

## Obituary

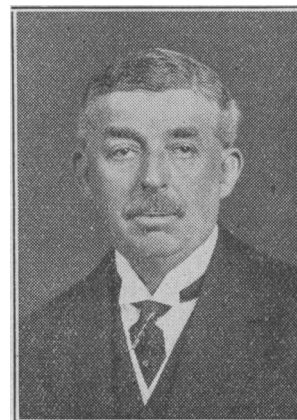
SIR WILLIAM H. WILLCOX, K.C.I.E., C.B., C.M.G.,  
M.D., F.R.C.P.

Consulting Physician, St. Mary's Hospital

The death of Sir William Willcox, which took place suddenly and peacefully on July 8 at his home in Welbeck Street, W., where he had carried on a consulting practice for many years, removes from the foremost rank of his profession a highly individual figure. To the man in the street, or in the public galleries of courts, the name of Willcox stood out from the general anonymity of the medical profession owing to his appearance over many years in famous criminal cases. But the same exceptional industry and knowledge which he brought to toxicology in particular and forensic medicine in general he devoted also to the clinical study of disease, and he once declared that to him rheumatic fever or acute rheumatism was the most fascinating subject in the whole of medicine.

William Henry Willcox was a native of Melton Mowbray. Brought up in the heart of a famous hunting country, he never lost his love for the horse and the open—indeed, in late life his horseback exercise cost him a severe accident—and his build and countenance always suggested the robust country squire. He was educated at the Wymondham Grammar School, Oakham, and then at the Wyggeston School, Leicester, and from there he went to University College, London, and to St. Mary's Hospital Medical School. His college career was brilliant. He was gold medallist in anatomy, organic chemistry, materia medica and therapeutics, and forensic medicine, and at St. Mary's he gained the Cheadle gold medal for clinical research. He took his M.B.Lond. in 1900, and proceeded M.D. in the following year, taking also the diploma in public health. From 1904 to 1906 he was medical registrar at St. Mary's, and a year later was elected to the visiting staff of that hospital, so remaining until 1935, when he was made consulting physician. In the war of 1914-18 he served as consultant to the armies in Mesopotamia, and was four times mentioned in dispatches and received the C.B. and C.M.G. There he accumulated fresh clinical experience, especially with regard to malaria, on which he continued to draw for the rest of his life.

His appointment as medical adviser to the Home Office dated from 1919, though he had been associated with the late Prof. Pepper in many criminal cases before then. This brought him into prominence in Crown prosecutions. He was the most deliberate and painstaking expert witness who ever stepped into the box. His hesitating manner at first produced an unfortunate impression, and occasionally even aroused irascibility in a judge who did not know him well. But it soon came to be taken for granted in the legal profession that this slowness of speech was due to conscientiousness and sense of responsibility. The present writer recalls his appearance at the famous Hadwen trial at Gloucester in 1924. When he began his halting testimony one wondered whether at the end of the evidence for the



added calcium can do no harm in any type of disease is contrary to actual facts. A large amount of work—some of it dating a generation back—has proved conclusively that under certain conditions calcium is injurious to health. Public interest demands that an exhaustive inquiry into the matter should be instituted by a board comprising men familiar with different aspects of the problem—physiologists, physicians, pathologists, biochemists, food experts, pharmacologists. Members of this body ought to have no connexion with the Medical Research Council or the Food Ministry. The inquiry should be open and detailed evidence published. I trust that the Government proposals will not become effective until the pronouncement of such a body becomes available. The British Medical Association would render a public service by instituting such an inquiry under its aegis.—I am, etc.,

Liverpool, July 9.

I. HARRIS.

### Differential Diagnosis of Contusion of the Brain and Psychoneurosis

SIR,—My excuse for this note is that I had the good fortune to call in the late Wilfred Trotter to see a head injury case. He gave me a private lesson. On my asking him how he diagnosed contusion of the brain, he answered, "Headaches, brought on especially by changes of posture—for example, stooping, sneezing, coughing, etc.—giddiness, mental apathy, mental degeneration, and congestion of the retinal veins." Whereupon I asked him how he came to a decision about congestion of the veins. With a twinkle in his eye he replied, "That comes with experience, and after that you fix your own index."

I regret that, despite this lesson, the mysterious secrets of the retinal veins have not yet been successfully fathomed by me. Finally, I have also had the advantage of seeing a number of head injuries with Dr. W. A. Brend in the last fifteen years.—I am, etc.,

Solva, Pembrokeshire, July 8.

J. STEPHEN LEWIS.

### Ether Convulsions

SIR,—I have been very much interested in the correspondence on this subject, as I have seen a few cases since the war when I have had to operate in overheated, sandbagged, and steaming theatres, and when the anaesthetic administered has been ether. Three cases were serious and one ended fatally. I agree with Mr. Charles Wells's description (June 21, p. 945) of ether convulsions as being typically expiratory, and I would like to add that, in my experience, the correct procedure is the immediate administration of chloroform. I have always found the convulsions cease almost at once, and the fatal case I mentioned happened when there was no chloroform available. I have had no experience of the use of evipan for this purpose.—I am, etc.,

Newport, Mon., July 7.

J. T. RICE EDWARDS,  
Surgeon, E.M.S.

### Trichlorethylene as Anaesthetic

SIR,—In view of the large number of anaesthetists who have written to the makers for supplies of trichlorethylene following the publication of our paper in the *Journal* of June 21 (p. 924), we feel that a note of warning might not be amiss.

While we are only too glad for as many workers as possible to try out this drug, we must make it quite clear that we cannot accept responsibility for any untoward effects that may occur. As mentioned in the paper, the total number of administrations made so far is much too small for any definite conclusions as to safety, etc., and the individual anaesthetist must accept the responsibility himself.—We are, etc.,

St. Albans, July 10.

C. F. HADFIELD.  
C. LANGTON HEWER.

The Middlesex Hospital has received, as a gift from the Scarsdale (New York) Branch of "Bundles for Britain," a mobile x-ray set and four portable theatre lights. This new equipment, of the latest design, enables work to be transferred quickly to a basement or sub-basement in the event of an upper theatre being wrecked.