

women, the venereologist must have a sound knowledge of gynaecology"; that knowledge will enable him to diagnose, say, a pyosalpinx from a urethral caruncle. Dr. Samuels surely does not wish me to discuss the differential diagnosis of each condition I have mentioned; if he did, and I acquiesced, I am certain your readers would weary.—I am, etc.,

Manchester, Sept. 13th.

M. W. BROWDY, M.B.

PLEURAL REFLEX SYNCOPE.

SIR,—Perhaps the following notes may be of interest in this connexion. I am writing from memory, but the case was so unusual that one does not forget it.

A good many years ago, when I was an assistant in private practice, a boy aged 5 years suffered from right lobar pneumonia followed by empyema, which was treated at home by the principal and myself. Thoracotomy in the posterior axillary line was done under chloroform, allowing of the exit of a fair quantity of pus. The boy got over the operation well enough; the wound discharged a good deal daily. About the fifth day after the operation it was decided to try the effects of syringing with an antiseptic lotion in the hope of lessening the discharge. The syringe used was the ordinary wound syringe, and the lotion warm boracic. The boy was progressing, eating and sleeping well; there was no other complicating factor. The dressings were removed in the usual way, but on this occasion the syringing was to be done. However, no sooner had a small quantity of the lotion been injected than the boy rolled over on his back dead.

What was the cause of this instantaneous death? Here there was no anaesthetic, nor sudden alteration in the position of the heart, nor other factor which one usually associates with sudden death in empyema. Apart from the fact that washing out the pleural cavity is often done, but always under low pressure and with a good exit, possibly the two factors concerned in this case were (1) the syringe, and (2) an inflamed or congested *visceral* pleura. The sudden impact of the lotion from the syringe upon a small area of congested visceral pleura possibly overstimulated the inhibitory action of the vagus, thereby causing sudden death.—I am, etc.,

Montrose, Aug. 23rd.

A. R. JOHNSTON, M.A., M.B. Edin.

CAN ONE WORK WITH INTRACAPSULAR FRACTURE OF THE FEMUR?

SIR,—In 1881 or 1882 an elderly, tall and rather slight man, following the occupation of messenger at the Houses of Parliament, came to the casualty department of King's College Hospital. He had come down heavily from one step to the next below upon one of his feet, and felt pain and diminished power in the hip of the same side. He walked with the aid of his stick from Westminster to the hospital, then situated in Portugal Street, Lincoln's Inn, a distance of at least a mile. The resident surgeon on duty, after consulting with some of his colleagues—the case being somewhat obscure—decided to admit the patient. He died in a few days. The *post-mortem* examination revealed the existence of a complete fracture through middle of neck of femur, not impacted.—I am, etc.,

Farningham, Sept. 11th.

T. F. HUGH SMITH.

ANAESTHESIA IN TONSIL AND ADENOID OPERATIONS.

SIR,—I was much interested in Mr. Courtenay Yorke's notes on anaesthesia in tonsil and adenoid operations (BRITISH MEDICAL JOURNAL, August 28th, 1920). Personally, I used to give nitrous oxide gas to children over 12 rather than under 14, and open ether to the younger ones, but after the correspondence in the BRITISH MEDICAL JOURNAL last autumn I began to use ethyl chloride, and have used it entirely in the out-patient department this year. Having now given nearly 300 administrations, I think I may say how satisfactory it has been; I have had little cause for anxiety and have had no bad results. It certainly has been a time-saver in the out-patient department, and in my opinion the duration of the anaesthesia has been longer than with gas and has been more constant, as with gas some patients came out sooner than others.—I am, etc.,

Chester, Sept. 13th.

CHARLES JEPHCOTT.

Obituary.

ROBERT CAMPBELL, B.A., M.B., F.R.C.S. ENG.,

Surgeon to the Royal Victoria Hospital, Belfast.

It is with deep regret that we record the death of Mr. Robert Campbell, M.B., F.R.C.S. Eng., in his 55th year, at his residence, 22, College Gardens, Belfast, on September 6th. Some years ago Mr. Campbell had a severe motor accident when returning one night from an operation in the country; help was not at hand, and he was severely chilled, and did not recover consciousness for some days; this may have laid the seeds of his Bright's disease, or intensified it; however, he recovered, and undertook full duty in all his appointments. In March of this year he suddenly developed a uraemic condition, and was ill for some months, but although he was weakened he resumed work. A fortnight before his death another attack supervened, and he gradually sank.

Robert Campbell was the second son of the late Rev. Robert Campbell, of Templepatrick, County Antrim, and his family can trace connexion with this district back to the days of the Ulster Plantation. He had a most distinguished college and university career, both in arts and medicine; he was an excellent classical scholar, and the foundation of this acquirement was no doubt laid by his father's aid and influence; he took prizes, scholarships, and exhibitions from year to year, both in arts and in medicine; in the final examination for the M.B. degree he obtained first place and an exhibition. He was appointed demonstrator of anatomy in the Queen's College, Belfast, and subsequently resident to the Chester Infirmary; in 1896 he obtained the F.R.C.S. Eng., and settled in Belfast as a surgeon. After filling the junior posts, he became full surgeon to the Royal Victoria Hospital, Belfast, and to the Queen Street Hospital for Sick Children, and his work in both institutions was distinguished by great skill, meticulous care, originality, and by what might be termed a restrained and discriminating boldness. He was among the first to use india-rubber gloves, and early introduced them into the Belfast school. As early as 1898 he operated for perforating typhoid ulcer. In 1910 he distinguished clearly between acute appendicitis and acute appendicular obstruction, and put his proofs so vividly before the profession that he was undoubtedly the first to insist on the difference in the pathology, symptoms, course, and dangers. His operations for congenital hernia in infants were numbered by the hundred, and while high surgical authority was laying down rules as to age and other limitations, he was performing them in a steady stream, regardless of such restrictions and with convincing success. His work and operations on thyroidectomy were also characterized by the same fullness, completeness, and success. Mr. Campbell was also surgeon to the Ulster Volunteer Force Hospital, and gave his skill and experience ungrudgingly to the wounded soldiers and pensioners. He was an ex-president of the Ulster Medical Society in 1916-17, and of the Ulster Branch of the British Medical Association in 1918-19, and his opening address on both occasions was marked by wide experience, a penetrating and scientific intellect, and philosophic breadth. During the latter years the strain of a large consultant and operative practice, and perhaps the insidious development of his disease, kept him from publishing his views and results with the fullness that their importance demanded. In his younger days, also, his teaching of surgery was described as perfect; latterly he evidently felt the necessity to economize his strength, but still at times spoke with that clearness, brevity, and discernment that said what was necessary and omitted what was unnecessary. At times he was the most silent of men, but to the last his personal friends enjoyed the keen perception, the silent humour, the straightforwardness, and yet the broad charity of his conversation.

Mr. Campbell was a leader among the band of surgeons, trained in anatomy under the late Professor Redfern, that revolutionized surgery in the Belfast school. He had the rare combination of a large brain, practical common sense, unerring instinct, and well trained hands. His friends will miss his true devotion, and the profession and public, for whom he worked as long as strength lasted, a most trustworthy, skilled, and high-principled servant. He