

## CLOSURE OF ABDOMINAL INCISIONS.

BY

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THE high incidence of faulty wound union in abdominal incisions leaves ample scope for improvement in the technique of closing the abdomen.

A recent American writer<sup>1</sup> found that faulty union occurred in 12 per cent. of clean abdominal wounds closed with absorbable sutures. In contaminated wounds, closed in the same manner, the percentage rose to 80 per cent. These figures, he found, could be considerably reduced by using for the fascial layer a continuous suture of twisted silk. The suture was passed through the skin beyond the extremities of the wound, and could thus be removed at a later date. Continuous silk, even though removable, is *prima facie* not the suture of choice in contaminated wounds.

Many surgeons have advocated and used the "figure of 8" silkworm-gut suture for the same purpose. The small deeper loop of the "8" takes in its bight the essential layer—that is, the fascia of the linea alba or other fascial layer concerned—while the larger superficial loop is joined over the skin and encloses all the tissues superficial to the fascia.

This suture has many disadvantages; three may be mentioned:

(1) The smaller deeper loop can only be made effective by tying the suture so tightly as to strangle the bulky tissues in the bight of the superficial loop. For this reason the suture could not be employed for, let us say, a vertical incision in the posterior sheath of the rectus. (2) The hold of the deeper loop on the fascia, wherever situated, rapidly becomes slack owing to the yielding of the tissues enclosed in the large superficial loop. (3) In case of suppuration of the abdominal wall—if the superficial loop is released for drainage purposes the fascial support is sacrificed as well.

These disadvantages can be obviated by tying the ends of the "figure of 8" suture over an oblong wire frame resting on the abdominal wall (Fig. 1). The tension of the

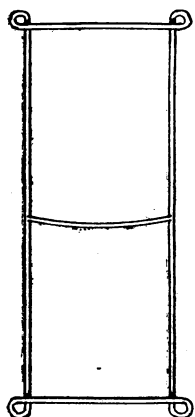


FIG. 1.—Wire frame showing curved cross-bar used when necessary to strengthen sides.

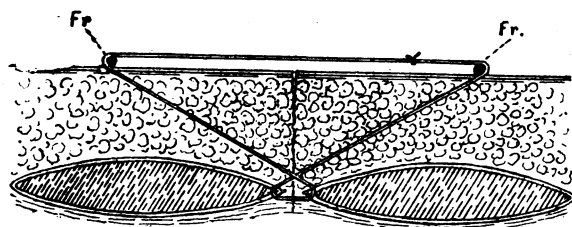


FIG. 2.—Fr.—Cross section of frame.

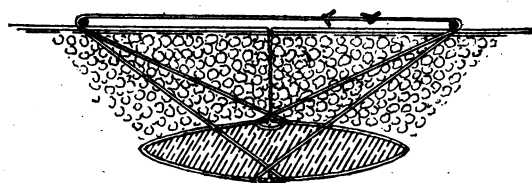


FIG. 3.—The frame is shown in cross section. For convenience the suture in the anterior and that in the posterior sheath are shown in the same horizontal plane.

suture so tied is approximately constant during the two or three weeks it remains *in situ* (Fig. 2). It can be employed for the posterior sheath of the rectus without damage to the muscle fibres (Fig. 3). In case of suppuration free drainage can usually be achieved by removal of superficial sutures without disturbing the fascial supports which are attached to the frame. The frame, far from

being a discomfort, acts as a splint supporting the abdominal wall in coughing, vomiting, or distension.

For the larger wounds I have found a frame 7 in. by 3 in. made of No. 10 iron wire suitable in size and strength. For smaller wounds 6 in. by 2½ in. in slightly finer wire suffices. (The frames are obtainable from White and Wright, Liverpool.)

For transverse wounds the frame can be moulded by the hand to suit the curve of the abdominal wall. If likely to cause discomfort by pressure on the pubis or rib margin a corner, or the whole end, can be bent away from the bone. The loops at the corners of the frame prevent the terminal sutures slipping off. It may be an advantage in some cases to tie each suture end to its corresponding side of the frame without crossing over the surface.



FIG. 4.

I have sometimes used a modified "figure of 8" suture (Fig. 4) which gives a more secure apposition of the fascia. If this modification is used the silkworm-gut should be severed one or two days before it is actually removed.

I do not know whether the method here described is new; it is certainly helpful, whether ancillary to buried catgut in clean cases or without catgut when the wound has been exposed to contamination.

## REFERENCE

<sup>1</sup> Goff: *Surgery, Gynecology and Obstetrics*, December, 1925.

## Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

### NEPHRITIS FOLLOWING INFLUENZA.

#### NOTES ON 100 CONSECUTIVE CASES OF INFLUENZA.

In December, 1926,<sup>1</sup> I reported four cases of acute haemorrhagic nephritis following attacks of influenza, and when the epidemic was at its height, in January, 1927, I examined the urine in 100 consecutive cases as they occurred in practice. They included 10 children up to 14 years of age (Class I in the table); 76 insured patients, mostly tobacco workers (Class II); and 14 patients over 60 years of age (Class III), some working, some at home.

Influenza does not differ from any other acute infection—for example, pneumonia—in its effect on the glomeruli of the kidney; and when the fever is at its height the urine, as a rule, shows a slight haze of albumin, which, however, disappears with the fall of temperature. Four cases in the series, however, were very different.

#### CASE I.

A man, aged 22, had a severe influenzal cold with sore throat on January 16th (temperature 103.4° F.). On January 17th epistaxis occurred, and on January 18th severe haematuria. He was obviously very ill, restless, temperature 104° F., pallid, and swollen round the ankles and eyes. Albumin was present in the urine in excess, and the deposit showed red blood corpuscles, leucocytes, cell and blood casts, but no pus. He recovered rapidly from the kidney condition, but on January 27th he began to cough up thick jelly-like haemorrhagic sputum and complained of pain in the right chest. This sputum continued until January 30th. Since then he has made uninterrupted recovery and resumed work on March 28th. His previous health had been excellent, there had been no suggestion of a cardiac lesion, and I have no doubt the trouble in the chest was embolic.

#### CASE II.

A girl, aged 12, developed a severe influenzal attack with tonsillitis on January 6th; this was followed by tenderness over the liver region. Severe vomiting with marked jaundice occurred on January 7th, the urine showing much bile and some albumin. The attack subsided on January 10th, and I was astonished, on examining the urine that day, to find a condition resembling that of Case I—that is, as regards the deposit. This child had a history of rheumatism, and there was well marked mitral disease. She made an excellent recovery.

#### CASE III.

The mother, aged 48, of Case II contracted influenza a week after (January 13th). She did not complain of tonsillitis, but almost at once developed haematuria. The deposit was similar to, but not so abundant as in Case II, but the albuminuria was more persistent and only cleared up finally on March 22nd.

<sup>1</sup> BRITISH MEDICAL JOURNAL, December 11th, 1926, p. 1118.

## CASE IV.

A man, aged 26, a tobacco worker, whose previous health had been good, on January 15th developed influenza with severe tonsillitis. His urine showed much albumin, and, microscopically, a few red blood corpuscles. This case has been most persistent. He still complains of weakness, breathlessness on exertion, and is unfit for work. The albuminuria has not cleared up.

*One Hundred Cases of Influenza, showing Proportion affected with Nephritis.*

	Cases.	Nephritis present.
Class I ... ..	10	1
Class II ... ..	76	3
Class III ... ..	14	0

The bacteriological examination of the urine of the four cases of nephritis mentioned showed streptococci and *Bacillus coli* to be present.

As to the pathology of the nephritis following influenza, I do not think that any doubt can exist that in Case i renal embolism occurred, followed later by pulmonary infarction in the right lung. The other cases described can be explained in a similar way, as Dr. Ambrose W. Owen<sup>2</sup> mentions. Wyllie and Moncrieff<sup>3</sup> think that this haemorrhagic nephritis follows acute tonsillitis in children, but adults are as often affected, in my experience, and sore throat is not necessarily present (Case iii). They, however, agree that the condition is probably caused by renal embolism.

*Conclusions.*

Influenza causes, like most acute infections, a febrile albuminuria, due to glomerular changes in the kidney. There are cases, however, in which the nephritis is well marked (4 per cent. in my series), either (a) haemorrhagic, as in Cases i, ii, and iii, or (b) exudative, as in Case iv. Embolism in the renal vessels is the probable cause of this nephritis.

The prognosis is excellent as a rule. I have seen seven cases—four in children, three in adults—of haemorrhagic nephritis following influenza since December, 1926, and all have now recovered fully; but persistent albuminuria may occur (as in Case iv) and cause prolonged incapacity.

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ARCHIBALD S. COOK, M.B.

**GRAMOPHONE NEEDLES IN RESISTANT SINUSES.**

THE following case seems noteworthy as showing how far a patient may go in her efforts to prevent recovery and to prolong treatment in hospital.

A woman, aged 32, with a history of tuberculous disease of the left knee and ankle since 1924, had been in a sanatorium for sixteen months with swelling and pain around the joints, and later, discharging sinuses. The knee improved, but early in 1926 she was admitted to hospital on account of the ankle; x-ray examination did not show evidence of bone disease and good progress was made under treatment. In a few months she was transferred to a sanatorium where discharging sores again formed over the knee, causing her to be readmitted to hospital. The lesions were small ulcers rather than sinuses, and the bone was not involved; some suspicions were aroused at first and the leg was encased in plaster for a while, to prevent possible interference. The plaster had to be removed within a fortnight owing to the patient persistently complaining of severe pain; but there was not much alteration in the condition of the knee. As time went on the lesions increased in number and were absolutely resistant to treatment. It was thought that they might be lupoid in character. Another focus appeared in the right breast, where a lump formed and broke down; this healed slowly, but the condition of the knee got gradually worse, small abscesses forming periodically. During the whole time the temperature in the evening was slightly raised, with exacerbations, and the pulse rate was slowly increasing.

Subsequent x-ray examination showed seven short pieces of needle, resembling short gramophone needles, implanted in the superficial tissues round the patella, all but one perpendicular to the surface. Four of them were close together distal to the patella on the inner aspect, and three level with the patella on the outer aspect. A fragment of needle was also observed in the right breast. The patient denied all knowledge of the needles.

I am indebted to Mr. Wilfred Gostling and Dr. Newbery Fergusson of the honorary staff for permission to publish the case.

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<sup>2</sup> Ibid., April 2nd, 1927, p. 645.

<sup>3</sup> *Lancet*, 1926, vol. i, p. 128.

**British Medical Association.**

**CLINICAL AND SCIENTIFIC PROCEEDINGS.**

**HAMPSTEAD DIVISION.**

A MEETING of the Hampstead Division was held at the Central Library, Finchley Road, on May 12th. In the absence of the chairman of the Division, Dr. J. S. Mackintosh, the chair was taken by the vice-chairman, Dr. ARTHUR REES.

*Immunity to Diphtheria and Scarlet Fever.*

Dr. R. A. O'BRIEN opened a discussion on immunity to diphtheria and scarlet fever by means of toxin-antitoxin treatment. In the course of his address, Dr. O'Brien gave a short description of the Schick test and experiences therewith. His conviction of the scientific truth and practical utility of the test and active immunization when properly used and controlled grew more firm each year. He and his colleagues had had under observation since they began this work several institutions in which the use of these measures had enabled the authorities either to abolish diphtheria altogether or, if prophylactic measures had not been previously used, to deal with epidemics with a degree of ease and confidence that was deeply appreciated by those responsible for administrative measures. In institutions where cases were continually occurring, it was important to swab the Schick-negative reactors, for among them would be found the dangerous "profuse" carrier of virulent diphtheria bacilli, if a "carrier" were really the cause of the epidemics. Attempts were constantly being made to simplify the procedures; prophylactic injections were now given to all children available before school age without a preliminary Schick test. The aim of their work was to increase the efficiency of immunization, and to reduce the number of injections. Toxoid, which was of higher efficiency in all laboratory tests, had not been sufficiently tried clinically in England. Mr. A. T. Glenny had now in the press a paper describing the use of the floccules produced by the mixing of toxoid and antitoxin following the Ramon toxin-antitoxin technique. It was hoped that this preparation would not produce reactions in adults, and that it might possibly reduce the number of injections necessary to promote immunity. Mr. Glenny had also succeeded in recovering a much purified toxoid, probably entirely free of antitoxin, and this substance had proved to be a potent prophylactic in animal tests.

Dr. O'Brien then gave a short description of the Dick test, and pointed out that in the typical case of scarlet fever the Dick test was almost always positive in the first twenty-four hours of the disease; the Schultz-Charlton blanching of the rash was also positive, and numerous streptococci were present in the culture made from throat smear. The patients during convalescence became negative to the Dick test. Already some hospitals had, by testing nurses and immunizing the Dick-positive reactors, apparently reduced scarlet fever to the vanishing point in hospital personnel. These data were of great importance to the clinician and the administrator. Scarlet fever antitoxin was effective in "toxic" but probably useless in late septic cases. Patients treated with antitoxin did not develop their own immunity, and so were more apt to remain Dick-positive and presumably non-immune to the disease than those not treated with antitoxin.

*Diphtheria Prevalence and Prevention.*

Dr. GRAHAM FORBES, who followed, read a paper on diphtheria prevalence and its prevention in Hampstead. After describing the high incidence of diphtheria of recent years in London, particularly among those under the age of 15, who contributed 76,200 (82.5 per cent. of the total cases), and 5,340 deaths (97 per cent. of the total diphtheria mortality), during the seven years 1920-26, he compared its prevalence in Hampstead with that in other metropolitan boroughs. Although the average annual diphtheria attack rate for the past ten years in Hampstead stood at

Recently the practice of a few speeches has crept in, but it is intended that they shall all be short. On the present occasion the toast of "The Indian Medical Service" was proposed by the chairman in a reminiscent speech, and acknowledged by Major-General T. H. Symons, C.S.I., Director of the Service, by Major-General W. H. Ogilvie, C.B., Director of Medical Services, India, and by Air Vice-Marshal D. Munro, C.B., C.I.E., who began in the I.M.S., but was not long ago transferred to the Royal Air Force Medical Service, of which he is Director-General. After speaking of the affection in which he still regarded his old Service, he concluded by proposing the toast of "The Honorary Secretaries," Colonel J. J. Pratt and Colonel John Anderson, C.I.E., who both replied briefly. The valuable services rendered by the honorary secretary in India, Lieut.-Colonel J. K. S. Fleming, were specially acknowledged. The following is a list of the officers present:

**Major-Generals:** Sir R. H. Charles, G.C.V.O., K.C.S.I., B. H. Deare, C.I.E., G. F. A. Harris, C.S.I., Sir P. Hehir, K.C.I.E., C.B., C.M.G., H. Hendley, C.S.I., W. H. Ogilvie, C.B., C.M.G., J. B. Smith, C.B., C.I.E., T. H. Symons, C.S.I., O.B.E. **Air Vice-Marshal:** D. Munro, C.B., C.I.E. **Colonels:** H. Ainsworth, Sir H. E. Banatvala, C.S.I., J. K. Close, J. Crimmin, V.C., C.B., C.I.E., C. M. Goodbody, C.I.E., D.S.O., J. A. Hamilton, C.M.G., A. W. M. Harvey, A. J. Macnab, C.B., C.M.G., E. A. Needham, C.I.E., D.S.O., J. J. Pratt, H. Austen Smith, C.I.E., R. G. Turner, C.M.G., D.S.O., F. Wall, C.M.G., C. N. Wimberley, C.M.G. **Lieutenant-Colonels:** J. Anderson, C.I.E., W. M. Anderson, C.I.E., F. A. Barker, O.B.E., G. T. Birdwood, J. T. Calvert, C.I.E., R. Markham Carter, C.B., A. W. Cook-Young, D. G. Crawford, J. M. Crawford, O.B.E., H. E. Dutton, R. H. Elliot, J. Entrican, C.I.E., G. H. Frost, J. Fuller-Good, H. Greany, E. V. Hugo, C.M.G., J. B. Dalzell Hunter, O.B.E., J. G. Jordan, H. C. Keates, H. Kirkpatrick, J. C. G. Kunhardt, Clayton Lane, W. B. Laue, C.I.E., C.B.E., W. T. McCowen, G. E. Malcolmson, W. A. Mearns, F. O. N. Mell, C.I.E., A. Miller, T. R. Mulroney, F. O'Keefe, C.I.E., C.V.O., A. S. M. Peabtes, V. Heathcote Roberts, Sir L. Rogers, C.I.E., F.R.S., E. R. Rost, O.B.E., F. B. Shettle, O.B.E., S. Browning Smith, C.M.G., R. Steen, T. G. N. Stokes, Ashton Street, W. A. Sykes, D.S.O., H. H. Thorburn, C.I.E., W. H. Thornhill, D. P. Warlike, H. G. L. Wortabet, A. C. Younan. **Majors:** C. H. P. Allen, F. J. Anderson, M.C., L. A. P. Anderson, C. L. Bilderbeck, Sir T. J. Carey-Evans, M.C., N. H. Hume, W. D. Keyworth, F. J. Kolapore, S. H. Middleton-West, M.C., C. Newton-Davis, M.C., M. J. Quirke, J. Scott, D.S.O., O.B.E., R. S. Townsend, M.C. **Captains:** E. Cotter, P. A. C. Davenport, G. R. McRobert, E. C. Malhotra, O.B.E., C. M. Nicol, S. R. Prall, T. H. Thomas, H. Williamson.

The guests were Sir Dawson Williams, C.B.E., *British Medical Journal*, and Dr. E. C. Morland, the *Lancet*.

#### AGE OF RETIREMENT.

A ROYAL WARRANT, dated June 10th, has been issued by the India Office amending the Warrant of June 13th, 1919, in respect of the age of retirement of I.M.S. officers holding administrative appointments. The essential clause of the new Warrant is as follows:

"Our Will and Pleasure is that General Officers shall be placed on the Retired List at the age of 60 instead of as heretofore at the age of 57. It is Our Further Will and Pleasure that the provision whereby a General Officer holding an administrative appointment may be continued in employment for not more than one year in any special case where it appears to Our Governor General in Council to be for the good of Our Service, shall be cancelled."

#### DEATHS IN THE SERVICES.

Colonel Edward North, C.B., Army Medical Service (ret.), died at Worthing on June 6th, aged 70. He was born at Ropley, Southampton, and was educated at St. George's; he took the L.R.C.S.Ed. in 1879, and the F.R.C.S.Ed. in 1883. He entered the army as surgeon in 1880, attained the rank of Colonel in 1906, and retired in 1910. He served in the South African war of 1900-1902, when he took part in the operations in Cape Colony, including the action of Colesberg on January 1st, 1900; in the Orange Free State, later the Orange River Colony, including the actions at Paardeberg, Poplar Grove, Dreifontein, Houtnek (Inoba Mountain), Vet River, Zand River, Bethlehem, and Wittebergen; and in the Transvaal, in the actions at Johannesburg, Pretoria, Diamond's Hill, and Elands River; was mentioned in dispatches in the *London Gazette* of April 16th, 1901, and received the Queen's medal with five clasps. After his retirement he rejoined for service in the great war (1915-17), was again mentioned in dispatches, and received the C.B. in 1917. He was unmarried.

Colonel Henry Octavius Trevor, Army Medical Service (ret.), died at Torquay on June 3rd, aged 67. He was born at Nether Stowey, Bridgwater, and was educated at St. Thomas's; he took

the L.S.A. in 1880, and the M.R.C.S. in 1881. Entering the army as surgeon in 1882 he became colonel in 1911, and retired in 1917. He served in the Burmese campaign in 1885-87 (medal with clasp); in South Africa from 1899 to 1902 (Queen's medal with clasp, King's medal with two clasps); and as A.D.M.S. in the recent great war. He was a younger brother of the late Surgeon-General Sir Francis Wollaston Trevor, K.C.S.I., Army Medical Service, who died on November 16th, 1922.

Major Charles Hildred Brodribb, I.M.S. (ret.), died, after long years of illness, at Penmaenmawr, North Wales, on May 27th. He was born on October 30th, 1876, educated at St. Mary's Hospital, and graduated M.B. and B.S.Lond. in 1900; he took the M.R.C.S. and L.R.C.P.Lond. in the same year. After serving as house-physician, house-surgeon, and clinical assistant in the throat department at St. Mary's, as senior house-surgeon of Scarborough Hospital, and as house-surgeon and anaesthetic and clinical assistant at Tottenham Hospital, he entered the I.M.S. in 1903. He became major on February 28th, 1915; he was placed on the temporary non-effective (half-pay) list on account of ill health in 1922, and retired in the same year. During the war he served as surgical specialist to the 5th and 9th Divisions of the Indian Army.

Captain John Furse McMillan, R.A.M.C. (ret.), died suddenly at Sandown, Isle of Wight, on May 31st, aged 67. He was born at Southmolton, Devon, on August 24th, 1859, educated at the Middlesex Hospital, and took the M.R.C.S. and L.R.C.P.Lond. in 1882. After serving as house-physician at Middlesex Hospital, and as a surgeon in the P. and O. Company, he entered the army as surgeon on August 1st, 1885, was placed on half pay on account of ill health on September 22nd, 1894, and retired on September 22nd, 1899. He served in one of the Balkan wars as director of the hospital at Raschka, and as physician of the arrondissement of Studenitz, Serbia.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

At congregations held on June 18th and 21st the following medical degrees were conferred:

M.D.—C. J. Penny.  
M.CHIR.—F. W. Roques.  
M.B., B.CHIR.—R. D. Alexander, E. J. Greenwood, T. S. Dewey.  
M.B.—F. W. Law.

### UNIVERSITY OF LEEDS.

THE Council has conferred the honorary distinction of Emeritus Professor on Sir Berkeley Moynihan, Bt., P.R.C.S., who recently retired from the Chair of Surgery.

### VICTORIA UNIVERSITY OF MANCHESTER.

THE Council have accepted the resignation of Miss Muriel M. Nutt, M.A., Demonstrator in Bacteriology.

The following appointments have been made: Lecturer in Bacteriology: Mr. A. W. Downie, M.B., Ch.B. Aberd.; Demonstrator in Anatomy: Mr. J. M. Yodley, M.B., Ch.B. Manch.

The Turner Medical Prize has been divided between Muriel M. Edwards and Josephine Walmstey.

### UNIVERSITY OF DUBLIN.

THE election of three representatives to the Dail has resulted as follows: Professor William Thrift, Fellow of Trinity College, Sir James Craig, M.D., F.R.C.P.I., King's Professor of Medicine, and Professor E. A. Alton, Fellow of Trinity College. The electorate numbered 2,069; the total poll was 1,589; the "quota"—under proportional representation—was 328. There were four candidates for three seats. The result leaves the representation of the constituency precisely as it was in the last Dail.

### QUEEN'S UNIVERSITY, BELFAST.

PROFESSOR R. J. JOHNSTONE, M.P., has been appointed to represent the University on the General Medical Council, vice Colonel Sinclair, C.B.

Dr. J. B. Moore, F.R.C.S.I., senior surgeon to the Mater Infirmary Hospital, Belfast, has been co-opted a member of the Senate.

### ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

AN extraordinary meeting of the College was held on June 14th, when Dr. A. Logan Turner, President, was in the chair.

The following were elected honorary Fellows in celebration of the centenary of the birth of Lord Lister, which will be commemorated in Edinburgh during the Annual Meeting of the British Medical Association next month: The Earl of Balfour, K.G., O.M., Sir William Watson Cheyne, Bt., Professor Harvey Cushing (Boston, Mass.), Professor Tuffier (Paris), Professor John Stewart (Halifax, Nova Scotia), Sir Robert W. Philip, M.D., President-elect of the British Medical Association, Dr. George M. Robertson, President, Royal College of Physicians, Edinburgh.

ment. He also served a full term of office as gynaecologist to the Royal Infirmary, and as physician in the Simpson Memorial and Royal Maternity Hospital. He had a singular aptitude for clear and striking exposition of subjects upon which he spoke, and many generations of students will remember with gratitude his lucid and interesting bedside clinics. Dr. Barbour's great powers of holding the attention of his hearers were also well illustrated in the lectures he delivered from time to time to working men. These dealt with subjects such as "The body as a machine," and "The most wonderful pump in the world," and formed admirable little discourses on physiology. The *Primer of Midwifery* which he wrote for nurses displayed the same clearness of thought and exposition. On the institution of a lectureship on gynaecology in the university, when Sir A. R. Simpson retired he appointed Dr. Barbour to this post, which he held during the term of Sir Halliday Croom's professorship of midwifery. After the retirement of the latter, and before the appointment of Dr. B. P. Watson, Dr. Barbour for one year delivered the lectures to the university class both in obstetrics and gynaecology.

Dr. Barbour served a term of office as President of the Royal College of Physicians; and when he resigned his ward in the Royal Infirmary he was made honorary physician to the gynaecological department. Numerous honours from foreign institutions had come to him, and he was a corresponding Fellow of the Royal Academy of Medicine of Turin and of the Obstetrical Society of Leipzig. In 1906 the University of Toronto conferred upon him the LL.D. degree of that university.

Dr. Barbour was a man of deep religious conviction and wide and warm sympathy. He took a special interest in the students with whom he came in contact, and in the "nineties" of last century entered enthusiastically into the work which was carried out for them by his friend Professor Henry Drummond. He was recently president of the Indian Association, and was a warm friend of all students of Eastern races studying in Edinburgh. He was a constant supporter of St. George's United Free Church, in which his brother-in-law, Dr. Alexander White, was minister. In foreign missionary enterprise Dr. Barbour took a special interest, and his name was for many years associated with the Scottish Auxiliary of the Chinese Mission of the English Presbyterian Church, in the presidency of which he succeeded his father.

Medical research remained always very near his heart. The Freeland Barbour Fellowship, managed by the Royal College of Physicians, was founded by him in memory of his father, for investigations conducted in the laboratory of the Royal College of Physicians at Edinburgh. In the University of Edinburgh, also, he founded a Freeland Barbour Fellowship, to be awarded in each alternate year to the graduate who had taken the highest place in anatomy, physiology, and pathology, in order that he might be able to carry out research in the subject of midwifery. In the University of Toronto he had also founded a scholarship. Medical institutions, such as the Royal Infirmary of Edinburgh, the Royal Hospital for Sick Children, the Maternity Hospital, and many others, benefited greatly from his judicious munificence.

In 1889 Dr. Barbour married Margaret Nelson, elder daughter of the Hon. George Brown of Toronto. He is survived by his widow and by two sons and three daughters.

The interment took place in the Dean Cemetery, Edinburgh, on June 15th, and was attended by a large number of representatives, including Sir Alfred Ewing, Principal of the University of Edinburgh, the Fellows of the Royal College of Physicians, who wore their academic robes, and representatives from the Royal Infirmary and other institutions in which the late Dr. Barbour had been specially interested.

The following well known foreign medical men have recently died: Dr. EDMOND ROUFFART, founder of the Belgian Society of Gynaecology and Obstetrics, member of the Royal Academy of Medicine, and formerly Senator of Brussels, aged 71; Professor GIUSEPPE MARCARINI, an eminent surgeon of Genoa; and Dr. PETRINI-GALATZ, formerly professor of dermatology at Bucarest.

## Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE chief business of the House of Commons this week has been to pass the Trade Disputes and Trade Unions Bill through its remaining stages. The Government reserved June 24th for the report and third reading of private members' bills, one of them being the Midwives and Maternity Homes (Scotland) Bill.

In the House of Lords, on June 20th, Lord Cave outlined the Government's scheme for a reformed Second Chamber with half the numbers of the present House, some to be elected by the Peers from their own number and the rest to be nominated by the Prime Minister for a period of twelve years. On Tuesday the Bishop of Liverpool, by moving the second reading of the Liquor (Popular Control) Bill, initiated a debate on temperance, in which Lord Dawson of Penn joined.

A meeting of the Parliamentary Medical Committee has been called for June 30th, and Dr. Cameron, of the Metropolitan Asylums Board, may then address the Committee on vaccination.

On June 21st Mr. Rhys Davies presented a bill making further provision with respect to procuration, trading in prostitution, and kindred offences, and to disorderly houses and other premises. The bill would also extend and amend the Extradition Act, 1870, The Children (Employment Abroad) Act, 1913, and the Criminal Law Amendment Act, 1922. The bill was read a first time.

### Liquor Control Bill.

*Speech by Lord Dawson of Penn.*

In the House of Lords, on June 21st, the debate was resumed on the second reading of the Liquor (Popular Control) Bill, introduced by the Bishop of Liverpool. It proposed to give to boroughs with over 50,000 inhabitants, and licensing districts, the right of deciding periodically whether they are to have no change from the present system of competitive ownership of the liquor trade, or whether the trade is to be reorganized under a system of public control somewhat on "Carlisle" lines, or whether the sale of intoxicants is to be abolished.

Lord Dawson of Penn said that the most drastic proposal of the bill was the option of prohibition. That was not necessary to the fabric of the bill, and was put in to satisfy the extreme temperance reformers, who had made no secret of their intention to withhold their support from the measure if it did not contain that option. If it were adopted there would be no opportunity for going back if it turned out to be a mistake. It might be too soon to say whether prohibition had or had not been successful, but so far as it had gone it seemed to show the need for caution before touching it in any way. In countries where it had been adopted it had produced bootlegging and more drinking among the young than existed before. A fresh view ought to be taken of the liquor question and the matter approached in a fresh way. Duress was the curse of this bill. If by common agreement the causes which were known to be increasing temperance were fostered, a result would be obtained in ten years which would not be gained in a generation by any other means. There was a serious danger of temperance reformers being the greatest obstacles to reform. There was ample evidence that the country was becoming more temperate. It was only necessary to go to the theatres, the cinemas, to the big restaurants, and to the bank holiday resorts to see that the amount of actual drunkenness was extremely little. He had never seen in recent years drunkenness of so terrible a character in this country as he had seen in prohibition countries. The evidence with regard to disease due to alcohol showed a steady improvement, so much so that the provisions made in the hospitals years ago were found to be no longer necessary. But there could be a great deal of harmful drinking without actual drunkenness and disease, and he was with the supporters of the bill entirely in saying that there was too much drinking still, and that efforts should be made to hasten the movement towards greater temperance. There were grounds for encouragement in observing the habits of a large and important section of the community—the people with moderate means, who gathered in popular restaurants which had a full licence. A full inquiry three years ago showed that of the people who congregated in certain big restaurants 75 per cent. had no alcohol at all, and, of the 25 per cent. who did drink, no less than three-quarters were drinking either light wine or beer, and only one-quarter whisky or port. That was a very striking testimony to the progress of temperance and of real sobriety. He had made it his business, when he knew this debate was coming on, to inquire whether these figures had become better or worse. The answer was that in one restaurant the number of people who took liquor had gone down from 25 to 17 per cent., and in another it had fallen to 7 per cent.

In all investigations as to the progress or not of sobriety, it was the best and the fair way to make a division between the

arrangements for the venereal disease service. He had concurred in this proposed action. If the board of management asked for an inquiry into the general management of the hospital he would consider the request.

#### Notes in Brief.

Answering Dr. Vernon Davies, Commodore King said that 101 soldiers were invalided for valvular disease of the heart in 1926. Of these, 37 were under 21 years of age. During the present year to date 29 had been invalided, of whom 10 were under 21.

The Minister of Health doubts whether the time is ripe for a committee to inquire into the effect on the human system of noise and vibration. Some aspects of the question are receiving attention from the Industrial Fatigue Research Board.

Great Britain was free of foot-and-mouth disease from April 6th to June 16th, the longest period of freedom since 1921.

Thirty-nine cases of typhoid fever were notified in Gravesend during the five weeks ended June 11th. A representative of the Ministry of Health has visited the town.

Asked about the arrangements for aerating distilled water before supply to ships' companies, Colonel Headlam said the water was sprayed through special roses into tanks.

The Minister of Health is considering whether the warning "Unfit for babies," on tins of condensed skimmed milk should be made more conspicuous.

The Minister of Health is not prepared to amend the law so as to make it illegal for the vaccination of children to be a condition in a tenancy agreement.

The statistics received by the Ministry of Health show a considerable decrease since 1911 in the death rate from tuberculosis in each of the six counties of North Wales.

Answering Dr. Vernon Davies, on June 20th, Sir W. Joynson-Hicks said the Government had not yet considered the unanimous recommendation of the Medical Research Council that the section of the Dogs Act, 1906, which forbids the use of stray dogs for research, should be repealed.

Answering Dr. Vernon Davies, on June 20th, Sir Samuel Hoare, in a written reply, said that 14 men were discharged from the Royal Air Force for diseases of the heart in 1926. Of these, 4 were under 21 years of age, and 2 of the 4 had a definite history of rheumatism. In 1927 to date 3 had been discharged, 2 under 21 years of age.

On June 21st Mr. Wellock withdrew the allegation he had made in a previous question that British military authorities were providing brothels for troops in China.

On June 21st Mr. McNeill told Captain Crookshank that holders of off-licences were not permitted to sell single half-bottles of spirits to their customers, even in case of illness. Certain members had put down for the Committee stage of the Finance Bill a clause proposing amendment of this law.

## Medical News.

WE have received an illustrated pamphlet, entitled *Scotland's Wonderland*, describing Messrs. MacBrayne's steamship tours through the Western Highlands and Islands of Scotland. It gives a very complete account of the method of visiting these beautiful and romantic spots, together with the times and fares of the steamboats. It should be of great use to members of the British Medical Association who wish to extend their visit to Edinburgh in July. A copy can be obtained post free from Messrs. David MacBrayne, 119, Hope Street, Glasgow.

THE first annual Macalister Lecture of the London Clinical Society will be delivered by Sir Thomas Horler, Bt., M.D., at the London Temperance Hospital, Hampstead Road, N.W., on Thursday, July 7th, at 8.45 p.m. The subject of the lecture will be diet and dietists. A cordial invitation to the lecture is extended by the society to any medical practitioner.

MR. B. G. PETERS, M.Sc., has been appointed by the Grocers Company to a Grocers Research Scholarship in sanitary science, tenable in the division of medical zoology at the London School of Hygiene and Tropical Medicine.

THE DUKE OF CONNAUGHT, who for twenty years has been president of the Westminster Ophthalmic Hospital, will lay a commemorative stone in the entrance hall of the new building in Broad Street, Bloomsbury, on Thursday next, June 30th, at 4 p.m. The building has as yet only reached the first floor, but will eventually have eight stories; it is to be ready for occupation by March 25th, 1928.

THE Bearsted Memorial clinical theatre at the London Hospital will be opened by Viscount Bearsted on Wednesday, June 29th, immediately after the distribution of prizes.

A LECTURE entitled "Training defective children to become useful citizens," by Maria Montessori, M.D. Rome, D.Litt., will be given under the auspices of the London School of Medicine for Women, in aid of the Royal Free Hospital Centenary Fund, at the Aeolian Hall, Bond Street, W., on Tuesday, July 5th, at 5.15 p.m. The chair will be taken by Lady Barrett, C.B.E., M.D., M.S., dean of the Medical School. Tickets for reserved seats (7s. 6d. and 5s.) may be obtained from the Medical School, 8, Hunter Street, W.C.1. Admission 2s. 6d.

DR. B. DUNLOP asks us to announce that on July 26th the Malthusian League (120, Victoria Street, S.W.1) will celebrate its fiftieth anniversary by a dinner at the Holborn Restaurant, and the public is invited to apply for tickets (10s. 6d.). Among the speakers will be Mr. H. G. Wells, Mr. J. M. Keynes, and Mrs. Annie Besant, who was the first secretary of the society.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that Dr. C. M. Wilson will give a clinical demonstration at St. Mary's Hospital on June 29th, at 2 p.m., and at 1.30 p.m. that day Mr. Cairns Forsyth will give a surgical demonstration at the Royal Waterloo Hospital. On June 29th Mr. A. D. Griffith will give a demonstration in ophthalmology at the Royal Eye Hospital at 3 p.m. All these demonstrations are free to members of the medical profession. An all-day intensive course will be provided by the staff of the National Hospital for Diseases of the Heart from July 4th to 16th, and the daily sessions will start at 10 a.m. and continue until 4 p.m. As the course is limited to twenty, early application is desirable. For those desiring instruction in medicine, surgery, and the specialties the Prince of Wales's General Hospital undertakes an intensive two weeks' course from July 11th; the clinical practice of the hospital is open to those taking the course, and on each of the Saturdays visits may be paid to the mental hospital at New Southgate and the fever hospital at Homerton. From July 11th to 30th inclusive a course in proctology will be available at St. Mark's Hospital. Two demonstrations weekly (Wednesdays and Saturdays) will be given at the Park Fever Hospital from July 13th to 30th inclusive. From July 4th to 30th the West End Hospital for Nervous Diseases will hold a late afternoon course daily at 5 p.m. Copies of all syllabuses and the *Fellowship Journal* may be had from the Fellowship of Medicine, 1, Wimpole Street, W.1. A general course of work is also provided at the associated hospitals, for which a comprehensive ticket is issued and a separate programme published.

THE new Queen Alexandra wing of the Ealing King Edward VII Memorial Hospital was opened by Princess Mary, Viscountess Lascelles, on June 8th. The new wing, erected at a cost of £25,000, consists of two large wards of twenty beds each, with the requisite sanitary block, sixteen additional bedrooms for the staff, and one new private ward.

THE foundation stone of the Nicoll memorial wing of the Queen Mary's Hospital for the East End was laid by the Lord Mayor of London on June 8th. The extension will provide accommodation for thirty-two extra beds, of which twenty will be allotted to casualty patients. It is intended to serve as a memorial to the late Dr. P. J. S. Nicoll, for many years chief honorary medical officer and vice-chairman of the hospital. The additions are estimated to cost £35,000.

THE President of the French Republic has conferred the Order of Chevalier of the Legion of Honour upon Dr. Eleanor Hodson, of Canterbury, in acknowledgement of the service she rendered France as a member of the British League of Help. Dr. Hodson has already received the French Médaille d'Honneur.

MANY of our readers know of the medical visits (*Voyages d'Etudes Médicales*) to French health resorts arranged year by year by the Faculty of Medicine in Paris; there will be such a visit this year to the Eastern Pyrenees. The party will assemble at Balaruc on September 1st and go on that evening to Lannoul. A dozen resorts will be visited and the party will reach Luchon on September 9th; it will separate on the following day at Superbagrès. The greater part of the journey will be made by motor car. Further particulars can be obtained from Madame Juppé-Blaise, Federation of the Health Resorts of France, 19A, Tavistock Square, London, W.C.1.

THE late Mr. Lewis Spokes Richards of Edgbaston has bequeathed £1,000 each to the Birmingham Children's Hospital and the Royal Orthopaedic and Spinal Hospital, Birmingham, and £500 each to the Birmingham Eye Hospital and the Birmingham Ear and Throat Hospital. Under the will of Mr. William Bellam of Littlehampton, who died in March last, the Littlehampton and District Hospital receives £1,000 and the Crawley Cottage Hospital £300.

A TOTAL of 6,787 cases of puerperal fever was notified in Germany in 1926, as compared with 7,003 in 1925; the incidence is highest in Hamburg.

TWELVE cases of trichinosis with two deaths occurred in Germany, exclusive of Mecklenburg-Schwerin and Hesse, in 1926, as compared with nine cases in 1925. Eight occurred in the Coblenz district, two in Bavaria, and two in Saxony.

THE cases of small-pox reported in the United States in 1925 numbered 41,643 with 702 deaths. In the last eight years Illinois alone has had over 30,000 cases, representing a community loss of no fewer than three million dollars. In the ten-year period 1916-25 Massachusetts had 253 cases of small-pox, with a community loss of 25,300 dollars.