paid on his retirement the value of his share, but is required to give an undertaking not to practise within a reasonable radius of his old residence.

A FUND is being raised in Sheffield for the purchase of radium for therapeutic purposes. Mr. Denys Hague, formerly of Sheffield, has given £1,000, and other subscriptions amount to £225.

The Services.

ARMY MEDICAL SERVICE.

ROYAL ARMY MEDICAL CORPS.

THE following is a list of successful candidates for commissions in the Royal Army Medical Corps at the competition held in London in January, 1914, for which 42 candidates entered:

Name.	Medical School.	Qualifications.	Marks.
*Thompson, T. O.	Oxford University and St. George's Hospital	B.A., M.B., B.Ch. Univ. Oxford	601.5
Linzell, S. J. ...	Edinburgh University	M.B., Ch.B.Univ. Edinburgh	584.5
*Shore, S. R. ...	Cambridge University and St. Bartholomew's Hospital	B.A.Cantab., M.R.C.S.Eng., L.R.C.P.Lond.	580
*Gill, J. G. ...	Edinburgh University	M.B., B.Ch.Univ. Edinburgh	565.5
*Stubbs, J. W. C.	Trinity College, Dublin	B.A., M.B., B.Ch., B.A.O.Univ. Dublin	557.5
*Hattersley, S. M.	CambridgeUniversity, and St. Bartholomew's Hospital	B.A., M.B.Cantab., M.R.C.S.Eng., L.R.C.P.Lond.	556
*Rintoul, D. W....	St. Andrews University	M.B., B.S.St. Andrews	552
Watson, A. ...	Edinburgh University	M.B., Ch.B., D.P.H., D.T.M.Univ. Edinburgh	547.5
*Lothian, N. V. ...	Glasgow University	B.Sc., M.B., B.Ch. Univ. Glasgow	545
*Breen, T. F. P. ...	Trinity College, Dublin	B.A., M.B., B.Ch., B.A.O. Univ. Dublin	540.5
Gwynne, J. F. G.	Sheffield University	M.B., Ch.B.Univ. Sheffield	533
Menzies, A. J. A.	Edinburgh University	M.A., M.B., Ch.B. Univ. Edinburgh	529

*These gentlemen, being in possession of certificates obtained in the Officers' Training Corps, were awarded service marks under paragraph 71 of the Regulations for the Officers' Training Corps.

Universities and Colleges.

UNIVERSITY OF BRISTOL.

THE following candidate was approved at the examination indicated:

M.B., CH.B.—Maurice Charles Barber.

CONJOINT EXAMINATIONS IN IRELAND.

THE following candidates have passed the examination held by the Royal College of Physicians and the Royal College of Surgeons:

D.P.H. — Henry Blyth, Captain Howard Crossle, I.M.S. (with honours), Henry Lloyd.

Medical News.

THE annual general meeting of the Royal Medical Benevolent Fund Guild will be held on Tuesday next at University College Hospital Medical School, University Street, Gower Street, W.C., when the Viscountess Bryce will take the chair at 3 p.m.

A DISCUSSION on arterio-sclerosis will be opened at a meeting of the Chelsea Clinical Society in the club rooms of the St. George's Hospital Medical School on Tuesday, March 10th, at 8.30 p.m., when Professor Leonard Hill will read a paper on new facts concerning the measurement of blood pressure in man.

THE Pasteur Institute of Paris has invited directors of similar institutes and antirabic services throughout the world to a conference on hydrophobia with special reference to etiology, prophylaxis, treatment, and statistics. The conference will meet in the Pasteur Institute (25, rue Dutot, Paris, XV) during Eastertide, April 7th to 10th, 1915. Applications for membership will be received up to January 1st, 1915.

A WORK entitled *Plague and Pestilence in Literature and Art*, by Dr. Raymond Crawfurd, is announced by the Oxford University Press. The book contains a series of 31 reproductions of plague pictures, principally well-known paintings. Dr. Crawfurd is the author of two other works of medico-literary interest, *The Last Days of Charles II* and *The King's Evil*, both of which have been reviewed in the BRITISH MEDICAL JOURNAL.

THE number of voluntary aid detachments in the county of London in the third quarter of 1913 was 79, with a personnel of 2,230. Of these detachments 68 had been inspected, and the total personnel present at inspection was 1,248. The County Director, Colonel Valentine Matthews, late R.A.M.C.(Vols.), states that judging from the reports of the inspecting officer and his own personal observations the work done is distinctly progressive and encouraging. He recommends that detachments which are so far disorganized as not to have been inspected for two years in succession should not be retained on the registered list.

DR. R. T. LEIPER, Helminthologist of the London School of Tropical Medicine and Wandsworth Scholar, has left London for the East, with Surgeon E. L. Atkinson, R.N., and Mr. Cherry-Garrard, both of whom accompanied the Antarctic Expedition. The object of the expedition is to ascertain the mode of spread of trematode diseases of man, especially bilharziasis; investigations will also be made into ankylostomiasis, which has wrought such havoc among the coolies on the tea and rubber estates. The expedition has been subsidized by a grant from the Colonial Office, and the United States Rubber Company have offered facilities for the study of medical problems on their estates in Sumatra.

THE assistant medical officers in the hospital service (other than asylums) of the Metropolitan Asylums Board have formed an association to promote the interests of assistant medical officers, to afford an opportunity for the discussion of the disabilities under which they find themselves, and to make united representations to the Board for their remedy. The Metropolitan Asylums Board has under its control not only asylums for the insane and the mentally deficient, but also hospitals for infectious diseases, for tuberculosis, and for children's diseases. This hospital service constitutes a distinct branch, and we are aware that for a good many years past much dissatisfaction with their position has existed among its members. This dissatisfaction, having regard to the responsible and onerous nature of their duties, is well grounded; they do not receive the recognition nor the emolument which are their proper due, and we hope that the Metropolitan Asylums Board may shortly see the advisability of putting the service on a satisfactory basis.

A SUMMARY of the first progress report of the Thompson-McFadden Pellagra Commission by Drs. J. F. Siler, P. E. Garrison, and Ward J. McNeal was published in the *Journal of the American Medical Association* of January 3rd, 1914. The following are the principal conclusions arrived at by these investigators: "(1) The supposition that the ingestion of good or spoiled maize is the essential cause of pellagra is not supported by our study. (2) Pellagra is in all probability a specific infectious disease communicable from person to person by means at present unknown. (3) We have discovered no evidence incriminating flies of the genus *Simulium* in the causation of pellagra, except their universal distribution throughout the area studied. If it is distributed by a blood-sucking insect, *Stomoxys calcitrans* would appear to be the most probable carrier. (4) We are inclined to regard intimate association in the household and the contamination of food with the excretions of pellagrins as possible modes of distribution of the disease. (5) No specific cause of pellagra has been recognized."

IN 1912 a Joint Committee composed of representatives of the New York Academy of Medicine, the Obstetrical Society, the Surgical Society, the New York Association for Advanced Medical Education, and the Medical Society of the County of New York, was appointed to formulate some plan for making the vast amount of clinical material in New York readily available to medical practitioners. The Academy of Medicine was decidedly in favour of such a scheme, but lacked funds to carry it into effect. The Society for the Advancement of Clinical Study in New York was therefore organized to finance the project. In January, 1913, it established a Bureau of Clinical Information at the Academy of Medicine, under the direction of its present executive committee, and has since carried on the work of daily posting of operations on the hospital bulletin board, and the maintenance of a *Bulletin* for regular fixed clinics. The bureau cannot fail to be of great use to medical visitors to New York. Communications should be addressed to Dr. George Gray Ward, jun., Secretary, 17, West 43rd Street, New York.

DR. CARDENAS, who has been appointed by the Government of Venezuela Minister Plenipotentiary to France, is a member of the medical profession. He is the son of a doctor, and was born at Tariba in 1875. In 1896 he took the degree of Doctor of Medicine at Caracas, and afterwards worked in the Paris hospitals and laboratories for seven years. He then went to Germany to study Bier's method, and came to England to work under Sir Almroth Wright. He represented the Government of Venezuela at the International Congress of Medicine held in Paris in 1900, and at that held in Madrid in 1903. Last year he was sent by his Government on a confidential mission to the King of Spain. He has been consul-general of his country for Spain, England, and Germany. Holding that medical science must play a great part in the economic and social life of peoples, he has taken interest in tropical pathology, and he was one of the original members of the Paris Society of Tropical Medicine and Hygiene. He has been a leader of sanitary reform in Venezuela, and with the support of President Gomez he has done much for the suppression of yellow fever and malaria in Venezuela.

THE usual monthly meeting of the Executive Committee of the Medical Sickness and Accident Society was held at 429, Strand, W.C., on February 20th. Dr. F. J. Allan was in the chair. The principal business before the meeting was the consideration of the annual and quinquennial reports, which were duly approved and passed, the results in both cases being of a highly satisfactory nature. The claims for the month of January show a marked decrease and consequently a substantial margin in favour of the society. It was reported that the new and additional proposals both showed a large increase on the same month of last year. The society has now been established for thirty years, having been started in March, 1884, and experience has proved conclusively that one of the first and most important rules of such an undertaking is the restriction of management expenses. The society is limited to 10 per cent. of the premium income, but this has never been reached, and, in fact, for the first twenty-five years it was only a fraction over 5 per cent. The balance of this allowance has assisted in paying bonuses. The total amount paid to members in the form of bonus since 1884 has now reached the sum of £19,000. All information can be obtained from the Secretary of the Society, Mr. Bertram Sutton, F.C.I.I., 33, Chancery Lane, W.C.

A MEETING of the Child Study Society, presided over by Mrs. Wilton Phipps, was held at the Royal Sanitary Institute on February 19th, when an interesting lecture on speech defects in children was given by Mr. E. W. Scripture, of New York. Mr. Scripture said that one of the most common forms of defective speech in children was that known as mechanical lisping, caused either by some defect of the lips such as harelip, by a cleft or highly-arched palate, by defects of the teeth, leading to the malformation known as the overshot and undershot jaw, or by some lesion of the nerves of the larynx. In harelip or cleft palate it was necessary to have recourse to surgery, whilst in very early childhood the dentist could sometimes prevent the troubles arising from misshapen jaws. The form of speech known as ataxic, on the other hand, was incurable. Other forms of defective speech amongst children were motor aphasia and infantile spasticity, whilst meningitis and chorea also caused a characteristically faulty articulation. There was also a large group of speech defects the result, not of disease, but of certain mental conditions. Amongst these were negligent lisping, due to the child's falling into bad habits and not paying proper attention to its speech, hysterical mutism, common even in quite young children, and stuttering which had its origin in what Mr. Scripture termed "timidity neurosis," a mental condition which took different forms in different people. Stuttering, said Mr. Scripture, was caused solely by fear or shyness of other people, and the stutterer was nearly always abnormal, or, at least, markedly different from the average man. The mental condition was usually disturbed, so that the child might almost be described as living in a continual state of stage fright. Added to this were other peculiarities, such as cramps of the lips, larynx, abdomen, and diaphragm, and the presence of accessory sounds in the speech. Another peculiarity common to most stutterers was the power to speak normally in an abnormal voice. Treatment consisted in getting rid of the subconscious fear in which this distressing malady had its source; if this could be effected, the stutter vanished. With regard to deaf-mutes, the lecturer said that, since every human being possessed the faculty of speech, there was no reason that the deaf should always be dumb, and therefore every deaf child could be taught to speak to a certain extent. Much could also be done, by means of certain apparatus, to improve the enunciation of the congenitally deaf.