

## Obituary

and two administered orally. Two hundred and seventy-two University students in the vaccinated group and two hundred and twenty-six in the control group completed the study. The students in the control group were treated exactly the same way as those in the experimental group but received placebos instead of vaccine. The vaccine selected for this study was standardized according to the milligrams of nitrogen per cubic centimeter, as follows: pneumococcus 0.015 mg., streptococcus 0.015 mg., bacillus influenzae 0.01 mg., micrococcus catarrhalis 0.0025 mg. and staphylococcus 0.0075 mg. The vaccine was administered hypodermically to the experimental group as follows: 0.5 c.c. twice a week for three weeks and then 0.5 c.c. every two weeks during the fall, winter and spring.

The group which received vaccine subcutaneously experienced an average of 25 per cent. less colds per person than did the control group. The writers feel that this reduction is not sufficiently great to justify the time and expense involved.

The group which received polyvalent vaccine orally experienced just as many colds as the control group.

There was no evidence from this study that vaccine reduced the complications of colds or that the condition of the nose and throat is related to the frequency of colds in a cold-susceptible group.

ANGUS A. CAMPBELL.

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PATRICK WATSON-WILLIAMS

THE passing of our confrère in his seventy-eighth year has removed one of the few remaining British laryngologists who commenced their professional life as general practitioners. After three years thus engaged, he became House-Physician to the Bristol Royal Infirmary, Assistant Physician in 1888, a full member of its staff in 1905, and the following year took charge of the newly created Throat Department. But during the first appointment (1888) he must have concentrated his attention on what was to be his special practice, because in 1892 he published the first edition (of four) of *Diseases of the Upper Respiratory Tract*, which the younger generations of Rhino-laryngologists might still read with profit. The same advice would apply to all his contributions relating to diseases of the nose and throat, because he possessed that enviable faculty of condensing in a few paragraphs all that he had learned of the subject at issue, without blurring its general perspective which was based on the sure foundations of general medicine. In 1908, he was invited to deliver the "Long Fox" lecture, which annually perpetuates the name of his father-in-law, who was an alumnus of

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the Bristol Medical School and, as I well remember, a physician of wide reputation throughout the West of England. In the meantime, or at later intervals, Watson-Williams had fulfilled the duties of Secretary, member of the Council, and President of the Laryngological, and Vice-President of the Otological, Sections of the Royal Society of Medicine (London). In addition to these distinctions, there were two others which he valued highly, viz. "Prés. d'Honneur, Soc. Française d'Otologie et Laryngologie", Paris, 1927, and his selection to give the London University "Semon Lecture" in 1925. It may be remembered that the main theme of this lecture was the relationship between chronic nasal sinus infection and what the late William Hunter termed "The Septic Psychoses". Not only had the lecturer substantiated the correctness of his views by their practical application to certain types of mental disorders which had been referred to him for treatment, but Dr. T. C. Graves and his colleague Dr. Pickworth (pathologist), with the ample clinical material at their disposal in the Hollymore Mental Hospital (Birmingham), and Dr. Henry Cotton of the New York Mental Hospital, have enabled those experts to give their unqualified support to Watson-Williams' contention. Unless I have been misinformed, patients who now enter a mental institution have their nasal sinuses, nasopharynx and tonsils examined in case they should be infected. If, in the course of time, it is found that even a small proportion of the mentally-afflicted can be sent back to their homes with complete restoration of "the kindly light of reason" after the removal of such septicæmic factors, that alone would be a living monument to the work of our colleague.

For years to come, many who have been his intimates will recall the happy hours spent with him and his charming wife and family in their home at Clifton. Such visits were particularly enjoyable to me, because they meant a return to Somerset, where the Mendip Hills separated our birthplaces. His funeral service was held in Bristol Cathedral last Friday afternoon, November 18th. But the memory of him will be a lasting inspiration to those who have appreciated the far-reaching value of his work, and to whomsoever was honoured by his friendship.

H.T.

### WILLIAM TYLER GARDINER

WILLIAM TYLER GARDINER died in Edinburgh on October 16th, 1938, aged 54 years. In 1933 impaired health compelled his retirement, while in the prime of life, and the specialty lost the valuable services of one of its very active and able younger members.

Dr. Gardiner graduated at the University of Edinburgh in 1908, and, in 1911, was admitted to the Fellowship of the Royal College

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of Surgeons of Edinburgh. In 1909 he joined the staff of the Ear and Throat Department of the Royal Infirmary as Clinical Assistant to Dr. Logan Turner, and at a later date was appointed Clinical Tutor to the University Lecturer in Diseases of the Ear and Throat. His professional work was interrupted during the years of the War. In 1912 he had accepted a commission in the R.A.M.C. (T.F.) with the 1st Lowland Brigade, R.F.A., and, with the outbreak of war in August 1914, he was attached as medical officer to the King's Own Scottish Borderers, with whom he served through the campaigns in Gallipoli, Egypt and Palestine. He was promoted Captain in 1915 and Major in 1918, and, for his services in the field, he was awarded the Military Cross.

Demobilized in 1919, he visited the United States, where he worked with Chevalier Jackson and Greenfield Sluder; he then resumed his practice in Edinburgh. In 1921 he was appointed Assistant Surgeon in the Ear and Throat Department of the Royal Infirmary attached to the wards in the charge of Dr. J. S. Fraser. Amongst his other appointments were those of Surgeon to the Eye, Ear and Throat Infirmary, Aural Surgeon to Leith Hospital and to the Edinburgh City Fever Hospital, in this post doing valuable work in the treatment of throat and ear diseases in measles and scarlet fever.

A man of boundless energy and of a happy and cheerful disposition, always looking upon the bright side of life, Gardiner made many friends: deservedly popular amongst his colleagues and patients, he was greatly missed by a large circle when his retirement became necessary. As Secretary of the Scottish Otological and Laryngological Society, for some years, he not only enlivened its meetings but at its dinners proved a host in himself.

A.L.T.