

normal in response, but during the examination the child had one or two convulsive attacks of a very slight degree. On examination of the heart, however, it was found to be beating very forcibly and at such an extraordinary rhythm that it was impossible to count. There was, as far as one was able to make out, no valvular or muscular disease or deficiency.

On this evidence, the green stools, the convulsive attacks, and the extraordinary cardiac rate, I concluded that the child was suffering from intestinal irritation and toxæmia, and advised treatment with castor oil, hot baths, rectal wash-outs, and 1-grain doses of hydrarg. c. creta. The child seemed to improve after the first hot bath, but the heart did not slow down at all. A restless night followed, and when morning came I advised consultation with another practitioner, Dr. Owen Jones, who confirmed the bad prognosis. Dover's powder (1 grain) was given three times a day, and certainly afforded a little more rest that night, but had no effect on the heart, and the following day hypodermic doses of digitalin (1/100 grain) were continued every four hours, with brandy and milk by the mouth. On the evening of Saturday, as the child had not improved and the heart condition showed not the slightest response to digitalin, I further advised a consultation with Dr. Ivor Davies of Cardiff, who saw the child with me that night, but nothing fresh was discovered. Lumbar puncture was performed, and cerebro-spinal fluid, which was under great pressure, was removed to about 3 c.cm. It was clear, and to the naked eye normal. A hypodermic injection of camphor in oil was given and the digitalin was repeated every four hours throughout the night.

The following day, Sunday, there was still no change. The child was put back on to the breast and took the feed quite normally without distress throughout the day. The liver had become enlarged and pulsed, and the heart was a trifle outside the nipple line; the rate remained the same. Digitalin was repeated throughout the Monday, but had no effect on the heart. Doses of atropine sulphate (1/200 grain) were administered without effect. Cheyne-Stokes breathing set in on Monday night, and I concluded that the child could not live until the morning, although its appearance remained good.

On Tuesday the temperature rose to 102° and râles developed at both bases. The heart beat as rapidly as ever. Atropine was again repeated, with no success. A tight abdominal binder in place of a knitted one was applied that night, but it gave rise to such distress in so short a time that it was at once removed. On Wednesday the cough became much more distressing and the symptoms more alarming. A steam tent was fixed up, all stimulants were withdrawn as useless, and the breast feeds with meat extracts only were continued. On Thursday morning, the eighth day of the attack, the heart still continued in its delirium, after a rather more peaceful night, but the bronchitis seemed improved and the child seemed less distressed. About midday the nurse noticed a change in the child. Its pulse was once more to be felt at the wrist; it passed a large quantity of urine, and in every way seemed better. On examining the heart it was found to have regained its normal rate. The liver was once more its normal size, and the breathing was more natural.

In November, 1924, the child had another attack, which lasted only twenty-four hours. The heart had been carefully examined during the interval and found to be perfectly normal. An attempt was made to take an electro-cardiographic tracing, but the age of the patient made it most difficult. In spite of this a normal tracing was produced.

*Note by* IVOR J. DAVIES, M.D., M.R.C.P.

The infant was seen in consultation two days after the onset of the illness, and, although semi-conscious, was but little distressed by the tachycardia, being most comfortable when nursed in an almost upright position. The colour was good, and respiration, except for being a little hurried, was not embarrassed. The temperature was normal. The pulse could not be felt at the wrist, but was feebly present in the brachial arteries. The impulse was not palpable, the sounds were best heard in the fifth space just within the nipple line, and were clearly audible for a short distance outside this position, and tic-tac in character. There was no bruit. The rate was very rapid and could not be estimated with any degree of accuracy. The lungs showed a little congestion of the bases. The liver was palpable a fingerbreadth below the costal margin. There was no muscular spasm. The abdominal and tendon reflexes were normal. The lumbar puncture was performed without discomfort and with results as described.

A diagnosis of simple paroxysmal tachycardia was jointly made, because of the abrupt onset following some gastro-intestinal disturbance, the marked tachycardia, which was apparently unaffected by posture or the exertion of crying or by digitalis, and the absence of evidence of any underlying infection. This opinion was subsequently confirmed by a sudden termination with the passage of a considerable amount of pale urine. A guarded prognosis was given because of the signs of early heart failure, but on the whole our view inclined to recovery.

A firm abdominal binder caused discomfort and was discontinued. It was decided to rely mainly upon the small doses of opium and frequent small feeds, which were very well taken.

The occurrence, a few months later, of a second attack, with similar features but of brief duration, makes the diagnosis of paroxysmal tachycardia practically certain. The child appeared to be perfectly healthy and lively a little later when brought up for electro-cardiographic examination. After much difficulty the mother succeeded in keeping the child quiet for a few minutes, and a tracing was successfully taken. The record was normal in all respects.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### A CASE OF AVULSION OF THE PARTURIENT UTERUS.

In the spring of 1915 I was asked by my friend, the late Dr. X, to give an anaesthetic for him in a midwifery case he expected to attend in a few weeks. I declined to do this, but offered to help him in any other way if he required more assistance. I heard nothing for some little time, until one morning he asked me to see the woman, who had been confined during the night, as soon as possible. He told me that Dr. Y (now dead) had helped him, and I stipulated that Dr. Y should be told of my visit and asked to be present. The invitation was given, but not acted upon.

Upon arriving at the house Dr. X told me that Dr. Y had delivered the woman with forceps, and that he, Dr. X, had given chloroform. The woman had had several children and had always required help in this form. After the child was born Dr. Y removed the placenta (query, by traction on the cord), and, making a further vaginal examination, said, "There is a large fibroid hanging in the vagina; I think I can pull it out." Then, what Dr. X described as "a frightful struggle" took place, and eventually Dr. Y pulled a large mass out of the vagina, looked at it, and, without saying a word, took it downstairs with him. The patient bled furiously for a short time and became very ill. As soon as she rallied Dr. X went downstairs and found Dr. Y sitting gazing at the supposed fibroid, which was on a dish in front of him. Dr. X asked, "Is that the uterus?" and Dr. Y admitted that it was. They discussed what was to be done, and they decided to burn it, and the uterus was put on the fire and covered up with coal.

After upbraiding Dr. X for allowing the destruction of the specimen, I went upstairs to see his patient. She was very ill. Palpation of the abdomen proved the absence of the uterus, and this was confirmed when I made a vaginal examination to make sure that no intestine was prolapsed into the vagina. There being no complication of that sort, I decided that she had the best chance of recovery by not attempting her removal at that time. The vulva was cleaned up, an antiseptic pad applied, and all douching forbidden. Dr. X asked me to see her daily for a few days, and on the third day we were told that the woman was passing faeces from the vagina. We confirmed this, but made no alteration in the treatment, which consisted only of quiet, feeding, and external cleanliness.

After ten days or so I had her removed to the Southport Infirmary, where she could be better attended to. Some ten days later I had her taken to the theatre, and under a general anaesthetic, and with the assistance of Dr. W. A. Mackay, made a thorough examination. The uterus had gone. The opening into the abdominal cavity had healed up, the tear into the rectum was found high up in the vagina and was large enough to allow all faecal matter to pass through it.

As I had no permission to do any operation the woman was put back to bed and next day I offered to repair the recto-vaginal fistula after doing a preliminary colostomy. The woman declined to submit to this, and after she had regained her strength she was sent home. Dr. X some three or four years later told me that she had been sent to one of the Liverpool institutions for some operation, from the performance of which she did not recover.

Southport.

FRANCIS J. BAILDON, M.B., C.M.

#### CONCURRENT HERPES ZOSTER AND VARICELLA.

On January 26th I was called to a man aged 73. I found him suffering from very intense herpes zoster of the right side, running across the right scapula, under the right axilla, and slightly upward on to the right thorax. He was also suffering from well marked generalized and typical varicella, including papules on the scalp. He was not ill. Dr. W. S. H. Briand of this town kindly saw him with me on January 27th and confirmed the double diagnosis. Both eruptions were typical. The herpes zoster came out on

January 23rd and was painful; the first crop of generalized eruption came on January 25th; it itched, and the patient states that the feeling is quite different.

Within the last three years I have had two distinct cases in which an adult has had herpes zoster and a child contact has developed varicella just over two weeks later—in one case a man and his little niece, in the other a mother and her son and his little friend who was staying in the house at the time of the eruption of the herpes zoster and left a few days after; both children had the eruption at the same time. To my mind these three coincidences establish the relation of the diseases. The age of the patient whose case is described above is also of interest.

Herne Bay.

R. C. T. EVANS, M.B., B.S.

### SEVERE DERMATITIS PRODUCED BY THIAZOLES.

#### DEHYDROTHIOTOLUIDINE AND CERTAIN MERCAPTAN DERIVATIVES.

IN connexion with investigations of the chemistry of the benzothiazoles which are being carried out in this laboratory, it has frequently been necessary to work with quantities of the well known dye intermediate, 4' amino 1 phenyl 5 methyl benzothiazole, or, as it is more commonly termed, dehydrothiotoluidine, and this base and certain related compounds have been found to have a peculiar action on the skin of the face and hands.

Hot solutions of dehydrothiotoluidine in contact with the skin produce an unpleasant form of dermatitis which is worst between the fingers of the experimenter; the irritation is intense during the first few days. The skin rises in practically colourless semi-blisters, which, on being broken, liberate an almost colourless infectious liquid which spreads the trouble.

Observations of this nature have already been made by other workers in the field of thiazole chemistry; thus A. von Hofmann (Berichte 1887, xx, 2251), at the end of one of his papers on amidophenylmercaptan, states that the vapours of this compound have a most detrimental effect on the skin, producing intense irritation and swelling, the affection spreading to all parts of the body which come into contact with the part attacked. I have observed a similar effect with the higher homologue of this compound obtained in the alkali fusion of dehydrothiotoluidine—that is, ortho-amino-parathiocresol—which has a similar physiological action in contact with the skin. Baumann (Berichte 1887, xx, 2251), in connexion with his researches on mercapturic acid, states that effects similar to these were so severe that he was obliged to abandon his investigations on a number of occasions.

In my case the blisters, etc., on the first occasion lasted for several days. Bathing the hands with very hot water has the effect of removing the irritation to a certain extent; bathing with a 2 per cent. solution of phenol in water was also found to have a beneficial effect.

#### CHLORACETANILIDES.

In connexion with researches on the synthesis of thiazoles it became necessary to investigate the series of changes:

Chloracetanilide → Thiocyanacetanilide →  
Labile ketothiazole → Stable ketothiazole

and hence necessary to work up quantities of the anilido derivatives of monochloroacetic acid which have been found to possess most unpleasant properties.

The arylamino derivatives of chloroacetic acid are highly poisonous substances; they attack the skin in a most disagreeable manner, producing symptoms similar to those of "poison ivy," causing violent irritation.

Chloracetparabromanilide is a most violent poison; so unpleasant are its physiological properties that Johnson and Bristol (*Journ. Amer. Chem. Soc.*, 1903, xxv, 484) were compelled to abandon their investigation on the thiohydantoin. This anilide apparently attacks the connective tissue beneath the skin, causing a superficial oedema and albuminuria, the effect lasting over a month. In my case, however, the customary tests for albumin in the urine gave negative results.

R. F. HUNTER, B.Sc., A.R.C.S., F.C.S.

## Reports of Societies.

### FIBROSITIS.

A DISCUSSION on the nature, prevention, and treatment of fibrositis took place at the Royal Society of Medicine on March 4th and 5th. The Sections of Balneology and Climatology, Epidemiology and State Medicine, Medicine, and Therapeutics and Pharmacology united for the purpose.

Dr. W. EDGECOMBE of Harrogate, president of the first of these sections, who took the chair, outlined the scope of the proposed discussion. He said that it must be limited to the non-articular forms of so-called rheumatic disorders; to include arthritis, with which anatomically and etiologically fibrositis was bound up, would make the subject too wide. He quoted the report of the Ministry of Health on the incidence of rheumatic diseases, issued early in 1924, to the effect that one-sixth of the industrial invalidity of the country was due to diseases classed as rheumatic; these diseases each year cost the approved societies nearly £2,000,000 in sick benefit, and involved a loss to the nation of three million weeks of work—this among the insured population alone. The interest of the discussion would chiefly centre around pathogenesis. Until recent years the condition was looked upon as of metabolic origin, but lately the importance of infection in the causation of fibrositis, as of arthritis, had been fully realized, and numerous observers had established the overwhelming part which infection played as an etiological factor. To such an extent indeed had infection been stressed that it might be the pendulum had swung a little too far in this direction. An important point for discussion was whether there were forms of fibrositis of purely metabolic origin and wholly independent of infection. It seemed clear that no one organism was responsible for the pains of fibrositis. Granted that infection by micro-organisms was the dominating factor, the soil for the infection had to be considered very carefully also. Many people harboured foci of infection without suffering from rheumatic manifestations until something occurred to break down their resistance. In some cases no source of infection could be found, and these might recover by treatment wholly directed to putting right the metabolic derangement, but it was extremely difficult to prove that there were cases of purely metabolic origin. The disturbances of metabolism with which fibrositis was most commonly associated were the gouty state, hyperglycaemia, and the results of dietetic errors. The frequent association of fibrositis and neuritis with hyperglycaemia lent support to the view that chemical changes alone were competent to give rise to the condition. If the metabolic origin were denied and the bacterial origin were regarded as universal, treatment on any other than antibacterial lines must be of little use. Treatment might be discussed from the aspects of prevention and of cure. Preventive treatment should embrace the better housing and occupational conditions of industrial workers, the avoidance of damp and chill, better ventilation, the provision of baths and drying-rooms at works, and so on, together with attention to the common sources of septic infection, such as the tonsils and teeth. General curative treatment included first of all the detection and removal of any source of septic infection, but it must also be directed to the underlying metabolic derangement. The local treatments were varied and well known. In his experience the results of vaccine treatment, though striking in a few cases, were disappointing in the majority, especially in the chronic forms, if this treatment was used alone without other measures. Spa treatment offered advantages in the management of these cases, and the Ministry of Health might seriously consider whether spa treatment could not be made available to large numbers of the industrial population whose working life was seriously interrupted by this invalidity. If a series of cases of sciatica or lumbago were sent for institutional treatment to one of the spas and were compared with controls in the shape of similar cases receiving the ordinary

he was left lying on a plank bed. Dr. Leeming, the police surgeon, was sent for the following morning, as the plaintiff complained of pains in his leg, and, having examined the plaintiff, ordered his removal to the Poor Law infirmary, of which Dr. Leeming was medical officer. The plaintiff remained under defendant's care until October 15th, 1923, when he left for his home at his own request, and, on the following day, his own medical attendant, Dr. Johnston, examined him and suspected a fracture of the neck of the femur. Dr. W. M. Shepherd, consulting surgeon, of Doncaster, was called in, and he came to the conclusion that the plaintiff was suffering from an unreduced dislocation of the left hip-joint. The plaintiff was thereupon removed to the Doncaster Royal Infirmary, and, as the result of an operation on November 18th, the plaintiff's left leg was now one inch shorter than the other, and, according to medical evidence, would always be somewhat shorter and always so weak that the plaintiff would never again be able to do hard work.

The plaintiff's case was that his hip was dislocated on September 5th, 1923, as the result of being run into by a car shortly before he was picked up by the police, and that his permanent disability was due to the defendant's failure in diagnosis.

The defendant contended that there was no dislocation of the left hip-joint, either on September 5th, 1923, or at any time while the plaintiff was under his care. He admitted, however, that on November 3rd, 1923, there was such dislocation, but this, he contended, took place at some time between October 15th, the day on which the plaintiff left the infirmary, and November 3rd.

His Honour, in giving judgement, said he was not satisfied that the plaintiff was drunk on the night of September 5th, although he thought the plaintiff's condition was partially due to the drink he had taken. There was a direct conflict of evidence as to whether the plaintiff told the defendant he had been run into by a car, but a police witness had said: "On the night of the accident the plaintiff answered questions all right," whilst Nurse Knott said: "Freeborn asked me to ask the doctor not to state in the certificate that he was drunk at the time of the accident or he would not get the money." The defendant admitted signing a certificate on September 6th, in which he certified that Freeborn was suffering from severe bruising of the left thigh, the result of an accident, and a further certificate on October 12th, 1923, stating that Freeborn was unable to follow his employment owing to injuries received from a motor car on September 5th. His Honour, therefore, was of opinion that the plaintiff was injured by an accident with a motor car on September 5th, 1923, and that on the following day the plaintiff did inform the defendant of such accident. The defendant was bound to bring to the plaintiff a fair, reasonable, and competent degree of skill and care, and he (his Honour) came to the conclusion that the defendant was negligent in each one of the particulars alleged, except the one of "disregarding the plaintiff's complaints that the bones were injured." He found that the defendant was not negligent in that respect, for he was not satisfied that the plaintiff ever complained that the bones were injured. As to the defendant's plea that the action had not been brought within six months of the cause of action accruing—a protection afforded by the Public Authorities' Protection Act, 1895—his Honour held that the cause of action arose after November 1st, 1923, and that therefore the action was started (April 25th, 1924) within the six months. As to damages, the plaintiff was a strong, healthy man, aged 53, and his wages were £6 a week. If he had been properly treated from the first he would have been laid up for six weeks, and would have been fit for light work in about three months after the date of the accident, and eventually have recovered the full use of his limbs. As it was, the plaintiff was left with one leg permanently shorter than the other and permanently weak, and was still unable to walk without the help of crutches, although it was hoped he would be able to dispense with these in five or six months' time. In his opinion, the plaintiff should not be prejudiced in respect of damages in view of the fact that had it not been for lack of funds the case would have been tried in the High Court, from which it had been remitted.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

#### *Pinsent-Darwin Studentship in Mental Pathology.*

THIS studentship was founded in 1924 by the benefaction of Mrs. Pinsent and Sir Horace and Lady Darwin for the purpose of promoting research into any problem which may have a bearing on mental defects, diseases, or disorders. The studentship is of the annual value of about £200 and is tenable for three years in the first instance. The student may be of either sex, and need not be a member of the University of Cambridge. He will be required to engage in original research in Cambridge or elsewhere, but may, subject to the consent of the managers, carry on educational or other work concurrently. Further particulars of the studentship may be obtained from the Registry of the University of Cambridge, and applications for appointment to the studentship should be sent before May 1st to the Secretary, Pinsent-Darwin Studentship, Psychological Laboratory, Cambridge. Applicants should state their age and qualifications and the general nature of the problems in which they are interested, and should give the date at which they would be prepared to begin work if appointed. No testimonials are required, but applicants should give the names of not more than three referees.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

### COUNCIL ELECTION.

THE secretary of the College of Surgeons has sent out the usual announcement, which, on this occasion, states that a meeting of the Fellows will be held at the College on Thursday, July 2nd next, at 2.30 p.m., for the election of three Fellows into the Council in the vacancies occasioned by the retirement in rotation of Mr. V. Warren Low, C.B., Mr. James Sherren, C.B.E., and Sir John Lynn-Thomas, K.B.E., C.B., C.M.G.

Blank forms of the requisite notice from a candidate and of his nomination may be obtained on application to the secretary, and the same must be received by him duly filled up within ten days from this date—that is, not later than on Monday, March 16th. A voting paper will be sent by post to each Fellow whose address is registered at the College on March 31st. Fellows are requested to give notice, without delay, of any change of address, so that voting papers may not be mis-sent.

## Obituary.

### JOSEPH ARDERNE ORMEROD, M.D., F.R.C.P.,

Registrar of the Royal College of Physicians of London;  
Consulting Physician, St. Bartholomew's Hospital and  
the National Hospital for the Paralysed and  
Epileptic, Queen Square.

By the death on March 5th, after an operation for a perforated duodenal ulcer, of Dr. J. A. Ormerod the Royal College of Physicians of London has lost its able and devoted registrar, a scholar, and a lover of its traditions, who was at his usual work as lately as February 27th.

He was born on April 7th, 1848; he was the second son of the Venerable T. J. Ormerod, Archdeacon of Suffolk, and came of an old and distinguished Lancastrian family; his grandfather, George Ormerod, F.R.S., of Tyldesley and Sedbury Park, the historian of Cheshire, married Sarah, the daughter of John Latham, M.D., F.R.S., President of the Royal College of Physicians (1813-19), and father of Peter Mere Latham. Of George Ormerod's seven sons and three daughters four obtained a niche in the *Dictionary of National Biography*: George Wareing Ormerod was a well known geologist; William Piers Ormerod, anatomist, surgeon, and sanitarian, and Edward Latham Ormerod, who, like his nephew, was demonstrator of morbid anatomy, were educated medically at St. Bartholomew's Hospital; Eleanor Anne Ormerod earned a deservedly high reputation as an economic entomologist, and was the first woman to receive the honorary LL.D. of Edinburgh. Dr. Ormerod's eldest son, Major George Ormerod, D.S.O., is chief constable for East Essex; his second son, Henry Arderne Ormerod, M.C., is professor of Greek in the University of Leeds and author of *Piracy in the Ancient World*; one of his daughters is married to Dr. J. B. Christopherson, C.B.E., F.R.C.P.

Following in the footsteps of his father and uncles, Ormerod went in 1862 to Rugby and in 1867 to Oxford, where he was a classical scholar at Corpus, being placed in the first class in moderations (1869), in the second class in *literis humanioribus* (1870), and, after deciding to follow the physic line, in the first class in natural science (1871); in addition he won the Chancellor's prize for Latin verse (1869) for "*Exercitus Indo-Britannicus ex Abyssinia Redux*," and a Fellowship at Jesus College (1871).

Entering the medical school of St. Bartholomew's Hospital in October, 1872, he qualified B.M. Oxford in 1875, proceeding to the D.M. in 1882 with a dissertation "On epilepsy in its relation to ear disease," and after holding a number of appointments, including medical registrar and demonstrator (1887), was elected assistant physician (1893), physician (1904), and consulting physician (1913). He was also physician to out-patients (1878) and physician (1888-93) to the City of London Hospital for Diseases of the Heart and Lungs, Victoria Park, where he interested himself in laryngology, and assistant physician (1880), physician (1900), and consulting physician (1913) to the National Hospital for the Paralysed and Epileptic, Queen Square, where, as secretary of the medical staff, he did yeoman service in smoothly settling the impasse that arose between the staff and the lay board in 1901. During the war he was physician to King George Hospital, Stamford Street. His bent in medical work was mainly neurological; in 1892 he

Fortunately at that time there was a menagerie in Newcastle, and by securing the bodies of the animals that died there he was enabled to carry on his comparative investigations on a very wide scale. He completed this highly difficult research without any aid from a laboratory, and had to prepare his specimens, cut sections, and examine them microscopically in his surgery amid the constant interruptions incident to a large general practice. This thesis, as well as being rewarded by his University, gained him the distinction of being elected to the Royal Society, Edinburgh. Though Dr. Bunting had a most successful and useful life in other departments, yet he was never in his real element, and his most intimate friends know that any opening that could have led to his becoming a teacher and investigator of physiology would have allowed him to live his life to the full. He was first interested in medico-political matters through his being on the old Northumberland Contract Committee before it was taken over by the British Medical Association. From this he finally became a leading figure in the North-east of England as secretary of the Newcastle Panel Committee, one of the elected medical representatives on the Newcastle Insurance Committee, and secretary of the North-eastern Group of Panel Committees. The agitation in 1912 over the Insurance Act came to Dr. Bunting as a call for work on behalf of the profession. This led to his devoting an increasing amount of thought and time to medical politics until he became in Newcastle the guide and adviser of the Panel Committee in general and of many individual doctors in particular. It thus became generally realized, both by the doctors themselves and by the outside public, that he was a force to be reckoned with. By means of letters in the newspapers he clearly outlined the aims and position of the medical profession, whilst in the Insurance Committee he was able to clear away many misunderstandings and difficulties that otherwise might have led to serious friction. One striking characteristic in all that he did was his absolute conscientiousness, which he carried at times to a point to which few would have cared to go. He was very loyal as secretary of the Panel Committee and carried out its decisions, even against his own well informed judgement. The position he finally came to occupy among us was due to several causes. In the first place, his honesty of purpose and sense of justice was balanced by intimate knowledge and insight into medical politics; he thus was able when he spoke, not only to marshal facts and arguments, but also to keep in view the underlying principles that were involved.

#### ARMAND DE WATTEVILLE, M.D.,

Formerly Editor of *Brain*.

THE announcement of the death of Dr. Armand de Watteville will recall many memories to those who knew medical London in the fourth quarter of the nineteenth century. De Watteville lived a very full life for some thirty years, and then rather unexpectedly retired; after spending some time in Scotland he went to live in Switzerland. His family belonged originally to that country, but had been compelled to leave it during the revolution of 1797, and had settled in Great Britain; many of its members served in the British Army. Armand de Watteville was commonly spoken of as "Baron," and had, we believe, a good claim to bear that title. He was born in 1846, and was educated at King's College, University College, and St. Mary's Hospital. In 1870 he went with a British Red Cross ambulance, and subsequently served in a French Regular ambulance with the Army of the North till the end of the war. During the confusion that followed the collapse of the French resistance he was arrested and sentenced to be shot as a Communist, but his mother's letters carried in his pocket saved his life. He graduated M.A., B.Sc.Lond., and took the diploma of M.R.C.S.Eng. in 1876, and the degree of M.D.Basel in 1882. At an early date he turned his attention to medical electricity, remarking, with a characteristic smile, that it was a small subject, all the literature of which could be put on to one shelf in a bookcase. He took to the subject very seriously, and in 1878 published a book, entitled *A Practical Introduction to Medical Electricity*, which reached a second edition in 1884. He did not confine himself to this particular department of therapeutics, but extended his study to neurology generally. *Brain* had been started in 1878 by Sir James Crichton-Browne, Sir John Bucknill, Dr. Hughlings Jackson, and Sir David Ferrier; de Watteville became its editor in 1884. At the end of 1885 the Neurological Society was founded at a meeting held at his house, and with vol. x

(1888) *Brain* became the journal of the society. De Watteville was secretary of the society from 1886 to 1889, and a member of its council from 1890 to 1895, and from 1896 to 1900, when he was succeeded as editor by Dr. Percy Smith, who again was succeeded by Dr. Henry Head in 1905; three years ago Dr. Henry Head gave place to Dr. Gordon Holmes. De Watteville at one time held the post of physician to the electrotherapeutic department, St. Mary's Hospital, and was also physician to the West End Hospital for Nervous Diseases. During his time in London he was a prolific writer; he was a frequent contributor of signed articles to this JOURNAL, and was also a member of the editorial staff. He was a good mountaineer, as became one of his extraction, and among his achievements as a climber was the third ascent of the Great Eiger. He leaves, we understand, two sons, one of whom was a director of the Red Cross bureau for the care of prisoners of war, and after the armistice worked under the League of Nations in repatriating prisoners of war.

Professor ADOLF STRÜMPFEL of Leipzig, the author of a well known textbook of medicine, has died at the age of 71.

Professor EDMOND WEILL, who occupied the chair of children's diseases in the Lyons Faculty of Medicine, has died at the age of 66.

With reference to the late Dr. Wilberforce J. J. Arnold, of whom an obituary notice appeared in our issue of March 7th (p. 486), Dr. F. R. Proctor-Sims, a fellow student, writes: "A quiet, unassuming man, Arnold was nevertheless of great strength of character and of sterling honesty of purpose. His untimely death, coming so soon after he had been made a C.M.G., has deprived his country of a faithful and useful servant, and will be a source of regret to his many friends."

## Medical News.

SIR ARTHUR KEITH, F.R.S., will give a spring course of demonstrations in the museum of the Royal College of Surgeons of England on Fridays, March 20th and 27th and April 3rd, at 5 p.m. on each day. The first will deal with the surgical anatomy of the middle ear, the second with the commoner congenital malformations of the lower limbs, and the third with acromegaly and allied disorders of growth.

THE first Nichols prize of the Royal Society of Medicine has been awarded to Dr. George Geddes of Heywood, Lancashire, for an essay entitled "The causation, prevention, and treatment of puerperal septicaemia." This prize of £250 is to be awarded every third year, in accordance with the will of the late Dr. Robert Thomas Nichols, for the most valuable contribution towards the discovery of the causes and prevention of death in childbirth from septicaemia. Work submitted for the second award should reach the secretary of the Royal Society of Medicine not later than October 1st, 1927, typewritten or printed in English, marked "Nichols Prize," and accompanied by the name and address of the author. Essays previously published may be submitted provided that they were not published before October 1st, 1924.

THE Central Midwives Board for England and Wales met on March 5th, when Sir Francis Champneys was in the chair. It was reported that the representatives of the Ministry of Health on the Board for the ensuing year will be Dr. Marguerite Alice Christian Douglas-Drummond, Miss Edith Greaves, Miss Olive Haydon, and Dr. F. N. Kay Menzies. The chairman paid a tribute of appreciation to Lady Mabelle Egerton, who had worked on the Board for sixteen years, and alluded also to the impending resignation of Miss Paget in terms of warmest recognition of her long and valuable service. It was agreed to proceed with the printing of the Midwives Roll for 1924. Dr. Henry Lewis Barker was approved as lecturer subject to conditions. The next meeting will be held on May 7th.

DURING the past year the work of the Cicely Northcote Trust in connexion with St. Thomas's Hospital has increased considerably in all its branches. The fifteenth annual report covers the year ending October, 1924, and illustrates the many-sided activities of the Trust. The work of the Trust includes the adjustment of financial and other difficulties in connexion with patients, the provision of convalescent treatment, surgical instruments and artificial limbs, the after-care of patients suffering from cancer and other diseases, and a hostel, opened in 1920, for women and girls suffering from

venereal disease. It is possible that fresh ground may be broken in the future, since there appears to be need for the provision of a hostel for mothers and babies on their discharge from the present venereal diseases hostel, so that the mothers could go to work leaving their children under supervision. The income for the year amounted to £3,005, including grants from St. Thomas's Hospital, the Ministry of Health, the payments of patients, and donations. There was a balance of £75 of income over expenditure on the year's working.

DR. OCTAVIUS HALL, late medical officer of health for the County Borough of Plymouth, has been presented on his retirement with a solid silver tea and coffee service, a silver salver and cigarette case, and bound volumes of the reports issued whilst he was medical officer of health for Plymouth and Devonport. Dr. Hall has now been appointed permanent consulting medical officer of health to the borough. The presentation was made on February 26th, when Dr. Hall entertained the staff to dinner, and many tributes were paid to his services to Plymouth.

THE annual meeting of the Mental After-Care Association will be held at the Clothworkers' Hall, Mincing Lane, E.C., on Wednesday, March 18th; the chair will be taken by Sir Charles C. Wakefield, Bt., president of the association, at 3 p.m.

A LECTURE on misplaced teeth will be given by Mr. W. H. Dolamore at the London Hospital Dental School on Tuesday, March 24th, at 5 p.m. Members of the profession and students are invited to attend.

At a meeting of the Royal Sanitary Institute at the Town Hall, Leicester, on Friday, March 27th, a discussion on maternity and child welfare work will be opened at 3.30 p.m. by Dr. Helen Dent and Mrs. C. J. Bond, J.P. This will be followed at 5.30 p.m. by a discussion on smoke abatement. At 8 p.m. Professor H. R. Kenwood, C.M.G., M.B., will give a popular lecture on "Healthy living—facts and fads."

THE Fellowship of Medicine hopes that there will be a large attendance of medical practitioners, whether resident at home or from overseas, to take part in the discussion on post-graduate study in London at No. 1, Wimpole Street, on March 18th, at 6 p.m. Sir Arbuthnot Lane will preside, and criticism will be welcomed of the present facilities offered through the Fellowship, with suggestions for their improvement. A course at the Brompton Hospital for Consumption and other Diseases of the Chest from March 16th to 28th will have special reference to treatment by artificial pneumothorax; various diseases of the lungs and heart will be dealt with and illustrated clinically. A course in gynaecology at the Chelsea Hospital for Women from March 16th to 28th will include clinical lectures, demonstrations, and the opportunity of witnessing typical operations. An intensive course will be held at the Royal Northern Hospital from March 23rd to April 4th comprising demonstrations, clinics, operations, exhibitions of cases, and formal lectures; application for admission to the course should be made by March 16th. During April courses will be held at the Queen's Hospital for Children, St. Mark's Hospital for Diseases of the Rectum, and the Hampstead General Hospital. A week's course in anaesthetics, beginning about March 23rd, will include practical instruction in throat, nose, dental, abdominal, and nerve anaesthesia; early application is desirable. Further information about these courses may be obtained from the Secretary to the Fellowship, No. 1, Wimpole Street, W.1.

THE annual meeting of Woolcombers, Limited, held at Bradford on March 9th, decided to give £13,000 to the new building fund of the Bradford Royal Infirmary; the contribution will be made in thirteen half-yearly instalments.

RECENTLY a number of metropolitan medical officers of health visited the Oxo factory and witnessed the process of manufacture of Oxo and of the standardization of "oxoid" gland preparations. Any reader who wishes to visit the factory should communicate with Oxo, Limited, Southwark Bridge, S.E.1.

IT will be remembered that 300 members of the Inter-State Post-graduate Assembly, directed by the Tri-State District Medical Association, which has some 55,000 members in the United States, are coming to this country next June, when a meeting will be held in London under the presidency of Dr. Charles Mayo. The party will afterwards go on to Manchester, Liverpool, Leeds, Dublin, Belfast, Glasgow, Edinburgh, and Newcastle. We are informed that H.R.H. the Duke of York has consented to accept the honorary membership of the Assembly when it meets in London on June 2nd.

A COURSE in children's diseases has been arranged under the auspices of the Paris Faculty of Medicine, from April 6th to 18th inclusive, at the Hôpital des Enfants Malades, 149, Rue de Sévres, Paris. The subjects include infantile syphilis, endocrine syndromes, mediastinal tuberculosis, and modern conceptions of cerebro-spinal meningitis, rickets, and measles.

THE area of operations of the King's Fund has been extended from a radius of nine miles of Charing Cross to a radius of eleven miles of St. Paul's. Hospitals within this area desiring to participate in the grants made by the Fund for the year 1925 must make application before March 31st to the honorary secretaries of the Fund at 7, Walbrook, E.C.4. Applications will also be considered from convalescent homes which are situated within the above boundaries or which, being situated outside, take a large proportion of patients from London.

IN July, 1924, a medical research group was formed to make an investigation into the subject of "spiritual healing" in order to prepare and issue a statement on the question. We are informed that the group is holding conferences with representatives selected by the churches and is exploring other avenues of research. The members of the group are: Sir Robert Armstrong-Jones, Dr. Helen Boyle, Dr. H. C. Bristowe, Dr. William Brown, Dr. Charles Buttar, Mr. W. McAdam Eccles, F.R.C.S., Dr. Letitia Fairfield, Dr. E. R. Fothergill (chairman), Dr. J. G. Porter Phillips, Dr. Mary Scharlieb, Sir J. Purves-Stewart, Mr. E. B. Turner, F.R.C.S., Dr. Jane Walker, Dr. Stanley Bousfield (honorary secretary, 10, Albion Street, W.2).

THE Boylston medical prize of Harvard University, including a medal and 500 dollars, is offered for 1925 for the best essay on the results of any original research in medical or chemical science. Essays must be printed or typewritten, and be sent in before December 31st. This prize is open to public competition. Further details may be obtained from the secretary of the Boylston Medical Committee, Dr. Henry A. Christian, Peter Bent Brigham Hospital, Boston, Mass.

THE twelfth Northern Congress of Internal Medicine will be held at Stockholm from August 27th to 29th, when a discussion will be held on the pathogenesis of jaundice and functional diagnosis of the liver, introduced by Dr. E. Meulengracht of Copenhagen, Dr. O. Scheel of Oslo, and Dr. Tillgreen of Stockholm. Communications intended for the Congress should be sent to the secretary, Dr. Norgaard, Tordenskjoldsgade 3, Copenhagen, before the beginning of April.

THE current issue of the *Prescriber* consists wholly of matter relating to spa treatment, and in particular to the development of British spas. The number is freely illustrated with reproductions of photographs and drawings. It includes a short account of medical hydrology by Dr. R. Fortescue Fox, some notes on old-time bathing practice at Bath, by Mr. John Hatton, and a descriptive list of the spas of Great Britain and Ireland.

DR. S. L. BRIMBLECOMBE, of Stoke-under-Ham, Somerset, has been elected a member of the Somerset County Council.

## Letters, Notes, and Answers.

Communications intended for the current issue should be posted so as to arrive by the first post on Monday or at latest be received not later than Tuesday morning.

THE telephone number of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is Gerrard 2630 (Internal Exchange). The telegraphic addresses are:

EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology Westrand*, London.

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westrand*, London.

MEDICAL SECRETARY, *Mediscera Westrand*, London.

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 4737 Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 4361 Central).

### QUERIES AND ANSWERS.

"OLD OCTOBER" asks for information or advice in the treatment of a boy, aged 6½ years, who has extensive venous plexuses, superficial and deep, situated on the soles of both feet, buttock, perineum, and the under surface of the penis.

#### THE TREATMENT OF ASTHMA.

SIR JAMES DUNDAS-GRANT (London) writes that "H. C." (March 7th, p. 488), whose case of asthma has defied "all the usual forms of treatment," has not mentioned whether the nose has been submitted to examination and treatment. If not, he would recommend this in the light of many clinical reports, but particularly of Dixon and Brodie's experiments on reflex contraction of the bronchial muscle excited by stimulation of various sensory areas, described in vol. liv of the *Transactions of the Pathological Society of London*, in a paper on the pathology of asthma. They found the most important reflex from the nasal