

remarkable. His general condition and anaemia improved within a few days. His tongue became clear; there were no fresh haemorrhages, and in ten or fourteen days the effused blood was absorbed. The induration of fascia in the ham was absorbed more slowly, and the tenderness and oedema over the tibia was the last to vanish.

The character of the lesions, the history and rapid recovery on an antiscorbutic diet alone point conclusively to the disease being scurvy, and not purpura, a primary anaemia, or beri-beri. Diabetes does not appear to produce similar symptoms, and the addition of fresh vegetables alone would hardly produce such a rapid improvement. He is now in good health, has put on flesh, is taking an ordinary diabetic diet, and is passing no sugar; he is only able to take a very small quantity of ordinary bread without excreting sugar.

The case upholds the generally-accepted theory that absence of fresh vegetables alone is sufficient to produce scurvy, and that fresh-cooked meat alone has no antiscorbutic properties. No preserved or salted meat was used, all the beef was English and fresh, so that the theory of scurvy being produced by the presence of a toxic material formed by putrefaction, or due to slow ptomaine poisoning alone, finds no support from this case. The long time required to produce a definite scorbutic symptom (twenty-one months) is also worthy of note.

VACCINATION OF THE CORNEA.

BY

J. ACWORTH MENZIES, and W. E. JAMESON,
M.D. EDIN., M.B., C.M. EDIN.
HONORARY OPHTHALMIC SURGEON
TO ROCHDALE INFIRMARY.

ACCIDENTAL inoculation of some part of the conjunctiva with vaccine is occasionally reported, but we have been unable, in the literature at our command, to find a definite description of such an accident affecting the cornea. There is a short report in the *Lancet* (1906, i, p. 999) of a case of accidental vaccination of "the eye," in which it is stated that the resulting impairment of vision would have been worse but for the fact that the patient had been vaccinated two years before. Aron¹ has reported a case in which the cornea was so seriously affected that permanent opacity could not be avoided. In both of these cases the cornea may have been the site of inoculation, but whether that be so or not, the condition is so rare that it seems desirable to record the following case.

On February 27th, 1906, one of us (W. E. J.) was breaking a tube of Chaumier's lymph, when a fragment of the tube flew into his right eye. The eye was promptly washed out, and there was no further discomfort till March 4th, when there was some indistinctness of vision due to monocular diplopia. Vision, nevertheless, was $\frac{6}{6}$, and nothing abnormal appeared on examination. On the following day there was a small, circular area, the size of an ordinary pin-head, bare of epithelium in the lower outer quadrant of the cornea. For three days this area gradually increased in extent, till it occupied one-fourth of the total area of the cornea. There was no infiltration of the corneal substance, but considerable conjunctival injection. On March 9th chemosis and oedema of the lids became marked, and about this time and for several days the preauricular gland was enlarged and tender. The chemosis and oedema remained at their maximum till March 15th, and then during the following ten days slowly diminished, but during all this time the denuded area of the cornea remained bare of epithelium. Finally, on March 25th, the epithelium began to spread over the exposed corneal surface. Growth took place chiefly from above and below, very slightly from the sides of the patch. As compared with regeneration after injury, the rate of progress was slow, and it was March 30th ere the process was complete. Although no infiltration or loss of the corneal substance had been observed, the regenerated epithelium had a "matt" surface. Unfortunately, recovery was retarded by the occurrence of a secondary ulceration of the affected area. On April 20th, the spot became infiltrated, and an ulcer developed which showed no definite sign of healing for about three weeks, and is largely responsible for the impairment of vision. By May 10th, however, the ulcer was healing satisfactorily, and the patient was ultimately able to

resume work on June 13th, although the eye continued weak, and dark glasses had still to be worn for a time. During the acute stage the pupil never dilated fully with atropine, and there was a considerable amount of iritic pain, but there was no exudation or synechia. On June 29th vision was J. 14 (letters), on September 7th it had improved to $\frac{5}{6}$, on September 25th $\frac{5}{4}$ (one letter), and now (December 13th) it is $\frac{1}{8}$.

The accompanying symptoms were chiefly photophobia, epiphora, and pain. The epiphora was one of the earliest symptoms, and persisted to the end. It was continuous and very troublesome. The pain was twofold: (1) a superficial burning and smarting, which often kept the patient awake at night, even after healing had taken place; and (2) iritic pain, which had to be controlled by very free use of atropine.

As regards treatment there is not much to be said. The eye was kept clean throughout by means of frequent ablutions with warm boric lotion. Atropine was essential to control the iritic pain. At one time it produced a considerable rash, and duboisin was substituted, but proved ineffectual. On Dr. Glascott's suggestion the atropine was resumed in the form of ointment, and this proved less irritating. At an early stage argyrol was used as a possible means of destroying the vaccinal poison, and it was continued throughout the acute stage, but for no better reason than that when it was discontinued progress did not seem to be so favourable. The ulceration took place while the patient was at Colwyn Bay, and we wish to express our thanks to Dr. Nuttall for taking charge of the case during this period. Dr. Nuttall prescribed drops of atropine and quinine, which seemed to expedite healing. We are also indebted to Dr. C. E. Glascott, who kindly saw the patient several times.

REFERENCE.

¹ Abstract in *Ophthalmoscope*, 1904, p. 277.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

NEGLECTED CONSTIPATION AND PERICOLIC INFLAMMATION.

THE complaint of the patient in the following case, a woman, aged 55, was one of lassitude and constipation. Such constipation, ascribed by her to a change of climate, was in her case very unusual. As a rule, her bowels were very regular, but for some six weeks they had been opened only at intervals of three or four days, and this with difficulty and by the aid of purgatives and enemata.

Beyond this constipation and the lassitude nothing particular was noticed by her until the end of six weeks. Then she had pain in the left groin, extending from the anterior superior spine of the ilium downwards and inwards. Associated with it was a brawny, indurated swelling, with indefinite edges, in the left iliac region. Anteriorly this was apparently quite superficial, but posteriorly its limits and exact situation could not be determined. Superiorly it extended 2 or 3 in. above the superior spine.

Her temperature was raised to 103°, and her pulse to 120, and the tongue furred. She did not feel ill, and expressed surprise that so large a swelling should suddenly be noticed by her without more acute and premonitory symptoms. The inflammatory nature of the swelling was obvious, but the cause was somewhat indefinite, and the extent, course, and prognosis uncertain. Vaginal and rectal examination revealed nothing abnormal, nor could any disease of bone or neighbouring structure be discovered.

I treated the constipation vigorously, keeping her on a low diet, and applying fomentations locally.

For some days there was a particularly tender area in the centre of the swelling, but palpable suppuration did not occur, and in the course of a week her temperature began to drop, and she experienced considerable relief. Two or three weeks later the swelling subsided, but four or five passed before temperature and pulse became normal and the tongue clear. On more than one occasion she passed mucus but never blood; her health is now quite satisfactory.

REMARKS.—I think there is very little doubt that the whole of her trouble was caused by obstinate and prolonged constipation, which produced colitis, and inflammation of the surrounding areolar tissue. The case seems to me interesting as an apparent example of the condition described by Mr. D'Arcy Power of one of the sequelae of neglected constipation, its prolonged and

indefinite onset, and the possibility of extensive invasion of the connective tissue and other structures in immediate vicinity to the lower bowel.

Middlesbrough.

HAROLD WALKER, F.R.C.S.

COLUMNAR CARCINOMA OF THE EPIDIDYMISS.

THE patient in this case, aged 32, a late petty officer and diver in the navy, complained on July 10th, 1905, of a swollen testicle. He had no personal history of tubercle, syphilis, or gonorrhoea, and none in his family of cancer or tubercle, and was in appearance healthy and well nourished. The left globus major of the epididymis, only perceptible on handling, was the size of a quarter of a walnut. The swelling gave no pain, and was not tender. It was quite distinct from the body of the testicle, the latter being quite normal, as also the cord. Increasing doses of potassium iodide were given.

Progress.—On August 29th the swelling of the globus major had considerably increased, and the globus minor was enlarged, the testicle itself being still unaffected. September 16th, the parts were considerably larger; two prominent elastic bosses were noticeable in each division of the epididymis. Only the front part of the body could be detected. By October 10th it was impossible to say which part of the testicle was involved. The skin, containing large veins, remained movable, the swelling smooth, and in one or two parts elastic. There was no translucency; the cord remained normal, and no enlarged glands could be detected. Under these circumstances, the testicle was removed four days later. It contained cysts, and on examination by Dr. F. W. Andrewes, of St. Bartholomew's Hospital, was found to be the seat of columnar-celled carcinoma of obscure type. In ten days the patient was sitting up, and was not seen again until nine months later, July 21st, 1906. He showed a swelling (first noticed by himself on the previous day) the size of a fetal head, in the left hypochondriac region extending down to the umbilicus; it was freely movable, descending with respiration, and regular, smooth, and rounded. The patient himself seemed to have lost flesh, and two months afterwards—September 25th—he died, the whole abdomen being then uniformly distended, and measuring 36 in. at the umbilicus.

On *post-mortem* examination, the abdominal cavity was found to be occupied by a single smooth and elastic tumour, cystic and friable, and of the size and shape of an association football. Where it originated could not be determined; probably it was in the left lumbar glands.

REMARKS.—I have recorded the case on account of its apparent rarity; I am inclined to think, however, that the condition is not really very rare, and that if every one were so fortunate as to see cases of carcinoma of the testicle at an early stage, before the individual parts of the testicle have become obscured, many of them would be found to originate in the epididymis.

Woking.

FRANCIS COLBY, F.R.C.S.Eng.

THE INCUBATION OF SCARLET FEVER.

ON reference to textbooks and literature on scarlet fever, we generally find the incubation period given as twenty-four hours to seven days, with an average of from two to four days. There are, however, some authorities who believe it to be much longer than this, and I am led to the same conclusion by observations made in the fever hospital of this locality. It consists of two separate blocks of buildings, with accommodation for thirty patients, but no observation ward for the doubtful cases has been provided. Owing to inevitable errors in diagnosis, a certain number of cases are sent in as scarlet fever which are not so. A child, for instance, suffering from sore throat, with a pseudo-rash, and the concomitant signs and symptoms of some fever being present, the case is diagnosed as one of scarlet fever, is consequently notified as such, and is immediately sent for isolation. On the following day, however, we find the little patient, to all intents and purposes, quite well, with an absence of fever and no trace of any rash. This change within twenty-four hours is very marked, while the general appearance of the patient during the next few days will serve to prove that an error of diagnosis has been committed. This being so, we cannot even place such a case among the category of the "simplex" or mildest form of scarlet fever. Nevertheless, owing to the absence of an observation ward, such a child is placed among the genuine cases of scarlet fever, and is from the moment of admission open to infection, and yet cannot be discharged just then. Under such favourable conditions for infection, I find that such a child does not contract the disease within seven days—the limit

incubation period as generally given—but on the other hand shows unmistakable signs of infection in from three to four weeks after admission to the scarlet fever wards. The type of fever in these cases is somewhat severe, the signs and symptoms being usually typical of those varieties of scarlet fever recognized as "scarlatina anginosa" and "scarlatina maligna." The number of such cases seen dispels any thought of a pure coincidence, while we cannot in any possible way confound such cases with those of true relapse occasionally witnessed.

Of the last 300 cases admitted to our hospital here, 13 have conformed with the conditions which I have endeavoured to explain: that is, two days after admission they have not presented any of the signs or symptoms of scarlet fever, but when subjected to close contact with genuine cases of this fever they have exhibited all the well-known characteristics of the disease in from three to four weeks after contact. From this experience I am led to believe there to be some discrepancy in the period of incubation from scarlet fever which is generally taught us.

E. LYNN JENKINS, M.B., B.S., M.R.C.S., L.R.C.P.,
Medical Officer to the Isolation Hospital for Hinckley and district.

URETHRAL ABSCESS AND CALCULI.

THE case of peri-urethral abscess with the formation of calculi reported in the *BRITISH MEDICAL JOURNAL* of July 21st, 1906, resembles somewhat closely a case occurring in the Ancoats Hospital, Manchester, last year, the notes of which may be of interest. The patient, aged 34, was operated on for perineal abscess, and a quantity of pus was evacuated and the presence of a large calculus revealed. This was extracted with lithotomy forceps, and afterwards found to weigh over $\frac{1}{2}$ oz. A sound passed into the bladder detected no calculi, nor could any communication between the bladder or urethra and the cavity containing the calculus be discovered, but subsequent to the operation a small quantity of urine escaped from the perineal opening during micturition. When 7 years of age the patient had undergone an operation for stone, apparently by lateral lithotomy, the perineal abscess occupying the site of the old scar. I am indebted to Mr. Stanmore Bishop for permission to mention this case.

Halifax.

F. G. HACK, M.B., Ch.B.Vict.

PURPURA AND CALCIUM CHLORIDE.

IN the following cases of purpura, both somewhat unusual, treatment by calcium chloride proved rapidly effective.

CASE I.—A male child, aged 3 years, had previously suffered from oedema of the face whenever he ate white of egg, but otherwise had been healthy. He was brought to me on account of subcutaneous haemorrhage over the gluteal region. The marks were in streaks and spots as though they depended on pressure, and looked like the result of a severe whipping. Except one or two lines all were nearly vertical along the median folds of the buttocks. There were no spots on the legs, and only one—on the outside of the conchus—elsewhere. The child appeared tired, but not ill.

CASE II.—The second patient, a male child of 4, was said to have had a sprain of the leg a fortnight before, and to have suffered from gastric trouble and diarrhoea, one of the motions having been black. His legs were covered with haemorrhagic purple raised blotches, and the region around the ankles was much swollen by deep haemorrhagic effusion and exquisitely tender. He was very ill, and quite unable to walk; his gums were normal.

REMARKS.—This second case was probably one of "Henoch's purpura," and the supposed sprain had no doubt been a spontaneous haemorrhage in or about the ankle-joint, and the vomiting part of the disease. I prescribed for the first case 3-gr. doses of calcium chloride *ter die*, and the second case 4-gr. doses of the same drug, both being placed on a diet of raw meat and fresh milk. The spots and swelling began to disappear in about twenty-four hours, and to my gratification the second patient was able to run about in less than a week.

I am indebted to Professor Wright's recommendation (*Osler's Medicine*) for the successful result. I could ascertain no cause for the illness in either case. There was no evidence of swollen gums pointing to scorbutus. The distribution of the haemorrhage in the first case is interesting, and the severity and depth of the effusion, followed by such rapid recovery notable in the second case.

Colwyn Bay.

W. B. RUSSELL, B.A., M.B.Cantab.

MEDICAL NEWS.

MR. A. W. MAYO ROBSON has been elected an Associate Member of the French Surgical Society.

MR. J. FURNEAUX JORDAN has been appointed to the Commission of the Peace for the city of Birmingham.

A GRAND PRIX has been awarded to Apollinaris water at the Marseilles Colonial Exhibition.

MR. MARMADUKE SHEILD has been appointed Consulting Surgeon to St. George's Hospital, on his leaving active practice through ill-health.

It is proposed by the *Corriere Sanitario* of Milan, which is edited by Professor L. Devoto, that a great institute for cancer research should be established in Italy. Milan is suggested as the best place for the purpose.

We are asked to state that the Anglo-American Medical Society of Berlin has established new reading rooms in the house of Mr. Oscar Rothacker, medical bookseller, Friedrichstrasse 105B, Berlin.

THE city ambulance service of Chicago, formerly in charge of the police, has been transferred to the health department, and two medical officers are now attached to each of the fourteen ambulances, one for day and one for night service.

THE prize of £50 annually given by Sir John Craggs to the London School of Tropical Medicine for presentation to the author of the most valuable contribution on tropical medicine made during the year, has been awarded to Fleet Surgeon P. W. Bassett Smith, R.N.

At a meeting held at Temesvar on January 6th the South Hungarian League against Tuberculosis was formally constituted. The President is Count Gregor Kabbebo; the Vice-Presidents, Dr. Karl Telbisz, Bela Fülöpp, and Armin Breuer. The League has 485 members.

THE members of the Wigan Medical Society have presented Dr. Blair with a silver cradle in the form of a sugar-basin on the occasion of the birth of a son during his presidency in 1906. The inscription was as follows: "Presented to J. Blair, Esq., M.D., J.P., in commemoration of the birth of a son during his presidency in 1906."

THE Childhood Society and the British Child-Study Association have jointly arranged for a series of lectures and discussions at the Parkes Museum, Margaret Street, W. The first lecture will be given at 8 p.m. on Thursday, January 31st, when Mr. R. Denison Pedley, F.R.C.S.Ed., L.D.S., will give a lecture on the teeth, illustrated by lantern slides.

At the January examinations of the Institute of Chemistry of Great Britain and Ireland eight out of ten candidates who entered for the final examination for the Associateship in the branch of analysis of food and drugs and of water, including an examination in therapeutics, pharmacology, and microscopy, passed; and of three who presented themselves in the branch of organic chemistry one passed. Of eleven candidates who entered for the intermediate examination eight passed.

CREMATION IN MASSACHUSETTS.—At the annual meeting of the Massachusetts Cremation Society held recently the report for the year past was presented. It recorded the largest number of cremations in any single year since the foundation of the Society. The number was 238, being an increase of eight as compared with 1889, when the previous highest number was recorded.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—New pathological, bacteriological, and x-ray laboratories have now been fitted up in the Central London Ophthalmic Hospital, Gray's Inn Road. They will be open to students for research work in the pathology of the eye. Classes have been arranged, with lantern demonstrations, which begin next month. Special attention will be paid to the histology of the eye.

THE PIOUS FOUNDER IN CHICAGO.—According to *Science*, Mr. John D. Rockefeller has given the University of Chicago £540,000 for its permanent endowment and £43,400 for current expenses and special purposes. Among the special provisions of the latter gift are: To provide permanent increases in the salaries of instructors, £8,000; for additional cost of drinking-water systems, £4,322; for the improvement of the campus, £3,000; for the Alice Freeman Palmer chimes £6,000; for special equipment in various departments, £1,000; for greenhouses for the department of botany, £500. Mr. Rockefeller's gifts to the University of Chicago are said to amount to more than £4,000,000.

GASES OF MINERAL SPRINGS.—In a communication addressed to *Nature* of January 17th, the Hon. R. J. Strutt, F.R.S., states that the invariable presence of a

notable quantity of helium in the gases evolved by mineral springs may be explained by the action of hot water in disintegrating common rocks and liberating the gases contained. He finds that the nitrogen expelled from granite on heating contains argon and helium to the amount of about one-hundredth part, and that similar results have been obtained with syenite rocks. He proposes to examine other common rocks and minerals with the view particularly of determining whether helium in them is always associated with radium, or whether its presence can ever be attributed to radio-activity of ordinary materials.

CONGRATULATORY DINNER TO MR. MICHELLI.—The services of Mr. Pietro Michelli, Secretary to the Seamen's Hospital Society, to the cause of hospital administration and to the development of the London School of Tropical Medicine, were lately recognized by the King, who conferred upon him the Companionship of the Order of Saint Michael and Saint George. Many of those who have been associated with Mr. Michelli in his work have expressed the wish to join in doing him honour, and a committee has been appointed to make arrangements for carrying this proposal into effect. It is proposed to entertain him at a congratulatory dinner, to which ladies as well as gentlemen shall be invited, and to present him with a small memento as a tangible expression of the esteem in which he is held by a wide circle of friends and colleagues. The dinner will take place at the Trocadero Restaurant, on Friday, February 15th. Mr. Perceval A. Nairne, Chairman of the Board of Governors of the Seamen's Hospital Society, will preside. Tickets may be obtained on application to the Honorary Secretaries at the offices of the Seamen's Society, 13A, Cockspur Street, S.W.

THE annual dinner of the British Gynaecological Society was held at the Café Monico, London, on January 17th, with the President, Mr. W. Bowreman Jessett, in the chair. Dr. F. H. Champneys, in proposing the toast of "The British Gynaecological Society," said that the future of the amalgamation of the medical societies was on the knees of the gods. Some prophesied that, as had happened abroad, new societies would be formed outside the main body; but, so far as related to the section which would be formed by the union of the obstetrical and gynaecological societies, he thought no one would question that the amalgamation of those bodies would render it impossible for any successful opposition to be set up. He concluded by assuring those present that on the side of the Obstetrical Society the amalgamation would be accomplished with cordiality and with good wishes for the future of the two societies. He suggested that the motto for the new section should be *Quis separabit?* The Chairman having duly acknowledged the toast, Mr. W. D. Spanton, who submitted the toast of "The Royal College of Physicians of London and the Royal College of Surgeons of England," declared that the two colleges were doing useful work in raising the standard of medical education. Dr. Amand Routh, who responded for the College of Physicians, pointed out that its work had been for the advantage and dignity of the profession, and from that point of view it did not lose sight of gynaecology. Mr. Henry Morris, in replying for the College of Surgeons, said that gynaecology, the youngest offspring of general surgery, had made remarkably rapid strides and attained to an extensive development in various directions. The introduction of gynaecology into surgery was a great advantage, for it undoubtedly led to the better understanding and treatment of a large number of diseases and ailments. The Colleges of Physicians and Surgeons might fairly join hands and claim with satisfaction and pride that they had each been concerned in the formation of gynaecology. Dr. H. Macnaughton-Jones, in proposing the toast of "The Obstetrical Society of London," said that some societies had not joined in the amalgamation scheme, but the Obstetrical Society, with its large credit balance and splendid library, had cheerfully thrown itself in with the common lot for amalgamation. Dr. Herbert Spencer, in acknowledging the toast, said that though the Obstetrical Society was asking the Gynaecological Society to share its excellent library and the sum of £5,000 in hard cash at the bank, nevertheless the Obstetrical Society gained what it wanted—namely, new blood. He looked upon the union of the societies as only a stage towards another union which would take place some day—namely, the union of the Royal Colleges of Physicians and Surgeons, for it was those Colleges which ought to form the Royal Academy of Medicine in this country. Dr. Clement Godson proposed the toast of "The Guests," which was acknowledged by the Director-General of the Medical Department of the Royal Navy and by Surgeon-General Sir T. Gallwey. The proceedings concluded with a short speech from the Chairman, thanking Dr. H. Overy for his work as Honorary Secretary.

Transvaal, is a fact which to my mind relegates the factor of temperature to an altogether secondary place.

The factors which determine the degree to which any disease becomes epidemic are not only different for each disease, community and locality, but doubtless assume different values in different epidemics. Whilst admitting that the agents which determine an epidemic are often numerous and complex in their relations, yet it seems but reasonable to think that the factors which are concerned in the production of a definite periodical prevalence of a disease must be comparatively simple.

If it be admitted that the enteric season is the consequence of the onset of the rainy season, it should follow, among other things, that

1. Rainless countries should have no enteric season.
2. Countries without a definitely marked rainy season should have no definite enteric season.
3. Countries with a heavy rainfall confined to a well-marked season should have a well-defined enteric season.

The instance of Capetown is apparently in favour of my argument. The water of Capetown, excluding the suburban municipalities, is collected from the top of Table Mountain, a catchment area which is unusually free from the chances of specific contamination. If in this community, enjoying an almost unpollutable water supply, it is found that there is no definitely marked enteric season and no correlation between the prevalence of the disease and the rainfall, the facts would seem to justify the deductions of my essay.

The number of cases of the disease present in the country at the time of the commencement of the heavy rains seems, as might be expected, a factor of great importance. Since the withdrawal of the troops from South Africa began the enteric seasons have rapidly declined in severity.

I cannot but endorse the view of Colonel Simpson that the causes of the enteric season should be primarily studied in small communities. At the same time I am inclined to consider the smallness of the areas selected for observation as not so important as their simplicity from a sanitarian's point of view. A homogeneous population, as free as possible from the disturbing influences of intercourse with other communities and possessing but one water supply and one method of sewage disposal, would doubtless be the ideal field for observation.—I am, etc.,

WILFRED WATKINS PITCHFORD, M.D.

Pietermaritzburg.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Degree Days.—The following are the degree days in the present term: Thursday, January 24th, at 10 a.m.; Saturday, February 16th, at 2.30 p.m.; Thursday, March 14th, at 10 a.m.

B.M. Examinations.—The days fixed for the commencement of the B.M. examinations in 1907 are Thursday, June 20th and Thursday, December 5th. Names must be entered not later than 10.30 a.m. on Tuesday, June 4th, and Tuesday, November 19th, respectively.

Degree of M.Ch.—The day fixed for receiving names for the examination for the degree of Master in Surgery is June 7th.

Radcliffe Travelling Fellowship.—The examinations already announced will commence on Tuesday, February 26th. Names are to be sent in to the Regius Professor of Medicine on or before Saturday, February 9th. Full details are given in the University Gazette of January 18th, 1907.

Romanes Lecturer, 1907.—The Vice-Chancellor has appointed the Right Honourable Lord Curzon of Kedleston, M.A., Hon. D.C.L., of All Souls' College, G.C.S.I., G.C.I.E., F.R.S., who was appointed last year, but was prevented from delivering the lecture, to be the Romanes Lecturer for 1907.

Natural Science Scholarships.—Examinations for Scholarships in Natural Science are announced as follows: March 12th, Keble College; March 19th, Merton College and New College.

University College.—Mr. C. M. Burrell of the Merchant Taylors' School has been elected to a scholarship in Natural Science.

UNIVERSITY OF CAMBRIDGE.

The following degrees were conferred on January 17th:

M.D.—G. S. Keeling, Gonv. and Cai.

M.C.—E. C. Hughes, Clare.

M.B., B.C.—Otto May, Joh.; P. R. Parkinson, Gonv. and Cai.

B.C.—G. W. Goodhart, Trin.; B. K. Nutman, Jes.; P. P. Laidlaw, Joh.; F. P. Young, Chr.; J. W. Linnell, Joh.; F. A. Barker, Emm.; D. G. Pearson, Pemb.; T. S. Hele, Emm.; N. Wilson, Pemb.; S. L. Walker, Sid. Suss.; G. F. S. Bailey, Gonv. and Cai.; W. H. R. Sutton, Down; J. H. Iles, Gonv. and Cai.

UNIVERSITY OF LONDON.

CONVOCAATION.

A GENERAL Meeting of Convocation was appointed to be held at the University on Friday, January 18th, but did not take place as an insufficient number of members was present to form a quorum. Had the meeting been held Dr. Lambert Mears would have presented the interim report of the Special Committee on Athletics, and moved its adoption. The report described the formation of the "University of London Athletic Union," of which the Chancellor, the Earl of Rosebery, was President for the first year, and the Vice-Chancellor, Sir E. H. Busk, Vice-President. The details of the sports, held on June 27th, 1906, were managed by an Undergraduates Committee. Mr. B. Whitehead was Treasurer. Nine events were contested, and the prizes distributed by Lady Busk, B.Sc. Lond., the wife of the Vice-Chancellor, who kindly presented a challenge cup for undergraduates. It is proposed to have sports again in the course of the coming summer. The Clerk of Convocation informed the members present that both the Chairman of Convocation (Sir E. H. Busk) and the lady who holds the post of Vice-Chairman (Mrs. Bryant, D.Sc.) were unable to attend in consequence of illness.

UNIVERSITY COLLEGE.

A COURSE of eight lectures on Certain Fundamental Problems in Physiology common to Animals and Plants, by Dr. W. M. Bayliss, F.R.S., to be given on Wednesdays at 5 p.m., were commenced on January 23rd. The lectures are open to all students of the University of London and to qualified medical men.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE HEALTH OF THE NAVY.

THE *Statistical Report of the Health of the Navy for the Year 1905* has just been issued.¹ It is pointed out in an introduction that, owing to the reorganization of the fleet, there have been considerable changes in several of the stations, necessitating various alterations in this year's report as compared with the reports of previous years. As a result of these changes, no comparisons with previous years are made in dealing with Home, Channel, Atlantic, and North American stations. The statistical tables having reference to the incidence of diseases, invalidings, and deaths between certain ages have been omitted, as it is considered that the value of the conclusions to be gained from these tables is not of sufficient importance to warrant their continuance.

Summary of Returns for Total Force.

The returns for the total force for the year 1905 are considered as very satisfactory. As compared with the averages of the last eight years, there are decreases in the ratios of cases, invalidings, and deaths, and this year's case and death ratios are the lowest recorded since 1856. The ratio of cases per 1,000 of force shows a reduction of 119.29 as compared with the last eight years' ratio.

Invalidings.

The invaliding ratio—namely, 23.89 per 1,000—shows a decrease of 4.98 in comparison with the average for the last eight years. The Mediterranean Station shows the highest invaliding ratio, the East Indies the highest death-rate. The total number of persons invalidated was 2,653, which is in the ratio of 23.89 per 1,000, and shows a decrease of 4.98 in comparison with the average of the last eight years. Of the above total, 1,719 were finally invalidated from the service (121 of these refused surgical operation), giving a ratio of 15.48 per 1,000 for the whole force, or 64.79 per cent. of the number invalidated, thus showing a decrease of 0.4 per 1,000 when contrasted with 1904. Including the marines invalidated at head quarters, the total number invalidated out of the service was 1,941 (as shown in the table at pages 12 and 13). The invalids from marine head quarters appear for the first time in this table.

Deaths.

As regards the death-rate, the ratio per 1,000 was 3.9, showing a decrease of 1.42 when compared with the last eight years' ratio. The total number of deaths was 433, of which 305 were from disease, 128 from injuries. The death-rate due to disease alone was 2.74, and that due to injuries was 1.15 per 1,000. Compared with 1904, the stations showing an increased death-rate are the Mediterranean and the Irregular Force; the remainder of those for which comparisons are made show a decreased rate.

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