

## SHINGLES, VARICELLA, EPILEPSY, AND THE WEATHER.

SIR,—I have read Dr. James Taylor's paper (February 28th, p. 282) with keen interest, as it dealt with subjects which have attracted my attention for a good many years. There is, no doubt, a close connexion between shingles and chicken-pox. At any rate, they frequently occur together or closely follow each other. But whether the one is the cause of the other or both are dependent on a common factor must be left an open question.

There is also a very close relation between shingles and epileptic fits. For instance, on February 9th, the report of the Meteorological Office was "considerable amount of low cloud," and I saw on that day one case of shingles and a patient who had four severe epileptic fits. On February 10th, with "sky mainly covered with low cloud," I had another case of shingles and another of epileptic fits. On February 20th, with "much low cloud," I saw two fits and a case of herpes zoster. At the Exeter Poor Law Institution we know when to expect fits by noting the meteorological readings for the day. It might well be that chicken-pox, like shingles and epilepsy, are "pressor diseases" due to vasomotor changes caused by atmospheric pressure.

There is a clinical fact which I have not seen alluded to before which lends support to the theory that fits are precipitated by arterial hypertension. I allude to their complete cessation in pyrexia. Chronic epileptics who contract a disease by which the temperature is raised immediately become free from fits during that period. I believe that it is the gradual rise of temperature during the fit that brings the attack to an end. On these premises I have been in the habit of exhibiting vaso-dilators—the citrates, the nitrates—with the occasional addition of bromides to my epileptic patients. When an epileptic states that the bromides do him good, but unfortunately they bring out an ugly rash, the correct thing to do is to administer the drug in combination with vaso-dilators, and the bromide rash will not appear. In the prevention of the bromide and iodide rash vaso-dilators are infinitely superior to the much lauded arsenic.

There is one other disease which has a very close connexion with chicken-pox, and that is impetigo contagiosa. It is a very common experience with me to see this skin disease rampant during an epidemic of chicken-pox, and it is caused obviously by local inoculation in children immune by a former attack of chicken-pox.—I am, etc.,

Exeter, March 1st.

J. PEREIRA GRAY.

## NASAL HYGIENE OR NASAL DRILL.

SIR.—Nasal hygiene has been systematically practised at the Roll of Honour Hospital, both in the nasal department and in the London County Council aural clinic, and also in the Westminster health centres for a couple of years.

The theory as well as the practice is taught. The mental and physical improvement in nearly every case in which the co-operation of the parents was secured have been very great, and were often obtained in a remarkably short time.

The rules laid down for clearing the nose are based on mechanical principles. Before beginning, the breathing is tested. If a full sigh can be accomplished through each nostril, tested separately, it is considered clear. Sneezing by artificial stimulation is only resorted to where the clearing cannot be effected by mere gentle blowing. Gentleness in dealing with the nose is insisted upon; no blowing is allowed unless or until there is something to come away. No ointment is used, as it is fatally easy to drive offending material inwards. The rules for blowing are:

1. The head is lowered to make an inclined plane for the discharge to invoke the aid of gravity.
2. The nostrils are left widely open so that the discharge may not be forced backwards into any of the danger zones, but, following the line of least resistance, may escape outwards.
3. The blowing is continued—not breaking the thread—till the clearance is complete, so that any of the openings of the tiny cells or sinuses may be sucked clear.

It is also taught on another mechanical principle that sniffing resembles pile-driving—the osseous discharges being continually driven against the thin bony plates,

which may in time yield, or through the openings into the blind chambers, where they find all the conditions for incubation.

The ultimate aim of nasal hygiene, as practised on the above lines, is to get the nose into such order that it may be able to perform its almost incredible number of functions without making its presence felt by its owner.

The term "nasal hygiene" is used instead of "nasal drill" because the latter implies that all children should be enrolled—the harm and damage done to the healthy noses would then be incalculable. The strong protest implied in Dr. Francis's letter will be endorsed by all who are working on preventive lines.—I am, etc.,

London, W., March 3rd. OCTAVIA LEWIN, M.B., B.S. Lond.

## Obituary.

SIR JAMES GRANT, K.C.M.G., M.D.,  
Ottawa.

SIR JAMES ALEXANDER GRANT, whose death on February 6th we have already reported, was born in Inverness-shire in August, 1831. His father, Dr. James Grant, soon afterwards removed to Canada. His son was educated at Queen's and McGill Universities, graduated in 1854, and commenced practice in Ottawa, where he resided during the remainder of his long life. He entered the Canadian parliament in 1865; the original Pacific Railway Bill, which embodied the first movement towards the trans-continental railway in Canada was introduced by him, and he supported the admission of the North-West Territories and British Columbia into the Confederation. He ceased to be M.P. in 1873, but entered Parliament again as the representative for Ottawa in 1892, and retained his seat until 1896.

He was President of the Ontario Medical Council in 1868, was for some fifty years member of the Medical Council of the Ontario College of Physicians and Surgeons, and was President of the Royal Society of Canada in 1901. He was Vice-President of the Department of Surgery of the International Medical Council in Philadelphia in 1876, and of the International Medical Congress at Washington in 1887. He was a member of the Royal College of Surgeons of England, a Fellow of the Royal College of Surgeons of Edinburgh, and was elected a Fellow of the Royal College of Physicians of London in 1882. He was much interested in the British Medical Association, was elected an honorary member in 1886, and attended the annual meeting in Montreal in 1897. He received the K.C.M.G. at Queen Victoria's first Jubilee in 1887.

Sir James Grant was an effective public speaker, and during his time took a large part in Canadian public life. He had been in failing health for some years, and on January 20th suffered a fracture of the femur, when he was removed to St. Luke's Hospital, of which he was one of the founders. He took much interest in tuberculosis, a subject upon which he wrote much, and was president of the Tuberculosis Association of Canada in 1901. Sir James Grant married the daughter of Mr. Edward Malloch, M.P., in 1856, by whom and by seven children he is survived. The funeral was attended by representatives of the Governor-General and the Royal Society of Canada and by many members of the medical profession.

We regret to record the death of a veteran practitioner, Dr. THOMAS MELANCTHON EVANS of Hull, who died on March 15th. He was born at St. Neots in 1838, and was educated at Christ's Hospital and St. Bartholomew's Hospital, taking the diplomas of M.R.C.S. and L.S.A. in 1861. He commenced practice in Hull, and succeeded his brother in the post of house-surgeon at the Hull Royal Infirmary, to which he ultimately became consulting surgeon. Up till two years ago he was surgeon to the Hull Trinity House and took great interest in the inmates. He was a past president of the East York and North Lincoln Branch of the British Medical Association and of the Hull Literary and Philosophical Society. He leaves one daughter and three sons, one of whom is Dr. H. L. Evans, in practice at Hull. The funeral took place on March 18th, and was attended, among others, by representatives of the medical profession, the Hull Royal Infirmary, and Trinity House.