

Conditions of Dosage.

To ensure that the action of the emetine injections only was observed, no other expectorant or diaphoretic mixture was administered along with the treatment. The only additions permitted were local applications (such as antiplogistine), brandy, and injections of strychnine where desirable.

Effects Observed.

Even in those cases which did not finally settle after this treatment its effects were evident. These included a fall in the temperature after an injection and a corresponding fall in the pulse rate. The respirations seemed little affected directly, but gradually tended to follow the temperature and pulse. A striking loosening of the expectoration was soon evident, in some cases even after the first injection, and the type of the accompaniments heard on auscultation changed to the coarse bubbling type of râle.

At this point the cases seemed to divide themselves into two groups—one where expectoration became profuse and the chest cleared, the other where the chest appeared to clear up without the occurrence of the free expectoration. It is, of course, possible with children that sputum was swallowed in some of these cases, but this type of clearing seems to have been noted also by Raeburn³ among his first group type of cases (non-tuberculous). Rénon⁴ found that the temperature fell, dyspnoea was reduced, and that the facility of expectoration was greatly increased. These effects he found more evident in broncho-pneumonias than in lobar pneumonias.

The depressant action of emetine never made itself really evident, and these cases did not require any more, in the way of stimulants, than the control series. The only case which showed a possible toxic sign (diarrhoea) was one in which the patient died with this as a terminal complication. Whether or not it was attributable to emetine is very doubtful.

Comparison of the figures obtained in the emetine series and those obtained in the control series is not encouraging. Both series consisted of 50 cases, and in each there were 42 primary and 8 secondary cases. The figures are as follows:

	Emetine Series.	Control Series.
Cured	27 = 54%	30 = 60%
Died	20 = 40%	20 = 40%
Recovered, but not settled after emetine	2 = 4%	Nil
Improving; removed by parents	1 = 2%	Nil

The average duration of febrile symptoms in cured cases was 4.5 days in the emetine series and 6.2 days in the control series.

Conclusions.

Both series give a death rate of 40 per cent., and the percentage of definite cures in each case does not differ greatly. Thus emetine hydrochloride on these results cannot be considered as a cure for broncho-pneumonia. The highness of the death rate in both instances may be condoned to some extent by the fact that the majority of the patients were drawn from the very poorest areas of Manchester, were initially possessed of a poor degree of natural resistance, and in many instances were brought to hospital too late to hope for really effective treatment.

The febrile period seems on an average to be reduced in the emetine series, and in both series the fall was by the usual form of lysis.

As previously mentioned, in no case were definite toxic symptoms present, nor was any undue depressant effect noted, nor did any objectionable local reaction occur following injection of the drug.

While not acclaiming the use of emetine as a specific remedy, it certainly appears to be of clinical value, and this may be summed up briefly as follows:

1. In children the effect gained by the daily injection saves in many instances a struggle with the child to get it to take medicines by the mouth, thus giving patient and attendant alike a more restful time. For this alone it should be a valuable method for the general practitioner,

where difficulty in this direction is only too often present owing to amateur nursing.

2. The febrile period of the disease appears quite definitely shortened when the average of cases is taken.

3. The stomach is left free from any irritation by expectorants and given a better chance with such nourishment as may be taken.

My thanks are due to Dr. J. D'Ewart, medical superintendent, for permission to make use of my observations.

REFERENCES.

¹ *International Clinics*, vol. ii, 1915, p. 42. ² *Bull. de l'Acad. de Méd.*, 1914, p. 557. ³ *British Medical Journal*, March 28th, 1914. ⁴ *Gaz. des Hôpitaux*, March 12th, 1914.

Memoranda:**MEDICAL, SURGICAL, OBSTETRICAL.****SARCOMA OF THE STOMACH.**

Two cases of sarcoma of the stomach have been reported in the pages of the *British Medical Journal* during the past three months by Mr. James S. Hall and Dr. Alexander Smith. As this condition is so rare the following account of a recent case under my care in the Royal Isle of Wight County Hospital may be of interest.

The patient, a gardener, aged 32, had a fainting attack on January 9th, 1928. Previously, although he was anaemic and lackadaisical he had had no severe illness, nor suffered from dyspepsia or pain in the abdomen. On January 11th he had melaena, which lasted until January 20th. From that time onwards his health improved, although he was very weak and profoundly anaemic. The melaena was thought to be due to gastro-duodenal ulceration, for which he was treated. On February 5th, at 2 p.m., he complained of severe epigastric pain, which lasted continuously until he was seen by me at 9 p.m. At that time he looked very ill, and stated that the epigastric pain was still very severe. He had not vomited and his bowels had been well opened. The abdomen was moderately rigid and moved slightly on respiration, and the epigastrium was tender. The liver dullness was not obscured, but extended for two inches below the costal margin. Pulse 72, temperature normal. Nothing abnormal was found in the lungs. In view of this attack of pain supervening on an attack of melaena his condition was thought to be that of a ruptured gastric or duodenal ulcer, so he was removed to hospital for immediate operation.

Operation.—On opening the abdomen through a right paramedial incision a maroon-coloured tumour presented. This was delivered and was found to be pedunculated, having a pedicle one inch long and attached by a two-inch base to the lesser curvature of the stomach. The tumour was very much congested with large vessels coursing over its surface. It was firm, about the size of a foetal head, and had the appearance of sarcoma. The tumour was removed together with one inch of gastric wall beyond the attachment of the growth. The stomach was sutured by a double row of stitches, and the abdominal wound closed.

Except for a slight consolidation of the base of the left lung the patient had an uneventful convalescence, and he was discharged from hospital on March 3rd. On April 7th he reported himself to be much improved and able to take a fair amount of exercise and to do a little work. Before leaving the hospital a radiogram was taken of the patient's chest, but there were no signs of secondary deposits of sarcoma in the lungs.

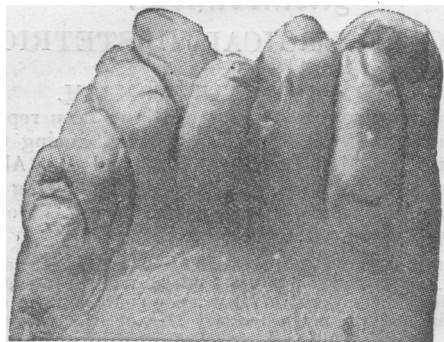
Pathological Report.—The tumour was sent to Dr. L. Firman-Edwards, pathologist to the hospital, who reports: The tumour is a large brain-like mass about the size of a foetal head, with numerous small haemorrhages in it. It has the macroscopic appearance of a sarcoma. Microscopically the tumour is made up of spindle-shaped cells with large elongated nuclei, arranged in a whorl-like formation. Between the whorls the cells form a fine network like that of areolar tissue. There are no true blood vessels, but embryonic blood spaces occur throughout the section, and these have in many cases a lining of endothelial cells. The structure is typical of a spindle-celled sarcoma, although in some ways suggestive of an endothelioma.

This case is interesting in that, in spite of the size of the tumour, the patient had no symptoms until the fainting attack and the appearance of melaena, and one was led to suspect rupture of a gastric or duodenal ulcer owing to the sudden attack of acute epigastric pain on February 5th. This sudden onset of pain was undoubtedly due to torsion of the pedicle of the tumour. Its maroon appearance at the time of the operation, and the pathological report of numerous small haemorrhages in it, bear out this assumption.

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A CASE OF POLYDACTYLISM IN THE FOOT.

ALTHOUGH cases of polydactylism may not be extremely uncommon, it must be rare indeed that an instance, such as that recorded below, is met with in which the patient has as many as three additional digits on one foot. There is, too, more often than not an hereditary tendency to the deformity. This was absent in the present case. Miles Atkinson, in the *British Journal of Surgery* (vol. 9, 1921-22, p. 298), records a case of hereditary polydactylism, in which it was possible to trace the occurrence of the deformity back through four generations: of 48 persons traced, 26, or more than half, exhibited a condition of polydactylism. In no instance, however, was there more than one extra digit on any one limb; although Atkinson



mentions that cases have been reported in which there were as many as eight digits on one hand, and a case with nine toes occurred in America.

The present patient was a lady, aged 82, who was found to have eight separate and fully formed toes on the left foot. On inquiry I could not trace any other member of the family with a similar deformity; indeed, the relatives did not know that the patient had anything wrong with her foot at all. Unfortunately no radiogram of the foot could be obtained.

I am indebted to Dr. Campbell of the Public Health Department for the excellent photograph with which this note is illustrated.

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Reports of Societies.

EARLY DIAGNOSIS OF CANCER OF RECTUM AND COLON.

At a meeting of the Subsection of Proctology of the Royal Society of Medicine on May 9th the subject of the early diagnosis of cancer of the rectum and colon was debated. The chair was taken by Sir CHARLES GORDON-WATSON.

Sir WILLIAM DE COURCY WHEELER, dealing with the surgical aspect, said that he was doubtful whether he had ever seen an early case of cancer of the rectum or the colon, and from the literature he discovered that most surgeons had had the same lamentable experience with regard to late recognition. In the Breslau clinic 70 per cent. of cases of cancer of the rectum were inoperable on arrival, and he thought the figure for St. Mark's, London, was similar. In connexion with the lack of early recognition, he drew attention to the relative frequency of cancer of the distal portion of the colon, because it was just in this situation that early diagnosis ought to be made. From the diagnostic point of view, cancers in the distal region were really external cancers, comparable with cancer of the breast. If early diagnosis could be made there would be a rich reward, for even under present conditions 50 per cent. of excisions of cancer of the rectum, and 60 per cent. in the case of the colon, were followed

by five years' cure. Moreover, under modern conditions, the operative mortality was becoming negligible. With so many missed diagnoses it would be profitable to review the diagnostic armoury. All the authorities he had consulted commented on the lack of thorough examination in suspicious cases. Each patient ought to be examined thoroughly, but he thought it only fair that those who specialized in this branch of surgery should make allowance for the busy general practitioner, who was often misled by high abdominal symptoms predominating in the first instance. He himself had seen several cases, and there were many recorded in literature, which had been examined for dyspepsia by x rays on many occasions, when the cause was within easy reach of the finger in the rectum. Numbers of cases of cancer of the rectum were mistaken for haemorrhoids owing to perfunctory examinations, notwithstanding the fact that students were taught to beware of so inexcusable a mistake. It might help in arriving at an early diagnosis if students examined the pelvis bimanually per rectum in the same thorough and systematic way as the vaginal examination was performed by gynaecologists. Just as tumours in the rectum and rectal sigmoid were easily felt, so tumours higher up could be easily seen, and the simplicity of the sigmoidoscopic examination was insufficiently realized. No examination of this kind was complete without employing x rays after a bismuth meal and bismuth enema, but here he wanted to sound a note of warning to the general practitioner, that radiologists were not infallible, nor were their dicta akin to the gospel. Often a practitioner sent a suspicious case to a radiologist straight away; nothing definite was seen, and the case was left for perhaps a year until an inoperable growth had made its appearance. He thought it a grave mistake to take a radiological report as proof positive of either absence or presence of a rectal or colonic growth, though he gladly admitted that the bricks of the diagnostic building were cemented together by the radiological findings. In the routine examination of the faeces occult blood was not found unless there was some definite alteration of the gastro-intestinal tract. After speculating on the cause of the anaemia in cancer of the colon, which might be due to the loss of small amounts of blood, he said that the anaemia was never a contraindication to operation, though exploration should be the last resort. If there were occult blood and suspicious symptoms, and if the x-ray findings were suggestive, the case was one for exploration, supposing no tumour was palpable. Unfortunately there always remained a group of patients who would not seek medical advice. They corrected their constipation by purgatives, their diarrhoea by astringents, and their lassitude and weakness by change of air and holidays; they were doctored by themselves, their friends, and the daily press. Some good might come in this respect from cancer campaigns, and the public must be taught to avoid those paths of neglect which led inevitably to the grave.

Dr. CUTHBERT DUKES described the way in which the pathologist could be of most service in the diagnosis of cancer at an early stage. He would leave on one side those still unsettled problems of pathology that centred round the origin of malignancy, and limit himself to answering the practical question, "What can a pathologist do to help the surgeon make up his mind whether or not his patient has cancer of the bowel?" and said that the answer was disappointingly brief; it was limited to the fragment removed for diagnosis. He knew no reliable way of recognizing those changes in the blood which must accompany cancer from its first beginning. Some time ago he had hopes of agglutination tests with a peculiar strain of *B. coli*, but the procedure proved useless for diagnosis, because only in the later stages of cancer was it positive, and even then the results were often equivocal. Similarly, the alterations in the urine which eventually accompanied rectal cancer arrived too late to be of practical value in diagnosis. The chemical and microscopical examination of the faeces had been explored almost in vain. The occult blood test might be useful in certain cases, but many other possible sources of blood in the stool had to be borne in mind. The prospect of finding a fragment of cancer epithelium in the

aural cases. That was not a sufficient number to justify keeping the clinics open. As far as he knew there were no nose and throat cases.

Medical Examination of Prospective Emigrants to Canada.—Mr. AMERY, replying to Mr. Haslam, on May 14th, said that in the first four months of this year 30,451 persons were requested by the Canadian authorities to present themselves for medical examination with a view to their settlement in Canada. Of these, 29,209 were examined. The remainder would probably be examined during the coming months. The numbers rejected on medical grounds, or unable to attend for examination for reasons of distance, inconvenience, and expense, were not yet known. Mr. HASLAM asked if Mr. Amery would get into touch with the Canadian authorities and use his influence to see that no able-bodied man or woman who might be desirable was excluded. Mr. AMERY said the Dominions Office was doing all it could.

Sale of Food and Drugs Acts.—On May 14th Sir KINGSLEY WOOD, in reply to Dr. Vernon Davies, said that the Sale of Food and Drugs Acts were administered by the health authorities of certain counties. In some counties the public health committee or the medical officer of health, or both, took part in the administration of the Acts. He could not state the number of such counties.

Leprosy in Palestine.—Mr. AMERY, replying to Sir R. Thomas, on May 14th, said that in February, 1926, it was estimated that there were fewer than eighty lepers in Palestine. The disease appeared to be dying out naturally. In 1927 the Moravian Leper Hospital at Jerusalem had on the average 28.75 in-patients, and twenty-four lepers received out-patient treatment at Government dispensaries. The High Commissioner was satisfied that sufficient facilities existed in Palestine for the treatment of leprosy.

Health of Prisoners in the Solomon Islands.—A report to Mr. Amery on the condition of the Solomon Islanders in prison awaiting trial states that up to March 8th five deaths had occurred—two from dysentery and three from causes other than dysentery. Many of the prisoners were under-nourished and emaciated when they were brought in, all were kept under close observation by the senior medical officer, and their general health improved as a result of a regular and substantial diet. Apart from the outbreak of dysentery there had been little illness among the prisoners.

Duties of Registrar of Deaths.—Sir KINGSLEY WOOD, replying to Mr. Kelly, on May 15th, said that it was not the duty of the registrar of deaths to ask questions in cases where the cause of death was certified by the medical practitioner who attended the deceased person. Where the cause of death was not so certified, the registrar was required to refer the case to the coroner, and only to enter the cause of death according to information elicited by himself in cases where the coroner had deemed an inquest unnecessary. Even where the cause of death was medically certified, it was the duty of the registrar to refer the case to the coroner if he had information that death might have been due to causes falling within certain categories laid down by regulation. These categories included cases where death appeared to have been due to starvation or privation.

Notes in Brief.

Excluding lunatics in county and borough asylums, persons in receipt of domiciliary medical relief only, and casuals, totalling about 127,000, the greatest number of persons in receipt of Poor Law relief in England and Wales on any Saturday in the winter of 1927-28 was 1,255,251, on January 7th, 1928.

In 1927 the number of children in the London area who attended open-air classes was 1,680.

In the year ended March 31st, 1928, 202,930 widows' pensions and 15,590 orphans' pensions were granted in England and Wales. Included with the widows' pensions were 257,500 children's allowances.

Mr. Chamberlain has decided that houses completed by March 31st, 1929, shall, if otherwise eligible, qualify for subsidy at the existing rates.

Medico-Legal.

£1,000 DAMAGES FOR A MEDICAL MAN.

A JURY at Leeds Assizes, on May 8th, awarded £1,000 damages to Dr. W. S. Henderson, medical officer to Sedbergh School, for the following libellous passage contained in a letter written by the father of a schoolboy to the headmaster of the school: "In my opinion his callousness and ignorance prove him to be quite unsuitable for the responsible position which he holds."

Dr. Henderson commenced his duties at Sedbergh School in October, 1926. In the following October one of the boys, Donald Ackerley, contracted scarlet fever and came under his care. Dr. Henderson treated the boy until he was sent home on December 14th, 1927, and on December 16th the father, Mr. R. C. Ackerley, wrote to the headmaster that two doctors had examined the boy and had diagnosed inflammation of the hip-joint. The letter continued: "It is by no means an uncommon complication arising from scarlet fever, so this makes Dr. Henderson's case worse than I thought." Then followed the words complained of. Counsel for the plaintiff added that upon the issue of the writ in the action the school

authority, taking the view that they could not have their dirty linen washed in public, called upon Dr. Henderson to resign.

Dr. Henderson, giving evidence, said that the boy had sometimes complained of pains in his hips, thigh, knees, and chest, and he considered they were due to muscular rheumatism, a symptom sometimes found in cases of scarlet fever. Dr. Maxwell Telling, professor of medicine at Leeds University, told the jury that he would have made exactly the same diagnosis and advised the same treatment as had Dr. Henderson.

The defence was a plea that the letter was written on a privileged occasion, and a denial that it bore the meaning the plaintiff alleged, but there was no plea of justification. A father's letter to a headmaster is written on a privileged occasion, but it is only a qualified privilege, which is lost on proof of malice, and the question whether or not the writer was actuated by malice is one for a jury to decide. Here, as Mr. Mortimer, K.C., for the plaintiff, said, not only had the defendant abused the privilege by going further than he ought to have gone, but he had not even sought to justify the allegations he had made, nor shown any sign of repentance.

Great sympathy for both sides was expressed by Mr. Justice Talbot in his summing-up to the jury. His Lordship pointed out that the evidence had demonstrated that there was no error in treatment, with a possible exception regarding a rise in the boy's temperature on his last day in the school infirmary.

The solicitors for the plaintiff were Messrs. Le Brasseur and Oakley, instructed by the London and Counties Medical Protection Society.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on May 12th the following medical degrees were conferred:

M.D.—J. P. W. Jamie, H. Gainsborough.
B.Chir.—L. J. Panting.

UNIVERSITY OF LONDON.

Recent Developments in Medical Education.

THE report of the Principal Officer on the work of the University of London during the year 1927-28 records a number of developments of some medical interest. Reference has already been made to the purchase of the Bloomsbury site, which was made possible by a very large contribution from the Rockefeller Foundation. That institution has also given £25,000 for the endowment of the department of pharmacology, and £50,000 for the endowment of the departments of anatomy and physiology, all at University College. Further large benefactions have been made to provide for the establishment of a chair of dietetics, which will be at first a part-time appointment and which, it is hoped, will be attached to the St. Thomas's Hospital Medical School. Regarding the medical education of women undergraduates the report refers to the appointment, by the Senate, of a committee to consider the question, and states that much of the preliminary work of inquiry has already been done. In the course of the past year academic diplomas in bacteriology and in biology have been instituted. The trust deed providing for the Geoffrey E. Duveen Lectureship in Otolaryngology has been varied to allow the establishment of a travelling post-graduate studentship in oto-rhino-laryngology and of a fund for the promotion of research in that subject.

Changes among the medical and associated teaching staffs have been numerous. At King's College Miss D. L. Mackinnon has succeeded Professor J. S. Huxley in the chair of zoology, and Mr. D. MacC. Blair has been appointed professor of anatomy in succession to Professor E. Barclay-Smith. In the medical schools Sir Frederick Andrewes has retired from the St. Bartholomew's staff, and Professor E. H. Kettle is the first holder of a new University chair of pathology. The new readership in this subject is held at the Westminster Hospital Medical School by Dr. J. A. Braxton Hicks. Readerships in morbid anatomy and histology and in bacteriology have been instituted at the Middlesex Hospital and University College Hospital respectively. Three chairs have been added to the establishment of the London School of Hygiene and Tropical Medicine: Dr. W. W. Jameson has been appointed professor of public health, Mr. M. E. Delafield professor of chemistry as applied to hygiene, and the chair of biochemistry remains to be filled. Dr. G. S. Wilson becomes reader in bacteriology and immunology. At the School of Pharmacy the first holder of the readership in pharmaceutical chemistry is Dr. W. H. Linnell.

LONDON INTER-COLLEGIATE SCHOLARSHIPS BOARD.

Medical Scholarships.

THE London Inter-collegiate Scholarships Board announces that an examination for six medical scholarships and exhibitions, of an aggregate total value of £513, will commence on June 26th. They are tenable at University College Hospital Medical School, the London (Royal Free Hospital) School of Medicine for Women, and the London Hospital Medical College. Full particulars and entry forms may be obtained from the secretary of the Board, Mr. S. C. Rauner, M.A., the Medical School, King's College Hospital, Denmark Hill, S.E.5.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ORDINARY Council meeting was held on May 10th, when the President, Sir Berkeley Moynihan, Bt., was in the chair.

Fellowships.

Mr. C. Thurstan Holland and Lieut.-General Sir Matthew H. Gregson Fell, K.C.B., C.M.G., were admitted Fellows of the College.

John Hunter Medal.

Mr. Victor E. Negus was presented with the John Hunter Medal in bronze and a cheque for £50 for his investigations into the comparative anatomy and physiology of the larynx and the anatomy of the bronchi in their relation to surgery.

Membership and Diplomas.

Diplomas of membership were granted to 152 candidates whose names were among those noted as granted licences to practise by the Royal College of Physicians in the list published on May 5th (p. 786). Diplomas in public health were granted jointly with the Royal College of Physicians to 18 candidates.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS
OF GLASGOW.

At the monthly meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, held on May 7th, George Henry Edington, M.D., D.Sc., was appointed as the representative of the Faculty upon the General Medical Council.

The Services.

TERRITORIAL DECORATION.

THE KING has conferred the Territorial Decoration upon the following officers of the Royal Army Medical Corps, T.F.: Hon. Colonel A. Thorne, V.D., Majors N. M. Ferguson, J. F. Edmiston, T. W. S. Hills, J. A. Stenhouse, and F. H. White.

NAVAL MEDICAL COMPASSIONATE FUND.

THE quarterly meeting of the directors of the Naval Medical Compassionate Fund was held on April 26th, when Surgeon Vice-Admiral Arthur Gaskell, Medical Director-General of the Navy, took the chair, and the sum of £175 was distributed among the several applicants.

Obituary.

WE regret to announce the death, at the age of 92, of Dr. HENRY JAMES ALFORD, which occurred at his home in Taunton on April 17th. He belonged to a well-known Somerset family, and his father, who also lived until over 90, preceded him in medical practice at Taunton, while one of his brothers was a surgeon. Dr. Alford received his medical education at University College, London; he obtained the diplomas M.R.C.S.Eng. and L.S.A. in 1858, graduated M.B. in 1861, and proceeded M.D.Lond. in 1872. After spending some years in practice with his father he was, in 1873, appointed medical officer to the old Taunton Board of Health. Four years later, on the incorporation of the borough, the new council came into existence, and he retained the office of medical officer of health to that body, continuing in this capacity until his retirement after forty-six years of service in 1919, when he had reached the age of 83. He remained in service in a consultative capacity to the time of his death. He was for a considerable period consulting physician to the Taunton and Somerset Hospital. Until a few months ago he remained in good health. His devotion to his office and to the affairs of his native town monopolized the greater part of his time and energy, but in his youth Dr. Alford gained some fame as an amateur actor, and throughout his life took a keen interest in local dramatic and musical works. Many years ago he was received into the Roman Catholic communion, and he was a devout member of that Church. The interment in St. Mary's Cemetery was preceded by a requiem service at St. George's Church, Taunton, conducted by the Very Rev. Canon Iles, and attended by the mayor, members and officials of the corporation, representatives of the medical profession and of the religious communities with which Dr. Alford was associated.

Dr. MATTHEW CURSHAM CORNER, who died on April 25th, in his sixty-ninth year, at his residence in Mile End, had throughout his life been identified with work in the East End of London. The son of a medical practitioner, he

received his professional education at the London Hospital, and in 1882 obtained the L.S.A. After serving as clinical assistant at the East London Hospital for Women and Children he took over his father's practice in the Mile End district, where he remained until his death. For forty-two years he was medical officer and lecturer to the East End Mothers' Lying-in Home, the institution in connexion with which he was, perhaps, best known, and to which he was latterly consulting physician. He was also for many years visiting or resident medical officer to the Tower Hamlets Dispensary, and had at one time or another been associated with the Royal Maternity Society, the East London Nursing Society, the Whitechapel Dispensary, the Trinity Almshouses, and the East End Emigration Society. He was honorary medical officer to the National Children's Adoption Association, and honorary consultant to the Stepney School for Mothers. Dr. Corner participated actively in professional affairs, and was a past-president of the North-East London Clinical Society. In the British Medical Association he had served as a member of the Metropolitan Counties Branch Council and as chairman, from 1922-26, of the Tower Hamlets Division. He was a justice of the peace, and had served as chairman of the Mile End Petty Sessions and as a member of the Shoreditch Children's Criminal Court. Among his publications may be noted one, entitled *A Defence of East London*, which gives the clue to his main interest in life—the welfare of that district where he was particularly devoted to any service designed to help its mothers and its children.

Dr. JOSEPH HIORNS FENN, who died on May 3rd at Rusthall, Tunbridge Wells, at the age of 60, was the third son of the late Mr. Albert R. Fenn of Madrid. He received his medical education at the London Hospital, and obtained the diplomas M.R.C.S., L.R.C.P. in 1897. Dr. Fenn soon afterwards went to Mexico, where he became well known as a surgeon in mining centres and travelled extensively. During the war he held a commission as captain in the R.A.M.C., serving first on troopships to and from the Mediterranean and Australian ports. He was later transferred to the Royal Herbert Hospital at Woolwich, and then to the Military Hospital at Hounslow; as he had made a special study of tropical diseases he was subsequently appointed medical officer in charge of the Gravesend Military Hospital. After the war, and until incapacitated by a long illness, Dr. Fenn held an appointment under the Ministry of Pensions in the tropical diseases department. He retired four years ago to Rusthall, Tunbridge Wells, where he patiently bore the increasing limitations and sufferings following upon encephalitis lethargica. His death is much regretted by his many colleagues and friends. He was a member of the British Medical Association.

Medical News.

THE annual oration to the St. John's Hospital Dermatological Society will be given at 5.30 p.m. on Wednesday, May 23rd, at St. John's Hospital, Leicester Square, by Sir John Bland-Sutton, Bt., whose subject will be "The debt of dermatology to optical glass." On the same evening, at 7 o'clock, the annual dinner will be held at the Café Royal. Fellows intending to be present are asked to notify the honorary secretary of the society at 49, Leicester Square, W.C.2, not later than Tuesday, May 22nd.

Dr. JANE WALKER will open a discussion by the North-Western Tuberculosis Society on tuberculosis and employment at the Tuberculosis Offices, Joddrell Street, Hardman Street, Manchester, on Thursday, May 24th, at 3 o'clock. All medical practitioners interested are cordially invited to attend.

THE twenty-ninth annual meeting of the Lebanon Hospital for Mental Diseases, which is situated at Asfuriyeh, near Beirut, in Syria, will be held at Friends' House, Euston Road, N.W., at 3 p.m., on Tuesday, May 22nd. Sir Wyndham Deedes, late Chief Secretary to the Palestine Government, will preside, and a short address on "The importance of treating early mental disorder" will be given by Sir Maurice Craig. Sir Robert Armstrong-Jones and Dr. Bedford Pierce

will also speak. The Lebanon Hospital is the only institution of its kind in Syria, and provides teaching facilities for medical students at Beirut University. Its administration is on an international basis, with headquarters in London and associated committees in Holland, Switzerland, and America. Readers who are interested and who desire to attend the annual meeting may obtain particulars from the London office, 139, Marylebone Road, W.1.

THE opening ceremony in connexion with the Princess Louise Kensington Hospital for Children will be performed by His Majesty the King, accompanied by the Queen, at 3.30 p.m., on Monday, May 21st. The hospital had its origin in a small dispensary started by a few medical practitioners in Church Street, Kensington, in 1840; in 1896 a small ward was added and the institution took the name of the Kensington Dispensary and Children's Hospital. Four years ago it became clear that a greater need existed for the hospital in North Kensington, then in its original situation, and that it would require a very considerable extension to provide the desired facilities. Under the patronage of H.R.H. Princess Louise, Duchess of Argyll—and largely at her instigation—a scheme was inaugurated which has resulted in the creation of the new hospital situated at St. Quintin Avenue, North Kensington, W.10. The first building scheme, comprising the out-patient department and one ward block, was started in November, 1926, and last summer the board decided to proceed with the second ward block. Out-patient work in the new hospital commenced in December, 1927, and the first in-patients were admitted soon after.

THE annual meeting of King Edward's Hospital Fund for London was held at St. James's Palace on May 15th, the Prince of Wales presiding. In his address he stated that £1,800,000 a year is now voluntarily subscribed to London hospitals. The Fund last year distributed £247,000, while, in addition, special grants from the legacies left by the late Mr. and Mrs. John Wells of St. Albans had been distributed since 1924, the total of £255,000 having helped to provide 1,600 additional beds. The Prince of Wales said there were now in London 900 "pay beds" for the professional and middle classes, and that the report of the committee appointed to inquire into the question of this class of hospital accommodation was in course of preparation. A fuller account of the proceedings of the meeting will be given next week.

THE summer session of the South-West London Post-Graduate Association opened on May 16th, and a lecture-demonstration will be given each week until July 12th. Two outings are included in the programme, these taking the form of visits to the King Edward VII Sanatorium, Midhurst, on June 12th, and to the Cassel Hospital for Functional Nervous Disorders, Penshurst, on June 27th. Full information may be obtained from the honorary secretary, Dr. R. J. Saunders, 10, Lyford Road, Wandsworth Common, S.W. 18.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that on Friday, May 25th, there will be two demonstrations: the first, in gynaecology, by Mr. A. C. McAllister, at 10 a.m., at the Royal Waterloo Hospital, and the second, of the fundus oculi, by Mr. Lindsay Rea at 8.30 p.m., at the in-patient department of the West End Hospital for Nervous Diseases, Gloucester Gate, Regent's Park. Intending visitors to Mr. Lindsay Rea's demonstration are asked to apply first to the Fellowship of Medicine (Mayfair 2236). Special courses in June are as follows: June 4th to 16th, diseases of children; June 18th to 30th, chest diseases at the Victoria Park Hospital and gynaecology at the Chelsea Hospital for Women; June 25th to July 21st, neurology at the West End Hospital for Nervous Diseases, starting at 5 p.m. daily; and a course in medicine, surgery, and the specialties at the London Temperance Hospital. This last-named course is primarily intended for practitioners who have little spare time, and it has been arranged to take place in the late afternoons from 4.30 to 6 o'clock. Full particulars and copies of all special-course syllabuses are obtainable from the Fellowship of Medicine, 1, Wimpole Street, together with information on the general course of work.

THE house and library of the Royal Society of Medicine will be closed on Saturday, May 26th, and Monday, May 28th.

DR. E. GRAHAM LITTLE, M.P., has been elected an honorary member of the Norwegian Medical Society.

THE annual general business meeting of the National Incorporated Association of Dr. Barnardo's Homes was held on May 9th. The annual report showed that new admissions in 1927 totalled 2,025, of which 1,648 were permanent and 377 temporary. The average number of children in residence throughout the year in the cottages, households, and branches of the institution throughout the country was 7,716; of these children, 1,203 were under 5 years old and 422 were crippled, blind, deaf and dumb, or otherwise afflicted. The income for the year from all sources was £521,514 and the expenditure was £521,499.

TOWARDS the sum of £40,000 required for the establishment in London of a clinic for the treatment of rheumatic diseases £23,153 had been received by the British Red Cross Society up to the end of April. It is expected that the work of adapting and equipping the building chosen for the clinic will be begun shortly. A treatment fund has been opened at the instance of friendly societies and approved societies. The St. Marylebone Division of the British Red Cross has made a donation of £30 towards a samaritan fund to assist those who cannot pay the full fees.

THE Treasury has made an order under Section 10 of the Finance Act, 1926, exempting radium compounds from Key Industry Duty from May 15th to December 31st, 1928. This step has apparently followed representations from certain hospitals to the Chancellor of the Exchequer. The imposition of the duty has been attacked as the cause of difficulty in securing supplies of radium salts, notably for the treatment of cancer. Very small amounts of radium are produced in Great Britain, and the world's supplies are obtained for the most part from the Belgian Congo.

THE annual medical cruise organized by the *Bruxelles-Médical* will start from Bordeaux on the mail steamer *Brazza* on July 29th. Visits will be paid to Corunna, Vigo, Oporto, Madeira, Tenerife, Las Palmas, and Ajaccio. The prices range from £45 10s. inclusive upwards. Further information can be obtained from the Section de Voyages de *Bruxelles-Médical*, 29 Boulevard Adolphe Max, Brussels.

AN international congress of open-air schools will be held in Paris from July 8th to 12th, under the presidency of M. Paul Strauss, with Professor Nobécourt as president of the Medical Section and Dr. Lesage as general secretary. Great Britain will be represented by Miss M. MacMillan. Further information can be obtained from M. Lemonnier, 37, Avenue Victor-Emmanuel, Paris.

A BILL to direct that the principal civil medical officer shall in future be known as and styled the director of medical and sanitary services has been passed by the Legislative Council of Hong-Kong. The change of title is being made in connexion with the reorganization of the medical and sanitary departments.

WITH a view to assisting German scientists in research an effort is being made by a German society to supply the universities and students of that country with medical and scientific literature of the war period and subsequently. Copies of the *British Medical Journal* and the *Lancet* for the years 1914 to 1924 are particularly required, single numbers being welcomed if complete sets cannot be obtained. Those who are willing to assist in this are invited to notify the Notgemeinschaft der Deutschen Wissenschaft, Berlin C.2, Schloss Portal 3. Expenses incurred in sending books and journals will be refunded.

THE health section of the League of Nations Health Organization has issued a pamphlet containing a list of its publications down to March this year. The booklet serves as an index to the activities of this body, and research workers and others will find it useful as a bibliography of the many routine reports and special studies undertaken by its Commissions. Brief details are given of the scope of each publication.

THE late Professor Gilbert has bequeathed a series of medico-historical collections to the history of medicine museum of the Paris faculty of medicine, with a sum of 40,000 francs for their instalment.

THE international congress of applied psychology will meet at the Palais-Royal, Paris, next October.

THE sixth international congress for combating tuberculosis will be held in Rome from September 24th to 28th, under the patronage of the Italian Government and the presidency of Professor Raffaele Paolucci of Rome, with Professor Léon Bernard as general secretary. Papers will be read by Professor Calmette on the filterable elements of the tuberculous virus, by Professor R. Jemina of Naples on the diagnosis of infantile tuberculosis, by Professor Morelli of Pavia on the pneumothorax treatment of pulmonary tuberculosis, by Dr. William Brand of London on the organization of antituberculous prophylaxis in rural districts, and by Professor L. Brauer of Hamburg on the surgical treatment of pulmonary tuberculosis. The subscription for the congress is 100 lire, which is payable to the Federazione Nazionale Italiana Fascista per la lotta contro la tubercolosi, 12 Via Toscana, Rome. An exhibition of methods for dealing with tuberculosis will be held during the congress, which will be followed by excursions to Italian sanatoriums.

THE second quarterly issue of *Seuchenbekämpfung*, the Viennese journal dealing with the etiology, prophylaxis, and experimental treatment of infectious diseases in man and animals, is dedicated to Professor Richard Pfeiffer of Breslau, the discoverer of the influenza bacillus, on the occasion of his seventieth birthday.