

of the more important references of Jawetz *et al.*^{1 2 3} His work is confirmed by Lepper and Dowling,⁴ who have shown definite antagonism between penicillin and aureomycin in the treatment of meningococcal meningitis.

Our patients who received mixed antibiotics were treated in this manner before we were aware of antagonism—that was in 1950. They only received one dose of crystalline penicillin, and I feel that it is unlikely to have caused a resistance, but this statement is made purely on impression.—I am, etc.,

Winnipeg, Manitoba.

J. NIXON BRIGGS.

REFERENCES

- ¹ *Arch. intern. Med.*, 1951, **87**, 349.
- ² *Amer. J. med. Sci.*, 1951, **222**, 404.
- ³ *Arch. intern. Med.*, 1952, **90**, 301.
- ⁴ *Ibid.*, 1951, **88**, 489.

Foetal and Neonatal Death

SIR,—The memorandum "Neonatal Death due to Ligation of Umbilical Cord by an Amniotic Band," by Drs. F. O'K. Craven and C. J. M. Geddes (January 10, p. 81), contains an unfortunate example of confused terminology.

The memorandum begins: "The following case of neonatal death is interesting enough to be placed on record. So far as we can ascertain no previous foetal death due to this exact cause has been published." This wording suggests that neonatal death and foetal death are the same thing, but this is not so. *Neonatal death* means death within the first 28 days after birth of a child that had been born alive, whereas *foetal death* means that the child had died before or during birth. It is important in many ways that this distinction be understood and maintained.

It is stated later in the memorandum that "a dead baby had . . . been delivered." This being so, the use of the term "neonatal death" is quite inappropriate in this case.—I am, etc.,

W. P. D. LOGAN,
Chief Medical Statistician,
General Register Office.

London, W.C.2.

POINTS FROM LETTERS

The College of General Practitioners

Dr. D. D. MACDONALD (London, N.1) writes: The College of General Practitioners has been launched and looks gay in the paint of good intention, rich in the promise of high performance. One watches with the interest of good will from the bank and hopes the correct solution will be available, in full measure, to resolve its problems to come. In wishing this great venture, this New Elizabethan vessel, all success in real usefulness, the words of Samuel Langhorne Clemens (Mark Twain) come welcome to mind: "Diligently train your ideals upwards and still upwards towards a summit where you will find your chiefest pleasure in conduct which, while contenting you, will be sure to confer benefits upon your neighbours and the community. This has been taught by all the great religions for ten thousand years. The only thing new about it is that this time it has been candidly stated. That has not been done before."

Dr. A. E. STEVENS (Jersey) writes: "The College and the Hall" (M.R.C.S., L.S.A.) were good enough for our medical forebears. To-day we have the Royal College of Physicians and the Royal College of Surgeons, which are surely sufficient seeing that so many of us derive our registration on the strength of their diplomas. The Royal College of "Accoucheurs" is quite redundant and unnecessary; and now there is a demand for a College of General Practitioners. If it has to be, why not indicate from its name that it is at least connected with medicine? Why not College of Medicine, or better still College of Apothecaries? But it should be borne in mind that such a college is tantamount to the acceptance of our lowered status.

Otitis and Ear Syringing

Dr. W. STANLEY SYKES (Morley, near Leeds) writes: Mr. A. Tumarkin (December 20, 1952, p. 1361) recommends that cases requiring ear syringing for wax should be sent to an E.N.T. specialist. Surely, Sir, there should be two groups of specialists for operations of this magnitude—one for the right ear and one for the left.

Obituary

F. E. SAXBY WILLIS, M.C., M.D., M.R.C.P.

Dr. F. E. Saxby Willis, who died on January 2 in Hampstead General Hospital, had been the senior physician there for many years.

Frederick Edward Saxby Willis was born in London on October 21, 1889, the son of Frederick and Alice Willis, and received his early education at Dulwich College. He then entered St. Bartholomew's Hospital Medical College and qualified M.R.C.S., L.R.C.P. in 1913. On the outbreak of war in 1914 he enlisted in the South Staffordshire Regiment and was severely wounded at Ypres in 1915. On recovering from his wounds he entered the R.A.M.C. and was attached to the Seaforth Highlanders until the end of the war, being awarded the Military Cross in 1917 for attending to wounded under heavy fire. After demobilization he obtained the degrees of M.B., B.S. of the University of London in 1920 and became casualty physician and chief assistant in the children's department at St. Bartholomew's Hospital, a position he held for several years. In 1922 he proceeded M.D. and took the M.R.C.P. In due course he was elected to the honorary staff of the Royal Chest Hospital and the Hampstead General Hospital. Despite the handicap of his war wounds and, later, diabetes, he refused to allow them to interfere with his daily activities, and he built up a large consulting practice in lung diseases and general medicine. At the time of his death Dr. Saxby Willis was senior physician to Hampstead General Hospital and to the Royal Chest Hospital. He was also physician to the Weir Hospital and consulting physician to the Metropolitan Ear, Nose, and Throat Hospital, to Yateley Cottage Hospital, and to the Alexandra Orphanage.

With the advent of the National Health Service in 1948 he became a member of the teaching staff at the Royal Free Hospital School of Medicine and gave clinical lectures to students and postgraduates there. He contributed many papers on diseases of the lungs to the medical journals, and his joint contribution on cystic diseases of the lungs has been included in Davidson's *Practical Manual of Diseases of the Chest*. At the time of his death he was keenly engaged in a research survey of "atypical pneumonia" for the Royal Free Hospital School of Medicine, and it is to be regretted that his personal conclusions on the aetiology and clinical aspects of this syndrome will not be available to the profession.

Saxby Willis's sympathetic manner and genial personality endeared him to his many patients. His colleagues also had a deep affection for him, and, whether at hospital board meetings, clinical lectures, or social functions, he was the centre of attraction. He leaves a widow and two sons and two daughters, to whom we offer our deepest sympathy.—J. V. A.

B. L. JEAFFRESON, M.D., F.R.C.S., F.R.C.O.G.

Mr. B. L. Jeaffreson, well known in Leeds as a gynaecological and obstetric surgeon, died at his home at Leeds on January 7 at the age of 56.

Bryan Leslie Jeaffreson was born in London on August 29, 1896, the son of Mr. H. J. Jeaffreson. Several of his forebears, who came from Framlingham, in Suffolk, were eminent surgeons in their day. He was educated at Hurstpierpoint College, and at St. Bartholomew's