

THE PSYCHOLOGICAL APPROACH

At a meeting of the Medical Society of Individual Psychology on June 10 Dr. T. A. Ross read a paper entitled "The Psychological Approach."

Dr. Ross said there were two aspects presented by such an approach—namely, the understanding by the physician of his patient's illness and the understanding by the patient of the origins and causes of his illness in so far as these were psychogenic. From the standpoint of the physician two views might be contrasted. According to one there was no psychological approach. In the absence of physical signs people who said they were suffering quite clearly were not, and in an ideal society would have been handed to the policeman or the priest but for the fact that in the world as it is neither of these functionaries would do their duty in this matter. According to the second view, as expressed, for example, by Groddeck, psychogeny embraced the whole of medicine and was the key to the understanding of every patient. Whether an illness was traumatic or microbic the patient came by his catastrophe because he wished it, the catastrophe being preferable to something which it averted. For Groddeck intention was the key to everything. But this view was unprovable. Anxiety could be found in any case if it were looked for industriously enough, and there were many who "wished" for an illness but did not get it. Indeed many obviously refused the advantage which their physical illness might confer on them, and went about courageously when they might well be, and could be, at rest. Illness, even if not psychogenic in origin, must soon be complicated by events. The average man did not want to be ill; he wanted to do a lot of things which illness prevented: to play or watch football, to play golf, or go to the cinema. Illness brought fear, anxiety, loss of confidence in the doctor, resentment against employers, hope of unearned increment, and other factors inimical to recovery.

The truth was intermediate between the doctrine of physical causation and that of pure psychogenic causation. It seemed obvious that every patient presented both a mental and a physical problem. For this reason, among others, medical psychologists of all people had much need to look more at patients and less at books. Medical psychology had suffered of late from having one clinical observer of outstanding genius, with no one quite competent to criticize him effectually, who was surrounded by a cohort of praetorians ready to slay any outside critic.

Dr. Ross said that when he began to study the effect of mind on bodily symptoms he was living and working in the Isle of Wight, in isolation from others interested in the subject. There were disadvantages in this; there were also considerable advantages. There were advantages in having a director to supervise one's earlier cases; but the pupil tended to become subservient to the teacher, to lose his critical faculties, to depend less on the picture provided by the patient and more and more on the master's ideas. With the regulation that every would-be therapist must himself be analysed before he started treating others there was an end to originality. No one ever quite recovered from an analysis. The patient might lose his illness; but every successful analysis, whether of patient or of pupil, must result in the more or less permanent adoption of the analyst's views. One might hope to get a number of people well without making them subjects of transference neurosis, which might sometimes be an incurable neurosis, meaning that the doctor shared the illness with the patient instead of some member of the latter's family doing so.

There were two possible strategic methods for the psychological approach: one was analysis and the other persuasion. Whenever a history was taken an interpretation was probably made: there was little difference between this and analysis. Whenever a prognosis was given, persuasion was used. Persuasion might be divided

into encouragement and discouragement; each had its place. There was one pitfall and one only, about encouragement: it might be the last thing the patient sought or desired; in which case it might make him worse. The good doctor must believe in his treatment. No one could give encouragement, unless he were a rogue, about something in which he had no faith. The analytic approach was of value in the psychoneuroses and in every kind of chronic illness. The analytic approach did not necessarily mean deep analysis, and many psychoneurotics could be got to remain well for years without any knowledge of their infancy or young childhood. Deep analysis had its uses; but every abdominal pain did not call for a laparotomy.

Local News

IRELAND

An Outbreak of Puerperal Fever

The report of the Rotunda Hospital, Dublin, which covers the twelve months to October 31, 1936, states that there has been a considerable advance in the programme of reconstruction under the auspices of the Irish Hospitals Sweepstakes Fund. During the six months following the opening of the new out-patient department an increase of 30 per cent. in the number of patients attending is reported. An account is given of a serious outbreak of haemolytic streptococcal sepsis in March and April, following a smaller epidemic in the two preceding months. Fourteen patients were affected and there were four deaths, a mortality of 28 per cent. The report points out that extensive building and alterations were taking place in the hospital at that time, and that it was therefore difficult to maintain general cleanliness. The outbreak also coincided with a severe epidemic of streptococcal throats in both the hospital and in the city. The sequence of events is frankly described. On January 3 labour was induced in a primipara, Mrs. A. A normal puerperium followed until the eighth day, when, the patient complaining of sore throat, a throat swab was taken, from which grew a pure culture of haemolytic streptococci. The two nurses attending this case subsequently attended Mrs. B., who also developed a streptococcal throat. Mrs. B. elected to leave hospital with a temperature against the advice of the staff. Throat swabs were then taken from the two nurses, and both grew haemolytic streptococci; the two nurses were sent home. Meanwhile Mrs. C., delivered by forceps on February 1, had been nursed in the bed beside Mrs. B. by these same nurses before their throat condition was recognized. Mrs. C. developed a rigor on the fourteenth day, a blood culture was positive for haemolytic streptococci, and she died twelve days later. The next case recorded was in a Mrs. D., who had a spontaneous delivery on February 15, followed by a rise of temperature on the second evening. A cervical swab produced haemolytic streptococci. The patient recovered. In this case no contact with infection could be traced. An interval of calm now supervened until Mrs. E., delivered on March 25 and attended by a nurse subsequently found to have streptococci in her throat, developed a puerperal infection of haemolytic streptococci. Some ten days later several cases appeared in rapid succession. Of these one patient was delivered on April 5, two on April 7, two on April 8; the remaining cases were delivered on April 11, 14, and 21, and May 8. It is noted that in seven of these fourteen cases there was no vaginal interference of any kind. Six of them started in the same puerperal ward, and eight were in direct contact with droplet or spray infection from a positive streptococcal throat. The report describes the thorough precautionary

measures taken, and it is stated that following this epidemic all those conducting cases in the labour ward and all nurses washing up puerperal cases in the lying-in wards have been ordered to wear masks. It is further suggested that the question of spray and droplet infection is not sufficiently stressed in the rules of the Central Midwives Board, and that under Rule 9a the infective danger of sore throats and colds should be clearly stated.

SCOTLAND

University of Glasgow

At the graduation ceremony of the University of Glasgow on June 16 Sir Daniel M. Stevenson, Chancellor of the University, presiding, doctorates in law were conferred upon thirteen persons, of whom six were members of the medical profession. Professor Gibb, in presenting these graduands in law, said that Professor Boeke, who is professor of histology and embryology in the University of Utrecht, was the foremost living authority on the histology of the nervous system. Dr. John Marshall Cowan was one of a family which for four generations had been eminent in the practice of medicine in Glasgow; he had won an international reputation in cardiology. Dr. Walter Elliot was a distinguished graduate of Glasgow in science and in medicine, who had reached Cabinet rank as Minister of Agriculture in 1932, and was now Secretary of State for Scotland. Professor T. K. Monro had held the regius chair of medicine in the University of Glasgow from 1913 to 1936, and during these years had efficiently served the Glasgow medical school; as the author of literary work he had shown himself to be a scholar of distinction. Sir Robert Muir had occupied the chair of pathology in the University of Glasgow for thirty-seven years, and during that time had contributed in abundant measure to the great advances in the science of pathology. Professor Ralph Stockman had held the chair of *medicina et therapeutica* in Glasgow for thirty-nine years, justifying an already brilliant reputation by his work both in the wards and in the lecture room.

NEW BOTANY LABORATORY

After the graduation ceremony the new laboratory of the botany department was formally opened. Principal Sir Hector Hetherington, who presided, said that the previous botany building had been one of the earliest science buildings in the University, and it required expansion. Sir Daniel Stevenson, the Chancellor of the University, had accordingly agreed to provide the sum necessary. Sir A. C. Seward, emeritus professor of botany in the University of Cambridge, in opening the laboratory, spoke of the aims of experimental inquiry, and said that they were gradually getting nearer to the causes and the unseen mechanism that regulated living processes. They were hopeful of being able some day to demonstrate the chain of events connecting a stimulus in plants with the final reaction and responses that followed. This demanded not only a knowledge of plant structure but a considerable knowledge of chemistry and physics, and he expected that this new laboratory might construct one of the links still needed in this chain.

Problems of Mental Deficiency

At a conference of the Scottish Association of Mental Welfare, held in Edinburgh on June 4, Sir William McKechnie presiding, a paper on "Mental Hygiene" was read by Dr. Lewis C. Bruce, formerly medical superintendent of Perth District Mental Hospital. He said that according to statistics the mentally defective section of the population was increasing by 1 per cent. in every ten years, despite the provision of hospitals, clinics, and child welfare centres. These institutions, however, patched up a large number of C3 people who, when discharged,

married and reproduced more C3 people. In other words, civilization was slowly but surely producing race suicide. There had been great civilizations in the past, and one might speculate what had destroyed them. Clinics were palliative not preventive, although child welfare clinics might in time prove preventive by educating future mothers. The question of sterilization was being constantly discussed, but this would not affect the class from which the mental defective was largely recruited, for not many people were willing to admit that they were of C3 calibre. The public must be educated to a knowledge that like produced like. Medicine had made great strides in the prevention of infectious diseases, and the deaths from tuberculosis had been reduced by 25 per cent. in the last twenty-five years. Why should the increase of mental deficiency not also be reduced by research and the constant teaching of the laws of health? Dr. W. D. Chambers said that it was essential that the physical defects and disorders concealed behind more striking psychological disorders should not be overlooked, for at least 25 per cent. of so-called mental deficiency was environmental, and therefore open to attack. Professor D. K. Henderson, Edinburgh, said that there was a tendency to relegate the psychiatrist to the background and to call for him only in extreme cases, whereas he should be consulted at the beginning of mental disorders. Dr. T. R. C. Spence, medical superintendent of the Royal Scottish Institution, Larbert, in a paper on "Problems of Mental Deficiency," said that Scotland had eight defectives per 1,000 of the population, or in the total population in round figures some 38,500. Taking into account the age distribution of these, it might be said that for adults institutional accommodation was needed for 13,000, while 9,500 could remain at home under supervision. The education authorities would look after 11,500 of the children, 2,000 might remain at home, and 2,300 ought to have institutional care. At the present time only 4,410 mental defectives in Scotland were in residence in institutions or under conditions of official guardianship. There was great disparity in the proportion of mental defectives in different parts of the country, and this showed either neglect in ascertainment of their condition or a very serious shortage of institutional accommodation. The latter was certainly true, for there were only 2,627 cases under care in Scotland outside Glasgow. Sterilization could not be regarded as a substitution for the segregation, training, and guardianship of the feeble-minded. Segregation was now regarded as the most humane and the most suitable method of controlling mental defect. Many low-grade mental defectives when retained in their homes were an intolerable burden, and though the apparent cost of caring for all these might be heavy, it was a true economy in the long run compared with the price which had to be paid for neglect.

Research in Animal Diseases

An extensive programme of investigation into the cause and prevention of disease in farm animals confronts the Animal Diseases Research Association, whose Institute, situated at Moredun, near Edinburgh, is under the direction of Dr. J. Russell Greig, M.R.C.V.S. It has for some time become apparent that the existing laboratories and animal accommodation at Moredun were insufficient for the Research Association's rapidly extending work, and Treasury sanction has recently been given to the recommendation of the Agricultural Research Council and the Department of Agriculture for Scotland that a grant not exceeding £9,800 should be made available (after taking into account any receipts from other sources) from the Development Fund to enable extensions to be undertaken. In view of the economic importance of grass sickness, it became clear that further extension and intensification of the research into the cause and prevention of this disease were necessary. Besides the capital sum already mentioned, the Treasury has sanctioned an appropriation from the Development Fund to the Department of Agriculture for Scotland of such sum not exceeding

£3,200 as, after taking into account any funds provided from other sources, might be required by Moredun Institute to meet the expenditure for extended work on this disease during the current financial year. It will now be possible to test on a large scale in the field the value of vaccination of horses against infection with grass sickness, and additional temporary veterinary appointments have been made. While the cause of this fatal disease, which is reported to have killed some 1,200 to 1,500 horses last summer and is by no means confined to Scotland, is suspected to be due to poisoning developed in the intestine by certain bacteria, taken in on grass or in some other way during feeding, this theory, though promising, is not yet proved. The vaccination trial, which is being made after careful preliminary experiments, is intended as a further test of the theory.

Child Welfare in Fife

In an address at Dunfermline on June 8 Dr. R. A. Krause, speaking of child welfare services in the county, said that an orthoptic clinic had been set up by the Carnegie Dunfermline Trustees at the Dunfermline and West Fife Hospital, and this had been of great service to children suffering from squint. At the ear, nose, and throat clinic the introduction of audiometers had resulted in renewed interest in defective hearing, and important researches were proceeding into the extent to which amplification of sound could be utilized in the education of partially deaf children. It had been shown that 87 per cent. of such children could be expected to derive some measure of benefit from the use of the magnification of sounds in class. An orthopaedic clinic had been in operation for some years, and a register of children in the county with crippling conditions had shown the extent to which such aid was necessary. The increasing number of petty delinquents among children left no doubt as to the urgency for setting up child guidance clinics in different centres of the county.

ENGLAND AND WALES

Domiciliary Midwifery Service for London

At the meeting of the London County Council on June 22 the Hospitals and Medical Services Committee put forward its detailed proposals for submission to the Minister of Health for the setting up of a service of midwives for domiciliary midwifery and for domiciliary maternity nursing adequate for the needs of London, in pursuance of the provisions of the new Midwives Act. These proposals were provisionally set out in an article in the *Journal* of May 8 (p. 989). They provide that the service shall be maintained by salaried midwives employed by the Council, either directly or by arrangement with voluntary organizations, and that the county shall be divided into five areas for the purposes of the scheme. It is proposed that forty-two midwives shall be employed directly by the Council, and that in making the appointments preference shall be given to thoroughly competent independent midwives practising in London. The committee has been in consultation with the Metropolitan Boroughs' Standing Joint Committee on the subject, and has argued that it is impossible to draft proposals on a borough basis. The need for large areas arises from the special conditions of London. There is a multitude of public and voluntary agencies, many of them overlapping, and some in active competition with each other, which are concerned with the provision in London of institutional and domiciliary midwifery services, and a completely co-ordinated maternity scheme can only be attained by the voluntary co-operation of all these agencies. The Council has every expectation of securing

the co-operation of practically all the voluntary organizations connected with domiciliary midwifery.

It is estimated that there are some 2,000 cases a year in which maternity nursing (non-resident) is done by midwives in private practice or employed by district nursing associations. After an order has been made by the Minister applying to London Section 6 of the Act, which prohibits unqualified persons from nursing women in child-birth for reward, it may be anticipated that there will be an increase in the demand for the maternity nursing service provided by the Council, although it is impossible to forecast its extent. An increase of 1,000 cases has been taken as a probable figure, making a total of 3,000 cases.

The committee is also recommending that when the new scheme is brought into operation no charge should be made in respect of the fees paid to medical practitioners called in by midwives in emergency. Recovery of these fees is at present made on a prescribed scale graduated according to income, but when the weekly income is £2 or under no assessment has been made. It has been found that in the majority of cases the assessment in respect of the services of the midwife will be less than the actual fee, and in these cases recovery of medical practitioners' fees, in addition to recovery of the fee in respect of the service of the midwife, will not be possible. The amount hitherto recovered in respect of medical practitioners' fees is approximately £800 a year, and the cost of collection £420. Particulars as to the number of midwives to be employed, their remuneration, and the fees to be charged were given in the earlier article of May 8.

The Work of a Port Medical Officer

The report for 1936 of the medical officer of health to the Port Sanitary Authority of Liverpool is full of interest. Two cases of anthrax were treated at Fazakerley Hospital during the year. In one case, which was very severe, the patient was a fruit selector, whose work necessitated attendance at the unloading of cargo from in-coming ships; the other, which was mild, was that of a woman from Runcorn whose husband worked at a tannery, although she herself was at no time in direct contact with infected material. Imported dangerous wools pass through a disinfecting process, and samples before and after treatment are examined by the city bacteriologist. The necessity for this disinfection is shown by the statement that out of 358 samples examined all those thus treated were found to be free from infection, while 104 of the untreated samples showed positive evidence of anthrax infection. That there were no cases of human plague may be attributed to the thoroughness and efficiency of the precautions taken. The section of the report devoted to "The Hygiene of Crews' Spaces" shows that a lamentable state of affairs still persists in many British vessels. A number of photographs illustrate crew accommodation. The first three show the scandalous conditions prevailing in a vessel built as recently as 1924. The men eat and sleep in the same cramped quarters, food is strewn about the bunks, the only means of washing is one solitary bucket. The report states that "the worst type of crew accommodation is seen in this vessel, but such conditions are by no means uncommon." A second series of photographs give typical pictures of the average conditions in a modern British cargo steamer; the vessel in question was launched in 1935. Here there is indeed a separate mess room, but the sanitary arrangements are without privacy; only cold salt water is available for washing, and hot fresh water has to be carried in buckets from the galley. The remaining photographs present a striking contrast to the foregoing examples. They show the accommodation that can be and should be provided: ample lockers, separate chairs at tables instead of forms, and hot and cold fresh water and shower-baths. The report states that "it was particularly pleasing to notice the interest which all

members of the crew took in these quarters, and there is no doubt that this environment added considerably to efficiency and well-being." Still further improvements are shown in the case of a foreign-owned vessel, which provides reading lights over the bunks, armchairs, separate tables, a wireless set, and constant hot water electrically heated and thermostatically controlled. It is suggested that the provision of such amenities involves only a negligible increase in the total cost of a vessel, and that the improved morale and efficiency of the crews must more than compensate for any additional expense. During the year 5,466 ships were inspected, and in 605 of these defects or nuisances were detected. It is unsatisfactory to note that British ships compared most unfavourably with foreign ones in this respect. Whereas only one foreign ship in twenty-six showed sanitary defects, the British ratio was one in eight. Verminous quarters and dirty forecables were frequent in British ships. Greek and Spanish vessels provided an excessive proportion of the defects in foreign ships; in the sixty-seven Finnish and fifty-four German ships inspected no defects were found.

Mobile X-Ray Service

One of the most notable advances in recent years in the services rendered by the Home Service Ambulance Committee of the Joint Council of the Order of St. John of Jerusalem and the British Red Cross Society has been the establishment of a mobile x-ray unit, and at the risk of repetition a few words may be said here about the advantages of that unit and the very high standard of the work that is carried out. No expense has been spared in equipment, and the committee has had the advice and help of leading radiologists, and has also secured the services of a highly skilled radiographer. The power generated in the car enables such speed of work to be attained that chest, gastro-intestinal, gall-bladder, and kidney examinations, for example, can be carried out with precision. The range of service afforded by this mobile unit approaches that of a first-class stationary outfit to be found in large general hospitals. It operates chiefly in London and the Home Counties, but it is to be hoped that it will not be long before similar units are available for other parts of the country. The possibility of carrying out effectively the most difficult radiological examination of patients in their own homes marks a definite advance in the range of resources at the disposal of doctors and surgeons. At the end of March, 1937, the total number of ambulance stations in the country equipped by the committee was 142; in addition, 227 stations were affiliated to the service, making 369 in all. During the quarter ended March 31 the number of patients carried in the ambulances was 40,097, making a total since the inception of the service of 1,764,176.

Central Midwives Board

At the June meeting of the Central Midwives Board for England and Wales approval as a supernumerary examiner was granted to Mr. Robert Leslie Dodds, M.Ch., F.R.C.S. A letter from the medical officer of health for Gloucester, regarding the calling in of medical aid by a midwife when she is recalled to a case after having ceased attendance thereon, was considered, and it was resolved to reply that:

Under the provisions of Rule E. 17 (a) the minimum period of attendance by a midwife in a normal case is fourteen days. If any illness or abnormality of patient or child occurs during this period the midwife must forthwith send for medical aid, in accordance with the provisions of Rules E. 12 to 15. In an abnormal case the period of attendance may be longer than fourteen days—the actual period cannot be specified because it will vary with the special circumstances of each case. If a midwife after completing attendance on a case, in accordance with Rule E. 17 (a), resumes attendance on the case, then, by Rule E. 3, all the rules in Section E apply (so far as appropriate) in the event of the mother or child

suffering from illness connected with the confinement. Among the rules which apply in such case are those (Rules E. 12 to 15) which relate to the summoning of medical aid. . . . The Board desires to emphasize the fact that the rules relating to the summoning of medical aid are concerned solely with the calling in of a doctor in an emergency by a midwife to a case which she is attending in the capacity of a midwife. If a patient who has been attended during her confinement and the lying-in period by a midwife acting as such sends, after the midwife has ceased attendance, for a doctor owing to the illness either of herself or of her child, and the doctor instructs the mother to send for her midwife, such midwife, if she agrees to resume attendance, will be acting as a nurse and not as a midwife, and consequently will not be entitled to issue a medical aid form under the provisions of Section 14 of the Midwives Act, 1918.

Correspondence

Treatment of Peptic Ulcer

SIR,—The annotation in the *Journal* of May 8 (p. 980) on the treatment of peptic ulcer draws attention once more to the poor results of such treatment, whether by medical or surgical means.

I would humbly indicate the probable explanation of this unsatisfactory condition of affairs, which I have discussed in a recently published book, *The Colon as a Health Regulator* (price 2.50 dollars. The Macmillan Company, Toronto, whose London representatives are Macmillan and Co., Ltd.). My book was written with the intention of strengthening the chorus of widely separated "voices crying in a wilderness" of disinterestedness or even disbelief with regard to a condition complex which has pronounced and often far-reaching effects on the human organism, including a definite relationship with peptic ulcer!

The poor results of gastric therapy which are recorded are not likely to be much improved so long as the attention of the therapists is directed to the stomach. Such persistent concentration is remarkable nowadays, when it is evident that peptic ulcers are ordinarily or chiefly due to a variety of extragastric causes. The most important of these are, in my opinion, certain abnormal mechanical arrangements, especially of the large bowel, which are developmental in origin and which are unsuitable for, and the effects of which are aggravated by, the upright posture assumed by man. The glandular secretions, muscular activity, and nervous control of the gastro-intestinal canal are, collectively or separately, likely to be adversely influenced by such conditions. Indeed, my special observations on this matter, extending over about thirty years, lead me to believe that most of the diseased conditions (possibly barring those in the true pelvis) for which the surgeon performs laparotomy are mainly and primarily due to these mechanical shortcomings, which some surgeons regard as normal!

Healthy function and interrelationship of intra-abdominal organs can exist only when their anatomical arrangements are approximately normal. Anatomists, whose observations have been made on unselected material, have defined what is normal. Disease "selects" the material for the surgeon, hence the occasional disagreement with anatomists! A large proportion of individuals do not attain anatomical normality. My belief is that the structural developmental deficiencies which they show are probably the main cause of gastric and duodenal ulcers and other troubles in the gall-bladder and appendix for

in the noble Harris Library and Museum in Preston. He had little or no concern with sport. By nature he was of quiet, retiring, and apparently somewhat austere disposition; but those who knew him well soon found that there was no austerity. Many junior colleagues have gone to his house with their professional and private troubles and sat in his consulting-room at night asking his advice on multifarious subjects. They always found him kind and gentle, and helpful. He was rigid in the standard of conduct which he practised himself and demanded from others, whether from his House men or from his friends. He was a deeply religious man, though never flaunted it before others. It is said that he always prayed, quietly to himself, for a few moments before going into his operating theatre. He was a man of quite exceptional dignity of speech, behaviour, and appearance, and yet kindly, gentle, and even affectionate. He was held in the highest regard by all his medical colleagues, and by all classes of the general public in and around the town of his adoption. It is safe to say that his passing leaves a gap which no one man is likely to fill in the future.

A. E. R.

ROBERT CARSWELL, M.A., M.B., CH.B.

Wandsworth

With the passing of Dr. Robert Carswell, which took place on June 16 after an operation for acute appendicitis, the Wandsworth Division of the British Medical Association loses one of its "stalwarts," a man of strong views, and intense enthusiasm for any object that he felt compelled his support.

Robert Carswell was born in Glasgow in 1871, and graduated M.A., M.B., Ch.B. in the university of that city. After holding various hospital appointments at Colchester, Huddersfield, and Liverpool, and serving as a civil surgeon in the South African War, he settled in practice in Wandsworth. In the great war he served as medical officer to the R.F.A. His was a forceful personality, and his tall, well-built figure was sure to be found, vigorously expressing his opinions on medical politics, at most meetings of the Division. He threw himself with great vigour into the controversy which preceded the passing of the National Health Insurance Act, of which he was a strong opponent to the end. He was genuinely honest in his opinions, which he held and defended with great tenacity. This characterized his efforts to secure what in his opinion was the method of use of tuberculin. He was a true disciple of Koch, and always felt that the treatment of tuberculous disease, as laid down by Koch, was not properly carried out in this country, and this neglect was in his opinion responsible for the poor results obtained. He collected a large quantity of evidence in support of his opinion, and kept careful details of all cases that he himself treated with tuberculin. He devoted a large part of his life in the pursuit of this study, and it seems tragic that the mass of material collected by him should be wasted. He described a number of his cases in the *British Medical Journal*, and whenever the question of tuberculin treatment appeared in print, throwing any doubt on the method, a vigorous letter would almost surely follow from his pen.

Dr. Carswell had been president of the South-West London Medical Society, and his colleagues in this society and the British Medical Association will miss the presence of one who was not only a great gentleman, but also both a stimulus and an inspiration.

T. H. G.

The death of Professor AUGUST WIMMER on May 20 from malignant disease of the lungs robs Denmark of her most distinguished psychiatrist and neurologist. He was born on February 26, 1872, at Odense, and quite early in his career he began his psychiatric studies in a Danish mental hospital. In 1912 he was put in charge of the large mental hospital, St. Hans, and in 1919 he was appointed professor of psychiatry and neurology, in succession to Professor Friedenreich. Many of his post-graduate studies were conducted in France, and he was a welcome visitor in England and the U.S.A. He published 125 scientific books and articles, several of which were translated from the Danish into other languages. His book on psychiatric-neurological methods of examination was published in 1918 in English, and his two large works on epidemic encephalitis appeared in the same language. He was a familiar figure at international congresses, and he enjoyed a well-founded reputation for an encyclopaedic knowledge of his specialties. His attitude towards psycho-analysis remained reserved till the end, and he was a personality one might like or dislike, but not ignore. The best of him came out in his contact with children; to the rest of the world he was apt to be an enigma even when in a sociable mood.

The Services

OSBORNE CONVALESCENT HOME

The King has approved the appointments of Sir Cuthbert Wallace, Bt., K.C.M.G., C.B., Mr. W. Rowley Bristow, Mr. Claude H. S. Frankau, C.B.E., D.S.O., Professor J. Paterson Ross, Mr. G. T. Mullally, Professor F. R. Fraser, Dr. Gordon M. Holmes, C.M.G., C.B.E., F.R.S., and Dr. Geoffrey Marshall, O.B.E., to the civil consulting staff of King Edward VII's Convalescent Home for Officers at Osborne, Isle of Wight.

I.M.S. ANNUAL DINNER

The thirty-sixth annual dinner of the Indian Medical Service took place in London at the Trocadero Restaurant on June 16, with Brevet Colonel Sir Rickard Christophers, F.R.S., in the chair. The official guests at the high table were Sir Frank Brown of the *Times*, Dr. N. G. Horner, Editor of the *British Medical Journal*, Major-General W. P. MacArthur, A.M.S., Sir Frederick Menzies, Dr. E. C. Morland of the *Lancet*, Dr. H. Letheby Tidy, and Professor G. Grey Turner. After the health of the King Emperor had been honoured the chairman proposed the toast of "The Service," and welcomed all the guests, including the newly joined officers. The history of the I.M.S., Colonel Christophers said, was a long and, in a medical sense, glorious one, and they were glad to have present with them again that night their historian Colonel Crawford. The activities of the Service were no less important and varied now than in former times. Many past officers were holding high positions, while the serving officers of to-day upheld the tradition in India. Lieut.-Colonel Sinton, V.C., proposing the chairman's health, said that the name of Rickard Christophers had been bound up with work in malaria for forty years. In the great epidemic of 1908 the teaching of the officers fell upon him, and the I.M.S. had never had due credit for the pioneer work then done. Sir Rickard's researches from first to last were always directed to the basic principles of malariology and vital statistics; his models of mosquitos revealed him as the man of science who was also an artist.

The public proceedings ended with some stories told by Colonel Anderson at the chairman's request, and an acknowledgement to the honorary secretaries of the dinner, Sir Thomas Carey-Evans and Sir Richard Needham. The officers present at the dinner were:

Major-Generals: W. V. Coppinger, A. W. M. Harvey, Sir Courtenay Manifold, Sir John Megaw, C. W. F. Melville, Sir Leonard Rogers, Sir Cuthbert Sprawson, G. Tate.

Colonels: H. Ainsworth, J. Anderson, Sir Charles Brierley, H. M. Cruddas, H. R. Dutton, A. B. Fry, C. A. Gill, T. A. Granger, C. R. M. Green, W. H. Leonard, H. M. Mackenzie, F. P. Mackie,

Sir Richard Needham, J. J. Pratt, A. H. Proctor, C. H. Reinhold, A. Spitteler, Ashton Street, R. G. Turner, W. S. Willmore.

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Majors: H. C. Brown, J. A. W. Ebdon, Sir T. Carey Evans, A. Innes Cox, M. J. Quirke, J. Scott Riddle.

Captains: T. D. Ahmad, H. L. Barker, B. M. Rao.

Lieutenants: B. J. Doran, J. R. Kerr, C. F. Mayo-Smith, J. D. Munroe, G. W. Palmer, S. Shone, W. C. Templeton, G. F. J. Thomas.

DEATHS IN THE SERVICES

Major FRANCIS ALBERT SAW, R.A.M.C. (retired), died at Oxford on March 24, aged 75. He was born at Greenwich on January 7, 1862, educated at Newcastle, and graduated as M.B.Dunelm in 1885, subsequently taking the D.P.H. of the London Colleges in 1902. Entering the Army as surgeon on January 30, 1886, he became major after twelve years' service, and retired on June 20, 1906. He served in the operations in South Africa in 1896, receiving the medal; and in the South African War from 1899 to 1901, taking part in the operations in Cape Colony, and gaining the Queen's medal with two clasps.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

During the month of May the following titles of medical degrees were conferred by diploma on members of Newnham College:

M.B., B.CHIR.—J. C. Drury.

M.B.—M. E. Barnard, D. M. Norman-Jones, Mrs. O. K. Wilson.

The following medical degrees were conferred at a congregation held on June 19:

M.D.—J. G. C. Spencer.

M.CHIR.—J. W. S. H. Lindahl.

M.B., B.CHIR.—W. E. Joseph, J. R. Dickinson, J. R. Harris.

M.B.—J. W. S. H. Lindahl, *D. Divine, A. T. Howell, T. D. F. Money, H. P. R. Smith.

* By proxy.

UNIVERSITY OF LONDON

The following have been recognized as teachers of the University in the subjects indicated in parentheses:

St. Bartholomew's Hospital Medical College: Dr. A. H. T. Robb-Smith (Pathology).

London Hospital Medical College: Mr. E. C. B. Butler and Mr. A. Tudor Edwards (Surgery).

Guy's Hospital Medical School: Mr. R. J. Cann (Oto-rhinolaryngology); Mr. F. W. Law (Ophthalmology).

St. Mary's Hospital Medical School: Mr. H. C. Gage (Radiology); Mr. G. Roche Lynch (Forensic Medicine).

Westminster Hospital Medical School: Dr. H. T. Barron (Dermatology).

University College Hospital Medical School: Dr. J. C. Hawksley (Medicine); Dr. R. S. Pilcher (Surgery).

King's College Hospital Medical School: Mr. E. B. Clayton (Physical Medicine).

London School of Hygiene and Tropical Medicine: Dr. T. Bedford (Hygiene and Public Health).

Royal Dental Hospital of London and School of Dental Surgery: Mr. S. Blackman (Radiology).

British Post-Graduate Medical School: Dr. Janet M. Vaughan (Pathology).

Dr. A. M. H. Gray has been elected chairman of the Graham Legacy Committee for the year 1936-7, and Professor C. R. Harington, F.R.S., has been appointed Director of Research under the Charles Graham Medical Research Scheme for a period of one year from October 1.

The following appointments have been made: Dr. A. M. H. Gray and Mr. W. Girling Ball as governors of the British Post-Graduate Medical School; Professor W. W. Jameson as representative of the University at the eighth Imperial Social Hygiene Congress, London, July 5 to 9; and Dr. R. A. Young as representative of the University at the twenty-third Annual Conference of the National Association for the Prevention of Tuberculosis, Bristol, July 1 to 3.

MIDDLESEX HOSPITAL MEDICAL SCHOOL

The annual prize-giving ceremony of the Middlesex Hospital Medical School will be held at the Scala Theatre, Charlotte Street, W., on Wednesday, July 21, at 3 p.m., when the Prizes and Medals for 1936-7 will be presented by Viscount Dawson of Penn and the Introductory Address will be delivered by Dr. G. E. Beaumont.

The refresher course for old students of the Medical School will begin on Friday, October 1, at 2.15 p.m., and will terminate on Sunday afternoon, October 3. A detailed programme will be circulated about four weeks before the course starts.

The annual dinner of the Medical School will be held at the Savoy Hotel on Friday, October 1, with Dr. Douglas McAlpine in the chair.

UNIVERSITY OF BRISTOL

The following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—*Section II:* P. B. Ryan (with second-class honours), Daphne V. Dennis, J. P. M. Forde, C. R. G. Howard, H. James, A. D. Jones, N. R. Matheson, A. N. H. Peach (with distinction in surgery), J. W. E. Snawdon, A. M. Spencer, R. Tallack, P. Zimmering.

UNIVERSITY OF MANCHESTER

At the meeting of the Court of Governors on June 2 a proposal to confer the honorary degree of Master of Arts on Dr. E. Bosdin Leech was accepted. The proposer and seconder mentioned Dr. Leech's long connexion with the Medical School, his great services as honorary librarian of the medical library, and his work in archaeology.

The Wild Prize in Pharmacology has been awarded to J. M. Rowson, and the Anaesthetic Prize in Dentistry to R. H. Dearden.

The following candidates have satisfied the examiners at the examination indicated:

M.D.—*By Thesis:* A. Bigham, *A. J. E. Cave, *L. Fay, H. A. Palmer, *H. J. Wade.

* With commendation.

UNIVERSITY OF GLASGOW

The following degrees were conferred at a ceremony of graduation held on June 16:

HON. LL.D.—John M. Cowan, M.D., Physician to the King in Scotland; the Right Hon. Walter Elliot, P.C., M.B., Secretary of State for Scotland; Thos. Kirkpatrick Monro, M.D., Emeritus Professor of Medicine in the University of Glasgow; Sir Robert Muir, M.D., F.R.C.P.Ed., F.R.S., Emeritus Professor of Pathology in the University of Glasgow; Ralph Stockman, M.D., F.R.C.P.Ed., Emeritus Professor of Materia Medica in the University of Glasgow.

M.D.—D. P. Cuthbertson (with honours), I. K. Buchanan (with commendation), Agnes T. Kennie, G. Pollock, T. M. Sharp.

CH.M.—W. J. L. Francis.

UNIVERSITY OF WALES

WELSH NATIONAL SCHOOL OF MEDICINE

The following candidates for the degrees of M.B., B.Ch. have satisfied the examiners in the subject indicated:

MEDICINE.—R. Bloom, *Marjorie G. Bryan, C. D. Chilton, Sonia D. Dymond, T. J. Evans, J. G. Jones, C. K. B. Lennox, Lynda B. Powell, H. Rees, H. J. A. Richards, H. E. Seingry, *J. P. Spillane, J. A. B. Thomas.

SURGERY.—R. Bloom, Marjorie G. Bryan, C. D. Chilton, Sonia D. Dymond, T. J. Evans, J. Farr, Gweneth Howell, W. R. L. James, J. G. Jones, C. K. B. Lennox, H. Rees, H. J. A. Richards, J. P. Spillane.

PHARMACOLOGY.—Marjorie E. Bright, Mary E. Budding, R. G. Griffiths, W. H. Harris, J. C. Herapath, D. D. Howell, H. R. Hudd, Elizabeth G. Jenkins, C. W. D. Lewis, *G. O. Lewis, M. Llewellyn, Ll. M. Williams, W. Williams.

* With distinction.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

The following have been successful at the First Professional Examination for the Diploma of Fellow:

P. Berbrayer, M.D., J. A. W. Bingham, M.B., B.Ch., Ruth E. M. Bowden, A. C. Brewer, M.B., Ch.B., M.R.C.S., A. J. Broomhall, M.R.C.S., D. M. F. Carter, G. H. D. Channing, L. P. Clark, M.B., Ch.B., S. Eisenhammer, M.B., Ch.B., R. D. Ewing, M.B., B.Ch., M.R.C.S., Frances V. Gardner, A. Gourevitch, M.R.C.S., I. H. Griffiths, M.B., B.S., M.R.C.S., E. O. Harris, M.B., B.S., M.R.C.S., E. C. Herten-Greaven, M.B., B.Ch., M.R.C.S., J. Heselson, M.B., Ch.B., W. B. Hight, M.B., Ch.B., W. G. Holdsworth, M.B., B.S., A. H. Hunt, B.M., B.Ch., M.R.C.S., A. J. Innes, M.B., Ch.B., R. Ismail, M.B., Ch.B., E. S. James, M.D., A. B. King, M.B., B.S., M.R.C.S., G. H. Kitchen, M.D., R. A. V. Lewys-Lloyd, M.B., B.S., M.R.C.S., J. F. Lipscomb, M.B., B.S., L. Lloyd-Evans, T. G. Lowden, B.M., B.Ch., S. D. Loxton, M.B., Ch.B., H. M. McGladdery, M.B., B.S., M.R.C.S., T. J. B. A. MacGowan, M.B., Ch.M., Rosamund I. Mackay, M.B., B.S., M.R.C.S., H. E. M. Martin, M.B., B.Ch., K. Mazhar, M.B., Ch.B., A. M. Minaisy, M.B., Ch.B., B. P. Moore, B. L. Morgan, G. N. Norris, M.B., M.S., A. L. Newson, M.B., B.S., H. R. C. Norman, M.D., M. D. M. O'Callaghan, J. G. O'Donoghue, M.B., B.S., M. K. Parikh, M.B., B.S., W. D. Park, M.B., B.S., M.R.C.S., W. Parke, M.B., Ch.B., D. G. Phillips, M.B., Ch.B., J. G. Pyper, M.B., B.Ch., S. C. Raw, M.B., B.S., M. J. Riddell, A. F. Rushforth, M. L. A. Samie, M.B., B.Ch., A. H. Sangster, M.D., C.M., A. H. M. Siddons, M.B., B.Ch., M.R.C.S., A. J. Slessor, M.B., Ch.B., H. A. Small, M.B., Ch.B., R. Spencer, M.B., Ch.B., K. R. Thomas, M.B., Ch.B., D. M. Thomson, M.D., G. M. Thomson, M.B., B.S., A. J. Walker, A. Wardale, M.B., B.S., M.R.C.S., D. Wynn-Williams, J. F. Ziegler, M.B., B.S., A. Zinovieff.

Medical News

The Right Hon. Christopher Addison, M.D., who was raised to the peerage in the Coronation Honours List, has taken the title Lord Addison of Stallingborough, in the County of Lincoln.

Sir Farquhar Buzzard, President of the British Medical Association, will open the new Central Clinic at Bristol on Friday, July 9. This clinic, erected at a cost of £47,000, will provide maternity and child welfare services, school medical services, dental and tuberculosis treatment facilities, and a dispensary.

The annual dinner of the Cambridge Graduates' Medical Club will be held at Corpus Christi College, Cambridge, on Friday, July 2, at 7 for 7.30 p.m., with the president-elect, Sir Walter Langdon-Brown, in the chair. The honorary secretaries are Mr. W. D. Doherty, 10, Upper Wimpole Street, W.1, and Dr. L. E. H. Whitby.

Sir Kingsley Wood, Minister of Health, will distribute the prizes at the London Hospital Medical College on Tuesday, July 6, at 3 p.m.

A discussion on the training of nurses over-seas and for over-seas service will be held under the auspices of the Imperial Social Hygiene Congress at Caxton Hall, Westminster, on Wednesday, July 7, at 10.30 a.m. Those who are interested should apply for tickets of admission to the secretary, Imperial Social Hygiene Congress, Carteret House, Carteret Street, S.W.1.

A meeting of ophthalmic surgeons and ophthalmic medical practitioners will be held at 17, Russell Square, London, W.C.1, on Saturday, July 3, at 3 p.m., with the object of constituting a group to protect their status and interests, especially in relation to unqualified prescribing and non-prescribing opticians, and to be organized within or with the approval of the British Medical Association.

The forty-first Congress of French-Speaking Alienists and Neurologists will be held at Nancy from June 30 to July 5, when the following subjects will be discussed: biological study of acute alcoholic delirium, cerebellar atrophy, and neuro-psychiatric regulations in the engagement of recruits. Further information can be obtained from Professor Combemale, Route d'Ypres, Baillieux.

The second International Congress of Mental Hygiene will be held in Paris from July 19 to 24, under the presidency of Dr. E. Toulouse.

The International Congress for the Protection of Childhood will be held in Paris from July 19 to 21, with M. Albert Lebrun, President of the Republic, as president of honour. Further information can be obtained from 67, Avenue de la Toison d'Or, Brussels.

The third International Medical Congress to be held in Switzerland will take place at Interlaken from August 29 to September 4. One day will also be spent at Berne under the auspices of the medical faculty of the University. The subscription is ten Swiss francs. Further information can be obtained from the *Schweizerische medizinische Wochenschrift*, Klostenberg 27, Basel.

On the occasion of the celebration of the foundation of the University of Athens the following, among others, were elected honorary doctors: Sir Charles Sherrington, Professors O. Naegeli of Zurich, von Koranyi of Budapest, L. Aschoff of Freiburg, Augustus Bier of Berlin, R. Krehl of Heidelberg, Hymans van den Bergh of Utrecht, and J. Wagner von Jauregg of Vienna.

An interesting collection of varied goods, gifts from thirty-six countries, is now passing through the British Customs in preparation for the British Red Cross Society's international bazaar which is to be held at the Central Hall, Westminster, S.W.1, on July 7 and 8. The bazaar is in aid of the Florence Nightingale International Foundation, which has its headquarters in London, and which constitutes a permanent memorial to Florence Nightingale in the form of an endowed trust for post-graduate scholarships providing advanced courses of nursing at Bedford College. The special training given by the foundation includes courses dealing with public health administration and teaching in schools of nursing, and social work, for women who have had the best nursing training available in their own countries.

The 250th anniversary of the German Academy of Medicine, of which Professor H. Abderhalden is president, was celebrated at Halle on May 28.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, W.C.1.

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QUERIES AND ANSWERS

Alcoholic Poisoning

"PERPLEXED No. 2" writes: I have a friend who is given to severe attacks of intemperance, during which he suffers from acute alcoholic poisoning. The attacks usually last for about a week, and there are often quite long periods of abstinence. I wonder if any of your readers could tell

BRITISH MEDICAL JOURNAL

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Edited by

NORMAN GERALD HORNER, M.D.

Assisted by

HUGH CLEGG, M.B., M.R.C.P.

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KEY TO DATES AND PAGES

THE following table, giving a key to the dates of issue and the page numbers of the BRITISH MEDICAL JOURNAL and SUPPLEMENT in the first volume for 1937, may prove convenient to readers in search of a reference.

Serial No.	Date of Issue	Journal Pages	Supplement Pages
3965 ..	Jan. 2 ..	1 - 50 ..	1 - 16 ..
3966 ..	" 9 ..	51 - 104 ..	17 - 28 ..
3967 ..	" 16 ..	105 - 152 ..	29 - 40 ..
3968 ..	" 23 ..	153 - 202 ..	41 - 48 ..
3969 ..	" 30 ..	203 - 254 ..	49 - 64 ..
3970 ..	Feb. 6 ..	255 - 310 ..	65 - 76 ..
3971 ..	" 13 ..	311 - 374 ..	77 - 88 ..
3972 ..	" 20 ..	375 - 430 ..	89 - 100 ..
3973 ..	" 27 ..	431 - 482 ..	101 - 112 ..
3974 ..	Mar. 6 ..	483 - 540 ..	113 - 124 ..
3975 ..	" 13 ..	541 - 594 ..	125 - 136 ..
3976 ..	" 20 ..	595 - 650 ..	137 - 148 ..
3977 ..	" 27 ..	651 - 694 ..	149 - 160 ..
3978 ..	April 3 ..	695 - 738 ..	161 - 172 ..
3979 ..	" 10 ..	739 - 794 ..	173 - 184 ..
3980 ..	" 17 ..	795 - 846 ..	185 - 196 ..
3981 ..	" 24 ..	847 - 900 ..	197 - 240 ..
3982 ..	May 1 ..	901 - 952 ..	241 - 268 ..
3983 ..	" 8 ..	953 - 1008 ..	269 - 280 ..
3984 ..	" 15 ..	1009 - 1056 ..	281 - 300 ..
3985 ..	" 22 ..	1057 - 1102 ..	301 - 312 ..
3986 ..	" 29 ..	1103 - 1144 ..	313 - 340 ..
3987 ..	June 5 ..	1145 - 1188 ..	341 - 368 ..
3988 ..	" 12 ..	1189 - 1240 ..	369 - 380 ..
3989 ..	" 19 ..	1241 - 1296 ..	381 - 408 ..
3990 ..	" 26 ..	1297 - 1352 ..	409 - 420 ..

INDEX TO VOLUME I FOR 1937

READERS in search of a particular subject will find it useful to bear in mind that the references are in several cases distributed under two or more separate but nearly synonymous headings—such, for instance, as Brain and Cerebral; Heart and Cardiac; Liver and Hepatic; Renal and Kidney; Cancer and Carcinoma, Epithelioma, Malignant Disease, New Growth, Sarcoma, etc.; Child and Infant; Bronchocele, Goitre, and Thyroid; Diabetes, Glycosuria, and Sugar; Light, Roentgen, Radium, X Rays; Status Lymphaticus and Thymus; Eye, Ophthalmia, and Vision; Pyelography and Urography; Lunacy and Mental Diseases; Sunlight and Ultra-violet; Bicycle and Cycle; Motor and Automobile; Association, Institution, and Society, etc. Subjects dealt with under various main headings in the JOURNAL have been set out in alphabetical order under their respective headings—for example, "Annotations," "Correspondence," "Leading Articles," "Reviews," etc. Original Articles are indicated by the letter (O). For Obituary Notices see under Names of Individuals.

A

ABBOTT, Maude, LL.D., of McGill University, conferred upon, 55—*Atlas of Congenital Cardiac Disease*, rev., 970
 ABDEEN, M.O.: An adenoid curette, 1073
 ABDERHALDEN, Emil, sixtieth birthday of, 593
 ABEL, A. Lawrence: Some common diseases of the rectum and anal canal, 1297 (O)—Modified Clifton's proctoscope, 1317
 Aberdeen. *See* Scotland
 Abortion, causes of (C. Weysser), 903
 Abortion, committee on (parliamentary note), 1142, 1167—Constitution of, 1167
 Abortion, criminal, in France, 621, 688
 Abortion, criminal, pathology of (W. H. Grace), 727
 Abortion, habitual (P. A. McCallum), 1223
 Abortion, habitual and stillbirth syndrome and late pregnancy toxæmia (James Young), 953 (O)
 Abortion and the law, 418
 Abortion, problem of in New Zealand, report, 1087
 Abortion, when is it lawful? (leading article), 393—Correspondence on, 470
 Abortion, repeated, treatment of (Lillias M. Blackett Jeffries), 528
 ABRAHAM, Margery (and Elsie M. WIDOWSON): *Modern Dietary Treatment*, rev., 1206
 Abscess, cerebral, acute, treatment of by puncture (Guns), 616
 Abscess, perinephritic, a physical sign in (John T. Morrison), 711
 Abscess, retropharyngeal, 508
 Abscess, typhoid, 57 years later (P. Phillips and R. T. Cooke), 219—Correspondence on, 685
 ABSE, Phillips, sentenced to penal servitude for false pretences, 1345
 Absorption, review of books on, 558
 ABT, Isaac A. (editor): *The 1936 Year Book of Paediatrics*, rev., 755
 Academic costume, 430, 482, 594
 ACADEMY, ROYAL, OF MEDICINE IN IRELAND:
 Section of Medicine: Need for a National Serum Institute, 883
 Section of Obstetrics: Endometriosis, 778—Encysted endometrioma, 779—Vaginal hysterectomy, 779—Varicose veins in pregnancy, 993—Pregnancy in diabetics, 994
 Section of Surgery: Renal tuberculosis, 137—Subclavian aneurysm, 411—Stone in the upper urinary tract, 829
 Accident and diabetes mellitus, 684, 784
 Accidents, cerebral vascular (C. M. Hinds Howell), 255 (O)
 Accidents: In coal mines, numbers (parliamentary note), 1344—Juvenile, rate (parliamentary note) 201—Motor, and alcohol, 836—Motor, and alcohol (H. M. Vernon), 188—Review of book on, 122—Road (parliamentary note), 54, 647—Necropsy after, 83—Campaign of the Road Accidents Emergency Council, 151, 235—Numbers, 647
 Accidents, rehabilitation after: Report of Committee, 1218
 Accommodation, paralysis of, as the result of internal administration of stramonium (Humphrey Neame), 498
 Acetic acid and vinegar (parliamentary note), 54
 Acetylcholine, action of on the central nervous system (leading article), 1123
 Acetylcholine, action of on skeletal muscle, 873
 Achondroplasia, 952
 Actinotherapy: Mobile light treatment unit for ward work, 1026
 ADALJA, K. V.: Acquired haemophilia, 785
 ADAM, James: Sclerosing submucosal injection of the turbinates, 245, 416
 ADAMS, A.: Congenital cystic disease of the lungs, 292
 ADAMS, A. Wilfred: Continuous intravenous saline infusion, 636—Prevention of constipation, 1336
 ADAMS, James, obituary notice of, 1093
 ADAMS, S. B.: Low voltage near-distance x-ray therapy, 1276

ADAMS, W. Stirk: Otitis media in early childhood, 1084
 ADAMSON, Rhoda: Rupture of the uterus, 291
 ADDIS, W. R.: Cystic degeneration of the endometrium, 408—Pathogenesis of eclampsia, 1103 (O)
 ADDISON, Christopher, created a Baron, 1032, 1041, 7351—To take the title of Lord Addison of Stallingborough in the County of Lincoln, 1351
 ADDISON, E. A.: Sweet chestnuts in epidemic jaundice, 1056
 Addison's disease (A. W. Spence), 279
 Addison's disease associated with hyperthyroidism, examination of the endocrine system in (G. Bini), 678
 Adenoid curette. *See* Curette
 Adenomyoma causing intestinal obstruction (A. Gough), 993
 ADLER, Alfred, obituary notice of, 1180, 1227
 Adrenal cortex (L. R. Broster and H. W. C. Nines), 662 (O)—(W. N. Kemp), 1194 (O), 1221—Discussion, 1221
 Adrenal gland, physiology of (S. Levy Simpson), 229
 See also Gland
 Adreno-genital syndrome and tumours of the suprarenals (A. W. Spence), 338
 ADRIAN, Edgar Douglas, elected to the Chair of Physiology at Cambridge, 588
 Aerial. *See* Air
 Africa, tuberculosis problem in (Charles Wilcocks), 1039
 AGASSIZ, C. D. S.: Artificial pneumothorax in children, 1267
 Agra and Oudh, child welfare in, report, 938
 Agranulocytosis and allergy, 143
 Agranulocytosis, chronic, successfully treated with liver (O. E. Das Gupta and L. J. Wits), 1197 (O)
 Agranulocytosis, fulminating (O. K. G. Guyer), 18
 Agranulocytosis, rhythmical, 45
 Agricultural education and research, supplementary estimate for (parliamentary note), 536—The Vote, etc., 1293—Animal diseases: Government policy (parliamentary note), 1293
 AINSWORTH-DAVIES, J. C.: Frequency of micturition in the adult, 37
 Air ambulance work, 1328
 Air conditioning, discussion at the Royal Society of Medicine, 1171
 Air, relief by International Conference in, 1328
 Air raid: 308, 309, 426, 429, 468, 538, 591, 613, 648, 1008, 1055, 1091, 1179, 1230, 1282, 1291, 1339—Anti-gas equipment, local schemes, Government to help cost of (parliamentary note), 309—Anti-gas school at Falfeld, civilian, officers of Government Departments to undergo instruction at (parliamentary note), 309—Anti-gas treatment, instruction of doctors in (parliamentary note), 426—Bomb-proof shelters (parliamentary note), 1055—Gas masks, distribution of (parliamentary note), 308, 429—Regional store depots for (parliamentary note), 692—Filter material in (parliamentary note), 1291—Gas-proof shelters, public (parliamentary note), 538—Medical instruction in (parliamentary note), 648—Poison gas: protective measures criticised (parliamentary note), 426—Precaution, correspondence on, 1091, 1230, 1282, 1339—Precautions in London, 468, 1008—In Wandsworth, instruction in, 1008—Respirators and concentrated gases (parliamentary note), 591—Review of book on, 613—Westminster, Palace of, protection of (parliamentary note), 592
 Air transit for pregnant women, 420. *See also* Pregnant
 Airway cap, an anaesthetic (Herbert Charles), 449
 AITKEN, Charles J. Hill: The saliva in diphtheria, 56—What about ourselves? 738
 AITKEN, Isobella Macindoe Malcolm, obituary notice of, 642
 AITKEN, J. B., appointed Serving Brother of the Order of St. John of Jerusalem, 166
 AITKEN, McCrear: Ununited fractures, 576
 AITKEN, Robert: Lupus vulgaris, with special reference to its treatment with the Finsen-Lornholt lamp, 160 (O)

ALAJOUANINE, Th. (and R. Thurel): *Les Spasmes de la Face et leur Traitement*, rev., 1315
 ALBOT, G.: Tuberculosis hepatitis, 36
 Alcohol or insulin? Mock trial held by the Fellowship of Medicine, 644
 Alcohol and motor accidents, 836
 Alcohol and motor accidents (H. M. Vernon), 188
 Alcoholic poisoning, 1351
 ALEXANDER, A. J. P.: Epilepsy and cysticercosis, 956 (O)
 ALEXANDER, Frederick William, obituary notice of, 689
 ALEXANDER, J. Finlay: Appreciation of Robert James Dick, 588
 ALEXANDER, J. H.: Changes in the nasal mucosa following zinc ionization, 1027
 ALFANO, A.: Extra-articular manifestation of acute articular rheumatism, 802
 ALLAN, P. B. M.: *Moth-Hunter's Gossip*, rev., 1119
 ALLEN, Clifford: *Modern Discoveries in Medical Psychiatry*, rev., 754—Mental disorder following head injury, 881
 ALLEN, F. J.: Why "nocifensor" system of nerves? 687, 942
 ALLEN, F. M. B.: *Aids to Diagnosis and Treatment of Diseases of Children*, seventh edition, rev., 755
 Allen and Hanburys: Protamine insulin (with zinc)—suspension, 531
 Alleyens, specific, and the "disposition" (E. M. Fraenkel), 438 (O). *See also* Allergic conditions
 Allergic conditions and air purification (E. M. Fraenkel), 1171
 Allergic conditions, treatment of, 638
 Allergy and agranulocytosis, 143
 ALLISON, V. D.: Haemolytic streptococci in scarlet fever wards, 714
 ALSTON, J. M.: Epidemiology of Well's disease, 520
 Altitudes, high, acclimatization to (A. Keyes and others), 991
 Alum-precipitated toxoid in diphtheria immunization (George Chesney), 807 (O)—Correspondence on, 887. *See also* Diphtheria
 ALVAREZ, Juan Carlos: *El Problema de los Incapaces por Accidente*, rev., 756
 Amblyopia, appliances to improve the vision in (John Marshall), 578
 Ambulance Brigade, St. John: Jubilee celebrations, 1042
 Ambulance service, civilian, 635
 Ambulance units in Ethiopia, 1324
 Ambulance work in Spain (parliamentary note), 54
 Ambulances, London, false calls for, 104
 Amenorrhoea in women with Graves's disease (V. Jonás and E. Markalous), 218
 Ammonia formation in the lungs, 671
 Ammonium mandelate syrup, 331
 Amplivox model hearing-aid, 756
 Amyl salicylate and other salicyl esters in treatment of minor burns (R. Leslie Stewart), 380 (O)
 Anaemia, macrocytic, extracts of liver and yeast in (Lucy Wills), 629
 Anaemia, nutritional, in the East End of London (Leonard Findlay), 12 (O)—Correspondence on, 140, 191
 Anaemia, review of book on, 19
 Anaemias, hypochromic and iron deficiency relations between (J. F. Brock), 314 (O)—Correspondence on, 471, 528
 Anaesthesia in America (Canada and the United States), 630
 Anaesthesia, ether, the discoverer of, 831
 Anaesthesia, evipan, for delirium tremens, 336
 Anaesthesia, general, oral props in (A. H. L. Baker), 560
 Anaesthesia, local, in repair of torn perineum (Stanley Way), 753—Correspondence on, 836
 Anaesthesia for perineal tears. *See* Perineal
 Anaesthesia, review of books on, 754, 863
 Anaesthesia, spinal, neurological sequelae of (Macdonald Critchley), 680
 Anaesthesia, spinal, and "rachi-resistance" (W. R. Black and G. A. Bagot Walters), 218 (O), 418—Correspondence on, 297, 360, 418, 584
 Anaesthesia. *See also* Analgesia
 Anaesthetic airway cap. *See* Airway

Anaesthetic deaths (Edwin Smith), 881
 Anaesthetics for nose and throat operations (T. B. Layton), 345—Discussion, 345
 Anaesthetist in the theatre, 43
 Anal canal, some common diseases of (A. Lawrence Abel), 1297 (O)
 Analgesia, gas-and-air, in labour, 627—Investigations at Barnet, 627—Correspondence on, 731.
See also Labour
 Analgesia in normal labour (Marshall Scott), 1222
 Analgesia, review of book on, 754
 Analgesia. *See also* Anaesthesia
 Anaphylactic shock and histamine, 871. *See also* Shock
 Anatomists at Toronto, 839
 Anatomy, review of books on, 272, 1025, 1160
 ANDERSON, A.: Glycosuria, 301
 ANDERSON, A. B.: Hyperthyroidism and basal metabolism, 778
 ANDERSON, Alexander Greig, appointed Physician to the King in Scotland, 532
 ANDERSON, F. W.: Calciferol, 830
 ANDERSON, J. S.: Acute enteritis, 410
 ANDERSON, Robert: Glycosuria, 194
 ANDERSON, Robert, jun., obituary notice, of, 942
 ANDERSON, T. A.: Ownership of a medal, 900
 ANDREW, A. H. T., obituary notice of, 733
 Aneurysm, subclavian (C. J. McAuley), 411
 Angina and coronary disease, 940
 Angina, Ludwig's, treated with prontosil, 472, 584
 Angina innocens (Geoffrey Bourne), 695 (O)—Correspondence on, 784, 834, 887, 997, 1088, 1138, 1228, 1837
 Angina pectoris: functional or organic? 940
 Angina, Vincent's, 900
 Angioneurotic oedema. *See* Oedema
 Animal diseases: Government policy (parliamentary note), 1293
 Animal diseases, research in, 1333
 Animal experiments without licence (parliamentary note), 845
 Animal pathology. *See* Pathology
 Animals, behaviour of, review of book on, 1072
 Animals, experiments on (parliamentary note), 371, 1055
 Animals in films. *See* Cinematograph Films (Animals) Bill
 Animals Protection Bill, 1903
 Ankle, fractures of. *See* Fractures
 ANKLESARIA, Jehangir Ardeshir, Kaisar-i-Hind Medal conferred upon, 1042
Annali di Ostetricia e Ginecologia: Special issue on the Luigi Mangiagalli Obstetrical and Gynaecological Clinic at Milan, 254

Annotations:
 Abolitionist Congress, International, 1166
 Abortion, Committee on (Inter-departmental), 1167
 Abortion, criminal, in France, 621
 Accidents, road, necropsy after, 83
 Acetylcholine, action of on skeletal muscle, 873
 Ambulance units in Ethiopia, 1324
 Ammonia formation in the lungs, 671
 Arachnidism, 130
 Arthritis in women, 453
 Asthma research, 25
 Athletic records, chemistry of, 1213
 Atmosphere, fouling of the, 1128
 Bacillus Calmette-Guérin vaccination of infants, 83
 BLAND-SUTTON, Sir John, the seven stages of, 872
 Blind, education of the, 510
 Blood grouping of the Bantu, 1272
 Burns, treatment of, 395
 Caffeine intoxication, 27
 Cambridge M.B. thesis, 278
 Cancer, International Union against, 1127.
 Capitulation for inquiry, 1128
 Carbon monoxide poisoning, chronic, 27
 Cardiac ischaemia, 82
 Cellulitis, facial, 83
 Centrifugation, new method of, 673
 Cerebro-spinal fluid pressure, 454
 Chemical properties and pharmacological action, 1271
 Claudication, intermittent, 453
 Collapse, selective, 1215
 Congresses of obstetrics and gynaecology, 1029
 Coronation honours, 1032
 CRAMP, Dr., the work of, 565
 Dietaries, working-class, 176
 Diphtheria, immunization against, 717
 Disclaimer, a, 337
 Drugs and foods, biological study of, 511
 Drugs, narcotic, traffic in, 227
 Egg membrane technique in virus work, 336
 Endocarditis, bacterial, 228
 Endocarditis, thrombotic non-bacterial, 1166
 Euthanasia for cats and dogs, 1323
 Evipan for delirium tremens, 336
 Factories, ventilation of, 673
 Food handlers, control of, 870
 Foot-and-mouth disease, research in, 1031
 Gas heating in fuelless rooms, 81
 Gases, asphyxiating war, action of, 817
 Gee-Thayson disease, 175
 Gonococcus antitoxin, 335
 Great Ormond Street Hospital, the new, 673
 Hand, "human-bite" infections of the, 178
 Health education, 1323
 Health indices, 1271
 Health policy in Palestine, 223
 Heart in emphysema, 1216
 Heat disease, 621

Annotations (continued)
 Histamine and anaphylactic shock, 871
 "Historadiography," 818
 Honours, New Year, 276
 Hospitals, General for the Territorial Army, 1324
 Houssay's work on the pituitary, 927
 Hypochondriasis, 816
 Ide test, 1030
 Indexes, half-yearly, 83, 178
 Influenza epidemic, 178
 Influenza prophylaxis, 760
 Influenza, research on, 128, 671
 Intelligence of a rural population, 1322
 Intestinal flora of children, 1321
 Jackson, Hughlings—ophthalmologist, 1127
 Johnson, Samuel, and John Hunter, 28
 Leprosy, remedies for, 925
 Life without bacteria, 26
 Liverpool Medical Institution, 1214
 London Medical Graduates Society, 511
 Lung complications, post-operative, 131
 Malaria in Egypt, 1322
 Mandelic acid in urinary infections, 396
 Maternal mortality, 1215
 Medical classics, 509
 Medical Fellowships, travelling, 762
 Medicine in the goldfields, 177
 Mental hospital service of London, 872
 Middle-age spread, 128
 Midhurst Sanatorium report, 1126
 Milk pasteurization, compulsory for Glasgow, 926
 Milk pasteurization, nutritive value of, 979
 Milk, raw and pasteurized, nutritive value of, 1321
 Naevus sebaceus, 1126
 Narcotic drugs. *See* Drugs
 Nervous lesions in experimental vitamin B deficiency, 1214
 Nutrition, Advisory Committee on, 719
 Oestrogenic hormones and the nasal mucosa, 27
 Opium smoking in the Far East, 1167
 Otology, renaissance of, 1076
 Pain, anatomy of, 80
 Patron of the British Medical Association, 28
 Peking man, 455
 Peptic ulcer, treatment of, 980
 Periarthritis nodosa, 718
 Philip Robert, and tuberculosis, 1165
 Physical training and recreation, 396
 Pink disease, 1077
 Pituitary secretion, control of, 226
 Pituitary syndrome, an unusual, 1273
 Placentas, study of one thousand, 564
 Plague in Paris, 337
 Pneumonia due to Friedländer's bacillus, 1078
 "Pneumonitis, simple," 455
 Pneumothorax, artificial, contralateral, 1032
 Poliomyelitis, prevention of by nasal spraying, 1126
 Porphyrinuria, congenital, 131
 Post Office and the coroner, 397
 Prescribing, rational, 131
 Prostaglandin and vesiglandin, 335
 Prostate, size of the, 719
 Psittacosis, 926
 Public Health Act, 1936, 817
 Pulmonary cavity, the blocked, 227
 Pulmonary infarcts, 622
 Quarters on shipboard at Belfast, 455
 Queen's Institute of District Nursing, 1272
 "Radiocloneritis," 454
 Radiology and its relation to medicine, 564
 Rat-hunting in Hawaii, 395
 Research Defence Society, 1167
 Retina in life, experimental staining of, 129
 Retinitis, diabetic, 277
 Retropharyngeal abscess, 508
 Rheumatic fever in vitamin C deficiency, 28
 Rheumatism, juvenile, campaign against, 981
 Rickets, renal, and the parathyroid glands, 620
 Rickettsia, new species of, 1031
 Routtey, T. C., his visit to England, 818
 Royal Medical Benevolent Fund, 672
 Royal Society Conversazione, 981
 St. Bartholomew's Hospital Reports, 80
 Scarlet fever at Doncaster, 26
 SCHRÖTTER, Leopold von, centenary of, 228
 Scleroderma, surgical treatment of, 1270
 Selective collapse, 1215
 Sex functions, centres for, 509
 Shiga and dysentery, 761
 Silicosis, experimental, 620
 Skin disinfection, 871
 "Slum" schools must go, 276
 Streptococcal infections, chemotherapy of, 452
 Sudan, health in the, 130
 Sympathectomy, technique of, 1076
 Tetanus, a study of, 336
 THOMPSON, Sir Henry, portrait of, 177
 Thrombo-angitis obliterans of the coronary arteries, 927
 Thyroid therapy in cretinism, 718
 Trachoma, treatment of, 1077
 Tropical ulcer, 277
 Tuberculous meningitis of bovine origin, 81
 Tuberculosis, bovine, in the Netherlands, 1216
 Tuberculosis, human, of bovine origin, 980
 Tuberculosis, millary, chronic, in children, 925
 Tuberculosis prevention, 719
 Tuberculosis in voles, 1165
 Twins on a vegetable diet, 563
 Typhus and typhus-like infections, 176
 Urinary calculi, prevention of, 1273
 Uveal syndrome, 83
 Vascular changes in hemiplegia, 761

Annotations (continued)
 Vascular disease, obliterative, treatment of, 508
 Vascular responses to CO₂, 510
 Venereal disease, control of, in France, 129
 Ventricular fibrillation, transient, 1030
 Veterinary education, 562
 Virus diseases, more about, 816
 Vitamin A, body reserves of, 928
 Vitamin C in milk, 622
 Vocational guidance at Borsal, 760
 Volkmann's contracture, 565

Announcements of forthcoming events, etc., 54, 103, 151, 201, 253, 309, 373, 429, 481, 539, 592, 649, 692, 737, 793, 845, 899, 951, 1007, 1055, 1101, 1143, 1187, 1239, 1294, 1351
 Annual Holiday Bill, 589
 ANREP, Professor: Lane lectures on studies in cardiovascular regulation, 275
 Anthrax, atypical, 246
 Anthrax cases, numbers (parliamentary note), 1344
 Anthrax, unusual case of (A. E. Hodgson), 73
 Anti-gas. *See* Air raid
 Antihæsin to remove plaster strapping, 223
 Antileprol in treatment of skin diseases (S. Lomholt), 285
 Antitoxin establishment of London, a new, 1043
 Antitoxins, specific, for gonococcal and meningococcal infections, 321, 335, 414, 470, 525, 540, 585, 636. *See also* Gonorrhoea and Meningococcal
 ANWYL-DAVIES, T.: Treatment of gonorrhoea with a specific antitoxin, 321 (O), 335, 525
 Anxiety neurosis (H. W. Edisson), 92, 152—A correction, 152
 Aorta, rupture of into duodenum (J. S. Manson), 121
 Apothecaries Society of London: Pass lists and degrees, 52, 306, 535, 734, 1050, 1234—Livery dinner, 539—Examination dates, 790
 Appendicitis, acute, appendicectomy in, 191
 Appendicitis, epidemic, 254
 Appendicectomy in acute appendicitis, 191
 Appendix, bilharzial invasion of (R. M. Sargent), 663
 Appendix, mucocele of (J. W. Burns), 777
 Approved Societies' additional benefits (parliamentary note), 537—Benefit, rates of (parliamentary note), 648—And unemployed on extended insurance (parliamentary note), 899—Transfer of members (parliamentary note), 1054—Administration of benefit (parliamentary note), 1186. *See also* Insurance
 Arachnidism, 130. *See also* Spider
 ARCHER, E. W.: Infection treatment of hernia, 246, 1281
 ARCHER, Nora (and R. D. LAWRENCE): Zinc protamine insulin, 487 (O)
 ARCHIBALD, Sir Robert: Kala-azar in the Sudan, 90
 Architects Registration Bill, 306, 423
 Archives of Dermatology and Syphilology for January dedicated to William Allen Pusey, 592
 ARKWRIGHT, Joseph Arthur, knighthood conferred upon, 276, 283
 ARMSTRONG-JONES, Sir Robert: Regions of the mind, 426—Mental disorder and the endocrines, 469—Diseases of the colon, 1131
 Army and Air Force Annual Bill, 841, 895, 1003—Royal Assent to, 1003
 Army, British: Army Dental Corps, 532
 Army, British: Army life to be improved (parliamentary note), 691
 Army, British, Army Medical Services: Appointments, 1143
 Army, British: Blood transfusion in (parliamentary note), 950
 Army British: Commissions in the Royal Army Medical Corps, 735
 Army, British, health of: Report for 1935, 625
 Army, British: Keogh Barracks, 735
 Army, British, Royal Army Medical Corps: Deficiency in establishments (parliamentary note), 1239
 Army, British, Territorial Army: Medical service in, 196—General hospitals for, 1324
 ARNOTT, W. Melville (and J. J. Mason Brown): Intermittent venous occlusion in treatment of obliterative vascular disease, 1106 (O)
 "Arrested," definition of, 1227
 Arterial thrombosis. *See* Thrombosis
 Arteries, coronary, thrombo-angitis obliterans of, 927
 Arthritis, chronic, hyperthermia treatment of (A. Weissmann), 495
 Arthritis, infectious, radiographs of (S. C. Davidson and S. L. Warren), 906
 Arthritis, rheumatoid, blood sedimentation rates in (L'Estrange Orme), 778
 Arthritis in women (R. Fortescue Fox), 453
 ARVEDSON, J.: *The Technique, Effects, and Uses of Swedish Medical Gymnastics and Massage*, third edition, rev., 447
 Asbestosis disablement, certificates for, numbers (parliamentary note), 1344
 ASCHOFF, L., elected an Honorary Doctor of the University of Athens, 1351
 Ascorbic acid, 846
 ASHCROFT, Surgeon Captain L. S., appointed Honorary Physician to the King, 98
 ASHMORE, S. A. (and A. W. MCKENNY HUGHES): Coal-tar naphtha distillate for destruction of bed-bugs, 459
 ASHWORTH, H. K.: Neurological sequelae of spinal anaesthesia, 681
 Aspirin: Calcium aspirin, 77
 Aspirin poisoning treated by intravenous sodium lactate solution (Stanley W. Williams and Rona M. Panting), 550 (O)

- Association, Animal Diseases Research: Annotation on the work of, 1333
- Association, Automobile: Irish Handbook, 240
- Association, Birth Control, National, Conference in Edinburgh, 990
- Association, British: Annual meeting, Nottingham (1937), 138
- Association, British Health Resorts: Conference at Bournemouth, 539, 626—Wintering in England, 626—Meteorological records, 626—Effects of marine climate, 626—Climates and clinical conditions, 627—Where Bournemouth is indicated, 627—Banquet, 627—Conference at Skegness, 874—Industry and the health resort, 874—Prophylactic holidays, 875—Healthy values of sport and games, 875—Sea bathing, 875
- Association, British Hospitals: Report of Voluntary Hospitals Commission, 1028
- Association, British Medical, Annual Meeting, Belfast (1937), 233, 455, 622, 729, 766, 1260—Belfast—the gateway to Ulster, 233, 766, 1260—Quarters on shipboard at, 455—Accommodation in the *S.S. Almanzora*, 622—Hotel accommodation, 729
- Association, British Medical: King George VI becomes Patron of, 28
- ASSOCIATION, BRITISH MEDICAL:—
- Ayrshire Division*.—Treatment of some errors of metabolism at British Spas, 1017
- Blackpool Division*.—Cerebral vascular accidents 255
- Border Counties Branch*.—Lupus vulgaris, with special reference to its treatment with the Finsen-Lomholt lamp, 160
- Calcutta Branch*.—Carcinoma of the cervix in India, 747
- Dundee Branch*.—Head injuries in general practice, 739.
- Glamorgan, North, and Brecknock Division*.—Early diagnosis and treatment of heart failure, 1145
- Harrogate Division*.—Protamine insulin and zinc protamine insulin in treatment of diabetes mellitus, 541
- Huddersfield Division*.—Surgical intervention in obstetrical practice, 800
- Kensington Branch*.—Climato-physiological investigations at the seashore, 555
- Leeds Division*.—Faints and fits, 203
- New Zealand Branch*.—Biennial conference, 883
- Staffordshire, North, Division*.—Some common diseases of the rectum and anal canal, 1297
- ASSOCIATION, BRITISH MEDICAL:—Section, proceedings of:
- Ophthalmology*.—Report of, 114
- Association, British Medical, and Trades Union Congress Joint Committee, 363
- Association, British Orthopaedic, Manchester, 607—Industrial aspect of fractures of the os calcis, 607
- Association, British, of Radiologists, 686, 1275—Annual meeting, 1275—After-care of patients suffering from cancer of breast, 1275—Wave-length in radiotherapy, 1275—Low voltage near-distance x-ray therapy, 1276—Annual dinner, 1276
- Association, British, of Radiologists, 686, 1275—Annual meeting, 1275. *See also* Radiologists
- Association, British Waterworks, annual meeting, 933
- Association of Clinical Pathologists: Annual meeting, 350—Laboratory diagnosis of gonorrhoea, 350—Diagnosis of syphilis, 351—Congenital syphilis, 351—Demonstrations, 352—Problems of blood transfusion, 1329
- Association, Edinburgh Women Citizens': Diet and health, 780
- Association, German, of Natural Science, centenary of the foundation of, 1143
- Association of Industrial Medical Officers: The application of psychology to industrial problems, 253, 503—Dinner and presentation, 253
- Association, Infant Health Visitors, Glasgow: Annual meeting, 468
- Association, London, of the Medical Women's Federation: Modern treatment of fevers, 352—Recent advances in obstetrics, 1330
- Association, Medical Officers of Schools: Conference on physical education in schools, 134
- Association for Mental Welfare, Scottish: Psychiatric wards in general hospitals, 635—Mental hygiene, 1333
- Association, National Veterinary Medical: Annual report, 1323—Euthanasia of cats and dogs, 1323
- Association, Ontario Medical: Conjoint sessions with the *Canadian Medical Association Journal*, 873
- Association of Physicians of Great Britain and Ireland: Annual meeting, 885
- Association of Port Sanitary Authorities: Annual conference, 1226—Health of Scottish ports, 1226—Insect pests on ships, 1226
- Association, Tuberculosis, annual provincial meeting, 995, 1265. *See also* Tuberculosis
- Association, Yorkshire, of Medical Women: Annual dinner, 430
- ASTEN, Walter: Combined Universities Election, 786
- Asthma, bronchial, treated by pneumoperitoneum (M. A. Sisti), 68
- Asthma, lipiodol in, 1188
- Asthma query, 952, 1188
- Asthma Research Council: Annual report, 25
- Asthma, Urinary proteose, autogenous, in (Julius Libman and A. Douglas Bigland), 62 (O)—Correspondence on, 143
- Astley Ainslie Institution, Report, 1278
- Athletic records, chemistry of, 1213
- ATKINS, Sir John: Wintering in England, 626—K.C.V.O. conferred upon, 1032, 1041
- ATKINSON, Sir E. Tindal: *Obscene Literature, in Law and Practice*, rev., 665
- Atmosphere, fouling of, the, 1128
- Atropine administration followed by mental disturbance (P. J. Duggan), 918
- Atropine administration, psychosis associated with (F. Hopkins and J. Robyns-Jones), 663
- Atropine dosage in chronic epidemic encephalitis (Arthur J. Hall), 795 (O)
- ATLEE, Dr.: Physical education in schools, 135
- ATLEE, John, obituary notice of, 688
- Auditory meatus. *See* Meatus
- Auditory nerve. *See* Nerve
- AULD, A. G.: Urinary proteose in asthma, 143—Inhalational therapy, 419—*The Nature and Treatment of Asthma, Hay Fever, and Migraine*, rev., 713—Angina innocens, 784
- Auraphone hearing-aid, 750
- Auricular flutter continuing for twenty-four years (Sir Thomas Lewis), 1243 (O)
- Australia, nutrition in (leading article), 1319
- AUSTRECHSLO, A.: Catalepsy and narcolepsy, 781
- Automobile Association Irish Handbook, 1240
- AYKROYD, W. R.: *Vitamins and other Dietary Essentials*, second edition, rev., 391
- B
- BABONNEIX, L.: *Les Régimes chez l'Enfant*, rev., 755
- Baby Week, National chairmanship, 1295—Form of publicity for 1937, 1295
- BACHARACH, A. L.: Society of Public Analysts and other Analytical Chemists, 694—Nutrition and infectious disease, 775—Calciferol, 830
- Bacillus Calmette-Guérin vaccination of infants, 83
- Bacillus of Friedländer causing pneumonia, 1078
- Bacillus of tubercle in the cerebro-spinal fluid: recovery (John F. McGuinness), 169
- Bacteria, life without, 26
- Bacteriology, review of books on, 171, 861
- Bad Nauheim: Electrocardiographic course at, 253
- BADGEROW, Sir George: Death of, 1032—Obituary notice of, 1096
- BAILEY, Hamilton: *Diseases of the Testicle*, rev., 75—(Wilfred I. B. STYRING and Kenneth D. KEELE): Continuous intravenous saline infusion, 552 (O)—Frauds on doctors, 650—Intercaptor and regulator for continuous intravenous saline, 1259
- BAILEY, Lionel D. (and Clive SHIELDS): Hay fever treated by intranasal zinc coniglation, 808 (O)
- BAILEY, Wellesley, obituary notice of, 633
- BAIN, C. W. C.: Angina innocens, 1337
- BAIRD, Dugald: Placenta praevia, 578
- BAKER, A. H. L.: Oral props in general anaesthesia, 560
- BAKER, John R.: Birth control, 990
- BAKER-BATES, E. T. (and John E. G. MCGIBBON): Direct bronchoscopic investigation in haemoptysis, 109 (O)—Bronchoscopic clinics, 828
- BALARD, Paul: Criminal abortion in France, 621
- BALDWIN, Ernest: *An Introduction to Comparative Bio-Chemistry*, rev., 968
- BALFOUR OF BURLEIGH, Lord (and others): Memorial to Professor E. H. Kettle, 1134
- BALFOUR, John H., presentation to, 1132
- BALFOUR, M. I.: Physical training and pregnancy, 584
- BALL, Sir Arthur: Stone in the upper urinary tract, 829
- BALLANTYNE, A. J.: Biomicroscopy of the fundus oculi, 578—Perivascularitis retinae, 624
- Bandage, "Stericope," 560, 694
- BANKART, A. S. Blundell: Technique in knee-joint operations, 1227
- BANKS, H. Stanley: Specific antitoxins for gonococcal and meningococcal infections, 414—The heart in diphtheria, 1331
- BANNEN, J. E.: Cancer of the breast, 527
- Bantu, blood grouping of, the, 1272
- Bar, calls to, the, 1295
- BARBER, Charles: External use of iodine, 540
- BARBER, Hugh: Infective hepatic jaundice, 67 (O)
- BARBER, G. O.: Reform of the medical curriculum, 1040
- BARBOUR, W. J.: Temporary treatment in mental hospital practice, 281
- BARCLAY, A. E.: Prevention of silicosis, 298—*The Digestive Tract. A Radiological Study of its Anatomy, Physiology, and Pathology*, second edition, rev., 330
- BARCROFT, Sir Joseph: Acclimatization to high altitudes, 901
- BARDHAN, P. N.: Thyroid extract for the itching of jaundice, 301
- Barell's *Festschrift*, 202
- BARGER, George: *Organic Chemistry for Medical Students*, second edition, rev., 500—Alkaloids of ergot, 631
- BARLOW, Lazarus: Problems of blood transfusion, 1330
- BARNDEN, Percy William, M.B.E. conferred upon, 1042
- BARNETT, H. Norman: Cervical gland tuberculosis 43
- BARR, John B. (and M. A. FOULIS): Prontosil album in puerperal sepsis, 445 (O)
- BARRINGTON-WARD, Sir Lancelot, appointed Surgeon to the King, 532
- BARRIS, J. D.: Spa treatment in gynaecology, 726
- BARRON, George Moncrieff, O.B.E. conferred upon 283
- BARSON, J. (and J. F. D. SHREWSBURY): Cultivation of mycotuberculosis from human sputa, 1154 (O)
- BARTELS, C. D.: Hypertrophy of the prostate, 11
- Basal metabolism. *See* Metabolism
- BASHFORD, H. H.: The average size of families, 1137
- Basque children. *See* Spain
- Bassini operation, fiftieth anniversary of, 1101
- BASTIANELLI, Giuseppe, nominated president of a special committee for study of malaria, of the Health Section of the League of Nations, 649
- BATCHELOR, G. F. G.: Diseases of the colon, 631
- BATEMAN, Geoffrey H.: New tonsil snare, 1073
- BATESON, Gregory: *Naven*, rev., 449
- BATTEN, G. B.: Irradiation in malignant disease, 575
- BAUMGARTNER, Dr., elected President of the Académie de Chirurgie, 151
- BAYNES, W. E. C.: *Notes on Points of Law Affecting Voluntary Hospitals*, rev., 1161
- BEATTIE, David J.: *The Public Health Act, 1936*, 817
- BEATTIE, John: Experimental and laboratory training in medical education, 287
- BEAUMONT, Noel Charles, obituary notice of, 475
- Bechuanaland, medical services in (parliamentary note), 538
- Bed-bugs, coal-tar naphtha distillates for destruction of, report (S. A. Ashmore and A. W. McKenny Hughes), 459
- Bed-bugs, eradication of, courses of training, 724
- Bedeaux system in factories (parliamentary note), 537
- BEDFORD, Evan: Course and management of congenital heart disease, 230
- Bedstead of new design (Melbourne Thomas), 22
- Beef and Veal Customs Duties Bill, 251, 307—Import duty on liver products, 307
- Bejel—the syphilis of Bedouin children (Ellis H. Hudson), 1219—Discussion, 1219
- BEJCHER, Clement: Accidents and diabetes mellitus 784
- Belfast. *See* Ireland
- Belfast, Annual Meeting of the Association at. *See* Association
- Belgium, number of doctors in, 55—Red Cross sends ambulances to Spain, 1187
- Belgrade, number of doctors in, 826
- BELL, R. J. Irving: Proposed medical scheme for public schools, 194
- BELL, Thomas, presentation to, 103
- BELLAMY, Lieut. W. A.: Air raid precautions, 1230, 1339
- BELTRAMI, G.: *La Révolution Alimentaire Actuelle: Ses Conséquences Biologiques*, rev., 756
- Bence-Jones proteinuria, pitfall in diagnosis of, 143
- BENJAMIN, P. V.: Tuberculosis in India, 1038
- BENNETT, J. G.: Herpes zoster and varicella, 738
- BENNETT, T. Izod: Protamine insulin, 188, 581
- BENNETT, W. B.: The Harris operation in prostatictomy, 293
- BENNETT-JONES, M. J.: Intraperitoneal haemorrhage from a Graafian follicle, 585
- BENTLEY, F. H.: Injuries of peripheral nerves, 348
- BENTLEY, F. G.: Birching of children, 785
- Benzedrine, 43, 93, 1013—Erich Guttman and William Sargent), 1013 (O)
- Benzol poisoning in Belgian mirror factories (D. Gilbert), 1157
- Bequests to hospitals and medical charities, 217, 469, 579, 693
- Bergmann, Ernst von, centenary of the birth of, 55
- Bergmann, Gustav von: *Funktionelle Pathologie und eine Klinische Sammlung von Ergebnissen und Auschauerneiner Arbeit*, rev., 74
- BEKKELEY, Sir Comyns: *The new Journal typography*, 190
- BELTON, J.: The seven stages of John Bland-Sutton, 872
- BERLIN: Kaiserin Friedrich-Haus bureau of information, 592—Population increases, 151—Post-graduate courses, 190, 592
- BESANCON, Professor, elected Vice-President of the Académie de Médecine, 151
- Beardre prize. *See* Prize
- BESSEMAN, A.: Awarded the Saintonne prize, 201
- BESSON, A.: Poliomyelitis in Paris, 633
- BETT, Walter R.: Appreciation of David Fraser-Harris, 249
- BEVERIDGE, T. Morris: Puerperal inversion of the uterus, 583
- BEVIN, Ernest: Industry and the health resort, 876
- BEZANCON, Professor, nominated "Professeur de Classe Exceptionnelle," 1239
- Bibliographical references, a note for contributors to the *British Medical Journal*, 33
- BICK, Edgar M.: *Source Book of Orthopaedics*, rev. 1316
- BICKERTON, Thomas H.: *A Medical History of Liverpool from the Earliest Days to the Year 1920*, 232
- BIER, August, Seventy-fifth birthday of, 55—Awarded the shield of nobility of the Chancellor of the Reich, 55—Elected an honorary doctor of the University of Athens, 1351
- BIFFIN, Harriett, M.B.E. conferred upon, 1042
- BIGGAM, Lieut.-Colonel A. G.: Sigmoidoscopy in tropical practice, 577
- BIGGER, J. W.: Need for a national serum institute in Ireland, 883
- BIGLAND, A. Douglas (and Julius LIBMAN): Auto-genous urinary proteose in asthma and other allergic conditions, 62 (O)—Subarachnoid haemorrhage from an aneurysm of the circle of Willis, 727
- Bile-ducts, review of book on, 1070
- Bilharzia disease and ducks, 362

- Bilharzial invasion of appendix (R. M. Sargent), 663
Biliary ducts—new T-tube for drainage of (Rodney Maingot), 971
BINI, G.: Examination of the endocrine system in Graves's disease and Addison's disease, 678
Biochemistry, review of books on, 712, 968
Biology in education (leading article), 225
Biology, review of book on, 1072
Bionicroscopy of the fundus oculi (A. J. Ballantyne), 578
Birching of children (leading article), 618—Correspondence on, 684, 785, 836, 889, 941, 998, 1046, 1092, 1179—Parliamentary note, 692, 950, 1054, 1343—At Doncaster Court, 950. *See also* Corporal punishment
Birmingham: Maternal mortality in, an attack on, 728
Birth control conference in Edinburgh, 831, 990—Report of proceedings, 990
Birth control, lectures on, 649
Birth control and women's welfare: Deputation to Minister of Health, 340
Birth control. *See also* Contraceptive
Birth-rate, declining (parliamentary note), 427
Birth-rate in France, 1301
Birth-rate in Vienna declining, 201
Birth by the rectum (J. B. Patel), 1159
Births, deaths and marriages registration service, silver medal to commemorate the centenary of, 1239
Bishop of Birmingham on the cost of social derelicts and feeble-minded, 593
BISHOP, P. M. F.: Hormones in the treatment of menstrual disturbances, 763—The menopause, 819
Bismuth therapy, 482
BLACK, J. I. Munro: Syphilis in the diagnosis and prognosis of cancer, 1313 (O)
BLACK, Malcolm D.: Blood transfusion in obstetrics, 903 (O)
BLACK, W. R. (and G. A. Bagot WALTERS): "Rachis-resistance" and spinal anaesthesia, 218 (O), 413—Atypical anthrax, 247
BLACKBURN, A. E.: Angina innocens, 1223
BLACKER, C. P. (and D. V. GLASS): *The Future of Our Population*, 759
BLACKHAM, Colonel R. J.: Re-elected a Common Councilman for the City of London, 201—External use of iodine, 900—Colourless iodine, 1352
BLACKLOCK, D. B.: Onchocerciasis and blindness, 349
BLACKLOCK, Mary: Maternity and child welfare in Sierra Leone, 1218
BLACKLOCK, Professor: Bejel—the syphilis of Bedouin children, 1219
BLACKTIN, S. C.: Respiratory poisons, 195—Prevention of silicosis, 474, 586, 838
BLACKWELL, Ursula: Modern treatment of fevers, 353
Bladder, foetal, dystocia due to over-distension of (F. J. Burke), 993
Bladder in spinal injuries in war (Sir John Thomson-Walker), 934—Discussion, 935
Bladder tumours. *See* Tumours
Bladder, wax foreign bodies in, method of removing (Terence Millin), 446
BLAIR, D. M.: Maternal death rate in Glasgow, 684
BLAIR, R. H.: Erysipelas treated by protosil, 836
BLAIR-FISH, Hilary M.: The new *Journal* typography, 97
BLAND-SUTTON, Sir John: Obituary notice of, 47, 102—Seven stages of (Sir Comyns Berkeley), 872
Blind, education of the, 510
Blind persons and Poor Law Administration, Bill to extend the principle of the removal of (parliamentary note), 592
Blind persons, training of (parliamentary note), 1006
Blind persons, registered (parliamentary note), 308
Blind, special schools of, revised list, 1294
Blindness of Milton, 44. *See also* Milton
Blindness and onchocerciasis (Richard P. Strong), 348
Blindness, temporary post-traumatic total (H. S. Brodribb), 710
Blood coagulation time, estimation of, 360
Blood clot in cannula. *See* Cannula
Blood, corpse, transfusion of (parliamentary note), 692
Blood films in lead poisoning, 888
Blood group tests in disputed paternity (David Harley and G. Roche Lynch), 163 (O), 357, 991—Correspondence on, 299, 357, 419
Blood grouping of the Bantu, 1272
Blood groups in criminal identification, 536
Blood, oestrin in (O. Vaughan Jones), 522. *See also* Oestrin
Blood phosphatase in bone disease (Norah Morris), 91
Blood pressure during operations (M. Peperé), 830
Blood sedimentation rates in rheumatoid arthritis (L'Estrange Orme), 778
Blood stream, sterilization of (leading article), 79—Annotation on, 152. *See also* Streptococcal injections and Therapia
"Blood-sugar worship," 684, 782, 835, 887
Blood transfusion, 40, 244
Blood transfusion in the Army (parliamentary note), 950
Blood transfusion, death following (F. Pygott), 496 (O)
Blood transfusion fatalities, 94, 641, 686, 783
Blood transfusion in obstetrics (Malcolm D. Black), 903 (O)—Correspondence on, 996, 1043, 1090, 1176, 1280
Blood transfusion, problems of, discussion on, 1329
Blood transfusion service in Leeds, 89
BLOOD, W.: Influenza and industry, 1079—Herpes zoster and varicella, 1080
Board, Central Midwives: Annual report, 190—Report of meetings, 429, 676, 831, 1086, 1335
Board, Central Midwives, for Scotland: Report of meetings, 525
Board of Control: Annual report, second part, 182—Advisory Committee on Scientific and Ancillary Mental Health Services, 884—The vote for, 1287
Board of Control for Scotland: Report, 791, 855
Board of Education: Annual report of Chief Medical Officer on the health of the school child, 34—Issues a revised list of its special schools for the blind, deaf, defective and epileptic children, 1294—Estimates, 365, 1287, 1341
BODGER, Steele: Dangers of infected milk, 520
Body fluid, review of book on, 1207
BOEKE, Jan, Honorary LL.D. Glasgow conferred upon, 831
BOGERT, L. Jean (and Mame T. PORTER): *Dietetics Simplified. The Use of Foods in Health and Disease*, rev., 1206
Bomb-proof shelters (parliamentary note), 1055. *See also* Air raid.
BOND, L. T. (Aleck BOURNE, and K. A. MCGARRITY): A new treatment for leucorrhoea, 116 (O)—Treatment of leucorrhoea by zinc chloride, 886
Bone disease, blood phosphatase in (Noah Morris), 91
Bone, fibrocystic disease of (R. Wayland Smith, and H. R. L. Hugo), 632
Bonnet tumours. *See* Tumours
BONNEY Victor: Appreciation of Sir John Bland-Sutton, 49—University of London Medical Graduates Society, 531
BONNICI, Jos.: Health problems in Malta, 1337
Books, old medical, 1083
Boorde, Andrew, *The Wisdom of*, rev., 559
Boots Drug Co.: Protamine insulin (with zinc)—Suspension, 531—Booklet on, 900
BOOYSEN, Cecil, obituary notice of, 839
Borstal, vocational guidance at, 760
BOSANQUET, W. Cecil: *Mediatio Medici: A Doctor's Philosophy of Life*, rev., 754
BOSE, J. P.: Plasma cholesterol content in diabetic Indians, 168
BOSWELL, N. A.: Inhalational therapy, 587, 997
BOUCHIER-HAYES, T. A.: Renal tuberculosis, 137—Thrombo-angiitis obliterans, 411
BOURNE, Aleck (L. T. BOND, and K. A. MCGARRITY): A new treatment of leucorrhoea, 116 (O)—Treatment of leucorrhoea by zinc chloride, 886
BOURNE, Geoffrey: Angina innocens, 695 (O), 887, 1138
Bournemouth: Enteric fever outbreak, inquiry into, 373—Judge Cotes-Freedy's report, 825—Official report, 1182
Bournville chocolate works, visit to, 373
BOUSFIELD, Guy: Diphtheria immunization, 42—Zinc protamine insulin, 636—Blood-sugar worship, 783
BOWER, J. Edward, obituary notice of, 148
BOYCOTT, J. A.: Problems of blood transfusion, 1329
BOYD, Mark F.: *Preventive Medicine*, fifth edition, rev., 666
BOYES, Leonard: Spa treatment in gynaecology, 725
BOYLE, H. E. G.: Anaesthetics for nose and throat operations, 345
BRACEY, Herbert Charles Horace, obituary notice of, 1287
BRACKENBURY, Sir Henry, to stand as Independent candidate for the Combined English Universities, 397, 516—Electoral address, 516—Combined Universities election, 729—The Tavistock Clinic, 833
BRADBURY, Surgeon-Captain William, C.B.E. conferred upon, 1041
Bradford: Radium institute for, 241, 793—To receive a supply of radium 793
BRADLEY, George Francis, obituary notice of, 364
BRAGG, W. L., appointed Director of the National Physical Laboratory, 1055
BRAILSFORD, James F.: Appreciation of Sir John Robertson, 51—Malignant bone tumours, 186
BRAIMBRIDGE, C. Viney: Acquired haemophilia, 301
BRAIN, W. Russell: Neurological sequelae of spinal anaesthesia, 681—The thyrotropic hormone, 1277
BRAM, Israel: *Exophthalmic Goiter and its Medical Treatment*, rev., 713
BRAMWELL, Edwin, Honorary LL.D. Edinburgh conferred upon, 643
Bran in preventing constipation, 996
BRASH, J. C. (and E. B. JAMIESON, editors): *Cunningham's Textbook of Anatomy*, seventh edition, rev., 1025
BRASHER, C. W. J., psychological factors in rheumatism, 640
Breach presentations, external version for (Chamanlal Mehta), 706 (O)
Breach presentation. *See also* Labour and Presentation
BRETTEVILLE-JENSEN, A.: Meinicke's reaction, 286
BREWER, H. F.: Problems of blood transfusion, 1329
BRIDE, Dr.: Rupture of the uterus, 291
BRIDE, J. W.: Malignant tumours in a child, 776—Mucocoe of the appendix, 777
BRIDGES, Milton A.: *Dietetics for the Clinician*, third edition, rev., 713
BRIGGS, H.: Labour obstructed by pelvic kidney, 292
Bright, Richard, *His original papers on renal disease* (edited by A. Arnold Osman), rev., 810
BRINTON, L. Noel (and F. LE GROS CLARK): *Men, Medicine and Food in the U.S.S.R.*, rev., 222
BRINTON, R. D., appointed Serving Brother of the Order of St. John of Jerusalem, 166
Bristol: Amalgamation of hospitals in, 523—Tuberculosis conference at, 1173
British Drug Houses: Protamine insulin (with zinc)—suspension, 531
British Health Resorts Association. *See* Association
British Medical Journal: The new type (leading article), 23—General account of the change of type, 32—Bibliographical references, a note for contributors, 33—Correspondence on, 97, 147, 190, 247
British Pharmacopoeia. *See* Pharmacopoeia
Broadmoor, administration at (parliamentary note), 54
BROCA, Robert (and Julien MARIE): *L'Année Pédiatrique*, rev., 391
BROCK, A. J.: Air-raid precautions, 1282
BROCK, J. F.: The relation between hypochromic anaemias and iron deficiency, 314 (O), 528—Dangers of infected milk, 520
BROCKBANK, William: Haemorrhagic diathesis, 467
Brockhall Institution, near Clitheroe, extensions to, 1295
BROOKINGTON, Fraser: Compulsory pasteurization of milk, 887
BROCKLEBANK, J. A.: Treatment of meningitis with meningococcal antitoxin, 857 (O)
BROOKINGTON, C. Fraser: The evidence for compulsory pasteurization of milk, 667
BRODERICK, F. W.: Faints and fits, 300
BRODIE, Desborough: Large renal calculi, 583
BRODIE, Mabel: Maternity and child welfare in Malaya, 1218
BRODRIBB, H. S.: Temporary post-traumatic total blindness, 710
Bromide intoxication, 104
BROMLEY, J. F.: Low voltage near-distance x-ray therapy, 1276
Bronchi, foreign bodies in (A. Laskiewicz), 910
Bronchial asthma. *See* Asthma
Bronchiectasis in pulmonary tuberculosis (J. E. H. Roberts), 1265
Bronchopneumonia, tuberculous, terminal caseating (C. E. H. Turner), 604 (O)—Correspondence, 731
Bronchoscope, a modified (J. E. G. McGibbon), 1162
Bronchoscopic clinics (J. E. G. McGibbon and E. T. Baker-Bates), 828
Bronchoscopic investigation, direct, in haemoptysis (John E. J. McGibbon and E. T. Baker-Bates), 109 (O)
Bronchoscopy (J. E. G. McGibbon and E. T. Baker-Bates), 828—Discussion, 829
Bronchostaxis, case of (John C. Roberts), 1069—Correspondence on, 1227
BRONNER, Augusta F. (and William HEALY): *New Light on Delinquency and its Treatment. Results of a Research Conducted for the Institute of Human Relations, Yale University*, rev., 1257
BROOMHEAD, Reginald: Prevention and treatment of ununited fractures, 575
BROSTER, L. R. (and H. W. C. VINES): The adrenal cortex, 662 (O)
BROUGHTON-HEAD, Leslie C., appointed Surgeon Dentist to the King in Scotland, 532
BROWN, G. Arbuckle: Health and school clinics in Glasgow, 468
BROWN, Major H. C.: Epidemiology of Weil's disease, 520
BROWN, Herbert H.: Active immunization against tetanus, 494 (O)
BROWN, J. J. Mason (and W. Melville ARNOTT): Intermittent venous occlusion in treatment of obliterative vascular disease, 1106 (O)
BROWN, James L.: Protosil by the intrapleural route in streptococcal empyema, 1157 (O)
BROWN, J. W.: Course and management of congenital heart disease, 290
BROWN, Robert Story, obituary notice of, 1098
BROWN, W. A.: Haemolytic streptococci in scarlet fever waxes, 714
BROWN, William: *Mind, Medicine, and Metaphysics. The Philosophy of a Physician*, rev., 711—Hypnosis, suggestibility, and progressive relaxation, 992
BROWN, W. Paterson: Mastitis of puberty in males, 115
BROWNE, F. J.: Anaesthesia for perineal tears, 939
BROWNE, O'Donel: Pregnancy in diabetics, 994—Minnitt's apparatus, 1008
BROWNE-CARTEW, Ralph H.: Effects of radium treatment, 784
BROWNIE, James L., resignation of, 38
BRUCE, Lewis C.: Mental hygiene, 1333
BRUCE-PORTER, Bruce (and others): "Constructive conscious control," 1137
Bruxelles-Médical arranges an Easter cruise, 309
BRYAN, Thomas B. L.: "Constitutional therapy," 604
BRYAN-BROWN, D. S.: International good will, 247
BUCHAN, John J. (Editor): *Reid's Practical Sanitation*, twenty-third edition, rev., 1070—Maternal mortality report, 1090
BUCHANAN, William C., death of, 535
BUCKERIDGE, Surgeon Rear-Admiral Guy Leslie, C.B. conferred upon, 1041
BUCKLEY, C. W.: Radio-active thermal waters, 464
Budget, the Defence (leading article), 870—Parliamentary note, 895. *See also* Finance Bill.
Buenos Aires, outbreak of psittacosis in, 1143
Bulletin of Hygiene: April issue contains a review of recent work on drug addiction, 1055
Bulletin Medical for March 27 devoted to gastroenterology, 846

Bulletin de l'Office International d'Hygiène Publique: November issue contains articles on typhus in Mexico, three-day fever at Athens, etc., 46.—For December devoted to yellow fever, 430.—For January on the problem of rheumatism and diseases of the circulation, 593.—Contents of February issue, 878.—For April to typhus and ankylomiasis, 1239.

BULLOCK, L. C.: The Wellcome Trust, 242

BURNING, G. L.: Rheumatism and tuberculosis in general practice, 1056

BURFORD, George Henry, obituary notice of, 103

BURKE, F. J.: Full-term extra-uterine pregnancy, 775.—Dystocia due to over-distension of foetal bladder, 993

BURKE, John: "Rachi-resistance" and special anaesthesia, 584

BURMAN, C. E. L., appointed Serving Brother of the Order of St. John of Jerusalem, 166

BURNET, F. M.: Report on the egg-membrane technique in virus work, 336

BURNETT, W. A.: A disclaimer, 900

BURNHORN, Julius: Serum for influenza, 192

BURNS, B. H.: Ununited fractures, 576.—(And V. H. ELLIS): *Recent Advances in Orthopaedic Surgery*, rev., 862

BURNS, J. W.: Mucocoe of appendix, 777

Burns, minor, treated by amyl salicylate and other salicyl esters (E. Leslie Stewart), 380 (O)—Annotation on, 395

BURR, Malcolm: *British Grasshoppers and their Allies*, rev., 272

BURRELL, L. S. T.: Tuberculosis control, 1038

BURROUGHS, Wellcome and Co.: Protamine insulin (with zinc)—suspension, 531

BURROW, J. le F. C., elected to the Chair of Clinical Medicine at Leeds, 690

BURROWS, H. Jackson: Knee retractors, 273

BURSTALL, Francis Hereward (and Sir Gilbert T. MORGAN): *Inorganic Chemistry. A Survey of Modern Developments*, rev., 1315

BERSTON, Colonel S. B., appointed Officer of the Order of St. John of Jerusalem, 166

BURT, J. B.: Radio-active thermal waters, 465

BURY, Judson S.: Appreciation of Archibald Donald, 1001

Bus, *See* Omnibus

BUSI, Aristide, elected an honorary member of the German Röntgen Society, 823

BUTSWELL, Colonel Ferberd Richard, obituary notice of, 736

BUTCHER, Thomas Bertram, M.B.E. conferred upon, 1042

BUTLER, Rear-Admiral Charles S.: *Syphilis sive morbus humanus*, rev., 1119

BUTLER, T. Harrison (and A. J. WILSON): Ocular paralyses following mumps, 752 (O)

BUXTON, Noel St. J.: Ununited fractures, 576

BUZACH, A. von: *Kolloid. Eine Einführung in die Probleme der Modernen Kolloidwissenschaft*, rev., 329

BUZZARD, Sir E. Farquhar: Appointed Physician Extraordinary to the King, 532.—The Oxford University appeal, 1043

BYRNE, P. S. (and J. R. CALDWELL): Recovery from pneumococcal meningitis, 1204

C

Caesarean section (Dugald Baird), 579

Caffeine intoxication, 27

C. *diphtheriae*. *See* Diphtheria

CAIGER, Herbert: Assessment of disability in miner's nystagmus, 410

CAIRNS, Hugh: Appointed to the Nuffield Professorship of Surgery, 305.—Mental disorder following head injury, 880

CAIRNS, Ronald: Cerebral congestion as an aetiological factor in epilepsy, 388

Calciferol (F. W. Anderson, A. L. Bacharach and E. Lester Smith), 830

Calcium aspirin, 77, 254

Calcium requirements in man (leading article), 569

Calculi, renal, large (D. J. Harries), 387 (O)—Correspondence on, 583

Calculi, urinary, prevention of, 1273

Calculi. *See also* Stone

Calcutta School of Tropical Medicine. *See* Tropical

CALDWELL, J. R. (and P. S. BYRNE): Recovery of pneumococcal meningitis, 1204

CALLOW, R. K. (and A. S. PARKES): Chemistry and assay of male hormones, 456

Cambridge M.B. thesis, 278. *See also* University

Cambridge scientists' anti-war group (parliamentary note), 480.—*The Protection of the Public from Aerial Attack*, rev., 613

CAMERON, Samuel J.: Appreciation of Harry Prescott Fairlie, 1048

CAMPBELL, J. Argyll: Oxygen administration, 526.—*The Oxygen Tent and the Nasal Catheter*, 971

CAMPBELL, Lady, obituary notice of, 1234

Canada: Anaesthesia in, 630

Canadian Medical Association Journal to have joint sessions with the Ontario Medical Association, 873

Cancer of the breast (Cecil Rowntree), 153 (O), 297.—Correspondence on, 242, 296, 358, 416, 471, 527, 583, 640, 1045, 1139

Cancer of breast, after-care of patients (F. Hernaman-Johnson), 1275

Cancer of the breast with widespread metastases (W. Barrington Prowse), 1021 (O)

Cancer of bronchus in a boy of 19 (J. Gordon Hailwood), 606 (O)

Cancer of the buccal cavity, radium therapy in (R. B. Engelstad), 1021

Cancer Campaign, British Empire: Report of meetings, 180, 864.—Duke of Gloucester becomes President of, 309

Cancer cells and revolutionary groups, 482

Cancer of the cervix in India (Subodh Mitra), 747 (O)

Cancer, International Union Against: London (1937), 1127, 1131

Cancer, irradiation in (W. Sampson Handley), 573.—Discussion, 573

Cancer and life expectation (W. Cramer), 333

Cancer of lung, primary, records of (R. Opsahl), 1202

Cancer of oesophagus treated by deep x-ray therapy (Herbert Tilley), 1199 (O)—Correspondence on, 1281, 1338

Cancer, pathogenesis of, 141, 245

Cancer of pharynx, diagnosis of (Robin Pilcher), 13 (O)—Correspondence on, 142

Cancer of pharynx, treatment of, 1089, 1174

Cancer problems (leading article), 333

Cancer: Radiotherapeutic departments in general hospitals, Ministry of Health memorandum on, 932

Cancer of rectum in a youth of 18 (R. Rutherford), 860

Cancer, review of books on, 558

Cancer, syphilis in the diagnosis and prognosis of (J. I. Munro Black), 1313 (O)

Cancer treated by inserted radium plaques (H. S. Souttar), 909 (O)

Cancer treatment, Wessex scheme for, 354

Cancer, x-ray dosage in (Fergus L. Henderson), 91

Cancer. *See also* Malignant sarcoma, etc.

CANDY, Lieut.-Colonel Ronald Herbert, C.I.E. conferred upon, 1041

CANHAM, J. W. (and A. SUTCLIFFE): *Experiments in Homework and Physical Education*, rev., 1206

Cannula, blood-transfusion (J. H. Dixon), 22

Cannula, clot in the, 417, 641

Cannula and trocar, intravenous (Reginald A. King), 173.—Correspondence on, 417

Canteens in schools. *See* Schools

CAPENER, Norman: The lumbo-sacral vertebrae and sciatica, 406

Capitation fee. *See* Insurance

CAPON, N. B.: Cholecystography, 407.—Lobectomy, 828

Carbon dioxide, vascular responses to, 510

Carbon monoxide poisoning (C. Kroetz), 314

Carbon monoxide poisoning, chronic, 27

Carcinoma. *See* Cancer

Card-room workers: Committee on compensation (parliamentary note), 736

CARDELL, J. D. M.: A polarizing ophthalmoscope, 601

Cardiac ischaemia, 82.—Treatment of (Laurence O'Shaughnessy), 184

Cardiac. *See also* Heart

Cardiff Corporation Fracture Service, 780

Cardiff: Welsh National Temple of Health and Peace in, 830

Cardio-omentopexy, 184. *See also* Cardiac and Ischaemia

Cardioplasty (Grey Turner), 38

Cardiovascular disease, review of book on, 1258

Cardiovascular regulation, problems of (leading article), 275

CARLTON, Hope: Malignant bone tumours, 186

CARMICHAEL, Norman Scott, appointed Apothecary to the Household at the Palace of Holyroodhouse, 532

Carnegie Trust: Annual meeting, 411

CARNOT, Professor, nominated "Professeur de Classe Exceptionnelle," 1239

CARR, C. M.: Gastric perforation in a tabetic, 497

CARR, F. H.: Protamine insulin, 188

CARR, Surgeon-Captain William James, C.B.E. conferred upon, 233

CARROLL, Charles: Influenza mastoiditis, 1085

CARROLL, Denis: Psychotherapy of delinquents, 1220

CARRUTHERS, James, obituary notice of, 1049

CARSWELL, Robert: Koch's work on tuberculin, 417.—Obituary notice of, 1349

CASELS, N. H.: Oxygen administration statistics, 963

CASSIDY, Sir Maurice, appointed Physician in Ordinary to the King, 532

CASTLE, William Bosworth (and George Richard MINOT): *Pathological Physiology and Clinical Description of the Anemias*, rev., 19

Catalepsy and narcolepsy (A. B. Fortes and A. Anstregiesio), 781

Cataract and slimming drugs (Hamilton E. Quick), 1203

CATHCART, E. P. (and A. M. T. MURRAY): Report on a dietary survey, 334—A correction, 397.—Sir Charles Hastings, lecture on food and nutrition, 435 (O)

CATHIE, I. A. B.: Epithelial tumours of the bladder, 937

CATON, A. R.: *Activity and Rest*, rev., 172

CATELL, Raymond B.: *A Guide to Mental Testing. For Psychological Clinics, Schools, and Industrial Psychologists*, rev., 221.—Is national intelligence declining? 362

Cattle diseases, eradication of (parliamentary note), 1238

CAVE, A. J. E.: Appreciation of Sir Grafton Elliot Smith, 149

CAVE, Paul: Lithopaedion, with report of a case, 383 (O)

CAVENAGH, J. B.: Nasopharyngeal sepsis in cases of mental disorder, 637

CAWADIAS, A. P.: Metabolic factor in rheumatism, 49

CAWSTON, F. Gordon: Ducks and bilharzia disease, 362

CANTHORNE, Terence: Treatment of facial paralysis, 404

Cell growth. *See* Growth

Cellulitis, cervical, treated with prontosil, 941

Cellulitis, facial, 82

Census, quinquennial, the case for (parliamentary note), 737

Centrifugation, a new method of, 673

Cerebral congestion as an aetiological factor in epilepsy (Ronald Cairns), 388

Cerebral vascular accidents (C. M. Hinds Howell), 255 (O)

Cerebro-spinal fever in Cyprus, 593

Cerebro-spinal fluid pressure, 454

Cerebro-spinal fluid, tubercle bacilli in: recovery (John P. McGuinness), 169

CEREX, C. G., 971

Certificate, orthopaedic nursing, 1144

Cervical gland tuberculosis. *See* Tuberculosis

Cervicitis, diathermy for, 586

CHADWICK, R. T.: The kidney in starvation, 293

CHALLIS, John: Anaesthesia for nose and throat operations, 346

CHALMERS, Patrick: *Field Sports of Scotland*, rev., 560

CHAMBERLAIN, Sir Austen, death of, 622

CHAMINGS, A. J. Wilson, obituary notice of, 534

Chancres, occupational, frequency of in doctors and medical students (H. Herscovici), 413

CHANDLER, F. G.: Value of oleothorax in obliterative pleurisy, 65 (O)—Bronchostaxis, 1227

CHAPMAN, T. T. (L. T. DAVIDSON and K. K. MERRITT): Irradiated evaporated milk for prevention of rickets in infants, 1156

CHAPPLE, Harold: Unusual case of hermaphroditism, 802 (O)

Charcoal treatment followed by vasospasm, 55

Charities Register and Digest, Annual, rev., 754

Charity Commissioners' report, 841

CHARLES, Herbert: An anaesthetic airway cap, 449

CHAUDHRI, K. L.: Report on child welfare in Agra and Oudh, 938

CHAVASSE, C. C. H.: A warning, 1144

Chemical properties and pharmacological actions, 1271

Chemistry, forensic, review of book on, 76

Chemistry, review of books on, 76, 500, 501, 1315

Chemotherapy of streptococcal infections, 452. *See also* Streptococcal

CHESNEY, George: Immunization against diphtheria with alum-precipitated toxoid, 807 (O)

CHESTERMAN, C. C.: Sigmoidoscopy in tropical practice, 577

Chestnuts, sweet, in epidemic jaundice, 1056

CHEVERTON, R. L.: An influenza epidemic in the Falkland Islands, 135

CHICK, Harriette: Nutrition and infectious disease, 773

Chilblains, cure for? 482

Childbirth, safe, review of book on, 862. *See also* Labour

Child Guidance Interclinic Conference, London (1937): Report of proceedings, 284

Child welfare in Agra and Oudh: report, 938

Child welfare in Fife, 1334

Children, birching of (leading article), 618.—Correspondence on, 684, 785, 836, 889, 941, 998, 1046, 1092, 1179.—Parliamentary note, 692, 950, 1054, 1343.—At Doncaster Court, 950. *See also* Corporal punishment

Children and Young Persons (Scotland) Bill, 589, 1050, 1142, 1287

Children's Heart Home, Lancing, Sussex: report, 1225

Children's Moral Welfare Committee, work of, 580

CHIRAY, M.: Tuberculous hepatitis, 36.—(and I. PAVEL): *La Vésicale Biliaire et ses Voies d'Excrétion*, second edition, rev., 1070

CHITTY, Hubert: Appendicostomy for acute appendicitis, 191

Chloroform and Sir James Young Simpson, 196

Cholecystitis, medical treatment of (J. W. McNee), 407

Cholecystography, discussion on, 407

CHOPRA, Colonel R. N.: Report on the Calcutta School of Tropical Medicine, 139

Chorion epithelioma, Friedman test in (P. Lazarus-Barlow), 71 (O)

CHOYCE, Charles Coley, obituary notice of, 787

CHRISTIE, Arthur C., elected an honorary member of the German Röntgen Society, 823

CHRISTOPHERS, Sir Rickard: Kala-azar in the Sudan, 91

CHURCHILL, Stella: Maternity and child welfare, 1217

Cinematograph Films (Animals) Bill, 844.—Second reading, 844

Cirurgia y Cirujanos (August-October), contains an obituary notice of Lord Moynihan, 430

Civil List, 645

Civil List Act, 1287

Clamp, circumcision (J. S. Rowlands), 223

CLAONE, C.: Resumes the issue of *L'Activité Scientifique et Médicale*, 1155

CLARK, F. Le Grös (and L. Noel BRINTON): *Men, Medicine and Food in the U.S.S.R.*, rev., 222

- CLARK, G. A. : Reform of medical curriculum, 1135
CLARK, Sir George E. (and Captain H. Douglas CLARK), gift to Belfast hospitals, 469
CLARKE, John S. : Birching of children, 941
CLARKE, M. Harvey : The veterinary curriculum, 1008
CLARKE, Thomas A. : Bilateral abductor paralysis necessitating tracheotomy in labour, 270
CLAUDE, Professor, nominated "Professeur de Classe Exceptionnelle," 1239
Claudication, intermittent, 453
CLAXTON, E. E. : *Weight Reduction Diet and Dishes*, rev., 1207
CLAYE, Andrew M. : Blood transfusion in obstetrics, 1044
CLAYTON R. V., appointed Officer of the Order of St. John of Jerusalem, 166
CLEGG, H. A. (and Charles HILL) : *What is Osteopathy?* 893
CLEMINSON, F. J. : A new radon-seed introducer, 125
CLEMENTS, F. W. : Nutritional survey of school children in South Australia, 1319
CLERG, Antonin : *Les Tachycardies et leur Traitement*, rev., 74
CLERY, A. B. : Thrombo-angitis obliterans, 411
CLEVELAND, Dr. : The adrenal cortex, 1222
Climate, marine, effects of (Otto Kestner), 626
Climates and clinical conditions (Sir Walter Langdon-Brown), 627
Climato-physiological investigations at the seashore (Otto Kestner), 555 (O)
CLUIVER, E. H. : An experiment in social hygiene. The campaign against prostitution and venereal disease in the U.S.S.R., 1120
Coagulation, blood. *See* Blood
Coal Mines (Employment of Boys) Bill, 476, 895, 1142
Coal owners and silicosis compensation (parliamentary note), 1187—*See also* Silicosis
Coal-tar naphtha distillates for destruction of bed-bugs, report (S. A. Ashmore and A. W. McKenny Hughes), 459
COATES, Major-General Thomas Seymour, O.B.E. conferred upon, 283
COBB, Stanley : *A Preface to Nervous Disease*, rev., 171
COCHRANE, Gilbert, obituary notice of, 734
Cod-liver oil, crude, in treatment of wounds (M. B. Dayer), 169—Correspondence on, 310
COGAN, Lee Fyson, obituary notice of, 1287
COHEN, Henry : Medical treatment of hepatitis and cholecystitis, 407—Gastritis, 682—High hyoscine dosage in chronic encephalitis, 996
COKE, Frank : Blood sedimentation rates in rheumatoid arthritis, 778
COKE, Harry : Classification of serum proteins, 846
COLBECK, E. H., presentation portrait to, 1007
Cold treatment for gonorrhoea. *See* Gonorrhoea
COLE, Leslie : Treatment of tetanus, 1044
COLE, Warren H. (and Robert ELMAN), *Textbook of General Surgery*, rev., 122
Collapse, selective, 1215
Collapse therapy (Geoffrey Marshall), 1265—(H. Morriston Davies), 1265
College, Epsom : Annual meeting, 1324—Election of pensioners, scholars and annuitants, 1324
College of Obstetricians and Gynaecologists, British : Council meeting, 247, 1003—Diplomas awarded, 790—Fellows admitted, 1003—Members admitted, 247, 1003—Members elected, 247
College of Physicians and Surgeons of Bombay : To institute an examination for the Diploma in Ophthalmic Medicine and Surgery, 890
College, Royal, of Physicians, of Edinburgh : Degrees and pass lists, 373, 1050—Fellows admitted, 373, 1050—Freeland Barbour Fellowship, 1050—Quarterly meeting, 373
College, Royal, of Physicians of Ireland : Degrees and pass lists, 840—Medical Officers in Northern Ireland, appointment of, 840
COLLEGE, ROYAL, OF PHYSICIANS OF LONDON :
Appointments, 305, 734
Comitia, 305
Degrees and pass lists, 306, 734, 1002, 1003, 1069
Diplomas, 306, 1050
Elections and re-elections, 305, 734, 1003
Fellows elected, 1002
Gas heating in fuelless rooms, report of committee, 81, 305
Lectures, 305, 1049
Licences, 306
Membership, 306, 1003
Representatives appointed, 305
College, Royal, of Surgeons of Australasia : Scientific meeting, 882
College, Royal, of Surgeons, of Edinburgh : Awards, 1100—Degrees and pass lists, 52, 1100—Fellows admitted, 52, 1100—Iverson Macadam Memorial Prize, 1100
COLLEGE, ROYAL, OF SURGEONS, OF ENGLAND :
Appointments, 197, 423, 1100
Baron Research Laboratories, 197
Council election, 423
Council meetings, 197, 423, 643, 840, 1100, 1294
Degrees and pass lists, 197, 423, 643, 840, 1100, 1294, 1351
Diplomas, 197, 423, 643, 840, 1100, 1294
Examiners, 1294
Fellows elected, 840, 1100
Gifts to, 197, 1294
Gold Medal awarded, 1100, 1294
Honorary Fellow, 643
COLLEGE, ROYAL, OF SURGEONS OF ENGLAND
(continued) :
Hunter, John, Army Surgeon (George E. Gask), 401
Hunter Medal, 840
Hunterian dinner, 402
Hunterian lecture, 285, 651
Jacksonian Prize, 840
Lectures, 98, 790
Members of, 45
Members of twenty years standing elected Fellows, 840
Museum closed, 228
Museum demonstrations, 535
Recognition of hospitals, 197, 423, 643, 1100
College, St. Mungo's, Glasgow : Prize-giving ceremony, 728—Vacation courses for students, 728
College, Trinity, Dublin : Degrees and pass lists, 890. *See also* University of Dublin
College, University, Cork : Degrees and pass lists, 53
College, University, London : Lectures, 150, 589, 890—Scholarships, 690. *See also* University of London
COLLINS, A. J. : Care of the tuberculous, 989
COLLINS, Arthur Ward, obituary notice of, 305
COLLINS, Francis Garland, obituary notice of, 788
COLLINS, Major F. M. : Adherent Fallopian tube causing intestinal strangulation, 119 (O)
COLLINS, R. J. : Care of the tuberculous, 989
COLLINSON, Frederick William, obituary notice of, 1285, 1348
COLLIS, Edgar Leigh, C.B.E. conferred upon, 1041
Colloids, review of book on, 329
COLLINS, W. R. F. : Need for a national serum institute in Ireland, 884
Colon, diseases of the (A. F. Hurst), 631—(Sir Edmund I. Spriggs), 1129—Discussion, 1130
Colon, neoplasm of (S. W. Patterson), 882
Colonial Office, the vote for, 1235
Colonies, health in the (parliamentary note), 1235
Colorimetric tests for oxidation-reduction, 694
Colour testing, review of book on, 1161
COLQUHOUN, William : Air raid precautions, 1340
COLTART, Mr. : Injuries of peripheral nerves, 348
COLYER, Sir Frank : *Variations and Diseases of the Teeth of Animals*, rev., 390—Honorary gold medal of the Royal College of Surgeon, awarded to, 1100, 1294
COMBY, M. T. : *Les Encéphalites Aiguës Post-infectieuses de l'Enfance*, rev., 76
Comfort and warmth (parliamentary note), 54
Commonwealth Fund Fellowships, award of, 1308
Conduct disorder, neuro-psychological basis of (R. G. Gordon), 1325
Congress, Abolitionist, International, Paris (1937), 1166
Congress for Allergic Diseases, Dusseldorf (1937), 1055
Congress of the Austrian Association for Study of Diseases of the Throat, Nose, and Ears, Innsbruck (1937), 481, 1101
Congress, Childhood Protection, International, Paris (1937), 1351
Congress, Cremation, International, England (1937), 680
Congress of Dermatology and Syphiligraphy, International, Budapest (1935), *Proceedings*, 103
Congress of the Far Eastern Association of Tropical Medicine, Hanoi (1935), 103
Congress of the French Society of Ophthalmology, Paris (1937), 1239
Congress of French-Speaking Alienists and Neurologists, Nancy (1937), 1351
Congress of Gastro-enterology, International Society of, Paris (1937), 1055
Congress of the German Association for the Study of the Circulation, Bad Nauheim (1937), 539
Congress, German, for Historical and Social Medicine, Breslau (1937), 692
Congress of the German Society for Combating Rheumatism, Wiesbaden (1937), 481
Congress of the German Society for Surgery, Berlin (1937), 592
Congress of Gynaecology, French, Toulouse (1937), 649
Congress of Gynaecology and Obstetrics, All-Indian, Bombay (about Christmas, 1937), 1055
Congress on Haematology, International, Munster and Bad Pyrmont (1937), 692
Congress of the Haute Culture Médicale, Algiers (1937), 459
Congress, Health. *See* Congress of the Royal Sanitary Institute
Congress, Hospital, International, Paris (1937), 35, 692
Congress, Hospital da Santa Casa da Misericórdia de Santos, centenary of, Santos, Brazil (1936), *Proceedings*, rev., 921
Congress on Industrial Physics, Birmingham (1937), 517
Congress, International, "La Mère au Foyer," Paris (1937), 1123
Congress, Italian, of Colonial Medicine and Hygiene, Florence (1937), 793
Congress of the Journées Internationales de Pathologie et d'Organisation du Travail, Paris (1937), 1101
Congress, Journées Médicales de Bruxelles, Brussels (1937), 1143
Congress, Journées Médicales de Paris (1937), 845
Congress on Leprosy, International, Cairo (1938), 592, 650, 1081—A correction, 650
Congress of Local Authorities, International Union of, Paris (1937), 957
Congress, Medical, International, Interlaken (1937), 1351
Congress, Medical, Lille (1937), 793
Congress on Mental Hygiene, World, Paris (1937), 724, 1351
Congress of Microbiology, International, London (1936), *Proceedings*, rev., 1072
Congress of Military Medicine and Pharmacy, International, Bucarest (1937), 709—Special tour in Central Europe, 709
Congress of Neurology, International, Paris (1937), 1239
Congress in Obstetrics and Gynaecology in the United States, 1029
Congress in Obstetrics and Gynaecology, International, Amsterdam (1938), 1030
Congress, Obstetric and Gynaecological, All-India, Bombay (1937), 54
Congress of Ophthalmology, French Society of, Paris (1937), 1239
Congress of Ophthalmology, International, Cairo (1937), 915
Congress of Oto-neuro-ophthalmology, Geneva (1937), 604
Congress, Oxford Ophthalmological (1937), 1239
Congress, Peace, National, London (1937), 1066
Congress on Population Problems, International, Paris (1937), 1197
Congress of Psychology, International, Paris (1937), 1239
Congress of Psychotherapists, International, Copenhagen (1937), 1225
Congress of Pyrotherapy, International, New York (1937), 401
Congress of Radiology, International, Chicago (1937), 994
Congress, Rheumatism : International Congress of the Ligue Internationale contre le Rhumatisme, Oxford (1938), 54
Congress of the Royal Institute of Public Health and Institute of Hygiene, Margate (1937), 1101
Congress of the Royal Sanitary Institute, Birmingham (1937), 39, 867
Congress, Scandinavian Medical, Copenhagen (1935), *Transactions*, rev., 501
Congress for Short Waves in Physics, Biology and Medicine, International, Vienna (1937), 1239
Congress, Social Hygiene, Imperial, London (1937), 1351
Congress of the Societies of Medical Science of North Africa, Algiers (1937), 54
Congress of Social Medicine, Argentine : *El Problema de los Incapaces por Accidente*, 754
Congress of Surgery, French, Paris (1937), 54
Congress of Surgery, International, Vienna (1938), 163
Conjoint Board in England : Degrees and pass lists, 423
Conjoint Board in Scotland : Degrees and pass lists, 306
CONNOLLY, D. J. : Late menopause, 738
CONNOLLY, P. P. D. : Abortion and the law, 418
Connolly v. Rubra, 1099
Consolidated Fund (No. 1) Bill, 423, 735—Royal Assent to, 735
Constipation, bran in prevention of, 996
Constipation, prevention of (E. M. Dimock), 906 (O), 1336—Correspondence on, 996, 1046, 1134, 1231, 1336
"Constitutional therapy," 694
"Constructive conscious control," 1137. *See also* Control
Consumption. *See* Tuberculosis
Continuity, 1296
Contraceptive appliances, sale of by automatic machines, and advertisements as to where obtainable, forbidden in Vienna, 151
Contraceptive. *See also* Birth control
Contracture, Volkmann's, 565
Contributors, a note for, 33
"Control, constructive conscious," 1137
Convalescent Home, Maternity, 1296
CONWAY, Basil Wiseman, obituary notice of, 839
CONYBEARE, J. J. (editor) : *Textbook of Medicine*, second edition, rev., 329
COOK, James : Psychological factors in rheumatism, 529, 641
COOKE, R. T. (and P. PHILLIPS) : Typhoid abscess fifty-seven years after, 219
COOKE, W. E. : A clot in the cannula, 417—Congenital micro-colon, 727
COOKE-TAYLOR, Charles Ralph, O.B.E. conferred upon, 1041
COOKSON, Harold (and R. V. FACEY) : Value of a specific serum in the treatment of typhoid fever, 1009 (O)
COOLICAN, J. H. : Stone in the upper urinary tract, 830
COOPE, Robert : Lobectomy, 828
COORLAWALA, Ruston Nusserwanji, obituary notice of, 475
COPE, C. L. : The thyrotropic hormone, 1277
COPEMAN, W. S. C. : Blood sedimentation rates in rheumatoid arthritis, 778
CORBETT, R. S. : Diseases of the colon, 1131
CORKER, Major-General Thomas Martin, obituary notice of, 432
CORMAC, A. Dove : The tuberculosis problem, 1266
Corneal transplantation, results of (J. W. Tudor Thomas), 114 (O)
CORNWALL, V. Colton : Bronchoscopic clinics, 829
Coronary disease and angina, 940
Coronation, the (leading article), 1028
Coronation and a disused ritual, 1036

Coronation honours. *See* Honours
Coronation medals conferred, 1143
Coroner and the post-office, 397
Coroners' comments (parliamentary note), 899
Coroners' inquests in London, 995. *See also* Inquest
Coroners : No legislation this session (parliamentary note), 793
Coroners' District in the County of Denbigh, alteration of (parliamentary note), 736
Corporal punishment of juveniles (parliamentary note), 899, 1054, 1237, 1343. *See also* Birching of children
Corporal punishment for prison offences (parliamentary note), 1055
Corpse blood. *See* Blood
Corrections, 104, 152, 202, 254, 397, 430, 650, 952, 1102, 1188, 1352

Correspondence :
Abortion in France, 688
Abortion and the law, 418
Abortion : when is abortion lawful ? 470
Accident and diabetes mellitus, 684, 784
Agranulocytosis and allergy, 143
Agranulocytosis, rhythmical, 45
Air raid precautions, 1091, 1179, 1230, 1282, 1339
Alcohol and motoring accidents, 836
Allergic conditions, treatment of, 638
Allergy and agranulocytosis, 143
Ambulance service, civilian, 635
Anaemia, nutritional, in the East-End of London, 140, 191
Anaemias, hypochromic, and iron deficiency, 471, 528
Anaesthetist in the theatre, 43
Analgesia, gas-and-air, 731
Anatomists at Toronto, 839
Angina and coronary disease, 940
Angina innocens, 784, 834, 887, 997, 1088, 1138, 1228, 1337
Angina pectoris : functional or organic ? 940
Angioneurotic oedema, 244, 299, 526, 585 — Of the tongue, 526, 585
Animal pathology, 1229, 1339
Anthrax, a typical, 246
Antitoxins, specific, for gonococcal and meningococcal infections, 414, 470, 525, 585, 636
Appendicostomy in acute appendicitis, 191
"Arrested," definition of, 1227
Asthma, urinary protease in, 143
Auditory nerve section, 834, 885
Bence-Jones proteinuria. *See* Proteinuria.
Benzedrine, 43, 93
Birching of children, 684, 785, 836, 889, 941, 998, 1046, 1092, 1179
Blindness of Milton, 44
Blood coagulation time, estimation of, 360
Blood films in lead poisoning, 888
Blood group tests in disputed paternity, 299, 357, 419
"Blood-sugar worship," 684, 782, 835, 887
Blood transfusion, 40, 244
Blood transfusion fatalities, 94, 641, 686, 783
Blood transfusions in obstetrics, 996, 1043, 1090, 1176, 1280
Bristol Royal Infirmary, bicentenary of, 1285
British Association of Radiologists. *See* Radiologists
British Medical Associates and Trades Union Congress Joint Committee, 363
Bronchopneumonia, tuberculous, terminal caseating, 731
Bronchostaxis, 1227
Bureau of Geographical Medicine. *See* Medicine
Calculi, renal, large, 583
Cancer of the breast, 242, 296, 358, 416, 471, 527, 583, 640, 1045, 1139
Cancer of oesophagus, 1281, 1338
Cancer, pathogenesis of, 141, 245
Cancer of pharynx, treatment of, 1089, 1174
Cannula, clot in the, 417, 641
Cell growth, 141, 245
Cervical gland tuberculosis. *See* Tuberculosis
Coagulation. *See* Blood
College of Surgeons and its members, 45
Combined Universities Election. *See* Election
Constipation, prevention of, 996, 1046, 1134, 1231
1336 — Bran in, 996
"Constructive conscious control," 1137
Deaf, language for the, 530
Dermatitis artefacta, 888
Diagnosis, problem in, 41
Diathermy for cervicitis, 586
Diet, vegetable, for children, 640
Diphtheria immunization, 42, 146, 887 — With alum-precipitated toxoid, 887
Dressings, sterilization of, present-day methods, 1089
Ducks and bilharzia disease, 362
Election, Combined Universities, 729, 786, 890
Encephalitis, chronic, high hyoscine dosage in, 996
Enuresis in children, 1175, 1281
Erysipelas treated by prontosil, 836
Examinations, University, consistency of, 44, 96, 145
Exanthema subitum, 298
Factories Bill, 833
Faints and fits, 300, 362
Falling mantles, 838
Families, average size of, 1137
Fever, enteric, milk-borne, age incidence and sex incidence of, 1284
Fever, scarlet, milk-borne, at Doncaster 1280
Flexor tendon. *See* Tendon

Correspondence (continued) :
Food and nutrition, 781
Gas and air analgesia. *See* Analgesia
Gas gangrene, 301
Gas lectures, economics, and war, 1283
General practitioner and urinary infections, 833
Geographical medicine. *See* Medicine
Glaucoma, mechanics of, 42
Glycosuria, 194, 244, 301
Goitre, endemic, 193, 243
Gold salts, nervous complications of treatment by, 96
Gonococcal infections, specific antitoxins for, 414, 470, 525. *See also* Antitoxin
Gonorrhoea, cold treatment of, 96
Good will, international, 247, 263
Growth, cell, substances promoting, 141, 245
Haemophilia, acquired, 301, 785
Haemorrhage, intraperitoneal, from a Graafian follicle, 301, 362, 474, 527, 585, 889, 1045, 1140. *See also* Pregnancy, ovarian
Haemorrhages, extragenital, recurrent, 145, 245
Hay fever, ionization for, 1338
Health and milk supply of Malta, 1282
Health problems in Malta. *See* Malta
Heart failure, early diagnosis and treatment of, 1338
Hermaphroditism, 939, 998, 1140
Hernia, injection treatment of, 246, 360, 473, 1228
Hernia, treatment of, 1228, 1281
Herpes zoster and varicella, 1180
Hire purchase research, 587
Hobday Research Endowment Fund, 1339
Influenza epidemic, 93
Influenza and industry, 1174
Influenza, serum for, 140, 192
Inhalation therapy, 244, 259, 419, 587, 837, 997
Inn, the old English, 732
Insulin : Protamine insulin (with zinc)—suspension, 531, 581
Insulin therapy in psychiatry, 1178
Insulin, zinc protamine, 636
Intelligence, national, is it declining ? 362
Ionization, intranasal, by electrotherapists, 835
Ionization, technique of, 1046
Journal typography. *See* Typography
Kaolin, medicinal, in food poisoning, 835, 886, 1177
Kettle, Edgar Hartley, memorial to, 1134
Knee-joint operations, technique in, 1088, 1176, 1227
Koch's work on tuberculin, 417. *See also* Tuberculin
Labour, normal, under analgesia after temporary sterility, 687
Leucorrhoea, chronic, new treatment for, 781
Leucorrhoea treated by zinc chloride, 886
Liver extracts, value of, 730, 1090
Ludwig's angina treated with prontosil, 472, 584
Malaria control, 1175
Malta, health problems in, 1179, 1337
Man, metropolitan, the health of, 941
Mandelic acid in urinary affections, 471
Maternal mortality. *See* Mortality
Maternity services, 1136, 1178, 1231
Maudsley Hospital, 583
Medical aid in Spain. *See* Spain
Medical curriculum, reform of the, 1135, 1176
Medical History of Liverpool, 303
Medical illustrator, 731
Medical Peace Campaign, 1092
Medical service in the Territorial Army, 196
Medicine, Geographical, Bureau of, 525
Meningococcal infections, specific antitoxins for, 414, 636. *See also* Antitoxin
Mental disorder and the endocrines, 469
Mental hospital practice, temporary treatment in, 417
Mental hospitals, research in, 942, 1047. *See also* Research
Milk-borne scarlet fever at Doncaster, 1280
Milk-borne typhoid, age incidence and sex incidence of, 1284
Milk epidemic, 97
Milk, good, and fresh vegetables, 1179. *See also* Malta
Milk and the health of the cow, 785
Milk pasteurization, the case for, 683
Milk pasteurization, compulsory, 786, 887
Mind, regions of the, 42
Mononucleosis, infections, and monocytic leukaemia, 1280
Mortality, maternal, in Glasgow, 684
Mortality, maternal, report, 1090, 1136
Motorists, reaction time of, 835
Moynihan Memorial, 1280
Nasal sinusitis. *See* Sinusitis
Nerve section, auditory, 941
"Nocifensor" system of nerves. Why "nocifensor" ? 687, 786, 838, 942
Obstetrical flying squads, 886
Oral surgery club, 838
Orthopaedic conditions, 1229
Osteochondritis dissecans, 1094
Osteopathic colleges, 1340
Osteopathy. What is osteopathy ? 1046, 1137, 1284
Oxford University appeal, 1043
Oxygen administration, 526
Oxygen tent service, 413, 474
Papers, reprints of. *See* Reprints
Pasteurization of milk. *See* Milk
Pathology, animal, 1229
Peptic ulcer. *See* Ulcer
Perineal tears, local anaesthesia for, 836, 939
Pharynx, malignant disease of the, 142

Correspondence (continued) :
Physical medicine, 43, 93
Physical training. *See* Training
Pneumonia, new view of, 361
Pneumonia, open-air treatment for, 782
Pneumothorax, artificial, contralateral, 1139
Poisons, respiratory, 195, 361
Pregnancy, ovarian, 688
Pregnant women, transit of by air, 420
Professional secrecy : a Medical Privilege Bill, 302
Progesterone in pre-eclamptic toxæmia, 528
Prontosil in septic parotitis, 997
Prontosil treatment of streptococcal tonsillitis and cervical cellulitis, 941
Prostatectomy, 581, 685
Prostatectomy by the two-stage method, 472, 528, 581, 638, 685
Prostatic obstruction, treatment of, 144, 243
Protamine insulin. *See* Insulin
Proteinuria, Bence-Jones, pitfall in the diagnosis of, 143
Proteose, urinary, in asthma, 143
Psychiatric clinics, 684
Public health, the state of the, 940
Public schools. *See* Schools
"Rachi-resistance" and spinal anaesthesia, 297, 360, 418, 584
Radiograph or radiogram, 530
Radiograph or skiagram, 641, 687, 731, 786, 890
Radiologists, British Association of, 686
Radium treatment, effects of, 784
Reaction time of motorists. *See* Motorists
Rectal injuries from an enema nozzle, 1044
Renal calculi. *See* Calculi
Reprints of papers, 890
Research in mental hospitals, 942, 1047
Research workers in human genetics, information service for, 194
Rheumatism, metabolic factor in, 40, 95, 144, 299
Rheumatism, psychological factors in, 419, 529, 582, 640
Royal Medical Benevolent Fund Centenary Appeal, 581
Saline infusion, intravenous, continuous, 636
School medicine. *See* Schools, public
Schools for the physically defective, 363
Schools, public, proposed medical scheme for, 194, 358
Scurvy, 96
Sedimentometers, 473
Sepsis, nasopharyngeal, in cases of mental disorder, 637
Silicosis, prevention of, 95, 194, 298, 361, 420, 474, 586, 686, 838
Silicosis and respiratory poisons, 361
Simpson, Sir J. Y., and chloroform, 196
Sinusitis, nasal, in children, 357
Sleep for children, insufficient, 531
Spain, Southern, medical aid in, 732, 1285
Statistics, clinical, analysis of, 192, 302
Sterilization of dressings. *See* Dressings
Streptococcal infection of the eye, 1281
Surgeon's liability for nurse's negligence, 146
Syphilis, severe, recovery from, without medicine, 1093
Tavistock Clinic, 833
Tendon, flexor, accidental avulsion of, 1140
Tetanus, treatment of, 1044
Thyroid extract for the itching of jaundice, 301
Thyroid substance, modes of administering, 246
Trachoma from Spain, 1140, 1174
Training, physical, and pregnancy, 584
Tuberculin, Koch's work on, 417
Tuberculosis of the cervical glands, 43
Tuberculosis, Empire conference on, 1339
Tuberculous bronchopneumonia. *See* Bronchopneumonia
Turbidates, sclerosing submucosal injection of the, 245, 359, 416
Twins, locked, case of, 45
Typhoid abcess, 685
Typography of the *Journal*, the new, 97, 147, 196, 247
Ulcer, peptic, treatment of, 1177, 1335
University of London Medical Graduates Society, 531
Universities election. *See* Election
Uterus, puerperal inversion of the, 583
Vaccination, intra-epidermic, 1139, 1177, 1228
Vegetable diet. *See* Diet
Venous occlusion, intermittent, 1229
Water dropwort poisoning, 1045
Wax solvents, 529
Weight and early diagnosis, 193
Wellcome Trust, 242
Westmorland Consumption Sanatorium, origin of, 999

Cortex, adrenal (L. R. Broster and H. W. C. Vines), 662 (O)—(W. N. Kemp), 1194 (O), 1221—Discussion, 1221
COSSA, Paul : *Physiopathologie du Système Nerveux. Du Mécanisme au Diagnostic*, rev., 171
COSSAR, George Carter, C.B.E. conferred upon, 1041
Cost of living, of working-class families (parliamentary note), 648
COSTA, Luigi : Death of, 103—Bequest for study and treatment of cancer, 103
Costain, Richard, Ltd. : Explanation and apology, 1102
COTES-FREDDY, His Honour Judge D. : His report on the Bournemouth typhoid fever outbreak, 825

Council, General Medical: Crown nominee on (for Ireland), 729—Income and expenditure, 791—*Minutes and Index to Minutes* for 1936, rev., 614

COUNCIL, LONDON COUNTY:—

Air raid precautions, 468
Annual Report, 1935, 88, 822, 872
District Medical Services in London, 1086
General Hospital, an additional, for South London, 294
Health services, propaganda, 938
Hospital Handbook: *General and Special Hospitals and Ancillary Services*, 938
Hospital service, three years of, 572
Hospitals of, consultant and specialist services, 356
Hospitals of, facilities for medical education, 88
Hospitals of, medicine in the, 822
Hospitals, mental, service of, 872
Medical candidates for, 523
Medical candidates elected, 592
Medical members of Committees, 634
Midwifery scheme, domiciliary, for London, 989, 1334
Pharmacopoeia, 131
School children, medical treatment of, 413
Venereal disease treatment, 779

COWAN, John, appointed Physician to the King in Scotland, 532

COWAN, John Marshall, Honorary LL.D. Glasgow conferred upon, 831

COWELL, Colonel E. M.: International technical conference on aerial relief, 1328

COWELL, S. J.: Nutrition and infectious disease, 773
COX, Alfred: Physical medicine, 43—The new *Journal* typography, 147

COX, E. T.: Hobday Research Endowment Fund, 1339
COX, G. Lissant: Tuberculosis control in Lancashire, 1038

COX, Ursula: Maternity and child welfare, 1217

CRABBE, J. Sandison: Wax solvents, 694

CRADDOCK, A. L.: Prevention of silicosis, 194, 420

CRAIG, J. J.: Medicinal kaolin in food poisoning, 1177

CRAIG, J. W.: Hypertrophic pulmonary osteoarthropathy as the first symptom of pulmonary neoplasm, 750 (O)

CRALK, Robert: Rhythmic agranulocytosis, 45—Blood films in lead poisoning, 888

CRAMER, W.: Cancer and the expectation of life, 333

CRAMP, nocturnal, 55, 104

CRAMP, Arthur J.: *Nostrums and Quackery and Pseudo-Medicine*, vol. III, rev., 559—Note on, 565

CRAW, John W.: High hyoscine dosage in chronic encephalitis, 996

CRAWFORD, James: Health of Scottish ports, 1226

Cretinism (H. Gardner-Hill), 132

Cretinism, thyroid therapy in, 718

Crichton Royal Institution: Report, 634

CRICHTON-MILLER, H.: The frontiers of psychotherapy, 349—Psychology of puberty, 881

Criminal identification, blood groups in, 536

CRITCHLEY, Macdonald: Treatment of facial paralysis, 402—Neurological sequelae of spinal anaesthesia, 680

CROFT, Charles: Toxaemias of pregnancy, 1223

CROLL, A., appointed Serving Brother of the Order of St. John of Jerusalem, 166

CROOK, Eric: Diseases of the colon, 1131

CROOKSHANK, F. G. (Sir Walter LANGDON-BROWN, R. G. Macdonald LADELL and Frank GRAY): *The Place of Psychology in the Medical Curriculum, and Other Papers*, rev., 271

CROSBIE, W. E.: Open-air treatment for pneumonia, 782

CROWE, H. Warren: Nutrition and infectious disease, 775

CRUICKSHANK, John Merrill, O.B.E. conferred upon, 1041

CRUICKSHANK, Robert: Acute enteritis, 409

CULLEY, A. R.: Food poisoning in an institution, 325 (O)

CULLUM, Iris M. (and B. A. PETERS): Post-scarlatinal nephritis, 1020 (O)

CULPIN, Millais: Application of psychology to industrial problems, 253

CUMMINS, S. Lyle: Care of the tuberculous, 988

CUMSTON, J. H. L.: Nutrition in Australia, 1319

CUNNINGHAM, A. A.: Vaccine treatment of measles, 1202 (O)

CUNNINGHAM, J. F.: Encysted endometrioma, 779

CUNNINGHAM, Lieut.-Colonel John: Report of the Astley Ainslie Institution, 1278

Cunningham's Textbook of Anatomy, seventh edition, rev., 1025

Curette, adenoid (M. O. Abdeen), 1073

CURSCHMANN, Professor: *Endocrine Krankheiten*, second edition, rev., 1161

CURWEN, E. Cecil: *The Archaeology of Sussex*, rev., 449

Cyprus: Cerebro-spinal fever outbreak in, 593

CYRIAX, Richard J.: The earliest sanatoria in England, 104

Cysticercosis and epilepsy (A. J. P. Alexander), 966 (O)

Cystoscope, irrigating, improved (H. P. Winsbury-White), 223

Cysts, sebaceous, hereditary (J. T. Ingram and Michael C. Oldfield), 960 (O), 1102—A correction, 1102

CHARNECKI, R.: *Röntgenatlas Früh-tuberkulöser Veränderungen im Hilus*, rev., 501

D

Dairying, research in: Report of the National Institute for Research in Dairying, University of Reading, 89

DALE, Sir Henry Hallett: The Wellcome Trust, 242

—Honorary D.Sc. Manchester conferred upon, 643—Active immunization against diphtheria, 827

—Honorary D.Sc. Durham conferred upon, 1002

DALY, W. A.: The hospital statistician, 237

DALRYMPLE-CHAMPNEYS, Sir Weldon: Air conditioning, 1172

DALTON, C. H.: Short-wave therapy, 1102, 1144

DANBOLT, N.: Lues congenita tarda, 120

Dangerous drugs. *See* Drugs

DANIELL, George Warwick Bamfylde, obituary notice of, 305

DATNOW, M.: Pathology of criminal abortion, 727

DAUSSET, Henri, death of, 535

DAVENPORT, C. B. (and Merle P. EKAS): *Statistical Methods in Biology, Medicine and Psychology*, fourth edition, rev., 1072

DAVER, M. B.: Crude cod-liver oil in treatment of wounds, 169

DAVID, Manikkam Durai Raj, M.B.E. conferred upon, 283

DAVIDSON, Alexander Dyce, obituary notice of, 839

DAVIDSON, A. H.: Encysted endometrioma, 779—Vaginal hysterectomy, 779—Varicose veins in pregnancy, 994

DAVIDSON, Dr.: Industrial diseases, 38

DAVIDSON, L. T. (K. K. MERRITT and T. T. CHAPMAN): Irradiated evaporated milk for prevention of rickets in infants, 1156

DAVIDSON, S. C.: Radiographs of infectious arthritis, 906

DAVIDSON, Stanley: Value of liver extracts, 730

DAVID, Paul C.: Silicosis in coal mines, 791

DAVIES, Daniel T., appointed Physician to the Household, 532

DAVIES, G. L.: Another warning, 952

DAVIES, H. Morrison: Collapse therapy, 1265

DAVIES, J. S., appointed Serving Brother of the Order of St. John of Jerusalem, 166

DAVIES, Trevor: Angina innocens, 834

DAVIES-JONES, C.: Report on Isle of Wight Mental Clinic, 885

DAVIS, Cresswell: Intraperitoneal haemorrhage from a Graafian follicle, 889, 1140

DAVIS, Eli: Vasospasm after charcoal treatment, 55

DAVIS, John Eisele (and W. Rush DUNTON): *Principles and Practice of Recreational Therapy for the Mentally Ill*, 815

DAWKINS, C. J. M.: *On the Incidence of Anaesthetic Complications and Their Relation to Basal Narcosis*, rev., 863

DAWKINS, Sydney Lettis, appointed Knight of the Order of St. John of Jerusalem, 166—O.B.E. conferred upon, 283

DAWSON OF PENN, Lord: Becomes President of the Association of Certified Blind Masseurs, 54—Appointed Physician in Ordinary to the King, 532

—Elected President of the Royal College of Physicians of London, 673—Care of the tuberculous, 988—Appreciation of Sir Samuel Squire Sprigge, 1347

DE, U. N.: Plasma cholesterol content in diabetic Indians, 168

Deaf children, hearing and speech in: Report (Phyllis M. T. Kerridge), 723

Deaf Children (School Attendance) Bill, 251, 365, 536, 690, 895. *See also* Education (Deaf Children) Bill.

Deaf children, special schools for, revised list, 1294

Deaf, language for the, 530

Deaf, legislation for the (leading article), 716

Deaf, National Institute for: Annual report, 716

Deafness, review of book on, 755

Death, causes of, more stringent regulations for notification of in France, 1295

Death following blood transfusion. *See* Blood

Death rate in France, 1301

Death, sudden (B. T. Parsons Smith), 881

Deaths, anaesthetic (Edwin Smith), 881

Deaths, unusual (G. R. Osborn), 328—A failed suicide, 328—A peculiar drowning, 328

DE BEULE, Fritz, elected President of the Royal Academy of Medicine of Belgium, 103

DE BLOEME: Unilateral pulmonary tuberculosis, 1266

DE CANDOLE, Captain C. A.: Oxaluria, 846

DECHAUME, M.: Intense pain following removal of wisdom tooth, 1015

Decubitus, dorsal, prolonged, effects of (G. R. Girdlestone), 628—Discussion, 628

Defective children, special schools for, revised list, 1294

Defectives, mental, provision for in Scotland, 1227. *See also* Mental

Defence expenditure (parliamentary note), 423

Defence Loans Bill, 536, 589

Delinquency, Institute for Scientific Treatment of: Survey of the year's work, 1220—Annual meeting, 1220

Delinquency, psychotherapy of, 152, 1220—(Denis Carroll), 1220

Delinquency, review of book on, 1257

Delirium tremens, evipan for, 336

DELORE, P.: *Tendances de la Médecine Contemporaine. La Médecine à la Croisée des Chemins*, 78

Dementia praecox, research institutes for in the United States, 201

DE MONTE, Assistant Surgeon Arthur Norman, M.B.E. conferred upon, 1041

DENHOLM-YOUNG, H. M.: Hermaphroditism, 1140

DENNY-BROWN, D. E.: Frequency of micturition in the adult, 37

DENT, John Verbury: *Reactions of the Human Machine*, rev., 559

Dental Board of the United Kingdom: Income and expenditure, 791

Dental treatment of unemployed (parliamentary note), 1343. *See also* Insurance

Dentists Register for 1937, rev., 754

DEPARIS, M.: Tuberculous hepatitis, 36

DEPISCH, Franz: *Die Diät- und Insulinbehandlung der Zuckerkrankheit*, rev., 391

Depopulation, review of book on, 919

Dermatitis artefacta: an unusual case (E. W. Prosser Thomas), 804 (O)—Correspondence on, 888

Dermatitis of the feet, 202, 254

Dermatology, review of books on, 21, 1160, 1316

Dermatology. *See also* Skin

DEROT, Maurice: *Les Hépatonéphrités*, 1213

DEROT-PICQUET, Renée: *Les Hépatonéphrités*, 1213

DE RUETTE, Vict.: School medicine, 358

Descartes, René, tercentenary of, 1133

DESHMUKH, P. L.: Blood transfusion fatalities, 783

Deutsche medizinische Wochenschrift for January 29, devoted to pneumonia and influenza, 373

DE VEECHI, Bindo, death of, 364

DEWEY, E. W.: Intraperitoneal haemorrhage from a Graafian follicle, 474

Diabetes mellitus and accident, 684, 784

Diabetes mellitus treated with protamine insulin, and zinc protamine insulin (H. P. Hemsworth), 541 (O)

Diabetic Indians, plasma cholesterol content in (J. P. Bose and U. N. De), 168

Diabetic retinitis, 277

Diabetics, pregnancy in (H. V. Tighe), 994

Diagnosis, early, and weight, 193

Diagnosis, histology, rapid, in (G. T. Mowat), 777

Diagnosis, problem in, 41

Diagnosis, review of books on, 861, 920

Diagnosis, surgical (W. H. Ogilvie), 1 (O)

Diathermy for cervicitis, 586

Diathermy, non-coagulation, for prostatic treatment (J. H. Zaalijer), 113

Dick test, observations on (Frank L. Ker), 852 (O)

DICK, Robert James, obituary notice of, 588

Dickinson Scholarship Trust, 779

Dictionaries, review of, 124

DIEFFENBACH, W. H.: Remedy for seasickness, 55

Diet and health (Isabel Leitch), 780

Diet, National (leading article), 757

Diet of the people, 771

Diet, review of book on, 755. *See also* Dietetics

Diet, vegetable, twins on, 563—Correspondence on, 640

Diet. *See also* Nutrition

Dietaries, working class, 176

Dietetics, review of books on, 21, 713, 1206

Dietary survey (leading article), 334—A correction, 397

Diets, model, in mental hospitals (parliamentary note), 737

Digestive tract, movements of the (J. Russell Reynolds), 285

Digestive tract, review of book on, 330

DILL, D. B.: Acclimatization to high altitudes, 991

DILON, Frederick: Temporary treatment in mental hospital practice, 417

DILON, Luke Gerald, obituary notice of, 1001

DIMOCK, E. M.: Prevention of constipation, 906 (O), 1336

Dingle, Percival Alfred, C.B.E. conferred upon, 283

Dinitrophenol as a slimming drug, 1203

Diphtheria, C. *diphtheriae* types in Capetown (Joyce Wright), 259 (O)

Diphtheria complicated by gangrene, 1188

Diphtheria in Edinburgh, 90

Diphtheria in Germany, 1087

Diphtheria, heart in (H. Mason Leete), 1331

Diphtheria immunization, 42, 146, 717

Diphtheria immunization, active (Claus Jensen), 826—Discussion, 827

Diphtheria, immunization against with alum-precipitated toxoid (George Chesney), 807 (O)—Correspondence on, 887

Diphtheria immunization and diphtheria incidence at Huddersfield (parliamentary note), 648, 1344

Diphtheria immunization, fatality after, 1182, 1344—Verdict of coroner's jury, 1344

Diphtheria, saliva in, 56

Director for strangulated hernia (Leonard Ley), 125

Disability in miner's nystagmus. *See* Nystagmus

Disability, review of book on, 170

Disclaimers, 254, 310, 337, 794, 846, 900, 1240

Disease in industry, prevention of (Donald Hunter), 700 (O)

Disease in industry. *See also* Occupational diseases

DISHER, Colonel H. C., appointed Officer of the Order of St. John of Jerusalem, 166

Disinfectant, Vergipe, 223

Dispensaries, Madras, report on, 938

Dispensary, benevolent, the soi-disant (in France), 832

“Disposition” and the specific allergen in asthma, hay fever, and other allergic conditions (E. M. Fraenkel), 438 (O)

Dissociation and repression (William McDougall), 1169

District medical services in London, 1086

District nursing. *See* Nursing.

- Distressed areas, nursery schools in, 56
Diverticula in the gut and epithelial overgrowths (D. M. Lubbock, W. Thomson, and R. C. Garry), 1252 (O)
Divorce (Scotland) Bill, 428, 589, 645, 895
Divorce and drunkenness. *See* Marriage Bill
DIXEY, R. N.: *Tuberculin-Tested Milk: A Study of Reorganisation for its Production*, 814
DIXON, J. H.: Blood transfusion cannula, 22
DIXON, Walter E.: *A Manual of Pharmacology*, eighth edition, rev., 448
DOBSON, G. M. B.: Fouling of the atmosphere, 1128
DOCKRAY, G. C.: Renal tuberculosis, 137—Encysted endometrioma, 779—Stone in the upper urinary tract, 830
Doctors, Allen, admission of (parliamentary note), 1237
Doctors in Belgium, numbers, 55
Doctors in Belgrade, numbers, 826
Doctors in France, numbers, 55—Retiring Age, for, 240
Doctors, frauds on, 650
"Doctor's Mandate in Parliament" now published in pamphlet form, 420
Doctor's widow, appeal of dismissed (Connolly v. Rubra), 1099
DODDS, E. C.: Chemistry of vestrogenic compounds and methods of assay, 398—Extracts of liver and yeast in macrocytic anaemia, 629—Relation between pituitary and gastric secretion, 629
DODSON, George Everard, obituary notice of, 1181
DODWELL, H. B.: Air raid precautions instruction in Wandsworth, 1008
Dogs, experiments on (parliamentary note), 251
DOLLEFUS, M. A. (F. TERRIER and Prosper VEIL): *Le Décollement de la Rétine et son Traitement*, rev., 920
DONALD, Archibald, obituary notice of, 891, 1001
DONALDSON, Lieut.-Colonel J. R., appointed Officer of the Order of St. John of Jerusalem, 166
Doncaster, Scarlet fever epidemic at, 26, 252, 309, 519, 1189, 1280—(Parliamentary note), 252, 309—Birching at Doncaster Court (parliamentary note), 950—Outbreak of milk-borne scarlet fever and tonsillitis in (R. Watson), 1189 (O)—Correspondence on, 1280
DONOVAN, F. D., appointed Surgeon Dentist to the Household, 532—Appointed Surgeon Dentist to Queen Mary's Household, 1007
DORFEL, J.: Causes of sterility in women, 384
DORMER, B. A.: Care of the tuberculous, 987
DORSEY, J. L.: Lobeline in cure of the tobacco habit, 864
DOUGAL, Daniel: Cystic degeneration of the endometrium, 408—Spa treatment in gynaecology, 725—Appreciation of Archibald Donald, 893
DOUGLAS, C. E.: Appreciation of Thomas Goodall Nasmyth, 248—(And J. G. Priestley): *Human Physiology, a Practical Course*, second edition, rev., 1024
DOUGLAS, D. M., awarded a Commonwealth Fund Fellowship, 1308
DOUGLASS, Margaret E., appointed Officer of the Order of St. John of Jerusalem, 166
DOUGLAS-WEBSTER, J. H.: Wave-length in radiotherapy, 1275
DOUTHWAIT, A. H.: Serum for influenza, 140
DOWLER, H. G.: Serum treatment of tetanus, 809
DOWNER, E. C.: Birching of children, 1046
DOWNES, Major-General B. M., appointed Knight of the Order of St. John of Jerusalem, 166
Drainage of biliary ducts, new T-tube for (Rodney Maingot), 971
DREIFUSS, A.: Operating sigmoidoscope, 125
Dressings, friar's balsam for, 1240
Dressings, sterilization of, present-day methods of, (Major S. N. Hayes), 911 (O), 1188—Correspondence on, 1089—A correction, 1188
DREWITT, F. G. D., dinner to, 373
DRIESSEN, J. (C. LAMBERT and M. MALATRAY): *La Chirurgie du Cancer du Poumon. Bases Anatomiques et Expérimentales. Technique Opératoire*, rev., 447
Droitwich Brine Fund for the Treatment of Rheumatism, 1101
Dropsy, epidemic, epidemiology of (R. B. Lal and S. C. Roy), 1110 (O)
D'ROSE, Major Francis Joseph, M.B.E., conferred upon, 1042
Drowning, a peculiar (G. R. Osborn), 328
Drug treatment of influenza, 202. *See also* Influenza
Drugs, biological study of, 511
Drugs, Dangerous, Regulations, 1937, 1341
Drugs, narcotic, traffic in, 227
Drugs, slimming, and cataract (Hamilton E. Quick), 1203
Drugs, thefts of, from doctors' cars (parliamentary note), 252
Drunkenness alleged from British wines (parliamentary note), 950
Drunkenness and divorce. *See* Marriage Bill
DRURY, Alan Nigel, elected a Fellow of the Royal Society, 1032
Dual personality (Sir Walter Langdon-Brown), 1278
Dublin. *See* Ireland
Ducks and bilharzia disease, 362
DUCKWORTH, Eugene, M.B.E. conferred upon, 283
DUDLEY, Surgeon Rear-Admiral S. F.: The hospital statistician, 237—Active immunization against diphtheria, 827
DUGGAN, P. J.: Mental disturbance following atropine administration, 918
DUKES, Cuthbert: Problems of blood transfusion, 1330
DUKES, Dr.: Laboratory diagnosis of gonorrhoea, 350
DUKE-ELDER, Sir Stewart, appointed Surgeon Oculist to the King, 532
DUKE-FINGARD: Inhalation treatment (parliamentary note), 1187
Dundee. *See* Scotland
DUNHILL, Sir Thomas (and F. R. FRASER): Clinical aspects of hyperthyroidism, 84—Lettsomian Lectures in the surgery of the thyroid gland, 460, 514, 568—Appointed Surgeon to the King, 532
DUNKIN, S. E., appointed Serving Brother of the Order of St. John of Jerusalem, 166
DUNLOP, B.: Abortion in France, 688—Air raid precautions, 1340
DUNN, Naughton, honorary LL.D. Aberdeen conferred upon, 790, 831
DUNSTON, John Thomas, obituary notice of, 101
DUNTON, W. Rush (and John Eisele DAVIS): *Principles and Practice of Recreational Therapy for the Mentally Ill*, 815
Durham: Milk supply of, 293
DURRANI, Captain Nisar Muhammad, obituary notice of, 944
Dust diseases, review of book on, 614
Dusting powder ("Kinoo powder"), 560
DUTTA, Atul Chandra, M.B.E. conferred upon, 1042
DUTTON, Walton Forest: (and George Burt LAKE): *Parenteral Therapy*, rev., 970
DUVAL, P.: Different reactions to similar surgical interventions, 1248
DYKE, S. C.: Problems of blood transfusion, 1329
Dysentery and shiga, 781
DYSON, Newton: *The Practice of Tonization*, rev., 1071
Dysmenorrhoea, action of potentilla anserina on (P. Hauptstein), 258
Dystocia due to over-distension of foetal bladder (F. J. Burke), 993
- E**
- Ear disease, review of books on, 510
Ear drum, perforated, medico-legal case, 945
EARENGEY, Judge: Blood groups and non-paternity, 992
EASON Herbert Lightfoot: Appointed Principal of the University of London, 678, 690
EAST, Terence: Course and management of congenital heart disease, 289
EASTCOTT, E. H.: Birching of children, 1179
EASTERBROOK, C. C.: Report on Crichton Royal Institution, 634
EBBS, J. H.: Otitis media in early childhood, 1084
ECCLES, W. McAdam: The defence in negligence cases, 138—Healthy holidays for the worker, 877—Management of the undescended testicle, 936
Eclampsia, pathogenesis of (W. R. Addis), 1103 (O)
Eczema, varicose, ultra-violet irradiation in the treatment of (Albert Eldinow), 16 (O)
EDAL-BERRAM, Ardaviraf Dinshawi: Appointed Associate Officer of the Order of St. John of Jerusalem, 166
EDDISON, H. W.: Anxiety neurosis, 92, 152—A correction, 152
EDGE, Frederick, obituary notice of, 1141
EDGE, Major-General John Dallas: Death of, 981—Obituary notice of, 1099
EDINGTON, George H.: Traumatic radial paralysis, 777
EDMONDS, Sophia Gifford, her gift to Droitwich for the treatment of poor persons with rheumatism, 1101
Education (Deaf Children) Bill, 895, 946, 1008—Royal Assent to, 1003. *See also* Deaf Children (School Attendance) Bill
Education and industry, relation of, 303
EDWARDS, Dr.: Unilateral pulmonary tuberculosis, 1266
EDWARDS, F. Ronald: Congenital cystic disease of the lungs, 292
EDWARDS, J. T.: Nutrition and infectious disease, 774, 846
Egg membrane technique in virus work, 336
Eggs, imported, alleged infection in (parliamentary note), 737
Egypt: Malaria in, 1322—Research Institute and Endemic Diseases Hospital: Annual report, 1106
EHLERS, Edvard Lauritz: Obituary notice of, 1233
EIDINOW, Albert: Ultra-violet irradiation in the treatment of varicose ulcers, varicose eczema and varicose veins, 16 (O)
Edinburgh. *See* Scotland
EKAS, Merle P. (and C. B. DAVENPORT): *Statistical Methods in Biology, Medicine and Psychology*, fourth edition, rev., 1072
ELAM, John: Maternity services, 1136
Election, Combined Universities, 692, 729, 786, 890
Electro-filters and poisonous smokes (parliamentary note), 950
ELFORD, W. J.: A new method of centrifugation, 673
ELLERY, Lieut.-Colonel Richard Francis, obituary notice of, 253
ELLIOT, Right Hon. Walter, Honorary LL.D. Glasgow conferred upon, 831
ELLIOTT, Sir James: *Scalpel and Sword*, rev., 664
ELLIOTT, T. R.: The Wellcome Trust, 242
ELLIS, G. Ronald: Congenital microcolon, 727—Multiple cerebral abscesses, 727
ELLIS, L. E.: Appointed Commander of the Order of St. John of Jerusalem, 166
ELLIS, Richard W. B.: Trachoma from Spain, 1174
- ELLIS, V. H. (and B. H. BURNS): *Recent Advances in Orthopaedic Surgery*, rev., 862
ELLMAN, Philip: Inhalational therapy, 244—Tuberculosis control, 1038
ELMAN, Robert (and WARREN, H. Cole): *Textbook of General Surgery*, rev., 122
Emaciation due to pathological causes (Francesco Galdi), 1020
Emergencies, renal, non-surgical (James M. Stalker), 546 (O)
EMERSON, Charles Phillips: *A Textbook of Medicine*, rev., 1117
EMERSON, Major-General H. H. A.: Appointed Honorary Surgeon to the King, 944
ÉMILE-WEIL, P. (P. ISCH-WALL and Suzanne PERLÉ): *La Ponction de la Rate*, rev., 123
Emotion in childhood (Margaret Lowenfeld), 682
EMPEY, Lieutenant William Stewart: O.B.E. conferred upon, 283
Emphysema, heart in, 1216
Empire Settlement Bill, 306, 307
Employers' Liability Bill, 538
Empyema cavities, emulsion of iodized oil for x-ray examination of (Wilfrid Trillwood), 173
Empyema, streptococcal, prontosil by the intrapleural route in (James L. Brown), 1157 (O)
Empyema, streptococcal, streptocide for, 1281
Encephalitis, chronic epidemic, effects of high atropine dosage in (Arthur J. Hall), 795 (O)
Encephalitis, chronic, high hyoscine dosage in, 996
Encephalitis lethargica, sporadic case of (J. J. W. Evans), 557
Endocarditis, bacterial, 228
Endocarditis, thrombotic non-bacterial, 1166
Endocrine system in Graves's disease and Addison's disease, examination of (G. Bini), 678
Endocrines and mental disorder (F. L. Golla), 404—Discussion, 404—Correspondence, 469
- ENDOCRINES IN THEORY AND PRACTICE:
Addison's disease and suprarenal insufficiency (A. W. Spence), 279
Adrenal gland, physiology of (S. Levy Simpson), 229
Adreno-genital syndrome and tumours of the suprarenals (A. W. Spence), 338
Cretinism (H. Gardiner-Hill), 132
Endocrinology, history of (Sir Humphry Rolleston), 1033
Endometrium and uterine muscle and ovarian cycle, physiology of (J. M. Robson), 512, 566
Goitre, endemic problem of (Sir Robert McCarrison), 29
Hormone deficiencies in the male (Kenneth M. Walker), 623
Hormone treatment of some disorders of pregnancy (T. N. A. Jeffcoate), 674, 720
Hormone treatment of menstrual disturbances (P. M. F. Bishop), 763
Hormones, male, chemistry and assay of (R. K. Callow and A. S. Parkes), 456
Hyperparathyroidism (Donald Hunter), 982
Hyperthyroidism, clinical aspects of (F. R. Fraser and Sir Thomas Dunhill), 84
Menopause (P. M. F. Bishop), 819
Myxoedema (H. Gardiner-Hill), 132
Oestrogenic compounds, chemistry of, and methods of assay (E. C. Dodds), 398
Parathyroid glands (Donald Hunter), 929
Thymus and pineal glands (Samson Wright), 874
Thyroid extract in conditions other than myxoedema (D. Murray Lyon), 179
- Endocrinology, history of (Sir Humphry Rolleston), 1033
Endocrinology, review of book on, 499, 1161
Endometrial biopsy (Albert Sharman and H. L. Sheehan), 965 (O), 1102—A correction, 1102
Endometrioma, encysted (J. F. Cunningham), 779
Endometriosis (N. M. Falkiner), 778
Endometrium, cystic degeneration of the (D. Dougal), 408
Endometrium, physiology of (J. M. Robson), 512, 566
ENGELSTAD, R. B.: Radium therapy in cancer of the buccal cavity, 1021
Enema given through a rigid nozzle causing severe rectal injuries (Walter W. Galbraith), 859 (O)—Correspondence on, 1044
English, basic, a medical paper in, 310
ENGLISH, W. L.: Ovarian pregnancy, 638—Animal pathology, 1339
ENSOR, Major-General H., appointed Colonel Commandant Royal Army Medical Corps, 196
Enteritis, acute (Robert Cruickshank), 409
Enuresis in children (H. G. McGregor), 1061 (O)—Correspondence on, 1175, 1281
Epilepsy, cerebral congestion as an aetiological factor in (Ronald Cairns), 388
Epilepsy and cysticercosis (A. J. P. Alexander), 966 (O)
Epileptic children, special schools for, revised list, 1294
Epithelial overgrowths and diverticula in the gut (D. M. Lubbock, W. Thomson and R. C. Garry), 1252 (O)
Ergot, alkaloids of (G. Barger), 631
ERNST, Jürgen: *Hautdesinfektions Probleme*, 871
ERWIN, G. S.: Contralateral artificial pneumothorax, 1139
Erysipelas treated by prontosil, 836
Erythematosis, febrile, marked, during treatment with mandelic acid (W. L. James), 1255

ESTIMATES: For Agricultural Education and Research, 536—Agriculture and Fisheries, 1235—Air Force, 645, 647, 690—Army, 645, 647, 691—Board of Control, 1287—Board of Education, 365, 1287, 1341—Board of Trade, 1142—Civil, 647, 690, 841, 896, 1142—Health Ministry, 1235, 1287—Navy, 647

Ethiopia, ambulance units in, 1324

Europe, malaria in (leading article), 715

Euthanasia of cats and dogs, 1323

EVANS: *Recent Advances in Physiology*, fifth edition, rev., 75

EVANS, E. S.: Maternity and child welfare, 1217

EVANS, J. W.: Sporadic case of encephalitis lethargica, 557

EVANS: M. D. Arwyn: Variations of weight during pregnancy, 157 (O)

EVANS, William: Early diagnosis and treatment of heart failure, 1145 (O)

EVERIDGE, John: Effects of prolonged dorsal decubitus, 628

EVERS, Norman: Medicinal kaolin in food poisoning, 835

Evipan anaesthesia. *See Anaesthesia*

EWING, A. W. G. (I. R. EWING and T. S. LITTLER): *The Use of Hearing Aids*, 344

"Examen," 1317

Examinations, university, consistency of, 44, 96, 145

Exanthema subitum, 298

Exanthemata, review of book on the, 1025

Exhibition to illustrate the application of science to building, 569

Exhibition of water-colour drawings of game-birds, etc., 845

Exostoses of the external auditory meatus: a technique for their surgical removal (Arthur Miller), 263 (O)

Expiring Laws Continuance Act, 53—Royal Assent to, 53

Explanation and apology, 1102

Exportation of Horses Bill, 1184

Ex-service men: Health of (parliamentary note), 536

Eye disease, review of books on, 810

Eye, effect of radium on, used for treatment of malignant disease in the neighbourhood (Phillipa Martin), 651 (O). *See also Radium treatment.*

Eye muscles, review of book on, 712

Eye, review of books on, 712, 1257

Eye. *See also Ophthalmology*

F

FACEY, Fleet Surgeon C. S. awarded a Greenwich Hospital pension, 51

FACEY, R. Vaughan: Blood transfusion, 40—(and Harold COOKSON): Value of a specific serum in the treatment of typhoid fever, 1009 (O)

Facial paralysis. *See Paralysis*

Factories, air conditioning in (C. W. Price), 1171

Factories, Bedeaux system in (parliamentary note), 537

Factories

Factories Bill, 306, 365, 367, 423, 450, 477, 537, 563, 589, 645, 690, 791, 833, 842, 897, 1003, 1050, 1142, 1184, 1210, 1235, 1287—Leading article on, 563—And medicine (leading article), 450—Second reading, 477—In committee, 537, 589, 645, 690, 791, 842, 897, 1003, 1050, 1184—Correspondence on, 833—An Advisory Board? 563—Welcomed by Save the Children Fund, 1210

Factories, textile, in the West Riding, number of women and young persons employed in (parliamentary note), 592

Factories, ventilation of, Home Office pamphlet on, 673

Factory Department of the Home Office, report (parliamentary note), 371

Factory and Workshop Bill, 53

Fahrenkamp, Karl: *Essential and Commonplace Aspects of Heart Disease*, rev., 812

Faints and fits (A. Rae Gilchrist), 203 (O)—Correspondence on, 300, 362

FAIRBANK, H. A. T.: Ununited fractures, 576

FAIRBROTHER, R. W. (and Leslie HOYLE): Isolation of the influenza virus and the relation of antibodies to infection and immunity, 655 (O)—*A Textbook of Medical Bacteriology*, rev., 861

FAIRFIELD, Letitia: The hospital statistician, 237—Equal pay for equal work for women, 430

FAIRLEY, N. Hamilton (and F. P. MACKIE): Clinical and biochemical syndrome in lymphadenoma and allied diseases involving the mesenteric lymph glands, 375 (O)—Sigmoidoscopy in tropical practice, 578—Extracts of liver and yeast in macrocytic anaemia, 629—Problems of blood transfusion, 1329

FAIRLIE, Archibald, obituary notice of, 587

FAIRLIE, Harry Prescott, obituary notice of, 1048

FALCONER, Lieut.-Colonel A. R., appointed Knight of the Order of St. John of Jerusalem, 166

FALKNER, N. M.: Endometriosis, 778

Falkland Islands, influenza epidemic in (R. L. Cheverton), 135

Falling mantles, 838

Fallopian tube, adherent, causing intestinal strangulation (Major F. M. Collins), 119 (O)

Fallopian tubes, occlusion of, Halban's operation in (T. M. Healy), 269

False pretences (Phillips Abse), 1345

Families, average size of, 1137

Far East, opium smoking in the, 1167

FARNCOMBE, H.: Blood-sugar worship, 783

Fat in middle-aged persons, 128. *See also Middle-age spread*

FAWCETT, Richard: Prevention of silicosis, 298

FAWCUS, H. B.: Inhalational therapy, 837

FAYRER, Lieut.-Colonel Sir Joseph, obituary notice of, 894

FEATHERSTONE, H. W.: Anaesthesia in America, 630

Feeble-minded, Bishop of Birmingham on the cost of to the country, 593

Feeding, better, education in, 634

Fees, recovery of, 944

Feet, dermatitis of the, 202, 254

Feet, painful, 738, 846

FEGEN, C. M.: Hire purchase research, 587

Fellowship of Medicine: Alcohol or insulin? Mock trial held by the Fellowship, 644

FENTON, James, elected President of the Society of Medical Officers of Health, 1239

FERGUSON, Fergus R.: Neurological sequelae of spinal anaesthesia, 681

FERGUSON, Sir Lindo: Fourteenth issue of the *Proceedings of the University of Otago Medical School* dedicated to, 1069

FERRIS-SCOTT, L.: Motor car insurance, 104

FETTES, Major David, O.B.E. conferred upon, 1041

Fever, enteric, age incidence and sex incidence in milk-borne typhoid, 1284

Fever, enteric, Bournemouth and district outbreak, inquiry into, 373—Judge Cotes-Freedy's report, 825—Official report, 1182—Correspondence on, 1284

Fever, enteric, Liverpool outbreak (parliamentary note), 592, 692, 1055

Fever, enteric, in Spanish refugee children (parliamentary note), 1343

Fever, enteric, treated with a specific serum (Harold Cookson and R. V. Facey), 1009 (O)

Fever, enteric, vaccination against (leading article), 758

Fever, glandular. *See Mononucleosis*

Fever, relapsing, among the coloured troops in Addis Ababa (D. Sibilia), 1218

Fever, rheumatic, and vitamin C deficiency, 28

Fever, rheumatic. *See also Rheumatic*

Fever, scarlet, at Doncaster, 26, 252, 309, 1189, 1280—(Parliamentary note), 252, 309—(R. Watson), 1189 (O)—Correspondence on, 1280

Fever, scarlet, haemolytic streptococci in wards (W. A. Brown and V. D. Allison), 714

Fever, scarlet, at Oswego, New York State, 593

Fever, typhus, in Soviet Russia, 693

Fever, modern treatment of (Andrew Topping), 352

FIDLER, Florence G.: *The Patient Looks at the Hospital*, rev., 447, 650

FIESER, L. F.: *The Chemistry of Natural Products Related to Phenanthrene*, rev., 754

Fife, child welfare in, 1334

Filing cabinet wanted, 1295

Finance Bill (leading article), 870—Parliamentary note, 895, 1142, 1184, 1235, 1287

FINCKH, Alfred E.: Estimation of coagulation time, 360

FINDLAY, Leonard: Nutritional anaemia in the East End of London, 12 (O), 191—Course and management of congenital heart disease, 290

FINGARD, David, refused admission to this country by the alien administration authorities, 1007

Finger nails. *See Nails*

Finsen-Lomholt lamp. *See Lamp*

FINZI, N. S.: Malignant bone tumours, 186

Firearms Bill, 306, 365, 476—Royal Assent to, 476

Fire precautions at voluntary hospitals, 55

First aid, review of book on, 1317

FIRTH, Arthur Marcus, obituary notice of, 1141

Fischer, T., history of, 1239

FISCHER, Martin: *Christian R. Holmes: Man and Physician*, rev., 1119

Fish, Diseases of, Bill, 365, 895, 1050, 1142, 1287—Royal Assent to, 1287

FISH, E. Wilfred: Oral infections, 724

Fistula, biliary: Wanted—a patient with, 794

Fistula, vesico-colic, case of (H. P. Winsbury-White), 1158

FITZGERALD, Major Gerald Hartas, obituary notice of, 372

FITZGERALD, J. J.: To study the teaching of preventive medicine in many countries, 1101

FITZSIMONS, J. J.: Subclavian aneurysm, 411—Thrombo-angitis obliterans, 411

FITZWILLIAMS, Duncan C. L.: Cancer of the breast, 416, 640—Angioneurotic oedema of the tongue, 526

FLANAGAN, Lieut. Harold James Clarke, M.B.E. conferred upon, 1041

FLENDIN, C.: Leprosy contracted in Paris, 832

FLEMING, James B.: Streptococci for streptococcal empyema, 1281

FLETCHER, Dr.: Unilateral pulmonary tuberculosis, 1266

FLETCHER, Sir Walter Morley, memorial to, 1129—Portrait bust of, 1129

FLOOD, J. C.: Renal tuberculosis, 137—Thrombo-angitis obliterans, 411—Stone in the upper urinary tract, 830—Need for a national serum institute in Ireland, 884

Floods in the Fens (parliamentary note), 690

FLOWERDEW, Lieut.-Colonel Richard Edward, C.I.E. conferred upon, 283

FOLEY, C. H.: Diphtheria immunization, 146

FONTEs, George, obituary notice of, 1099

Food handlers, control of, 870

Food and nutrition (E. P. Cathcart), 435 (O)—Correspondence on, 781

Food poisoning in an institution (A. R. Culley), 325 (O)

Food poisoning, kaolin, medicinal, in (N. Mutch), 595 (O)—Correspondence on, 835, 886, 1177

Food policy, National Scottish (Sir John Boyd Orr), 295

Food, review of book on, 21

Foods, biological study of, 511

Foods irradiated artificially only to be sold by chemists in France, 693

Foot-and-mouth disease, research in, report of committee, 1031

FORBES, W. H.: Acclimatization to high altitude, 991

Forces, lion, for hallux valgus operations (I. S. Smillie), 971

FORDE, Thomas, obituary notice of, 364

Foreign bodies in the bladder, wax, method of removing (Terence Millin), 446

Foreign bodies in the bronchi (A. Laskiewicz), 910

Foreign bodies in the trachea (A. Laskiewicz), 910

Foreign body, migration and excretion of (Anderson Garland), 710

FORREST, Lieut.-Colonel James Rocheid, obituary notice of, 643, 689

FORSTER, H. V.: Lobectomy, 828—Bronchoscopic clinics, 829

FORSYTH, David: Heredity versus environment: A false antithesis, 238

FOSTER, G. C.: Damages against, 250

FOSTER, John: Assessment of disability in miner's nystagmus, 410

FOULIS, M. A. (and John B. BARR): *Prontosil album in puerperal sepsis*, 445 (O)

FOX, R. Fortescue: Physical medicine, 93—*Arthritis in Women (A Clinical Survey)*. Also a suggestion for setting up Rest Houses for Rheumatoid Arthritis, 453

Fracture humerus, spontaneous, with carcinoma of prostate (T. F. Hewer), 522

Fracture service, Cardiff Corporation, 580

Fracture splint. *See Splint*

Fracture of (neck of) femur associated with fibrocystic disease (R. Wayland Smith and H. F. L. Hugo), 632

Fractures of the ankle, treatment of (Norman Roberts), 240

Fractures of the femur, intracapsular (S. T. Irwin), 294

Fractures of the malar bone, depressed, treatment of (A. B. K. Watkins), 326 (O)

Fractures of the os calcis, industrial aspect of (Bryan McFarland), 607 (O)

Fractures, treatment of (H. E. Griffiths), 679

Fractures, ununited, prevention and treatment of (A. M. A. Moore), 575—Discussion, 575

FRAENKEL, Ernst: The influenza epidemic, 93

FRAENKEL, E. M.: The "disposition" and the specific allergens is asthma, hay fever, and other allergic conditions, 438 (O)—Allergic conditions and air purification, 1171

FRANCE:

Abortion, criminal, in, 621, 688

Birth rate in, 1301

Death, notification of causes of, more stringent system, 1295

Death rate in, 1301

Descartes, René, tercentenary of, 1133

Doctors in: numbers, 55

Doctors, retiring age for, 240

Foods artificially irradiated only to be sold by chemists, 693

Hospital services for all, 633

Influenza, precautions against, 240

Leprosy contracted in Paris, 832

"Le Sou Médical," 1133

Milk supply, control of, 240

Poisoning among workers in impermeable clothing, commission of inquiry appointed, 55

Poliomyelitis in Paris, 633

Post-graduate courses, 737

Prostitution, proposed abolition of State regulation of, 832

Public Health Services, reorganisation of, 1133

Soi-disant benevolent dispensary, 832

State employees and tuberculosis, 1133

Syphilis in the French home Army, 103

Tuberculosis as seen by the general practitioner, 832

Veneral disease, campaign against, 240, 809

Veneral disease, control of, 129

FRANCIS, Alexander: Prophylactic against influenza, 152

Frankfurt: Post-graduate courses at, 309

FRANKLIN, Philip, elected honorary vice-president of the American Institute for the Deaf-Blind, 793

FRASER, F. R. (and Sir Thomas DUNHILL): Clinical aspects of hyperthyroidism, 84

FRASER, John: Knighthood conferred upon, 276, 283—Appointed Surgeon to the King in Scotland, 532—Head injuries in general practice, 739 (O)

FRASER-HARRIS, David, death of, 83—Obituary notice of, 148, 249

FRATTINI, B.: Preventive and curative action of a Type II pneumococcus, 191

Frauds on doctors, 650

FRAZER, Mear: Metabolic factor in rheumatism, 299

FRAZER, Muriel J. L.: Recovery from streptococcal meningitis after prontosil, 1023

FREDERICK, R.: Ventilation, 1171

Free State, *See* Ireland

- FREEMAN, John: Experimental and laboratory training in medical education, 289
- FREMANTLE, Sir Francis: "Doctors' Mandate in Parliament" now published in pamphlet form, 420—Reform of the medical curriculum, 1040
- FREUD, Sigmund: *Inhibitions, Symptoms and Anxiety*, rev., 21
- FREY, Walter: *Die Herz- und Gefäßkrankheiten*, rev., 1258
- Friars' balsam for dressings, 1240
- Friedländer's bacillus causing pneumonia, 1078
- Friedman test in hydatidiform mole and chorion epithelioma (P. Lazarus-Barlow), 71, (O)
- FULLERTON, Robert Spiers, obituary notice of, 1001
- FULLER, J. C.: Diagnosis of paratyphoid infection, 632
- FULLERTON, H. W.: Hypochromic anaemias and iron deficiency, 471—Value of liver extracts, 730
- Fund, Hobday Research Endowment, 1339
- Fund, King Edward's Hospital: Memorandum re fire precautions at voluntary hospitals, 55—King George VI becomes Patron of, 89—Statistics of the London Voluntary Hospitals, 355—Coronation tours, 703, 1187—Special Coronation gift to, 1055
- Fund, Naval Medical Compassionate, 689
- Fund, Royal Medical Benevolent: Centenary appeal, 581—One hundred and first annual meeting, 672
- Fund, Save the Children, welcomes the Factories Bill, 1210
- Fund, Zuz, to be wound up, 654
- Fundus oculi, biomicroscopy of the (A. J. Ballantyne), 578
- Fundus oculi, review of book on, 1257. *See also* Eye
- Fungus infection of the feet (Surgeon Commander J. C. Souter), 936

G

- GABRIEL, Lieut.-Colonel William Lawson Mabson, Efficiency Decoration of the Territorial Army conferred upon, 689
- GAGE, Simon Henry: *The Microscope*, sixteenth edition, rev., 221
- GAINSBOROUGH, Hugh: New open-top oxygen tent, 812—Simple gas-analysis apparatus for use with oxygen tents, 813
- GAIRDNER, A. A.: The lumbo-sacral vertebrae and sciatica, 407
- GALBRAITH, Walter W.: Prostatectomy by the two-stage method, 472, 638—Severe rectal injuries caused by an enema given through a rigid nozzle, 859 (O)
- GALDI, Francesco: Obesity and emaciation due to pathological causes, 1020
- GALDSTON, Iago (editor): *Medicine and Mankind*, rev., 811
- GALE, C. W., appointed Serving Brother of the Order of St. John of Jerusalem, 166
- GALE, Lieut.-Colonel Robert, obituary notice of, 786
- Gall-bladder, review of book on, 1070
- GALLAVARDIN, L. (and A. TOURNIAIRE), *Les Névroses Tachycardiques*, rev., 74
- GALLELLY, John, obituary notice of, 943
- GALLOWAY, Major R. W.: *Anatomy and Physiology of Physical Training*, rev., 1206
- GALPIN, P. A.: Food and nutrition, 781
- GANADO, Walter: Health problems in Malta, 1337
- GANDHI, S. H. D., obituary notice of, 200
- Gangrene complicating diphtheria, 1188
- Gangrene, gas, 301
- GANNER, Philip J.: Three separate causes of antepartum haemorrhage occurring simultaneously, 610 (O)
- "Gänsefingerkraut" in dysmenorrhoea, 258
- GARDE, G. W.: Birching of children, 998, 1179
- GARDINER-HILL, H.: Crinitism and myxoedema, 132—Oliver-Sharpie Lectures on abnormalities of growth and development, 1241, 1302 (O), 1352—A correction, 1352
- GARDNER, J. Addyman: New open-top oxygen tent, 812—Simple gas-analysis apparatus for use with oxygen tents, 813
- GARLAND, Anderson: Migration and excretion of a foreign body, 710
- GARLAND, Lieut.-Colonel Frederick, obituary notice of, 1002
- GARRAWAY, Major G. T., appointed Deputy Assistant Director-General Army Medical Services, 253
- GARRY, R. C. (D. M. LUBBOCK and W. THOMSON): Epithelial overgrowths and diverticula in the gut, 1252 (O)
- GARRY, T. Gerald: Pathogenesis of cancer, 245
- GARVIE, A.: The state of the public health, 940—Influenza and industry, 1174
- Gas-air apparatus, Minnitt's, 1008
- Gas-and-air analgesia. *See* Analgesia
- Gas-analysis apparatus, simple, for use with oxygen tents (Hugh Gainsborough and J. Addyman Gardner), 813
- Gas cooking in hospital, 1240
- Gas dispersion in pyelography, 1102, 1295
- Gas gangrene. *See* Gangrene
- Gas heating in fleuss rooms, 81
- Gas lectures, economics and war, 1283. *See also* Air raid precautions
- Gas Light and Coke Company: Reception and nutrition film shown, 634

Gas masks. *See* Masks.

- Gas, mustard, keratitis from (parliamentary note), 538
- Gas, poison (parliamentary note), 426. *See also* Air raid
- Gas-proof shelters, public (parliamentary note), 538
- Gas proofing rooms (parliamentary note), 53
- Gases, asphyxiating war, action of, 817
- GASK, George E.: John Hunter, army surgeon, 401
- Gastric perforation in a tabetic (C. M. Carr), 497
- Gastric secretion. *See* Secretion
- Gastric ulcer. *See* Ulcer
- Gastritis (R. L. Holt), 682
- Gastro-duodenal inflammation. *See* Inflammation
- Gastro-enteritis in children, 1321
- Gastro-enteritis outbreak in Sutton and district: Deputation to Minister of Health, 373
- Gastro-enteritis associated with *Proteus vulgaris* (J. D. Allan Gray), 916 (O)
- Gastroscope, flexible (Kenneth Heritage), 77
- Gastroscopy (leading article), 670
- GATES, R. Kuggles: Information bureau for research workers in human genetics, 194
- GATT, J. E. H.: Health and milk supply of Malta, 1282
- GAUVAIN, Sir Henry: Surgical tuberculosis, 1038
- Gee-Thayson disease, 175
- GEFFEN, D. H., elected chairman of Council of the National Federation of Personal Health Associations, 932
- GEMMELL, A. A.: Rupture of the uterus, 291—Labour obstructed by pelvic kidney, 292
- General Medical Council. *See* Council
- General practice, review of book on, 19
- General practice, rheumatism and tuberculosis in, 1056
- General practitioner and urinary infections, 833
- General Register Office (leading article), 1320
- Genetics, human, research in. *See* Research workers Genetics. *See also* Heredity
- Geneva Convention Bill, 53, 365, 476, 536, 690—Royal Assent to, 690
- Geographical medicine. *See* Medicine
- GEORGE VI: Becomes Patron of the British Medical Association, 28—Medical appointments to the Household of, 532—Coronation of (leading article), 1028
- GERHARTZ, Heinrich, death of, 364
- Germany: Academy of Medicine, 250th anniversary of, 1351—Diphtheria in, 1087—Influenza, deaths from, 539, 714—Influenza epidemic, 714—Still births and neo-natal mortality, 36
- GERNEZ, Léon, obituary notice of, 642
- GERRARD, Dr.: Rupture of the uterus, 291
- Geyers improperly ventilated (parliamentary note), 539
- GHOSE, Birendra Nath, M.B.E. conferred upon, 1042
- GIBBONS, Henry, obituary notice of, 734
- Gibraltar, hospital staffing at (parliamentary note), 1344
- GIBSON C.: Surgeon's liability for nurse's negligence, 146
- GIBSON, Charles S.: *Essential Principles of Organic Chemistry*, rev., 1315
- GIBSON, Dr.: Cause and management of congenital heart disease, 290
- GIERHAKKE, E.: Uterine hypoplasia, 36
- GILCHRIST, A. Rae: Faints and fits, 203 (O)
- GILLESPIE, R. D.: The Maudsley Hospital, 583
- GILLIES, Sir Harold: Treatment of facial paralysis, 403
- GILLIES, Hunter: Hypoglycaemic therapy in the psychoses, 1254 (O)
- GILMOUR, J. P.: Sir James Young Simpson and chloroform, 196
- GIORDANO, Davide, nominated foreign corresponding member of the Académie de Médecine, 579
- GIRDLESTONE, G. R.: Ununited fractures, 576—Effects of prolonged dorsal decubitus, 623
- GITTINS, Robert John, memorial to, 55
- Glamorgan, administration of Midwives Act in (parliamentary note), 1293, 1344
- Gland, adrenal, physiology of (S. Levy Simpson), 229
- Gland, cervical, tuberculosis of. *See* Tuberculosis.
- Gland, pineal (Samson Wright), 874
- Gland, thymus (Samson Wright), 874
- Gland, thyroid, determination of activity of (R. T. Goodyear and H. S. Pemberton), 239
- Gland, thyroid, surgery of (Sir Thomas Dunhill), 460, 514, 568
- Gland, thyroid. *See also* Thyroid
- Glands, parathyroid (Donald Hunter), 929
- Glands, parathyroid, and renal rickets, 620. *See also* Parathyroid
- Glasgow. *See* Scotland
- GLASS, D. V. (and C. P. BLACKER): *The Future of Our Population*, 759
- Glass, safety (parliamentary note), 1187
- Glass silk, dangers in handling (parliamentary note), 648
- Glaucoma, mechanics of, 42
- GLENNY, A. T. (and Muriel F. STEVENS): A new stabilizer for Schick toxin, 709 (O)
- GLIBERT, D.: Benzol poisoning in Belgian mirror factories, 1157
- GLIMSTEDT, Gösta: *Bakterienfreie Meerschweinchen. Aufzucht, Lebensfähigkeit und Wachstum. Nebst Untersuchungen über das Lymphatische Gewebe*, 26
- Glossitis, chronic, 1102
- GLOVER, J. Alison: Epidemiology of Weil's disease, 521
- GLOVER, Lewis G.: Royal Medical Benevolent Fund centenary appeal, 581—Appreciation of John Attlee, 688

- GLOYNE, S. Roodhouse: Pleural effusions after thoracoscopy, 1266
- Glucose, A. D., 971
- Glycerin, rise in price of (parliamentary note), 592
- Glycosuria, classification of the (T. H. Oliver), 105 (O)—Correspondence on, 194, 244, 301
- GODLEWSKI, Dr.: Tuberculosis as seen by the general practitioner, 832
- Goltre, colloid, requiring tracheotomy (H. A. Kidd), 611
- Goltre, endemic, problem of (Sir Robert McCarrison), 29, 243—Correspondence on, 193, 243
- Goldfields, medicine in the, 177
- Gold salts treatment, nervous complications of, 96
- GOLDBERGER, Dr.: Sigmoidoscopy in tropical practice, 578
- GOLDBLATT, M. W.: Industrial diseases, 38
- GOLDBY, Frank, awarded the Raymond Horton-Smith prize, 372
- GOLDIE, Walter Leigh, obituary notice of, 1049
- Golf, medical: Manchester and District Medical Golfers' Association Challenge Cup, 1296—Medical Golfing Society, 846—Sussex Medical and Dental Golfing Society, Spring Meeting, 1240
- GOLLA, F. L.: Mental disorder and the endocrines, 404
- GONDAL, Maharaja of, G.C.S.I. conferred upon, 276, 283
- Gonococcus antitoxin, 335
- Gonorrhoea, cold treatment for, 96
- Gonorrhoea, laboratory diagnosis of (Dr. Goodhart), 350—Discussion, 350
- Gonorrhoea treated with a specific antitoxin (T. Anwyl-Davies), 321 (O)—Annotation on, 335—Correspondence on, 414, 470, 525, 540, 585. *See also* Antitoxins
- Gonorrhoea, treatment of, 540
- Good will, international, 247, 363
- GOODALL, E. W.: The new *Journal* typography, 97—Epidemiology of Weil's disease, 521
- GOODFELLOW, J. A.: Prevention of silicosis, 95, 298
- GOODHART, Gordon W.: Experimental and laboratory training in medical education, 289—Laboratory diagnosis of gonorrhoea, 350—Congenital syphilis, 351
- GOODMAN, Herman: *Cosmetic Dermatology*, rev., 1316
- GOODYEAR, R. T.: Determination of thyroid activity, 239
- GOPALAN, E. S.: A cheap transillumination, 540
- GORDON, M. H.: Meningococcus antitoxin, 636
- GORDON, R. G.: Appreciation of Samuel Alexander Kinross Wilson, 1095—Morison Lectures on the neuro-psychological basis of conduct disorder, 1323
- GORDON-TAYLOR, Gordon: Appreciation of Sir John Bland-Sutton, 102—Appreciation of A. H. T. Andrew, 733—Diseases of the colon, 1131
- GOSSE, Philip: *Traveller's Rest*, rev., 969
- GOSSET, A.: *Techniques Chirurgicales*, rev., 20—Presented with a sword of honour, 254—Nominated "Professeur de Classe Exceptionnelle," 1239
- GOSSET, William H.: Recurrent extragenital haemorrhages, 69 (O), 145, 202—A correction, 202
- GOUGH, A.: Intestinal obstruction caused by adenomyoma, 993
- GOUGH, W.: The interposition operations, 777
- GOULD, C. E.: The hospital statistician, 237
- GOULD, Eric Pearce: The defence in medical negligence, 137
- GOULDEN, C. B., appointed Surgeon Oculist to Queen Mary's Household, 1007
- GOVER, John Maxwell, obituary notice of, 422
- GOVER, Mary: Seasonal expectancy of influenza and pneumonia deaths, 380
- Graafian follicle causing intraperitoneal haemorrhage, 301, 362, 474, 527, 585, 889, 1045, 1140. *See also* Pregnancy, ovarian
- GRACE, W. H.: Pathology of criminal abortion, 727
- GRAHAM, Everts A. (editor): *The 1936 Year Book of General Surgery*, rev., 331
- GRAHAM, George: Protamine insulin, 188—Endemic goltre, 193
- GRAHAM, Harvey: *A Crab Was Crushed*, rev., 863
- GRAHAM, J. Wallace: Oral infections, 725
- GRAHAM, Mr.: Epidemiology of Weil's disease, 521
- GRAHAM-LITTLE, Sir Ernest, elected a member *honoris causa* of the Polish Dermatological Society, 254—Professional secrecy: A Medical Privilege Bill 302—Recurrent idiopathic herpes zoster, 498—Appreciation of Lieut.-Colonel J. R. Forrest, 689—The Factories Bill, 833—Blood groups and non-paternity, 992—What is osteopathy? 1137—Osteopathic colleges, 1340
- Granuloma annulare, 594
- GRAVES, Thomas Chivers: Nasopharyngeal sepsis in 2,056 cases of mental disorder, the importance of closed sepsis, 483 (O)
- Graves's disease, commonness of oligomenorrhoea or amenorrhoea in (V. Jonás and E. Markalous), 218
- Graves's disease, endocrine system in, examination of (G. Bini), 678
- GRAY, A. Charles E., obituary notice of, 1099, 1233
- GRAY, E. E. D.: Falling mantles, 838
- GRAY, F.: The maternal mortality report, 1136
- GRAY, Frank (Sir Walter LANGDON-BROWN, R. G. Macdonald LADEL and F. G. CROOKSHANK): *The Place of Psychology in the Medical Curriculum, and Other Papers*, rev., 271
- GRAY, Sir Henry M. W.: *The Colon as a Health Regulator*, rev., 1259—Treatment of peptic ulcer, 1335
- GRAY, J.: Bacteriological findings in two cases of endocarditis due to infection with organisms provisionally identified as *Haemophilus influenzae*, 352

- GRAY, J. D. Allan: Gastro-enteritis associated with *Proteus vulgaris*, 916 (O)
- GRAY, John, awarded the Raymond Horton-Smith prize, 372
- GRAY, Joseph Pereira, obituary notice of, 790
- GRAY, St. George B. Delisle: Injection treatment of hernia, 473—Wax solvents, 650—Treatment of hernia, 1228
- Gray-Ward operation, modified, for uterine prolapse (Everard Williams), 465
- GREEN, H. H.: Nutrition and infectious disease, 774
- GREENE, A. C.: Inhalational therapy, 837
- GREENE, Raymond: Hermaphroditism, 940
- GREEN-ARMYtage, V. B.: The defence in medical negligence cases, 138—Uterine prolapse, 466
- GREENFIELD, J. G.: Diagnosis of syphilis, 351
- GREENWOOD, A. A.: Scurvy, 96
- Grenfell Association of Great Britain and Ireland: Annual report, 55
- Gresford colliery explosion (parliamentary note), 476
- GRIFIN, F. W. W. (and Lieut.-Colonel J. K. McCONNEL): *Health and Muscular Habits*, rev., 1207
- GRIFITH, Alderman Owen Wynne, O.B.E. conferred upon, 1041
- GRIFITH, W. S. A.: Enuresis in children, 1176
- GRIFITHS, H. E.: Treatment of fractures, 679
- GRIFITHS, W.: Cancer of the breast, 416
- GRIMSON, Thomas, obituary notice of, 689
- GROVE, W. R.: External use of iodine, 593
- Growth, cell, substances promoting, 141, 245
- Growth and development, abnormalities of (H. Gardiner-Hill), 1241, 1302 (O), 1352—A correction, 1352
- GRUNBERG, M.: Site of perforated gastric ulcer after suture demonstrated by radiography, 116
- GUIRDHAM, A.: Prontisol in septic parotitis, 997
- GUNN, William C.: Insect pests on ships, 1226
- GUNS: Treatment of acute cerebral abscess by puncture, 616
- GUPTA, C. R. Das (and L. J. WITTS): Chronic agranulocytosis successfully treated with liver, 1197 (O)
- GURD, Surgeon Lieutenant D. P.: Reducing by the book, 1240
- GUTHRIE, Douglas: Renaissance of otology, 1076—Otitis media in early childhood, 1083, 1085
- GUTHRIE, Robert Lyall, obituary notice of, 943
- GUTTMAN, Eric: Mental disorder following head injury, 881
- GUTTMANN, Erich (and William SARGANT): Observations on benzedrine, 1013 (O)
- GUYER, O. K. G.: Fulminating agranulocytosis, 18
- Guy's Hospital Gazette*: A jubilee, 56
- Gymnastics, recreational and athletic, 412
- Gymnastics, review of book on, 447
- Gynaecology and obstetrics, history of (Edwin M. Jameson), 1122
- Gynaecology, review of books on, 558
- Gynaecology, spa treatment in (Muriel Keyes), 725
- Gynaecology. *See also* Midwifery and Obstetrics
- H**
- HACKETT, L. W.: *Malaria in Europe. An Ecological Study*, 715
- HADFIELD, C., appointed honorary consultant in pathology to the Queen Alexandra Military Hospital, Millbank, 196
- HADFIELD, J. A.: Maternity and child welfare, 1217
- Haematemesis and melæna (L. J. WITTS), 847 (O)
- Haemolytic streptococcal meningitis. *See* Meningitis
- Haemophilia, acquired, 301, 785
- Haemoptysis, bronchoscopic investigation, direct, in, without physical or radiological manifestations (John E. G. McGibbon and E. T. Baker-Bates), 109 (O)
- Haemorrhage, ante-partum, three separate causes of, occurring simultaneously (Philip J. Ganner), 610 (O)
- Haemorrhage, intraperitoneal, from a Graafian follicle, 301, 362, 474, 527, 585, 889, 1045, 1140. *See also* Pregnancy, ovarian
- Haemorrhages, extragenital, recurrent (William H. Gossip), 69 (O), 145—Correspondence on, 245
- Haemorrhagic diathesis (J. F. Ward), 467
- HAGEDOORN, A.: Changes occurring in a woman undergoing treatment for trachoma, 1200
- HAGEDORN, H. C.: Protamine insulin, 187
- HAGE, Francis Murray: obituary notice of, 1001
- HAILWOOD J. Gordon: Carcinoma of bronchus in a boy aged 19, 606 (O)
- Hairdressers' premises, cleanliness of (parliamentary note), 591. *See also* Southampton Corporation Bill
- HAIRE, Norman: A warning, 650
- Halban's operation in occlusion of Fallopian tubes (T. M. Healy), 269
- HALER, David: Acute enteritis, 409
- HALES, H. W.: Treatment of peptic ulcer, 254
- HALL, Sir A. Daniel (and others): *What Science Stands For*, rev., 1071
- HALL, Sir Arthur J.: Some features of chronic epidemic encephalitis (lethargica), 727
- HALL, Arthur J.: Results of high atropine dosage in chronic epidemic encephalitis, 795 (O)
- HALL, G. Rome: Fungus infection of the feet, 937
- HALL, Surgeon Vice-Admiral Sir Robert, appointed Commander of the Order of St. John of Jerusalem, 166
- Hall, Walter and Eliza, Research Institute. *See* Research
- Halliburton's *Essentials of Chemical Physiology*, thirteenth edition, rev., 124
- HALLIDAY, James L.: Psychological factors in rheumatism, 213 (O), 264 (O)
- HALLOWES, K. R. Collis: Meteorological records at marine health resorts, 626
- Hallux valgus operation, lion forceps for (I. S. Smillie), 871
- HALVERSON, Lucile M. (and Almira W. HOPPE): *A Manual of Operating Room Procedures*, rev., 1259
- HAM, E. Burnett: Inhalational therapy, 359
- HAM, MARY A. S., appointed Serving Sister of the Order of St. John of Jerusalem, 166
- HAMBURGER, Richard: Dangers of infected milk, 520
- HAMILTON, Major-General William Haywood, C.B. conferred upon, 1041
- Hand, "human bite" infections of, 173
- Hand, nocifensor lesion of the (Geoffrey J. Lillie), 1068 (O)
- HANDLEY, W. Sampson: Cancer of the breast, 296, 471—Irradiation in malignant disease, 573
- HANNA, Lieut.-Colonel George Boyle, O.B.E. conferred upon, 283
- HANNA, James: Peripheral neuritis as a sequel to sunbathing, 73
- HANNA, John H.: Angina and coronary disease, 940
- HANSCHALL, H. M.: Bejel—the syphilis of Bedouin children, 1220
- HAPPOLD, Frank C.: Combined universities election, 890
- HARDIE, John L.: Consistency of university examinations, 44
- HARE, Dorothy C.: University of London Medical Graduates Society, 531
- HARE, Tom: Dangers of infected milk, 520—Animal pathology, 1229
- HARLEY, David (and G. ROCHE LYNCH): Blood group tests in disputed paternity, 163 (O), 357—Blood groups and non-paternity, 991
- HARMER, John Daniel, O.B.E. conferred upon, 1041
- HAROLD, Lieut.-Colonel C. H. H.: Report of the Metropolitan Water Board, 274
- HARRIES, D. J.: Large renal calculi, 387 (O)
- HARRINGTON, F. T.: Vegetable diet for children, 640
- Harris operation for prostatectomy (Charles Wells), 292
- HARRIS, H. A.: Clinical aspects of the lymphatic system, 166 (O)
- HARRIS, Honourable John Richards, K.C.B. conferred upon, 1032, 1041
- HARRIS, Leslie J.: Nutrition and infectious disease, 774—*Vitamins in Theory and Practice*, second edition, rev., 812
- HARRIS, S. Harry, obituary notice of, 304
- HARRIS, Wilfred: Neurological sequelae of spinal anaesthesia, 681—Occupational therapy, 1172—*The Facial Neuralgias*, rev., 1315
- HARRISON, Geoffrey: Aetiology and diagnosis of jaundice, 518
- HARRISON, Colonel L. W.: Bejel—the syphilis of Bedouin children, 1219
- HARROWES, William: Inadequate health, 635
- HART, Bernard, O.B.E. conferred upon, 283
- HART, Louisa Helena, Bar to Kaisar-i-Hind medal conferred upon, 283
- HARTLEY, Percival, elected a Fellow of the Royal Society, 1032
- HARTMAN, Carl G.: *Time of Ovulation in Women. A Study on the Fertile Period in the Menstrual Cycle*, rev., 920
- HARVEY, Major-General Alexander William Montgomery, C.B. conferred upon, 283
- HARVEY, E.: Thrombo-angitis obliterans, 411
- HARVEY, Major-General G. A. D., appointed Honorary Physician to the King, 589
- HARVEY, William Fryer, obituary notice of, 1233
- HASLER, J. K.: Neurological sequelae of spinal anaesthesia, 680
- HASTINGS, J. P.: Injection treatment of hernia, 1159
- HASTINGS, Violet: Oxaluria, 1240
- HATHAWAY, H. R.: Oxygen administration statistics, 963
- HAUSTEIN, P.: Action of potentilla anserina in dysmenorrhoea, 258
- HAUTANT, A.: Differential diagnosis of certain lesions of the larynx, 799
- HAVELOCK, Sydney: International good will—and organization, 363
- HAVEY, W. B.: Study of one thousand placentas, 564
- Hawaii, rat-hunting in, 395
- HAWE, Philip: Determination of thyroid activity, 239
- Hawthornberry jam, 1188
- HAWTHORNE, C. O.: Dangers of infected milk, 520
- HAY, John Duncan: The kidney in starvation, 293
- Hay fever, ionization for, 1338
- Hay fever, review of books on, 713
- Hay fever, treated by intranasal zinc ionization (Lionel D. Bailey and Clive Shields), 808 (O)
- HAYES, Major S. N.: Present-day methods of sterilizing dressings, 911 (O), 1188—A correction, 1188
- HAYWARD, W. D.: Anaesthesia for perineal tears, 939
- Head injuries in general practice (Sir John Fraser), 739 (O)
- Head injuries, mental disorder following (C. P. Symonds), 879—Discussion, 880
- HEAF, F. R. G.: Tuberculosis and city environment, 988—Unilateral pulmonary tuberculosis, 1266
- Health Department for Scotland: Resignation, 38—Appointment, 579—Annual report, 736, 823
- Health education, 1323
- Health, inadequate (William Harrowes), 635
- HEALTH MINISTRY: Estimates, 1235, 1287
- Hospital construction, standardization of, report of Departmental Committee, 570
- Leading article on, 1268
- Maternal mortality, report, 972
- Midwives, inspectors of, 355
- Poliomyelitis, acute, memorandum on, 103
- Radiotherapeutic departments in general hospitals, memorandum, 932
- Scientific personnel of (parliamentary note), 1293
- Staff accommodation (parliamentary note), 253
- Health indices, 1271
- Health problems in Malta. *See* Malta
- Health questions, international co-operation on, 399—Report of medical director of the International Health Office, 399
- Health and school clinics in Glasgow, 468
- Health services for children, cost of (parliamentary note), 1054
- Health services, propaganda for, 938
- Health services in Special Areas (parliamentary note), 592. *See also* Special Areas
- HEALY, T. M.: Halban's operation in occlusion of Fallopian tubes, 269—Varicose veins in pregnancy, 994
- HEALY, William (and Augusta F. BRONNER): *New Light on Delinquency and its Treatment. Results of a Research Conducted for the Institute of Human Relations, Yale University*, rev., 1257
- HEANLEY, C. M.: A milk epidemic, 97
- Hearing aids, use of, report on (A. W. G. Ewing, I. R. Ewing, and T. S. Littler), 344
- Hearing aids, Amplivox model, 756—Auraphone, 756
- Hearing and speech in deaf children. *See* Deaf
- Heart in diphtheria (H. Mason Leete), 1331
- Heart disease, congenital, course and management of (Bruce Perry), 289—Discussion, 289
- Heart disease, rheumatic, in children, 1225
- Heart in emphysema, 1216
- Heart failure, early diagnosis and treatment of (William Evans), 1145 (O)—Correspondence on, 1338
- Heart, review of books on, 812, 970, 1161
- Heat disease, 621
- HEATH, Arthur Douglas, obituary notice of, 1286
- HEATLEY-SPENCER, Colonel John, C.B.E. conferred upon, 1041
- HEBB, John Harry, C.B. conferred upon, 1041
- HEDLEY, J. P.: Uterine prolapse, 466
- HEHR, Major-General Sir Patrick, death of, 981—Obituary notice of, 1100
- Hemiplegia, vascular changes in, 761
- HENDERSON, D. K.: Report of the Royal Edinburgh Mental Hospital, 679
- HENDERSON, Fergus L.: X-ray dosage in cancer, 91 (and Douglas S. STEVENSON): Osteochondritis dissecans, 963 (O)
- HENDERSON, Robert G.: Intra-epidermic vaccination, 1228
- HENNESSY, Thomas, memorial to, 430
- HENNINGSEN, O.: Prostatic hypertrophy, 185
- HENZELL, H. P.: *The Art and Craft of Loch Fishing*, rev., 1073
- Hepatitis and cholecystitis, medical treatment of (J. W. McNeen), 407
- Hepatitis, tuberculous (M. Chiray G. Albot, and M. Deparis), 36
- Hepatopneumitis (leading article), 1212
- HERD, David A.: A venepuncture instrument, 921
- HERD, S. B.: The interposition operation, 777
- Herds, tuberculin tested (parliamentary note), 1293
- Heredity *versus* environment: a false antithesis (David Forsyth), 238
- Heredity, research in. *See* Research workers
- Heredity. *See also* Genetics
- HERITAGE, Kenneth: A flexible gastroscope, 77
- Hermaphroditism, unusual case of (Harold Chapple), 802 (O)—Correspondence on, 939, 998, 1140
- Hermaphroditism: Some medico-legal conundrums, 1231
- HERMON, R.: Cancer of the breast, 527
- HERNAMAN-JOHNSON, F.: Treatment of allergic conditions, 638—British Association of Radiologists, 686—After-care of patients suffering from breast cancer, 1275
- Hernia, Bassini's operation for, reprint of his original papers, 1101
- Hernia, femoral, aetiology of (W. B. R. Monteith), 1314
- Hernia, injection treatment of, 246, 360, 473, 1159, 1281—(J. P. Hastings), 1159
- Hernia, strangulated, director for (Leonard Ley), 125
- Hernia, treatment of (leading article), 1163—Correspondence on, 1228, 1281
- Hernia, neutral, mid-line, treatment of (R. Wood Power), 958 (O)
- Herpes zoster, recurrent idiopathic (Sir Ernest Graham-Little), 498
- Herpes zoster and varicella, 738, 900, 1180
- HERSCOVICI, H.: Frequency of occupational chancres in doctors and medical students, 413
- HERTEN-GRAVEN, E. C.: Recurrent perforation of a gastric ulcer, 1070
- HEWER, C. Langton: "Rachi-resistance" and spinal anaesthetics, 360—*Recent Advances in Anaesthesia and Analgesia (including Oxygen Therapy)*, second edition, rev., 754

- HEWER, T. F.: The kidney in starvation, 293—Spontaneous fracture of humerus with carcinoma of prostate, 522—Megakaryocytic myelosis with osteosclerosis, 522—Subarachnoid haemorrhage for an aneurysm of the circle of Willis, 727
- HEWETT, Sir Stanley: Appointed Surgeon Apothecary to the King and Apothecary to the Household, 532
- HEWITT, J. A. (and W. ROBSON, editors): *Halliburton's Essentials of Chemical Physiology*, thirteenth edition, rev., 124
- HEYMANS, Dr.: Awarded the quinquennial prize of the Belgian Government for the best book on medical science, 793
- HICKINBOTTOM, Wilfred John: *Reactions of Organic Compounds*, rev., 500
- HIGGINS, S. J.: Infra-red ray apparatus, 649
- Highlands and Islands, distress in (parliamentary note), 53—Consultant physician for, 296
- HILL, A. V. (and others): *What Science Stands For*, rev., 1071
- HILL, Charles (and H. A. CLEGG): *What is Osteopathy?* 868
- HILL, L. C.: Radio-active thermal waters, 465
- HILL, Rowland (editor): *Contributions to Clinical Practice in Medicine and Surgery*, rev., 124
- HILTON, E. L. G.: Carcinoma of the oesophagus, 1281
- HILTON, Reginald (and Sir Walter LANGDON-BROWN): *Physiological Principles in Treatment*, seventh edition, rev., 390—An oxygen tent service, 413
- HIMSWORTH, H. P.: Protamine insulin and zinc protamine insulin in the treatment of diabetes mellitus, 541 (O)
- HINE, Thomas Guy Macaulay, obituary notice of, 1000
- Hip lesions (Alexander Miller), 777
- Hippocrates, twenty-fourth centenary of, 1234
- Hire purchase research, 587
- HISLOP, J. A., called to the Bar, 1295
- Histamine and anaphylactic shock, 871
- "Historadiography," 818
- HOBDAV, Sir Frederick, presentation to, 481
- Hobday Research Endowment Fund, 1339
- HODGSON, A. E.: Unusual case of anthrax, 73
- HOBGEN, Lancelot, appointed to the Regius Chair of Natural History at Aberdeen, 151—(and others): *What Science Stands For*, rev., 1071
- HOGG, Frederick Stapleton Dickey, obituary notice of, 840
- HOGG, Robert Henry: C.M.G. conferred upon, 1041
- HOLLENDER, Abraham R.: *Physical Therapeutic Methods in Otolaryngology*, rev., 919
- Holidays with pay, numbers of workpeople covered by agreements providing for, 592
- Holidays for the worker, 876
- HOLLIDAY, Margaret: Abortion and the law, 418
- HOLMES, Eric: *The Metabolism of Living Tissues*, rev., 968
- HOLMES, Major Frank, O.B.E. conferred upon, 1041
- HOLMES, Geoffrey: Radio-active thermal waters, 465—Spa treatment in gynaecology, 726
- HOLMES, George W. (and Howard E. RUGGLES): *Röntgen Interpretation—A Manual for Students and Practitioners*, fifth edition, rev., 170
- HOLROYDE, G., appointed Officer of the Order of St. John of Jerusalem, 166
- HOLT, Henry, obituary notice of, 364
- HOLT, R. L.: Gastritis, 682
- HOME OFFICE:
Ventilation of factories, pamphlet on, 673
- Home-work set in schools, report (parliamentary note), 737
- Hong-Kong, milk epidemic in, 97
- Honours, New Year, 276, 283—Coronation, 1032, 1041
- HOPKINS, F. (and J. ROBYNS-JONES): Psychosis associated with atropine administration, 663
- HOPKINS, Sir Frederick Govland, awarded the Harben Gold Medal, 1007
- HOPPE, Almira W. (and Lucile M. HALVERSON): *A Manual of Operating Room Procedures*, rev., 1259
- HORDER, Lord: The Hunterian tradition, 461—Appointed Physician in Ordinary to the King, 532—Wintering in England, 626—Care of the tuberculous, 989
- Hormone deficiencies in the male (Kenneth M. Walker), 623
- Hormone, testicular (F. L. Golla), 404
- Hormone therapy in gynaecology (J. W. A. Hunter), 408
- Hormone, thyrotropic, of the pituitary, and hyperthyroidism (Arnold Loeser), 1276
- Hormone treatment of some disorders of pregnancy (T. N. A. Jeffcoate), 674, 720
- Hormones, male, chemistry and assay of (R. K. Callow and A. S. Parkes), 456
- Hormones, oestrogenic, and the nasal mucosa, 27
- Hormones in treatment of menstrual disturbances (P. M. F. Bishop), 763
- HORN, Arthur Edwin, Knighthood conferred upon, 1032, 1041
- HORNE, John: *Many Days in Morocco*, revised edition, rev., 76
- HORNE, R. J. Maule: Poole Corporation Bill, 571
- HOROWITZ, A.: Lichen planus treated with stovarsol, 1227
- Horses Exportation Bill, 1184
- HORSLEY, J. S.: A disclaimer, 310
- HORSFALL, Herbert Victor, obituary notice of, 943
- HORT, F. A.: Treatment of peptic ulcer, 1177
- Hose, surgical, 863
- HOSFORD, John P.: Injuries of peripheral nerves, 348—A correction, 430—University of London Medical Graduates Society, 531
- Hospital almoners, growing demand for, 523
- Hospital Almoners, Institute of: Annual meeting, 523
- Hospital, Bath, for Rheumatic Diseases, rebuilding of, 354
- Hospital, Belfast Royal Maternity: Report, 729
- Hospital, Birmingham United: Report, 1131
- Hospital, Brompton, Reports, Vol. 5, 1936, rev., 1160
- Hospital construction, standardization of: Report of Departmental Committee, 570
- Hospital co-operation in London (leading article), 394
- Hospital [Marie] Curie: Opening of research laboratories, 678, 737
- Hospital, Deaconess, Edinburgh: Annual meeting, 1043
- Hospital, Devonshire Royal, Buxton, extensions at, 830
- Hospital, Dundee Mental; Resignation of physician-superintendent, 468
- Hospital, Earsdon Joint Hospital District Bill, 53, 1050—Royal Assent to, 1050
- Hospital, Edinburgh, for Sick Children: Report, 1278
- Hospital, Edinburgh Dental: Annual meeting, 729
- Hospital, Edinburgh Royal Maternity and Simpson Memorial Hospital Order Confirmation Bill, 895, 946, 1003—Royal Assent to, 1003—Annual meeting, 996
- Hospital, Egyptian Research Institute and Endemic Diseases: Annual report, 1106
- Hospital, Elsie Inglis Memorial: Annual meeting, 728
- Hospital for Epilepsy and Paralysis, Maida Vale, changes its title to the St. Marylebone Hospital for Nervous Diseases, 1172
- Hospital, Essex, South-East, Joint Hospital District Bill, 1050
- Hospital, Evesham and Pershore Joint Hospital District Act, 690—Royal Assent to, 690
- Hospital, gas cooking in, 1240
- Hospital, Glasgow Royal Maternity and Women's: Medical report, 191—Gift to, 579
- Hospital, Glasgow Royal Mental: Annual meeting, 680
- Hospital, Glasgow Royal Samaritan: Annual meeting, 831
- Hospital, Great Ormond Street, for Sick Children: New buildings, 673
- Hospital, Grimsby and District: Special clinic for treatment of fractures, deformities, etc., 780
- Hospital, Guy's: Extension of the medical school, 241—Annual clinical meeting of the dental school, 580—"Lazarus Ward" now to be named "Keats Ward," 1055—Scholarships awarded, 1143
- Hospital Handbook: London County Council, 938
- Hospital, Hertfordshire, East, Joint Hospital District Bill, 365, 735—Royal Assent to, 735
- Hospital, Horton Mental: Malarial treatment unit at, 1081
- Hospital, Leith: Annual meeting, 832
- Hospital libraries, 728, 951
- Hospital, Liverpool United Hospital Bill, 53, 841, 895, 1341
- Hospital, London: Amount received from in-patients, 793—Lectures at the Medical College, 943—Prize distribution at the Medical College, 1143
- Hospital, Madras Ophthalmic: Annual report, 1226
- Hospital, Manchester Dental: Annual meeting, 523—Rebuilding of, 523
- Hospital, Maudsley: Report, 507—(Leading article), 507—Correspondence on, 583
- "Hospital Medical Library Suggestions," 951
- Hospital, mental, accommodation in Lancashire (parliamentary note), 538. *See also* Mental.
- Hospital, Middlesex: *Collected Papers of the Middlesex Hospital Medical School*, 1935-6, rev., 273—Courtauld Chair of Anatomy, 589—Prize-giving ceremony at the Medical School, 1350
- Hospital, National, Queen Square: Festival dinner, 945
- Hospital, Nottinghamshire, South, Joint Hospital District Bill, 1050—Royal Assent to, 1050
- Hospital, Princess Margaret Rose: Half-yearly meeting, 635
- Hospital, Queen Alexandra Military, Millbank: Appointments, 196
- Hospital, Queen Charlotte's: *Textbook of Obstetrics*, fourth edition, rev., 75—Clinical report of 1935, 295—Progress in research and rebuilding, 824—Annual report, 824, 1178.
- Hospital, Queen Mary's, Carshalton: New antitoxin establishment at, 1043
- Hospital, Rotunda: Report, 1332—Puerperal fever outbreak, 1332
- Hospital, Royal Cancer (Free): Passlists and diplomas, 790
- Hospital, Royal Edinburgh Mental: Annual report, 679
- Hospital, Royal Free (London School of Medicine for Women): Scholarships, 305
- Hospital, Royal London Ophthalmic (Moorfilds): Annual dinner, 679
- Hospital, Royal National for Rheumatic Diseases, Bath, Bill, 946
- Hospital, Runwell, near Wickford, Essex, opening of, 1101, 1227
- Hospital, St. Bartholomew's: Reports, Vol. 69, 80
- Hospital, St. Charles's, Ladbroke Grove: New nurses' home, 386
- Hospital, St. George's: Hay fever clinic reopened, 845
- Hospital, St. Mary Abbots, Kensington: New departments opened, 139
- Hospital, St. Marylebone, for Nervous Diseases, new title of the Hospital for Epilepsy and Paralysis, Maida Vale, 1172
- Hospital, St. Thomas's: Northcote Trust, report, 157—Reports, second series. Vol. I, rev., 612.
- Hospital, Samaritan: Deep x-ray department opened, 412
- Hospital service of the London County Council, three years of, 572
- Hospital services for all (in France), 633
- Hospital, Southampton Isolation, Millbrook, tuberculosis pavilion opened, 1294
- Hospital staffing at Gibraltar (parliamentary note), 1344
- Hospital statistician (B. E. Spear and C. E. Gould), 237
- Hospital, Treloar's, of Cripples, Alton, note on, 995
- Hospital treatment of infectious disease (C. Barclay Reekie), 995
- Hospital University College: Extensions opened, 39—Scholarships at the Medical School, 690
- Hospital, Wadley Mental: Proposed transfer to Sheffield City Corporation (parliamentary note), 645
- Hospital, Waltham Joint Hospital District Act, 735—Royal Assent to, 735
- Hospital Week in London, 151
- Hospital, Westminster, Medical school: Scholarships awarded, 890
- Hospital, Willesden Maternity: Clinical report, 634
- Hospital, Wisbech Joint Hospital District Bill, 365, 735—Royal Assent to, 735
- Hospital Year Book and Medical Directory, Irish Free State*, 354
- Hospitals, Belfast, gift to, 469
- Hospitals, Bristol, amalgamation of, 523
- Hospitals, Edinburgh: Visit of the Lord High Commissioner, 1132
- Hospitals, general, psychiatric wards in, 635
- Hospitals, general, radiotherapeutic departments in, Ministry of Health memorandum, 932
- Hospitals, general, Territorial Army, 1324
- Hospitals, kitchen offices in (R. Whitaker), 952
- Hospitals of the London County Council: Facilities for medical education, 88—Consultant and specialist service, 356—Medicine in, report, 822—Mental Hospital Service, 872
- Hospitals, London Voluntary: Statistics of the work and finance of, 355
- Hospitals, Madras, report on, 938
- Hospitals, mental of London, 872
- Hospitals, mental, nomenclature of, 295
- Hospitals, mental, research in, 942, 1047
- Hospitals, Merseyside: Annual meeting of Council, 728
- Hospitals in the United States with a dental service, 1007
- Hospitals, voluntary (leading article), 1028
- Hospitals, voluntary, Commission on, report, 1028
- Hospitals, voluntary: A federation scheme, 984—Recommendations of Sankey Commission, 984
- Hospitals, voluntary, legal problems of, review of book on, 1161
- Hospitals, voluntary, finance (parliamentary note), 1055
- Hospitals, voluntary (Paying Patients) Act, 1936, 841
- Hospitals, voluntary, in special areas, assistance for (parliamentary note), 252
- House-Builders' Registration Council, National, set up to stop "jerry" building, 201
- House of Commons, ventilation of (parliamentary note), 1343, 1344
- "House worth living in" (leading article), 815
- Housing, progress (parliamentary note), 1239
- Housing in Glasgow (parliamentary note), 53
- Housing in Scotland (parliamentary note), 736, 949, 1239, 1343, 1344—"Scandal" of, 1343.
- Housing. *See also* Overcrowding
- HOUSAY, B. A., his work on the pituitary, 927
- HOWARD, Christopher: *Physic and Fancy*, rev., 863
- HOWARTH, Walter: Semon Lecture on some tumours and ulcers of the palate and fauces published in the January issue of the *Journal of Laryngology and Otolaryngology*, 232—Auditory nerve section, 885
- HOWELL, C. M. Hinds: Cerebral vascular accidents, 255 (O)
- HOWELL, Colonel Harry Arthur Leonard, obituary notice of, 589
- HOWELL, Whitechurch: Ununited fractures, 576—Effects of prolonged dorsal decubitus, 628
- HOWICK-SMITH, C.: Hermaphroditism, 998
- HOWITT, F. D. (E. C. PILLMAN-WILLIAMS and S. RUSS): Internal radon therapy, 208 (O)—Radio-active thermal waters, 464
- HOYLE, Leslie and R. W. FAIRBROTHER: Isolation of the influenza virus and the relation of antibodies to infection and immunity, 655 (O)
- Huddersfield: Immunization and diphtheria incidence in (parliamentary note), 648, 1344
- HUDSON, Ellis H.: Bejel—the syphilis of Bedouin children, 1219
- HUGGINS, G. M., appointed Knight of the Order of St. John of Jerusalem, 166
- HUGHES, A. W. McKenny (and S. A. ASHMORE): Report on coal-tar naphtha distillates for destruction of bed-bugs, 459
- HUGHES, David R.: Angioneurotic oedema, 121
- HUGHES, J. HOWETT: Gastritis, 682
- HUGHES, Trevor: Local anaesthesia for perineal tears, 836

- HUGHES, William: Acute lymphocytic meningitis, 1063 (O)
- HUGO, H. F. L.: Fracture of neck of right femur associated with fibrocystic disease, 632
- HUMPHREYS, H. F.: Oral infections, 725
- HUMPHREYS, Sir Travers: Blood groups and non-paternity, 992
- HUNT, W. O. C.: Iodine in pulmonary tuberculosis, 900
- HUNTER, Donald: Prevention of disease in industry, 700 (O)—The parathyroid glands, 929—Hyperparathyroidism, 982—*Occupational Diseases*, rev., 1161, 1352—A correction, 1352
- Hunter, John, and Samuel Johnson, 28—Army Surgeon in the Campaign in Portugal, 1762-3, (George E. Gask), 401
- HUNTER, J. T.: Anaesthesia in America, 630
- HUNTER, J. W. A.: Hormone therapy in gynaecology, 408
- HUNTER, Peter Sinclair, C.B.E. conferred upon, 1041
- HUNTER, William: Blood transfusion in obstetrics, 996, 1176
- HUNTER, William, obituary notice of 198, 249
- Hunterian tradition (Lord Horder), 461
- HUNTINGTON, R. W.: Influenzal meningitis, 260
- HURLEY, J. J., appointed Serving Brother of the Order of St. John of Jerusalem, 166
- HURST, Arthur Frederick: Diseases of the colon, 631—Knighthood conferred upon, 1032, 1041
- HUTCHINSON, C. A.: Sclerosing submucosal injection of the turbinates, 72—Metabolic factor in rheumatism, 144
- HUTCHINSON, Robert (and V. H. MOTTRAM): *Food and the Principles of Dietetics*, eighth edition, rev., 21—Isaac Gilchrist Lecture on the progress and present aspect of medical science, 57 (O)—*Principles of Diagnosis, Prognosis, and Treatment. A Trilogy*, second edition, rev., 681
- Hydatidiform mole, Friedman test in (P. Lazarus-Barlow), 71 (O)
- Hydnocarpates, intradermal injection of in treatment of lupus vulgaris (J. Edgar Wallace), 1151 (O)
- Hydrogen Cyanide (Fumigation), Bill, 841, 946, 949, 1003
- Hygiene, review of books on, 172
- Hygiene and Tropical Medicine, London School of:—Leading article on, 174—Degrees and pass lists, 197, 890—Malaria control course for laymen, 580—Diploma in Public Health, 1002—Fishmonger Company's Studentship, 1002—Manson and Ross Commemoration, 1279
- HYND, David, O.B.E. conferred upon, 1041
- Hyscine dosage, high, in chronic encephalitis, 996
- Hyperglycaemias, review of book on, 559
- Hyperparathyroidism (Donald Hunter), 982
- Hyperthermia treatment of myalgia, neuralgia, neuritis, chronic arthritis, neurosyphilis, etc. (A. Weissmann), 495
- Hyperthyroidism and basal metabolism (A. B. Anderson), 778
- Hyperthyroidism, clinical aspects of (F. R. Fraser and Sir Thomas Dunhill), 84
- Hyperthyroidism complicated by thrombosis of subclavian vein (John R. H. Towers and Michael C. Oldfield), 808
- Hyperthyroidism, severe (Charles Seward), 1085
- Hyperthyroidism and the thyrotropic hormone of the pituitary (Arnold Loesser), 1276
- Hypnosis, suggestibility, and progressive relaxation (William Brown), 992
- Hypnotics, chronic intoxication by (A. M. Meerloo), 600
- Hypo-adrenalism and pellagra (I. M. Sclare), 1249 (O)
- Hypochondriasis, 816
- Hypoglycaemic therapy in the psychoses (Hunter Gillies), 1254 (O)
- Hypoplasia, uterine (E. Wehefritz and E. Gierhake), 36
- Hypospadias, adult, operation for cure of (Archibald H. McIndoe), 385 (O)
- Hysterectomy: Post-hysterectomy and puerperal tetanus (R. J. V. Pulvertaft), 441 (O)
- Hysterectomy, vaginal (A. H. Davidson), 779

I

- Ide test, 1030
- IEVERS, Major-General Osburne, C.B. conferred upon, 1041
- IKIN, A. Graham: *The Background of Spiritual Healing, Psychological and Religious*, rev., 1118
- Iliac fossa, left, pain in women (D. A. Mitchell), 352
- Illustrator, the medical, 341. *See also* Medical
- Immunity, review of book on, 171
- Imposture, case of (Patrick Ryan), 644
- Income, minimum, and nutrition (parliamentary note), 1293
- INCOME TAX: 104, 152, 202, 254, 310, 374, 482, 540, 594, 649, 694, 738, 794, 900, 952, 1008, 1056, 1102, 1144, 1188, 1240, 1296, 1352
- Allowance for bad debts, 482
- Allowance to relative, 152, 374
- Appointment: Cost of books, 310
- Assessment, 202
- Cash on earnings basis, 1102
- Co-operative stores dividend, 952
- Deduction for board, etc., 202, 374
- Deduction for rent, 900
- Earned income relief—Secrecy of returns, 1352

INCOME TAX (continued):

- Estimate of tax payable, 594
- Fees earned after retirement, 254
- Ground rent and property tax—depreciation, 1056
- House and car, private use of, 1296
- Income accruing abroad, 104
- Income from abroad—remittances, 1102
- Income from foreign estate, 1296
- Legal defence expenses, 794
- Liability of retiring partner, 649
- Liability for temporary residence, 1056
- Mortgage with building society, 540
- Motor car: Private use of, 152, 1296—Replacement, 794, 1296—Replacement and working basis, 374—Replacement, new practice, 482—Replacement, nursing home fees, 952
- Removal expenses, 1352
- Retirement from partnership, 650
- Sale of book debts, 310
- Sale of practice with introduction, 650
- Sickness insurance premiums, 1144
- Subscriptions by Panel Committee, 1144
- Subscriptions, professional, 1240
- Nursing home fees: car replacement, 952
- Partnership: separate allowances, 1008
- Proportion of general expenses, 738
- Sale of share in partnership, 1188
- Temporary residence in the United Kingdom, 694
- Voluntary dispositions to children, 694

Indexes, half-yearly, 83, 178

INDIA:

- Calcutta School of Tropical Medicine, 139
- Child Welfare in Agra and Oudh, 938
- Government of India and Burmah Acts, 1935, 53
- Indian Institute for Medical Research, 1226
- Lepers, Mission to, 633
- Madras hospitals and dispensaries, 938
- Madras ophthalmic hospital, 1226
- Medical relief in the Punjab, 139
- Nutrition in (leading article), 1319
- Public health progress in, report, 632
- Tuberculosis in (P. V. Benjamin), 1038—(Sir Cuthbert Sprawson), 1038
- Indian Medical Gazette* for April a special tuberculosis number, 1143
- Indian Medical Service: Reorganisation under new Constitution, 735—Special Coronation dinner, 944—Annual dinner, 1349
- Industrial diseases (R. E. Lane), 37—Discussion, 38
- Industry and education, relation of, 303
- Industry and the health resort (Ernest Bevin), 876
- Industry, psychology in (May Smith), 253, 503
- Infant mortality. *See* Mortality
- Infanticide Act: Definition of "newly born," 1055
- Infectious disease, hospital treatment of (C. Barclay Reekie), 995
- Infectious disease and nutrition (S. J. Cowell), 773—Discussion, 773—Correspondence on, 846
- Infectious diseases, review of book on, 331
- Infirmiary, Bristol Royal, bicentenary of, 1285
- Infirmiary, Cardiff Royal: Duke of Kent to become president of, 539
- Infirmiary, Edinburgh Royal: Annual meeting of Court of Contributors, 89, 296—Appeal, 780
- Infirmiary, Falkirk: Annual meeting, 885
- Infirmiary, Glasgow Royal: Annual report, 524—New nurses' home, 524
- Infirmiary, Glasgow Western: Appointments, 89—Annual meeting, 356
- Infirmiary, Leeds General: Manton x-ray department, 72—Annotation on, 139—Balances its budget, 737
- Infirmiary, Manchester Royal: Annual meeting, 412—And new Labour Exchange (parliamentary note), 592, 898
- Infirmiary, Perth Royal: Income of, 635
- Inflammation, gastro-duodenal, surgery of (J. Schoemaker), 237
- Inflammation, review of book on, 123
- Influenza at Chemnitz (K. O. Oxenius), 284
- Influenza, deaths from in Germany, 539, 714
- Influenza deaths, seasonal expectancy of (Mary Gover), 380
- Influenza, diagnosis of (P. Schmidt), 262
- Influenza, drug treatment of, 202
- Influenza epidemic: 93, 126, 128, 140, 151, 152, 178, 202, 253, 284, 309, 373, 430, 451, 481, 539, 592, 714, 780—Deaths from, 151, 253, 309, 373, 430, 481, 539, 592, 780—Leading article on, 126, 451—In Germany, 714
- Influenza epidemic in the Falkland Islands (R. L. Cheverton), 135
- Influenza and industry (W. Blood), 1079—Correspondence on, 1174
- Influenza, precautions against in France, 240
- Influenza, prophylactic against, 152
- Influenza, prophylaxis, 760
- Influenza, research on, 128, 671, 691—Parliamentary note, 691
- Influenza, serum for, 140, 192
- Influenza virus, isolation of (Leslie Hoyle and R. W. Fairbrother), 655 (O)
- Influenzal meningitis. *See* Meningitis
- Influenzal pneumonia. *See* Pneumonia
- Infra-red ray apparatus, 649
- ISGLIS, Keith: *Page's Disease of the Nipple and its Relation to Surface Cancers and Pre-cancerous States in General*, rev., 270
- Ingram v. Fitzgerald, 46
- INGRAM, J. T. (and Michael C. Oldfield): Hereditary sebaceous cysts, 960 (O), 1102—A correction, 1102

- Inhalation therapy, 175, 244, 359, 419, 587, 837, 907. *See also* Respiratory
- Inhalation treatment, Duke-Fingard (parliamentary note), 1187
- Inheritance (Family Provision) Bill, 251
- INMAN, W. S.: The emotional factor in the causation of squint, 1116
- Inn, the old English, 732, 1056
- Inquests, Coroners', in London, 995
- Inquests, post-mortem examinations for (parliamentary note), 1054. *See also* Post-mortem
- Insane, certified, in Scottish Mental Institutions (parliamentary note), 1236
- Insane persons under treatment in Italy, numbers (G. Modena), 486
- Insemination, artificial: Some aspects in the U.S.A. (Frances Seymour and Alfred Koerner), 98
- Institute of Linguists. *See* Linguists
- Institute of Medical Psychology. *See* Psychology
- Institute for Scientific Treatment of Delinquency: Annual meeting, 1220—A survey of the year's work, 1220
- Institution, Astley Ainslie: Report, 1278
- Institution, Liverpool Medical: Electrical method of determining the level of thyroid activity, 239—Treatment of fractures of the ankle, 240—Congenital cystic disease of the lung, 292—The Harris operation for prostatectomy, 292—The kidney in starvation, 293—Medical treatment of hepatitis and cholecystitis, 407—Oestrin content in blood and urine, 522—Spontaneous fracture of humerus with carcinoma of prostate, 522—Megakaryocytic myelosis with osteosclerosis, 522—Gastritis, 682—Pathology of criminal abortion, 727—Exhibition of pathological specimens, 727—Lobectomy and bronchoscopy, 828—Bronchoscopic clinics, 828—Centenary of, 1042, 1208, 1214
- Institution of Mining Engineers: Annual meeting, 463—Weight lost by sweating, 463
- Instrument maker, the scientific, 140
- Insulin or alcohol? Mock trial held by the Fellowship of Medicine, 644
- Insulin booklet, 202, 900
- Insulin, protamine (H. C. Hagedorn), 187—Correspondence on, 581
- Insulin, protamine (with zinc)—suspension, 531
- Insulin, protamine, and zinc protamine insulin in treatment of diabetes mellitus (H. P. Himsworth), 541 (O)
- Insulin shock treatment of schizophrenia (E. H. Larkin), 745 (O)
- Insulin therapy in psychiatry, 1178
- Insulin, zinc-protamine (leading article), 561—Correspondence on, 636
- Insulin, zinc-protamine (R. D. Lawrence and Nora Archer), 487 (O), 636

Insurance, National Health:

- Amendment Bill, 536, 589, 645
- Approved Societies' Additional benefits, 537—Benefit rates of, 648—And unemployed on extended insurance, 899—Transfer of members, 1054—Administration of benefit, 1186
- Benefit, waiting period for, 481
- Capitation fee (leading article), 1211
- Capitation fee for young persons, 252, 647, 736, 1293, 1341
- Capitation fee tribunal, 692, 950, 1054, 1128
- Dental treatment of unemployed, 1343
- Dispensing of medicines, 476, 737
- Drug Fund, and sickness, 950
- Extension of, 371
- Insured persons not choosing a panel doctor, 736
- Juvenile Contributors and Young Persons Bill, 1341
- Medical Benefit, Amendment Regulations (Scotland), 1341
- Medical practitioners under agreement, numbers, 647
- Midwives Act and maternity benefit, 1007
- Numbers insured between 60 and 65 years of age, 539
- Ophthalmic benefit, 307, 1342—Regulations, 1342
- Parliamentary notes, 53, 252, 307, 371, 476, 481, 536, 537, 539, 645, 647, 692, 736, 844, 899, 950, 1007, 1054, 1186, 1293, 1341
- Referees, 844
- Regulations, 481
- Remuneration scale, arbitration, 645
- Sickness and the Drug Fund, 950
- Unemployment Assistance (Determination of Need) Regulations, 53
- Unemployment. *See also* Unemployment

- Insurance, National Health, in New Zealand, 883
- Intelligence, national, is it declining? 362
- Intelligence of a rural population, 1322
- Inter-Collegiate Scholarships Board, 643
- Internal organs, review of book on, 1117
- International Clinics*. Forty-sixth series, vol. iv, rev., 331—Vol. iii, rev., 501—Forty-seventh series, vol. i, rev., 1072
- Interposition, operation (J. St. George Wilson), 777
- Intestinal flora of children, 1321
- Intestinal obstruction as caused by adenomyoma (A. Gough), 993
- Intestinal strangulation caused by adherent Fallopian tube (Major F. M. Collins), 119 (O)
- Intussusception, idiopathic, acute (P. J. M. Wright), 389
- Inversion, an unfortunate, 310
- Iodato, 392
- Iodine albuminate, 1144
- Iodine, colourless, 1352

Iodine, external use of, 374, 482, 540, 593, 649, 693, 900
 Iodine as a prophylactic against influenza, 152
 Iodine in pulmonary tuberculosis, 900, 952, 1056, 1144
 Iodized oil (Iodotol), 392
 Ionization for hay fever, 1338
 Ionization, intranasal, by electrotherapists, 835
 Ionization, review of book on, 1071
 Ionization, technique of, 1046
 Ionization, zinc, changes in the nasal mucosa following (W. F. Wenner and J. H. Alexander), 1027
 Ionization, zinc, in treatment of hay fever (L'oneil D. Bailey and Clive Shields), 808 (O)
 IREDELL, Air Vice-Marshal Alfred William, Knight-hood conferred upon, 1032, 1041

Ireland

Belfast: Annual meeting of the Association at, 729. *See also* Association in General Index—Belfast, the gateway to Ulster, 233—Gift to hospitals of, 469—Queen's University, 354—Royal Maternity Hospital, 729
 General Medical Council, Crown nominee on, 729
Hospital Year Book and Medical Directory, Free State, 354
 Kidd, Leonard, retirement of, 354
 Medical research scheme for the Free State, 353—First meeting of, 469
 Puerperal fever outbreak at the Rotunda Hospital, 1332
 Serum institute, national, need for a, 883

Iron deficiency and hypochromic anaemias, relation between (J. F. Brock), 314 (O)—Correspondence on, 471, 528
 Irradiation in malignant disease (W. Sampson Handley), 573—Discussion, 573. *See also* Malignant
 IRWIN, S. T.: Intracapsular fractures of femur, 294
 IRWIN, W. K.: Prostatectomy by the two-stage method, 261 (O), 528, 639, 685
 ISAAC, Colonel Charles Leonard, appointed deputy lieutenant for the County of Glamorgan, 693
 Ischaemia, cardiac, 82—Treatment of (Laurence O'Shaughnessy), 184
 ISCH-WALL, P. (P. ÉMILE-WEIL and Suzanne PERTES: *La Ponction de la Rate*, rev., 123
Isis, 1083
 Isle of Wight Mental Clinic, 884
 ISRAELS, M. C. G.: Infectious mononucleosis and monocytic leukaemia, 601 (O)
 Italy: Insane persons under treatment in, numbers, 486
 Itch, sulphur for, 374

J

JACKSON, Sir Henry: Death of, 455—Obituary notice of, 533
 JACKSON, Hughlings, ophthalmologist, 1127
 JACKSON, J.: Iodine albuminate, 1144
 JACKSON, John Luke, obituary notice of, 942, 1286
 JACKSON, Sylvia (and Keth LYLE): *Practical Orthoptics in the Treatment of Squint*, rev., 1315
 JACKSON, W. F.: The tuberculosis problem, 1266
 JACOB, A. L.: Blood transfusion, 245
Jahresbericht, Jubilee number of, rev., 1118
 Jam, hawthorn berry, 1188
 JAMES, E.: The heart in diphtheria, 1331
 JAMES, W. L.: Marked febrile erythematosis during treatment with mandelic acid, 1255
 JAMESON, Edwin M.: *Gynaecology and Obstetrics*, 1122
 JAMESON, W. W. (and G. S. PARKINSON): *A Synopsis of Hygiene*, fifth edition, rev., 172—Active immunization against diphtheria, 827
 JAMIESON, E. B. (and J. C. BRASH, editors): *Cunningham's Textbook of Anatomy*, seventh edition, rev., 1025
 JAMIESON, John Kay, Honorary LL.D. Leeds conferred upon, 1184
 JARMAN, R.: Anaesthesia in America, 630
 JAROSCHKA, K.: Abdominal removal of large submucous myomata and the preservation of the faculty of parturition, 710
 Jaundice, aetiology and diagnosis of (C. E. Lakin), 517—Discussion, 518
 Jaundice, blood phosphatase in (Noah Morris), 91
 Jaundice, catarrhal, epidemic, in school children (Arthur A. Lisney), 703 (O)
 Jaundice, epidemic, sweet chestnuts in, 1056
 Jaundice, hepatic, infective (Hugh Barber), 67 (O)
 Jaundice, itching of, thyroid extract for, 301
 Jaundice, spirochaetal (parliamentary note), 737
 JEFFCOATE, T. N. A.: Labour obstructed by pelvic kidney, 291—Hormone treatment of some disorders of pregnancy, 674, 720
 JEFFRIES, Lillias M. Blackett: Treatment of repeated abortion, 328
 JEGHER, George: Medical aid in Spain, 1188
 JENNINGS, Colonel Edgar, obituary notice of, 1143
 JENSEN, Claus: Active immunization against diphtheria, 826
 Jerry-building. *See* House-Builders' Registration Council
 JESSEN, H.: *Cytologie de Liquide Cephalo-Rachidien*, rev., 223
 JESSOP, W. J.: Thrombo-angiitis obliterans, 411
 JEWESBURY, R. C.: Oxford University Appeal, 1043—Maternity and child welfare, 1217
 Jewish infants, mortality among in Palestine, 769

JOE, Alexander: Acute enteritis, 410—Epidemiology of Well's disease, 521—Active immunization against diphtheria, 827
 JOHNSON, A. B.: Asthma query, 1188
 JOHNSON, Donald M., adopted as a candidate for the Bewdley Division, 1239
 JOHNSON, G. R., appointed Officer of the Order of St. John of Jerusalem, 166
 Johnson, Samuel, and John Hunter, 28
 JOHNSTON, D. J. Gair: Terminal caesarean tuberculous bronchopneumonia, 731
 JOHNSTON, W. G., King George VI's Coronation Medal conferred upon, 1143
 JOHNSTON, Colonel W. W. S., appointed Officer of the Order of St. John of Jerusalem, 166
 JOLTRAIN: Plague in Paris, 337
 JOLY, J. Swift: Stone in the upper urinary tract, 829
 JONAS, V.: Commonness of oligomenorrhoea or amenorrhoea in Graves's disease, 218
 JONCKHEERE, F.: Site of a perforated gastric ulcer after suture demonstrated by radiography, 116
 JONES, E., appointed Officer of the Order of St. John of Jerusalem, 166
 JONES, Eaton, warning against, 791
 JONES, Grace: Ocular changes in pregnancy, 467
 JONES, H. Hughes: Nervous complications of gold salts treatment, 96
 JONES, Isaac, King George VI's Coronation Medal conferred upon, 1143
 JONES, John Arnold, obituary notice of, 788
 JONES, O. Vaughan: Oestrin in blood and urine, 522
 JOULES, H.: Air-raid precautions, 1230
Journal of the American Statistical Association for December contains an appreciation of Karl Pearson, 430
Journal of the International Society of Surgery, 1270
Journées Médicales de Paris (1937), 845
 JUDD, A. F.: Modern treatment of fevers, 353
 JÜLER, Frank Anderson, appointed Surgeon Oculist to the Household, 532
 JUNGHANS, E.: Dangers of the indiscriminate use of extracts of posterior lobe of pituitary during parturition, 1131
 JUPE, Francis: Definition of "arrested," 1227
 JUPE, M. H.: Suprarenal tumour, 1276
 JUST, Theodore Hartmann, obituary notice of, 421

K

KAHN, Reuben L.: *Tissue Immunity*, rev., 272
 Kala-azar in the Sudan (Sir Robert Archibald), 90—Discussion, 91
 Kaolin, medicinal, in food poisoning (N. Mutch), 595 (O)—Correspondence on, 835, 886, 1177
 KARPELIS, E.: Removal of tattoo markings, 1267
 KAUNTZE, William Henry, C.M.G. conferred upon, 233
 KAY, H. D.: Biochemistry of milk secretion, 1224
 KAYNE, G. Gregory: Examination of tuberculosis home contacts, 858 (O)
 KEAYS, Lieut.-Colonel William, obituary notice of, 253
 KEELE, Kenneth D. (Hamilton BAILEY and Wilfred I. B. STRINGER): Continuous intravenous saline infusion, 552 (O)
 KEITH, Sir Arthur: Appreciation of Sir Grafton Elliot Smith, 101
 KEITH, T. Skene: Sudden death, 882
 KERWICK, A.: Problems of blood transfusion, 1330
 KELLY, Emerson Crosby: *Medical Classics*, 509
 KELLY, R. E.: Post-anal dermoids, 727
 KELLY, William P.: Substances promoting cell growth, 141
 Keloid, treatment of, 1102
 KELYNACK, Violet: The new *Journal* typography, 147
 KEMBLE, James: Milton's blindness, 44
 KEMP, Robert: Determination of thyroid activity, 239
 KEMP, W. N.: The adrenal cortex, 1194 (O), 1221
 KENDAL, Cuthbert Robert, ninety-fifth birthday of, 152
 KENNEDY, Colonel Arthur, obituary notice of, 643
 KENNON, R.: Post-anal dermoids, 727—Suprasternal dermoid, 727—Tuberculous kidney with giant ureter, 727
 Keogh Barracks, 735
 KER, Frank L.: Observations on the Dick test, 852 (O)
 Keratoplasty (Lieut.-Colonel R. E. Wright), 1311 (O)
 Keratitis from mustard gas (parliamentary note), 538
 KERLEY, Peter: *Recent Advances in Radiology*, second edition, rev., 221
 KERR, A. S.: Post-anal dermoids, 727—Suprasternal dermoid, 727—Tuberculous kidney with giant ureter, 727
 KERR, Charles, obituary notice of, 1098
 KERR, J. M. Munro: Uterine prolapse, 466
 KERRIDGE, Phyllis M. T.: Report on hearing and speech in deaf children, 723
 KESTNER, Otto: Climato-physiological investigations at the seashore, 555 (O)—Effects of marine climate, 626
 KETTLE, Edgar Hartley, memorial to, 1134
 KEYES, Muriel: Spa treatment in gynaecology, 725
 KEYNES, Geoffrey: Cancer of the breast, 242, 358
 KEYS, A.: Acclimatization to high altitudes, 991
 KHAMBATTA, Barjor Framji, M.B.E. conferred upon, 1042
 KIDD, H. A.: Colloid goitre requiring tracheotomy, 611
 KIDD, Leonard, retirement of, 354

Kidney, pelvic, obstructing labour (T. N. A. Jeffcoate), 291
 Kidney in starvation (John Duncan Hay), 293
 KIMBER, W. J. T.: Birching of children, 1092
 KINDERSLEY, Charles E.: Swab-counting board, 173—Modification of Smith-Petersen nail, 1119
 KING, Arthur: Birching of children, 1093
 King Edward's Hospital Fund. *See* Fund
 KING, E. F.: Leprosy in the British Isles, 357
 KING, E. J.: Microchemical methods applied to capillary blood for estimation of sugar, urea, uric acid, creatinine and chloride, 352
 KING, Lieut.-Colonel H. H.: Treatment of pyorrhoea, 254
 KING, Reginald A.: Intravenous cannula and trocar, 173—A clot in the cannula, 641
 King's evil, touching for, 1036
 Kingstown, Jamaica, syphilis among school children in (Dahlia Whitbourne and George M. Saunders), 1108 (O)
 KINNEAR, John: External use of iodine, 649
 "Kinoo powder," 580
 KINSMAN, Dr.: The adrenal cortex, 1221
 KIRKWOOD, W. D., appointed Commander of the Order of St. John of Jerusalem, 166
 KISCH, Harold: Treatment of facial paralysis, 403
 Kitchen, a giant, 374
 Kitchen offices in hospitals (R. Whitaker), 952
 Kitchener School of Medicine, Khartoum, report, 345
 KITCHIN, D. H.: The defence in medical negligence cases, 138—Blood groups and non-paternity, 991
 KLEIN, S.: Intraoperative haemorrhage from a Graafian follicle, 362
 KLOTZ, Oskar, death of, 588
 KLOTZ, P.: Polyneuritis in female subjects, 733
 Knee-joint operations, technique of (Eric I. Lloyd), 1015 (O)—Correspondence on, 1088, 1176, 1227
 KNIGHTS, F.: Meningococcal meningitis complicated by *Streptococcus haemolyticus* infection: recovery, 1256
 KNIGHTS, Laurence E. D.: New view of pneumonia, 594
 KNOTT, F. A.: Serum for influenza, 140—(And A. Lisle PUNCH): *Modern Treatment of Diseases of the Respiratory System*, rev., 271—Problems of blood transfusion, 1330
 KNUTHSEN, Sir Louis, appointed Knight of the Order of St. John of Jerusalem, 166
 Koch's work on tuberculin, 417. *See also* Tuberculin
 KOERNER, Alfred: Artificial insemination, 98
 KONSTAM, Geoffrey: Diseases of the colon, 631
 KOPKIN, B. A.: *Dental Surgery for Medical Practitioners*, rev., 970
 KORANI, von., elected an honorary doctor of the University of Athens, 1351
 KRAUSE, Fedor, eightieth birthday of, 793
 KREHL, R., elected an honorary doctor of the University of Athens, 1351
 KREMER, Wilhelm: *Die Entwicklung der Lungen-tuberkulose des Erwachsenen*, rev., 711
 KRISTELLI, Leopold Schrötter Ritter von., centenary of the birth of, 103
 KROETZ, C.: Carbon monoxide poisoning, 314
 KRUMBHAAR, E. A.: *Clio Medica*, rev., 666
 KÜMMEL, Hermann, obituary notice of, 534

L

Laboratory, National Physical, report for 1936, 1039
 Labour, human needs of (leading article), 1074
 Labour Office, International: Publishes *Industrial Environment and Health*, 172
 Labour, breech presentations, external version for (Chamanlal Mehta), 706 (O)
 Labour, gas-and-air analgesia in, 627—Investigation at Barnet, 627—Correspondence on, 731. *See also* Analgesia
 Labour, nitrous oxide self-administered in, new type of apparatus for (Chassar Moir), 466
 Labour, normal, analgesia in (Marshall Scott), 1222
 Labour, normal, under analgesia after temporary sterility, 687
 Labour obstructed by pelvic kidney (T. N. A. Jeffcoate), 291
 Labour, painless, 56
 Labour, precipitate (A. F. Wilkie Millar), 968
 Labour, review of book on, 862
 Labour, tracheotomy in, necessitated by bilateral abductor paralysis (Thomas A. Clarke), 270
 LACEY, F. H.: Hormone therapy in gynaecology, 409
L'Activité Scientifique et Médicale resumes publication, 1155
 LADELL, R. G. Macdonald (Sir Walter LANGDON-BROWN, Frank GRAY and F. G. CROOKSHANK): *The Place of Psychology in the Medical Curriculum, and Other Papers*, rev., 271
 LADELL, R. Macdonald: Air raid precautions, 1179
 LAENNEC: Monument to, in Paris, 481—Mementoes of, 846
 LAKE, George Burt (and Walter Forest DUTTON): *Parenteral Therapy*, rev., 970
 LAKE, Norman C.: "Rachis-resistance" and spinal anaesthesia, 297
 LAKIN, C. E.: Aetiology and diagnosis of jaundice, 517
 LAL, R. B. (and S. C. ROY): Epidemiology of epidemic dropsy, 1110 (O)
 LAMBOTTE, A., awarded the international Lannelongue medal of surgery, 1037

LAMBRET, O. (M. MALATRAY and J. DRIESSENS): *La Chirurgie du Cancer du Poumon, Bases Anatomico-Cliniques et Expérimentales. Technique Opératoire*, rev., 447

LAMP, Finsen-Lohnhoff, in treatment of lupus vulgaris (Robert Aitken), 160 (O)

LAMPLUGH, W. H.: Appreciation of John Luke Jackson, 942

Lancashire: Mental hospital accommodation in (parliamentary note), 538—Mental Hospitals Board, leave to sue, 944—Tuberculosis control in (G. Lissant Cox), 1038

LANE, D. E.: Twins on a vegetable diet, 563

LANE, R. E.: The tuberculosis problem, 1266

LANE, T. J. D.: Renal tuberculosis, 137—Stone in the upper urinary tract, 830

LANGDON, J. N. (S. WYATT and F. G. L. STOCK): *Fatigue and Boredom in Repetition Work*, 924

LANGDON-BROWN, Sir Walter (R. G. Macdonald LADELL, Frank GRAY and F. G. CROOKSHANK): *The Place of Psychology in the Medical Curriculum and Other Papers*, rev., 271—(And Reginald HILTON): *Physiological Principles in Treatment*, seventh edition, rev., 390—Mental disorder and the endocrines, 404—Climates and clinical conditions, 627—What is osteopathy? 868—Appreciation of Alfred Adler, 1180—Cavendish Lecture on dual personality, 1278

LAPAGE, C. P.: Haemorrhagic diathesis, 467

LARKIN, Edward: Insulin therapy in psychiatry, 1178

LARKIN, E. H.: Insulin shock treatment of schizophrenia, 745 (O)

Larynx, differential diagnosis of certain lesions of (A. Hautant), 799

LASKIEWICZ, A.: Foreign bodies in the bronchi and trachea, 910

Law and abortion. See Abortion

Law and unqualified practice (parliamentary note), 308. See also Unqualified

LAWRENCE, R. D. (and Nora ARCHER): Zinc protamine insulin, 487 (O), 636

LAWRIE, David, obituary notice of, 422

LAWRIE, Macpherson: *Nature Hits Back*, rev., 390

LAWSON, F. J., King George VI's Coronation Medal conferred upon, 1143

LAWSON, A. S.: Radiograph or skiagram, 641, 786

LAYTON, T. B.: Anaesthetics for nose and throat operations, 345

LAZARUS-BARLOW, P.: Friedman test in hydatidiform mole and chorion epithelioma, 71 (O)

LAZZARO, Giuseppe (and Gaetano ZAPPALA): *Le Artropatie Croniche*, rev., 812

Lead poisoning, blood films in, 888

Leading Articles:

Abortion: When is abortion lawful? 393

Acetylcholine, action of, on the central nervous system, 1123

Biology in education, 225

Birthing of children, 618

Calcium requirements in man, 869

Cancer problems, 338

Capitation fee, 1211

Cardiovascular regulation, problems of, 275

Coronation, 1028

Deaf, legislation for, 716

Defence budget, 870

Diet, national, 757

Dietary survey, 334

Factories Bill: An Advisory Board? 563

Gastroscopy, 670

General Register Office, 1320

Health Ministry, 1268

Hepatonephritis, 1212

Hernia, treatment of, 1163

Hospital co-operation in London, 394

Hospitals, voluntary, 1028

"House worth living in," 815

Hygiene and tropical medicine, work in, 174

Influenza epidemic, 126, 451

Inhalation therapy for respiratory diseases, 175

Insulin, zinc protamine, 561

Insurance capitation fee, 1211

Labour, human needs of, 1074

Leprosy control, 669

London water, the watch on, 274

Malaria in Europe, 715

Maternity services, 977

Maudsley hospital, 507

Medicine and the Factories Bill, 450

Midwifery, difficult, 923

Milk Reorganization Commission, 23

Milk, tuberculin-tested, 814

Mother and the home, 1123

Nutrition in Australia and India, 1319

Physical education: the Government's scheme, 332

Physician's survey, 1075

Population, future of our, 759

Public health, three events in, 506

Repetition work, the boredom of, 924

Research "front," a united, 617

Rheumatic fever, valvular lesions in, 978

Rheumatism, prevention of, 126

Rockefeller millions, 1125

Second-best, 1268

Sinusitis, nasal, in children, 24

Tavistock clinic, 1164

Tendencies of contemporary medicine, 78

Therapia sterilis magna, 79

Type, the new, 23

Vaccination against enteric fever, 788

Vitamin D, overdosage with, 1269

Wellcome Trust, 224

Zinc protamine insulin, 561

LEAGUE OF NATIONS:

Epidemiological Report, changes in, from January, 1937, onwards, 1082

Epidemiological Report of Health Section: Typhus and typhus-like infections, 176—October-December issue devoted to trypanosomiasis, 201

Health programme for the next three years, 1168

Narcotic drugs, traffic in, 227

LEAK, Hector, obituary notice of, 894

LEARMONTH, James R., appointed Surgeon to the King in Scotland, 532

LEAVER, Robert: Diathermy for cervicitis, 586

Le Bulletin Médical for March 13 contains an appreciation of London hospitals, 793

LECLAINCHE, Emmanuel, elected President of the Académie de Médecine, 201

Lecture, Cavendish: Dual personality (Sir Walter Langdon-Brown), 1278

Lecture, Chadwick: Onchocerciasis and blindness (Richard P. Strong), 348—Kitchen offices in hospitals (R. Whitaker), 952

Lecture, (Isaac) Gilchrist: The progress and present aspect of medical science (Robert Hutchison), 57

Lecture, (Sir Charles) Hastings: Food and nutrition (E. P. Cathcart), 435

Lecture, Hunterian: Movements of the digestive tract (J. Russell Reynolds), 285—Effect on the eye of radium used for treatment of malignant disease in the neighbourhood (Philippa Martin), 651

Lecture, (Stephen) Paget Memorial, 1167, 1318—The Paget tradition (G. Grey Turner), 1318

Lecture, (Benjamin Ward) Richardson: Supervision of the nation's food supply (Lieut.-Colonel Gerald Leighton), 55

Lecture, Semon: Some tumours and ulcers of the palate and fauces (Walter Howarth), published in the January issue of the *Journal of Laryngology and Otology*, 232

Lectures, FitzPatrick, for 1935 and 1936: The history of the acute exanthemata (J. D. Rolleston), 1025

Lectures, [George Halliburton] Hume: Nocifensor system of nerves and its reactions (Sir Thomas Lewis), 431, 491

Lectures, Lane: Studies in cardiovascular regulation (Professor Anrep), 275

Lectures, Lettsomian: Surgery of the thyroid gland (Sir Thomas Dunhill), 460, 514, 568

Lectures, Morison: The neuro-psychological basis of conduct disorder (R. G. Gordon), 1325

Lectures, Oliver-Sharpey: Abnormalities of growth and development (H. Gardiner-Hill), 1241, 1302

Ledingham, John Charles Grant, Knighthood conferred upon, 276, 283

LEDUC, Jean: *Notions de Médecine Aéronautique*, 222

LEE, Maurice: Infection treatment of hernia, 360

LEE, William Emerson, obituary notice of, 1234

LEECH, E. Bosdin, Honorary M.A. Manchester conferred upon, 1350

LEEDHAM-GREEN, J. C.: Intraperitoneal haemorrhage from a Graafian follicle, 527, 1045

Leeds: Blood transfusion service in, 89—Rheumatism research in, 831—Students Union, 39—University. See University

LEES, David: *Practical Methods in the Diagnosis and Treatment of Venereal Diseases*, third edition, rev., 612

LEESON, Lieut.-Colonel L. H., appointed Officer of the Order of St. John of Jerusalem, 166

LEETE, H. Mason: The heart in diphtheria, 1331

LE FLEMING, E. Kaye: *An Introduction to General Practice*, rev., 19—Physical education in schools, 134—Knighthood conferred upon, 276, 283—Health values of sport and games, 877

LEGENDRE, Paul, death of, 535

LEIGHTON, Lieut.-Colonel Gerald: Benjamin Ward Richardson Lecture on the supervision of the nation's food supply, 55

LEITCH, Isabel: Diet and health, 780—Calcium requirements in man, 869

LEITH, Robert Fraser Calder, obituary notice of, 50

LELAN, P. S.: Physical fitness in Scotland, 190

LE MEE, D.: Otitis media in early childhood, 1083

LEMPRIERE, L. A.: Physical education in schools, 134

Lepers, mission to, in India, 633

Leprosy in the British Isles (E. F. King), 357

Leprosy Congress. See Congress

Leprosy contracted in Paris (C. Flandin and J. Ragui), 832

Leprosy, control of (leading article), 669

Leprosy, fight against, 864

Leprosy Relief Association, British Empire, report, 864

Leprosy, remedies for, 925

Leprosy, review of book on, 665

LE QUESNE, C. T.: The defence in medical negligence cases, 138

LEREBOUTLET, L.: *Manuel de Paediculture*, second edition, rev., 755

LESCHER, F. Graham: Blood transfusion, 41

"Le Sou Médical," 1133

LESTER, W.: Specific antitoxins for gonococcal and meningococcal infections, 415, 585

Le Sud Médical et Chirurgical for December devoted to industrial accidents and social medicine, 151

Leucorrhoea, chronic, new treatment for—zinc chloride (Aleck Bourne, L. T. Bond, and K. A. McGarrity), 116 (O)—Correspondence, 781, 886, 1352—A correction, 1352

Leukaemia, monocytic, and infectious mononucleosis (M. C. G. Israëls), 601 (O)—Correspondence on, 1280

LEVADITI, Professor, appointed scientific director of the Alfred Fournier Institute, 846

LEVITT, W. M.: Irradiation in malignant disease, 573

LEWIS, Charles James, obituary notice of, 363

LEWIS, Sir Thomas: George Halliburton Hume Lectures on the nocifensor system of nerves and its reactions, 431 (O), 491 (O)—Auricular flutter continuing for twenty-four years, 1248 (O)

LEWIS-FANING, E.: Trend of mortality rates in urban communities of England and Wales, 865

LEY, Leonard: Director for strangulated hernia, 125

LEYS, Duncan: Air raid precautions, 1091

LEYTON, Otto: Protamine insulin, 187—Accident and diabetes mellitus, 684—Blood-sugar worship, 782, 887

LIBMAN, Julius (and A. Douglas BIGLAND): Auto-genous urinary proteose in asthma and other allergic conditions, 62 (O)

Lichen planus treated with stovarsol (A. Sézary and A. Horowitz), 1227

Lichen sclerosus atrophicus (M. Schubert), 491

LIDDELL, John, obituary notice of, 642

Life without bacteria, 26

Light treatment unit, mobile, for ward work, 1026

LILLICRAP, C. A.: Contralateral artificial pneumothorax, 1139

LILLIE, Geoffrey J.: Nocifensor lesion of the hand, 1068 (O)

LILLINGSTON, Claude: Appreciation of W. Jenkins Oliver, 249

LINDBLOM, Knut: *A Roentgenographic Study of the Vascular Channels of the Skull. With Special Reference to Intracranial Tumours and Arterio-venous Aneurysms*, rev., 124

LINDSAY, J. W.: Kala-azar in the Sudan, 91

LINSTRÖM, L. J.: Undescended testicle, 1199

Linguists, Institute of: Reissues its *List of Translators and Interpreters*, 890

LINSTEAD, H. N., O.B.E. conferred upon, 1032

Lipiodol in treatment of asthma, 1188

Lipiodol in ventriculography (E. Lyscholt), 1276

LISNEY, Arthur A.: Epidemic catarrhal jaundice in school children, 703 (O)

Lister Institute of Preventive Medicine: Annual report, 1274

LISTER, Sir William, appointed Consulting Surgeon Oculist to the King, 532

Lithopaedion, case of (Paul Cave), 383 (O)

LITTLER, T. S. (A. W. G. EWING and I. R. EWING): *The Use of Hearing Aids*, 344

Liver extract in macrocytic anaemia (Lucy Wills), 629

Liver extract for parenteral use ("Examen"), 1317

Liver extracts, value of, 730, 1090

Liver preparation, "Orheptal," 666

Liver products, import duty on (parliamentary note), 307. See also Beef and Veal Customs Duties Bill, 307

Liver treatment of chronic agranulocytosis (C. R. Das Gupta and L. J. Wits), 1179 (O)

Liverpool: Medical history of, 232, 303—Merseyside Hospitals Council. See Hospitals—Port Sanitary Authority's report, 1334—Typhoid fever outbreak (parliamentary note), 592, 692, 1055—United Hospital Bill. See Hospital

Liverpool Medical Institution. See Institution

Livestock Industry Bill, 841, 1003, 1050

LIVINGSTONE, Louise: University of London Medical Graduates Society, 531

LLOYD, Edward James, obituary notice of, 51

LLOYD, Eric I.: Ununited fractures, 576—Technique of knee-joint operations, 1015 (O), 1176

LLOYD-WILLIAMS, I. H.: Metabolic factor in rheumatism, 40

Lobectomy (Hugh Reid), 828

Lobeline in curing of the tobacco habit (J. L. Dorsey), 864

Local Authorities, International Union of, Conference—Paris (1937), 957

Local authorities, revision of "block grant" to (parliamentary note), 423

Local Government Administration: Municipal Year Book and Encyclopaedia of, for 1937, rev., 666

Local Government (Finance Provisions) Bill, 423, 536, 537, 645—Exchequer aid to local authorities, 537

Local Government (Financial Provisions) (Scotland) Bill, 536

Local Government Superannuation Bill, 1054, 1341

LOCKHEAD, James, C.B.E. conferred upon, 1041

LOCK, Norman: Severe hyperthyroidism, 1085

LOCKHART, Leonard P.: B.M.A. and T.U.C. Joint Committee, 363—Prophylactic holidays, 877

LOCKHART-MUMMERY, J. P.: *After Us. The World As It Might Be*, 172—Diseases of the colon, 1130

LOESER, Alfred A.: Specific antitoxins for gonococcal and meningococcal infections, 470

LOESER, Arnold: Hyperthyroidism and the thyrotropic hormone of the pituitary, 1276

LOEWY, F. E.: Death following blood transfusion, 641

LÖFFLER, W., nominated to the Chair of Clinical Medicine at Zurich, 1101

LOGAN, D. C.: Enuresis in children, 1281

LOMHOLT, S.: Antileprol injections in skin diseases, 285

LONDON

Air raid precautions in, 468. See also Air raid

Antitoxin establishment of, a new, 1043

Coroners' inquests in, 995

County Council. See Council

District medical services in, 1086

General hospital for South London, a new, 294

- LONDON (continued):
Inter-Collegiate Scholarships Board, 643
Maternal mortality in, 294
Mental hospital service, 872
Midwifery scheme, domiciliary in, 989, 1334
Nursing service, home, inaugural meeting, 878
Omnibus strike, 1172—Health aspects, 1172
Physical medicine centre in, 884
Rescue work in North London, 580
Venereal disease treatment in, 779
Water supply, annual report on, 274
- LONG, Crawford Williamson (the discoverer of ether anaesthesia), memorial plaque to, 831
Lord High Commissioner visits the hospitals of Edinburgh, 1132
LOUGHNANE, F. Mc G.: Treatment of prostatic obstruction, 144—Effects of prolonged dorsal decubitus, 629
LOVE, James Kerr: *Deafness and Commonsense*, rev., 755
LOVE, Lieut.-Colonel Robert Lindsay, obituary notice of, 1100
LOWE, E. Cronin: Pathology of criminal abortion, 727
LOWENFELD, Margaret: Emotion in childhood, 682—Maternity and child welfare, 1271
LUBBOCK, D. M. (W. THOMSON and R. C. GARRY): Epithelial overgrowths and diverticula in the gut, 1252 (O)
LUCAS: *Forensic Chemistry and Scientific Criminal Investigation*, third edition, rev., 76
LUCAS, Christia F.: Haemolytic streptococcal meningitis treated with protosil: recovery, 557
LUCREY, H. C.: Wassermann snags, 351
Ludwig's angina. See Angina
Lues congenita tarda (N. Danbolt), 120
Lumbago, treatment of, 152
LUMSDEN, Colonel Philip James, obituary notice of, 786
Lunacy, Lord Chancellor's Visitors in, report of (parliamentary note), 1341
Lunacy, research in, 182. See also Research
Lunacy in Scotland, 885
LUND, Fred B.: *Greek Medicine*, rev., 666
Lung cavities, the blocked, 227
Lung complications, post-operative, 131
Lungs, ammonia formation in the, 671
Lungs, cystic disease, congenital, of (A. Adams), 292
Lupus vulgaris, with special reference to its treatment with the Finsen-Lomholt lamp (Robert Aitken), 160 (O)
Lupus vulgaris treated by intradermal injection of hydriocarpates (J. Edgar Wallace), 1151 (O)
LUTTERBERG, W.: Causes of sterility in women, 384
LYALL, G. Hudson: The Wellcome Trust, 242
LYLE, Keith (and Sylvia JACKSON): *Practical Orthotics in the Treatment of Squint*, rev., 1315
LYLE, R. P. Ranken, Honorary D.Sc. Durham conferred upon, 1002
Lymph, review of book on, 21
Lymphadenoma and allied diseases involving the mesenteric lymph glands, clinical and biochemical syndrome in (N. Hamilton Fairley and F. P. Mackie), 375 (O)
Lymphatic system, clinical aspects of (H. A. Harris), 166 (O)
Lymphocytic meningitis. See Meningitis
LYNCH, G. Roche (and David HARLEY): Blood group tests in disputed paternity, 163 (O), 357—Blood groups and non-paternity, 991
LYNHAM, J. E. A.: Malignant bone tumours, 186—Irradiation in malignant disease, 575
LYNN, Beatrice: Treatment of squint, 294
LYON, D. Murray: Thyroid extract in conditions other than myxoedema, 179
LYSHOLM, E.: Ventriculography, 1276
LYTH, H.: Ludwig's angina treated with protosil, 584
- M
MACADAM, W., elected to the Chair of Medicine at Leeds, 690
MCAREE, F. E., appointed Officer of the Order of St. John of Jerusalem, 166
MCASKIE, David, obituary notice of, 304
MACAULAY, J. C.: External use of iodine, 374, 593
MACAULEY, C. J.: Subclavian aneurysm, 411—Thrombo-angitis obliterans, 411
MCBRIDE, Earl D.: *Disability Evaluation. Principles of Treatment of Compensable Injuries*, rev., 170
MCBRIDE, J. R. B.: Local anaesthesia for perineal tears, 866
MCALL, Eva: Insufficient sleep for children, 531—Dermatitis artefacta, 888
MACCALLAN, A. F.: Trachoma from Spain, 1140
MCALLUM, P. A.: Habitual abortion, 1223
MACCALLUM, W. G.: *A Textbook of Pathology*, sixth edition, rev., 811
McCANCE, Robert: Maternity and child welfare, 1217
MCARRISON, Sir Robert: The problem of endemic goitre, 29, 243—The new Journal typography, 147—Nutrition and health, 1296
MCARTHY, W. H. L., appointed Coroner of the Household, 532
MCARTNEY, J. E.: Epidemiology of Weil's disease, 521
MCCLARY, G. F.: *The Menace of British Depopulation*, rev., 919—Maternity and Child Welfare, 1218
McCONECHY, James, obituary notice of, 150
MCCONNELL, Lieut.-Colonel J. K. (and F. W. W. GRIFFIN): *Health and Muscular Habits*, rev., 1207
MCCONNELL, A. A.: Thrombo-angitis obliterans, 411
MCGRACKEN, Ian: *A Review of the Milk Supply of Glasgow in Relation to Pasteurization*, 928
MCUTCHEON, J. G., appointed a Deputy-Lieutenant for the County of the City of Glasgow, 846
MACDONALD, A. D.: Neurological sequelae of spinal anaesthesia, 681
MACDONALD, A. H.: Physical education in schools, 134—Enuresis in children, 1175
MACDONALD, W. Kelman: "What is osteopathy?" 1046, 1284
McDONALD, John, obituary notice of, 689
McDONALD, W. M.: Malaria control, 1175
McDOUGALL, E. J. (and F. VERZAR): *Absorption from the Intestine*, rev., 558
McDOUGALL, J. B.: The tomograph, 1267
McDOUGALL, William: The relations between dissociation and repression, 1169
McELROY, Robert, obituary notice of, 839
McFARLAND, Bryan: Treatment of fractures of the ankle, 240—Industrial aspect of fractures of the os calcis, 607 (O)
McFARLAND, R. A.: Acclimatization to high altitudes, 991
MACFIE, J. W. S.: *An Ethiopian Diary*, rev., 273, 430
McGARRITY, K. A. (Aleck BOURNE and L. T. BOND): A new treatment for chronic leucorrhoea, 116 (O)—Treatment of leucorrhoea by zinc chloride, 886
McGIBBON, John E. G. (and E. T. BAKER-BATES): Direct bronchoscopic investigation in haemoptysis, 109 (O)—Bronchoscopic clinics, 828—A modified bronchoscope, 1162
MAGREGOR, A. S. M.: Health and school clinics in Glasgow, 468
MAGREGOR, David Robertson, obituary notice of, 534
MAGREGOR, George Scott, obituary notice of, 1097
MAGREGOR, H. G.: Enuresis in children, 1061 (O)
MAGREGOR, I. W., appointed Officer of the Order of St. John of Jerusalem, 166
McGUINNESS, John P.: Tubercle bacilli in the cerebro-spinal fluid: recovery, 169
McGUSTY, Victor William Tighe, O.B.E. conferred upon, 283
McILROY, Dame Louise: Surgical intervention in obstetrical fracture, 800 (O) 952—A correction, 952—Healthy holidays for the people, 877
McILRATH, Muriel B.: Bilateral tubal pregnancy, 1065 (O)
McILWAINE, A. G. J., appointed Officer of the Order of St. John of Jerusalem, 166
McINDOE, Archibald H.: Operation for cure of adult hypospadias, 885 (O)
MACINTOSH, Robert Reynolds, appointed to the Nuffield Professorship of Anaesthetics, 305—Anaesthesia in America, 630
MACKAY, Helen M. M.: Nutritional anaemia in the East End of London, 140
MACKAY, W. A.: Pathology of criminal abortion, 727
MACKENZIE, Murdo: *When Temperaments Clash. A Study of the Components of Human Temperament*, rev., 1316
MACKENNA, R. M. B.: *A Medical History of Liverpool*, 303
MACKENZIE, Major E. F. W., awarded the Parkes Memorial Prize, 51
MACKENZIE, E. K.: Mandelic acid in urinary infections, 471—Blood transfusion in obstetrics, 1176
Mackenzie Institute for Research. See Research
MACKENZIE, W. Tuach, resignation of, 468
MACKIE, Colonel P. P. (and N. Hamilton FAIRLEY): Clinical and biochemical syndrome in lymphadenoma and allied diseases involving the mesenteric lymph glands, 375 (O)—Transit of pregnant women by air, 420
McKERRON, Robert Gordon, obituary notice of, 733, 789
MACKINNON, Doris: *The Animal's World*, rev., 76
MACKINTOSH, Sir Ashley, appointed Extra Physician to the King in Scotland, 532
MACKINTOSH, Colonel D. J., appointed Consulting Medical Superintendent of Glasgow Western Infirmary, 89
MACKINTOSH, James Macalister, appointed Chief Medical Officer of the Department of Health for Scotland, 579
MACKLIN, Charles C.: The anatomists at Toronto, 839
McLACHLAN, John T.: Drug treatment of influenza, 202
McLACHLAN, Thomas: Silicosis and respiratory poisons, 361—Prevention of silicosis, 686
McLAUGHLIN, F. L. (and Bryan C. MURLESS): Does superfoetation occur? Report of a possible case, 1309 (O)
McCLEAN, Alexander, finances a rheumatism research unit, 1239
McLENNAN, Norman H.: Tuberculosis in Palestine, 1035
McLEOD, D. H.: Self-administration of nitrous oxide in labour, 467
McMANUS v. BOWES: Appeal dismissed, 1345
McMAIR, D.: Modern treatment of fevers, 353
MACNALLY, Sir Arthur: Health of the school child, report, 34—Infant mortality, 593—After-care of the tuberculous, 987—Nominated a member of the General Medical Council, 1273
McNAMARA, J.: Angina pectoris: functional or organic? 940
McNEE, John William: Medical treatment of hepatitis and cholecystitis, 407—Appointed Physician to the King in Scotland, 532
McNIDDER, James, obituary notice of, 250
MACNIVEN, Angus: Report of the Glasgow Royal Mental Hospital, 880
MACONIE, A. C.: Typhoid abscess, 685
MACQUEEN, Loudon, appointed Acting Medical Superintendent of the Glasgow Western Infirmary, 89
MACRAE, Angus (and C. A. OAKLEY): *Handbook of Vocational Guidance*, rev., 969
McSWEENEY, C. J.: Need for a national serum institute in Ireland, 883
MACWILLIAM, John Alexander, obituary notice of, 199
Madras hospitals and dispensaries, report on, 938
MADSEN, T. elected a Member of, and President of the Health Committee of the League of Nations, 593
MAGGI, Francesco, death of, 535
MAGIAN, A. C.: A disclaimer, 254
MAGILL, Ivan: Anaesthesia for nose and throat operations, 346
MAGILL, I. W.: Anaesthesia in America, 630
MAINOR, Rodney: New T-tube for drainage of biliary ducts, 971
MAINLAND, Donald: Analysis of clinical statistics, 192
MAJOR, James Perrins, C.B.E. conferred upon, 1032, 1041
MAJOR, Ralph H.: *Physical Diagnosis*, rev., 920
Malaria control, 1175
Malaria control, course for laymen (London), 580
Malaria in Egypt, 1322
Malaria in Europe (leading article), 715
Malaria treatment centre, 1081—The unit at Horton Mental Hospital, 1081
MALATRAY, M. (O. LAMBRET and J. DRIESSESS): *La Chirurgie du Cancer du Poumon. Bases Anatomiques et Expérimentales. Technique Opératoire*, rev., 447
MALCOLM, John David, obituary notice of, 733, 789
MALHOTRA, Chandu Lal: Angina innocens, 1228
Malignant disease, irradiation in (W. Sampson Handley), 573—Discussion, 573
Malignant disease of lungs, pharynx (R. Opsahl), 1202
Malignant disease of the larynx, diagnosis of (Robin Pilcher), 13 (O)—Correspondence on, 142
Malignant growths. See Cancer, Sarcoma, etc.
MALLOCH, D., appointed Serving Brother of the Order of St. John of Jerusalem, 166
MALLOX, J. J.: Psychotherapy of delinquents, 1221
Malnutrition discussed in the House of Lords (parliamentary note), 1052
Malnutrition in Monmouthshire (parliamentary note), 200
Malnutrition. See also Nutrition
MALPAS, Mr.: Cystic degeneration of the endometrium, 408
MALPAS, Percy: Progesterone in pre-eclamptic toxæmia, 528
Malta: Health and milk supply of, 1179, 1282, 1337
Health problems in, 1337
Man, Metropolitan, health of, 821, 941
Man, Peking, 455
Manchester: New dental hospital for, 523—New Royal Infirmary and proposed employment exchange (parliamentary note), 592, 898. See also Infirmary—Tuberculosis Association meeting. See Tuberculosis
Mandelate syrup, ammonium, 331
Mandelic acid treatment, marked febrile erythematosis during (W. L. James), 1255
Mandelic acid in urinary infections, 396, 471
Mangiagalli, Luigi, Obstetrical and Gynaecological Clinic at Milan, thirtieth anniversary of the foundation of, 254
MANSFIELD, W.: *Materia Medica, Toxicology and Pharmacognosy*, rev., 1161
MANSON, J. S.: Rupture of aorta into duodenum, 121—Combined Universities Election, 729
MANSON-BAHR, Philip: Kala-azar in the Sudan, 91—(And W. J. MUGGLETON): *Plasmodium ovale* infection, 217 (O); Aetiology and diagnosis of jaundice, 518; Sigmoidoscopy in tropical practice, 577—Bejel—the syphilis of Bedouin children, 1220
MAPLE, W. N.: The birching of children, 684, 837, 1093
MAPOTHER, Edward: Report of the Maudsley Hospital, 507—Mental disorder following head injury, 880
Maps of Coronation areas for motorists, 1008
MARCHANT, Sir James: Wintering in England, 626
Margarine with vitamins, 310, 592—Parliamentary note, 592
MARIE, Julien (and Robert BROCA): *L'Année Pédiatrique*, rev., 391
MARINESCO, Professor, to retain his chair for life, 1295
MARKALOUS, E.: Commonness of oligomenorrhoea of amenorrhoea in Graves's disease, 218
Marriage Bill: 252, 424, 895, 1184, 1235, 1237—Drunkness as a ground for divorce, 252—Grounds for divorce, 424, 895
MARRIOTT, H. L.: Problems of blood transfusion, 1330
MARRIOTT, W. McKim, obituary notice of, 150, 588
MARRIS, W. A.: A new view of pneumonia, 361
MARSDEN, J. Pickford: Intra-epidermic vaccination, 1139
MARSHALL, Ada Blanch, estate and bequests of, 693
MARSHALL, Claude H.: Abortion and the law, 418
MARSHALL, Geoffrey: Collapse therapy, 1265

- MARSHALL, John: Appliances to improve the vision in amblyopia, 575
- MARSHALL, Captain R., Appointed Officer of the Order of St. John of Jerusalem, 166
- MARTEL, Professor, elected president of the Académie de Médecine, 151
- MARTIN, Edward Fuller, obituary notice of, 51
- MARTIN, Inspector-General James Hamilton, obituary notice of, 476
- MARTIN, J. Edward: Ophthalmic trephine scissors, 223
- MARTIN, J. P.: Neurological sequelae of spinal anaesthesia, 681
- MARTIN, Philippa: Hunterian Lecture on the effect on the eye of radium used for treatment of malignant disease in this neighbourhood, 651 (O)
- MARTIN, Purdon: Mental disorder following head injury, 881
- MARTINDALE, Louisa: Irradiation in malignant disease, 575
- Martindale's *Extra Pharmacopoeia*, Vol. I., twenty-first edition, rev., 499
- MARTYN, Sir Henry L., appointed Surgeon Apothecary to the Household at Windsor, 532
- MASCALL, W. Neville: Treatment of trichomonas vaginitis by silver picrate, 1115 (O)
- Masks, gas, distribution of (parliamentary note), 308
- Filter material in (parliamentary note), 692—Issue of to civilians (parliamentary note), 1291
- Massage, review of book on, 447
- MASSER, Alfred A.: Weight and early diagnosis, 193
- Mastitis of puberty in males, 1188
- Mastoiditis, influenza (Charles Carroll and G. M. Willoughby), 185
- Maternal mortality. *See* Mortality
- Maternity and Child Welfare: Conference in London, 468, 1132, 1217—Report of proceedings, 1217
- Maternity Convalescent Home, 1296
- Maternity homes, Scotch, nursing staffs of (parliamentary note), 429
- Maternity Service (Scotland) Bill, 251, 365, 423, 424, 479, 841, 895, 949, 1006, 1050—Royal Assent to, 1050
- Maternity services (leading article), 977—Correspondence on, 1136, 1178, 1231
- MATHESON, Farquhar Mackenzie, obituary notice of, 305
- MATHESON, Lieut.-Colonel J. S., appointed Officer of the Order of St. John of Jerusalem, 166
- MATHEWS, Albert P.: *Principles of Biochemistry*, rev., 712
- MATTHEW, A. W.: Anaesthesia for nose and throat operations, 346
- MATTHEWS, B. H. C.: Acclimatization to high altitudes, 991
- MATTHEWS, Dr.: The adrenal cortex, 1221
- MATTHEWS, Horatio: Uraemia in ophthalmology, 432
- MATTHEWS, M. V.: Mental ability in a rural community, 1322
- MATURIN, Major Benjamin Allen, obituary notice of, 643
- MAURAT, Amédée, obituary notice of, 200
- MAURIAU, P., nominated corresponding national member of the Académie de Médecine, 579
- MAXWELL, Sir Alexander: Blood groups and non-paternity, 992
- MAXWELL, James L.: *Leprosy. A Practical Text-Book for Use in China*, rev., 665
- MAY, Bennett, obituary notice of, 1048
- MAY, Richard, death of, 364
- MAZZETTI, General, nominated director-general of the Italian Army Health Service, 254
- MEADE, H. S.: Stone in the upper urinary tract, 830
- MEAKER, Samuel: Treatment of human sterility, 660
- MEAKINS, Jonathan Campbell: *The Practice of Medicine*, rev., 329
- Meals, free, in Monmouthshire (parliamentary note), 308
- Meals, free, to school children in Scotland (parliamentary note), 648
- Measles in Sunderland, number of notifications of, 1295
- Measles, vaccine treatment of (A. A. Cunningham), 1202 (O)
- Measurement in excelsis. Work of the National Physical Laboratory, 1039
- Meat, foreign, new duties on (parliamentary note), 251. *See also* Beef and Veal Customs Duties Bill
- Meatus, auditory, external, exostoses of (Arthur Miller), 263 (O)
- Medal, ownership of, 900
- Medical aid in Southern Spain. *See* Spain
- Medical Annual, fifty-fifth year, rev., 1024
- Medical books, old, 1083
- Medical Classics (Emerson Crosby Kelly), 509
- Medical curriculum, reform of, 1040—Debate in Edinburgh, 1040—Correspondence on, 1135, 1178
- Medical and Dental Students' Register, 1937, rev., 754
- Medical education, experimental and laboratory training in (John Beattie), 287—Discussion, 289
- Medical Fellowships, travelling, 762
- Medical golf. *See* Golf
- Medical History, *Annals of* (Edited by Francis R. Packard), Vol. 8, No. 6, 1936, 87—Vol. 9, No. 1, 1937, 770—No. 2, 1937, 1122
- Medical illustrator, the, 341, 731
- Medical Life for December, 1936, is an Army Medical Library number, 804
- Medical men from the Dominions and Colonies visit Yorkshire, 1295
- Medical Officers of Schools Association. *See* Association
- Medical paper in basic English, 310
- Medical Peace Campaign, 1092
- Medical Practitioners' Communications (Privilege) Bill, 302, 370—Text of, 302
- Medical psychology. *See* Psychology
- Medical Register for 1937, rev., 560
- Medical Research Council. *See* Research
- Medical scheme for public schools. *See* Schools
- Medical science, progress and present aspect of (Robert Hutchison), 57 (O)
- Medical services, district, in London, 1086
- Medical and Surgical Preparations and Appliances. *See* Preparations
- Medical titles, misleading, 150—A successful prosecution (William Mellor), 150
- Medical tour to the Riviera, 481—In Sardinia, 793
- Medical veteran, 152
- Medical week, International, Interlaken (1937), 1114
- Medicine, contemporary, tendencies of (leading article), 78
- Medicine duty (parliamentary note), 265
- Medicine and the Factories Bill (leading article), 450
- Medicine, Geographical Bureau of, 525
- Medicine in the goldfields, 177
- Medicine in the London County Hospitals, 822
- Medicine, physical, 43, 93
- Medicine, preventive, review of book on, 666
- Medicine: review of books on, 74, 124, 329, 613, 614, 666, 811, 861, 1024, 1159, 1205
- Medicine Stamp, Duties (parliamentary note), 476, 736, 845, 946—Report of Select Committee now published in volume form, 1295
- MEDICO-LEGAL:
- Alcohol or insulin? Mock trial held by the Fellowship of Medicine, 644
- Appeal by doctor's widow dismissed (Connolly v. Rubra), 1099
- Blood groups in criminal identification, 536
- Diphtheria immunization, fatality after (Ring Irish College, Co. Waterford), 1182, 1344
- Ear drum, perforated, 945
- False pretences (Phillips Abse), 1345
- Fees, recovery of, 944
- Herniaphroditism, 1231
- Imposture, case of (Patrick Ryan), 644
- Insemination, artificial: Some legal aspects in the U.S.A. (Frances Seymour and Alfred Koerner), 98
- Mental hospital officer's appeal dismissed (McManus v. Bowes), 1345
- Mental Hospitals Board, Lancashire, leave to sue, 944
- Misleading medical titles: a successful prosecution (William Mellor), 150
- Silicosis in coal mines, 791 (Wragg v. Samuel Scott & Co.), 791
- Surgeon's liability for nurse's negligence (Ingram v. Fitzgerald), 46
- Unqualified healer, damages against (G. C. Foster), 250
- Uroselectan B. dangers of, a High Court case, 251
- Warning, another (Eaton Jones), 791
- Medico-Legal Institute (parliamentary note), 845
- Medizinische Klinik for April 2 devoted to skin and venereal diseases, 846
- MEERLOO, A. M.: Chronic intoxication by hypnotics such as luminal and veronal, 600
- MEGAW, Sir John: Kala-azar in the Sudan, 91
- MEHTA, Chamanlal: External version for breech presentations, 706 (O)
- MEILING, R. L.: Hawthornberry jam, 1188
- Meinicke's reaction (H. Saethre and A. Bretteville-Jensen), 286
- Melaena and haematemesis (L. J. Witts), 847 (O)
- MELLANBY, Edward, K.C.B. conferred upon, 1032, 1041
- MELLOR, William, prosecution of, 150
- MELVILLE, A. G. G.: Radiograph or skiagram? 890
- Ménière's, disease, auditory nerve section in (R. Rutherford), 660 (O). *See also* Nerve, auditory
- Meningitis, chronic, in Weil's disease (Frederick Murgatroyd), 7 (O)
- Meningitis, influenza (R. W. Huntington and D. Wilkes-Weiss), 260
- Meningitis, lymphocytic, acute (William Hughes), 1063 (O)
- Meningitis, meningococcal, complicated by streptococcus haemolyticus infection: recovery (F. Knights), 1256
- Meningitis, pneumococcal, recovery from (J. R. Caldwell and P. S. Byrne), 1204
- Meningitis, streptococcal, haemolytic, treated with prontosil (Christa F. Lucas), 557—(Muriel J. L. Frazer), 1023
- Meningitis treated with meningococcal antitoxin (J. A. Brocklebank), 857 (O)
- Meningitis, tuberculous, of bovine origin, 81
- Meningococcal antitoxin in treatment of meningitis (J. A. Brocklebank), 857 (O)
- Meningococcal infections, specific antitoxins for, 414, 470, 525, 540, 585, 636. *See also* Antitoxins
- Meningococcus meningitis. *See* Meningitis
- MENNEL, Zebulon: Anaesthesia for nose and throat operations, 346
- Menopause, the (P. M. F. Bishop), 819
- Menopausal, late, 738
- Menstrual disturbances, hormones in the treatment of (P. M. F. Bishop), 763
- Mental Clinic, Isle of Wight: Report, 885
- Mental defectives in Scotland, provision for, 1227
- See also* Defectives
- Mental deficiency, expenditure on (parliamentary note), 648
- Mental deficiency, hereditary, sterilization in (parliamentary note), 946
- Mental deficiency, physical, psychological and genetic aspects of, 1278
- Mental deficiency: problems of (Lewis C. Bruce), 1333
- Mental deficiency, research in, 182, 1278. *See also* Research
- Mental disorder and the endocrines (F. L. Golla), 404—Discussion, 404—Correspondence on, 469
- Mental disorder following head injury (C. P. Symonds), 879—Discussion, 880
- Mental disorder, nasopharyngeal sepsis in, 2,056 cases of (Thomas Chivers Graves), 433 (O). *See also* Sepsis
- Mental disorder, review of book on, 713
- Mental disturbance following atropine administration (P. J. Duggan), 918
- Mental Health Services, Scientific and Ancillary, Advisory Committee on, 884
- Mental hospital accommodation in Lancashire (parliamentary note), 538
- Mental hospital officer's appeal dismissed (McManus v. Bowes), 1345
- Mental hospital practice, temporary treatment in (W. J. Barbour), 281—Correspondence on, 417
- Mental hospital service of London, 872
- Mental hospitals, research in, 942, 1047
- Mental hospitals. *See also* Hospital
- Mental hygiene (Lewis C. Bruce), 1333
- Mental illness, research into causes of, 1173
- Mental out-patient clinics in Scotland (parliamentary note), 648
- Mental testing, review of book on, 221
- MENZIES, W. F.: Mental disorder following head injury, 880
- Merchant Shipping Bill, 589, 899
- Merchant ships, welfare of crews on (parliamentary note), 899. *See also* Ships
- Merck products, 152
- MERCK, E.: *Jahresbericht*, rev., 1118
- MERRITT, K. K. (L. T. Davidson and T. T. Chapman): Irradiated evaporated milk for prevention of rickets in infants, 1156
- Merseyside Hospitals. *See* Hospitals
- Metabolic factor in rheumatism. *See* Rheumatism
- Metabolism, basal, and hyperthyroidism (A. B. Anderson), 778
- Metabolism, errors of, treatment of at British Spas (G. L. Kerr Pringle), 1017 (O)
- Metabolism, review of books on, 968, 1317
- Meteorological Office issues pamphlets "Averages of Bright Sunshine in the British Isles," and "Averages of Temperature in the British Isles," 693
- Meteorological records at marine health resorts (K. R. Collis Hallowes), 626
- METIVIER, Vivian: A disclaimer, 1240
- Metropolitan Man. The Future of the English* (Robert Sinclair), 821
- Methylated Spirits (Scotland) Bill, 365, 480, 589, 645, 791, 841, 895, 948, 1003, 1235, 1238
- METZ, G. A.: Veronal poisoning, 606
- METZGER, Marcel: *Le chirurgien Devant l'État Puerperal: Grossesse, accouchement, Suites de Couches*, rev., 921
- MEYRICK-JONES, Hugh Meyrick, obituary notice of, 364
- MICHAELSON, I. C.: Nystagmus, 578—Perivasculitis retinae, 624
- MICHEL, Gaston, obituary notice of, 790
- MICKS, R. H.: Pregnancy in diabetics, 994
- Microscopy, review of book on, 221
- Micturition, frequency of in the adult (Alex. E. Roche), 37—Discussion, 37
- Middle-age spread, 128. *See also* Fat
- MIDDLETON, George Proctor, appointed Surgeon Apothecary to the Household at Balmoral, 532
- Midhurst Sanatorium. *See* Sanatorium
- Midwifery, difficult (leading article), 923
- Midwifery scheme, domiciliary, for London, 989, 1334
- Midwifery services in Wales (parliamentary note), 1186
- Midwifery. *See also* Gynaecology and Obstetrics
- Midwives Act: Administration (parliamentary note), 308—Qualifications of midwives (parliamentary note), 738—And maternity benefit (parliamentary note), 1007—Administration of in Glamorgan (parliamentary note), 1293, 1344
- Midwives Board. *See* Board
- Midwives, inspectors of, 355
- MILES, A. A.: Bacteriological findings in two cases of endocarditis due to infection with organisms provisionally identified as *Haemophilus influenzae*, 352
- MILES, Alexander (and D. P. D. Wilkie): *Operative Surgery*, second edition, rev., 1258
- MILIAN, Dr., elected president of the Société Médicale des Hôpitaux de Paris, 201
- Milk adulteration (parliamentary note), 648
- Milk-borne fever. *See* Fever
- Milk epidemic in Hong-Kong, 97
- Milk, good, and fresh vegetables, 1179. *See also* Malta
- Milk for infants and expectant nursing mothers (parliamentary note), 648
- Milk, free, in Monmouthshire (parliamentary note), 308
- Milk and the health of the cow, 785. *See also* Milk pasteurization, compulsory

- Milk, infected, dangers of (W. G. Savage), 518—Discussion, 519. *See also* Milk pasteurization
- Milk, irradiated evaporated for infants, as a protection for rickets (L. T. Davidson, K. K. Merritt and T. T. Chapman), 1156.
- Milk, pasteurized, nutritive value of, 979
- Milk pasteurization (parliamentary note), 526
- Milk pasteurization, the case for, 571, 683, 950—Poole Corporation Bill, 571, 950
- Milk pasteurization, compulsory, the case for (C. Fraser Brockington), 667—Correspondence on, 785, 786, 887—For Glasgow, 926
- Milk propaganda (parliamentary note), 423
- Milk, public health notes on (C. M. Smith), 295
- Milk, raw and pasteurized, nutritive value of, 1321
- Milk Reorganization Commission (leading article), 23—Report, 23
- Milk secretion, biochemistry of (H. D. Kay), 1224
- Milk (Special Designations) Order, 1936—Conference on, 151
- Milk supply in France, control of, 240
- Milk, tuberculin-tested (leading article), 814
- Milk, vitamin C in, 622
- MILL, James, obituary notice of, 1181
- MILLAR, A. F. Wilkie: Precipitate labour, 968
- MILLAR, Lieut.-Colonel George McGreggor, Kaisar-i-Hind Medal conferred upon, 283
- MILLAR, W. Gilbert: Consistency of University examinations, 96
- MILLER, Alexander: Hip lesions, 777
- MILLER, Arthur: Exostoses of the external auditory meatus, a technique for their surgical removal, 263 (O)—Sclerosing submucosal injection of the turbinates, 594
- MILLER, Douglas: Birth control, 990
- MILLIGAN, Charles James, obituary notice of, 250
- MILLIGAN, E. T. C.: Diseases of the colon, 1131
- MILLIN, Terence: Treatment of prostatic obstruction, 243—Method of removing wax foreign bodies from the bladder, 446
- MILNE, Charles Irvine, obituary notice of, 1233
- MILNE, J. M.: Acute puerperal inversion, 220
- MILTON, antiseptic fluid, 77
- MILTON, John, his blindness, 44. *See also* Blindness.
- MIMPRISS, T. W.: Management of the undescended testicle, 936
- Mind, regions of the, 42
- Miner's nystagmus. *See* Nystagmus
- Mines, coal, accidents in, numbers (parliamentary note), 1344
- Mines, safety in (parliamentary note), 308
- MINETT, F. S.: Dangers of infected milk, 519
- Ministers of the Crown Bill, 735, 841, 1341
- MINNITT, R. J.: Self-administration of nitrous oxide in labour, 467—Gas-and-air analgesia, 731
- Minnitt's apparatus, 1008
- MINOT, George Richard (and William Bosworth CASTLE): *Pathological Physiology and Clinical Description of the Anaemias*, rev., 19
- Mirror factories, benzol poisoning in (D. Glibert), 1157
- MISTAL, O. M.: Pleural effusions after thoracoscopy, 1265
- MITCHELL, C. Ainsworth: Blood groups and non-paternity, 992
- MITCHELL, D. A.: Left iliac fossa pain in women, 352
- MITCHELL, H. V.: Rheumatism and tuberculosis in general practice, 1352
- MITCHELL, J. P., appointed Serving Brother of the Order of St. John of Jerusalem, 166
- MITCHNER, Philip H.: University of London Medical Graduates Society, 531—(Clement E. SHATTOCK, Eduard G. SLESINGER and Cecil P. G. WAKELEY): *Survey for Dental Students*, rev., 664
- MITMAN, M.: Acute enteritis, 409—The heart in diphtheria, 1331
- MITRA, Subodh: Cancer of the cervix in India, 747 (O)
- MODENA, G.: Number of insane persons under treatment in Italy, 486
- MOFFATT, Major George Mayne, O.B.E. conferred upon, 1041
- MOINE, Marcel: French death and birth rates, 1301
- MOIR, John Chassar: New type of apparatus for self-administration of nitrous oxide in labour, 466—Appointed Nuffield Professor of Obstetrics and Gynaecology, 943
- Mole, hydatidiform, Friedman test in (P. Lazarus-BARLOW), 71 (O)
- MOLESWORTH, E. H.: Introduction to dermatology, rev., 21
- MOLLOY, Leonard Greenham Star, obituary notice of, 475
- Mongolism, 55
- Monmouthshire, malnutrition in (parliamentary note), 200—Free meals and milk in (parliamentary note), 308
- Mononucleosis, infections, and monocytic leukaemia (M. C. G. Israëls), 601 (O)—Correspondence on, 1280
- MONRO, Thomas Kirkpatrick: Vacation courses for students, 728—Honorary LL.D. Glasgow conferred upon, 831
- MONTANARI, L., one hundred and fourth birthday of, 846
- MONTEITH, W. B. R.: Aetiology of femoral hernia, 1314
- MONTESSORI, Maria: *The Secret of Childhood*, rev., 20
- MOOR, Frewen: Gas lectures, economics, and war, 1283
- MOORE, A. M. A.: Prevention and treatment of ununited fractures, 575
- MOORE, A. R., King George VI's Coronation Medal conferred upon, 1143
- MOORE, C. G., appointed Officer of the Order of St. John of Jerusalem, 166
- MOORE, Henry: Need for a national serum institute in Ireland, 884
- MORGAN, Sir Gilbert T. (and Francis Hereward BURSTAL): *Inorganic Chemistry. A Survey of Modern Developments*, rev., 1315
- MORISON, Woodburn: Low voltage near-distance x-ray therapy, 1276
- MORLEY, Dr.: Physical education in schools, 135
- MORLEY, John: Gastritis, 882
- MORRIS, C. S., appointed Surgeon Dentist to the King, 532
- MORRIS, Sir Ernest William, obituary notice of, 1181
- MORRIS, J. N., appointed Commander of the Order of St. John of Jerusalem, 166
- MORRIS, Noah: Significance of plasma phosphatase in bone disease and jaundice, 91
- MORRIS-JONES, Henry, Knighthood conferred upon, 276, 283
- MORRISON, John T.: A physical sign in perinephritic abscess, 711
- MORSON, Clifford: Appreciation of S. Harry Harris, 304
- Mortality, infantile (Sir Arthur MacNalty), 593
- Mortality, infantile, numbers (parliamentary note), 950
- Mortality, infantile, of Jewish infants in Palestine, 769
- Mortality, infant, in Scotland (parliamentary note), 583
- Mortality, maternal: In Birmingham, 728—In Edinburgh (parliamentary note), 309—In England and Wales (parliamentary note), 1007—In Germany, 36—In Glasgow (parliamentary note), 309—In London, 294—In the United States, 1215—In Wales (parliamentary note) 946, 1342
- Mortality, maternal, report (parliamentary note), 538, 946, 950, 1238—Text of report, 972—Leading article on, 977—Correspondence on, 1090, 1136
- Mortality, neo-natal (S. Peller), 36
- Mortality rates in urban communities in England and Wales (E. Lewis-Fanning), 865
- MORTON, F. (and A. M. NUSSBRECHER): Idiopathic steatorrhoea, 1152 (O)
- Mortuary provision (parliamentary note), 950
- Moscow: Women doctors complete their studies in parachute flying, 201
- Mother and the home (leading article), 1123
- Mother, the unmarried, pamphlet on, 876, 952—A correction, 952
- Motor car: A.A. Irish Handbook, 1240—Insurance, 104
- Motoring queries, 1008
- Motorists, Coronation maps for, 1008
- Motorists, reaction time of, 835
- MOTTRAM, V. H. (and Robert HUTCHISON): *Food and the Principles of Dietetics*, eighth edition, rev., 21.
- MOUGEOT, DR.: Spa treatment in gynaecology, 726
- MOULD, G. E.: Prevention of constipation, 1046
- MOWAT, G. T.: Rapid histology in diagnosis, 777
- MOYNIHAN, Lord, appreciation of, 430—Moynihan memorial number of the *University of Leeds Medical Society Magazine*, 937—Memorial to, 1280
- Mucocoele of the appendix (J. W. Burns), 777
- MUDD, Frank Burnand, obituary notice of, 943
- MUGGLETON, W. J. (and P. MANSON-BAHR): *Plasmodium ovale* infection, 217 (O)
- MUIR, C.: Cause and management of congenital heart disease, 290
- MUIR, Ernest, C.I.E. conferred upon, 1041
- MUIR, Sir Robert, Honorary LL.D. Glasgow conferred upon, 831
- MUMMERY, N. Howard, presentation to, 253
- Mumps followed by ocular paralyses (T. Harrison Butler and A. J. Wilson), 752 (O)
- MUNTKE, Axel, benefactions of, for local hospitals and erection of almshouses at Capri, 649
- MURGATROYD, Frederick: Chronic meningitis in Weil's disease, 7 (O)
- MURLESS, Bryan C. (and F. L. McLAUGHLIN): Does superfetation occur? Report of a possible case, 1309 (O)
- MURPHY, J. A. R.: Nasal sinusitis in children, 357
- MURRAY, A. M. T. (and E. P. CATHCART): *Report on a Dietary Survey in Terms of the Actual Foodstuffs Consumed*, 397
- MURRAY, Farquhar: Rectal injuries from an enema nozzle, 1044
- MURRAY, George R., appointed medical member of a Departmental Committee re compensation for cotton industry workers disabled by respiratory disease, 649
- MURRAY, H. A.: Iodine in pulmonary tuberculosis, 952
- MURRAY, P. D. F.: *Bones. A Study of the Development and Structure of the Vertebrate Skeleton*, rev., 448
- MURRAY, Ruth: New open-top oxygen tent, 812
- Muscle, skeletal, action of acetylcholine on, 873
- Muscles, review of book on, 712
- Mustard gas. *See* Gas
- MUSTARD, Harry S.: *Rural Health Practice*, 1027
- MUTCH, N.: Medicinal kaolin in food poisoning, 595 (O), 886
- Myalgia, hyperthermia in treatment of (A. Weissmann), 495
- Myco tuberculosis. *See* Tuberculosis
- Myelosis, megakaryocytic, with osteosclerosis (T. F. Hower), 522
- MYLES, R. Boulton: Radiograph or radiogram, 530—Radiograph or skiagram, 731
- Myomata, large submucous, abdominal removal of and preservation of the faculty of parturition (K. Jaroschka), 710
- Myxoedema (H. Gardiner-Hill), 132

N

- NABARRO, David: Congenital syphilis, 351
- NAEGELI, O., elected an honorary doctor of the University of Athens, 1351
- Naevus sebaceus, 1126
- Nail diseases, review of book on, 389
- Nail, Smith-Petersen, modification of (C. E. Kindersley), 1119
- Nails, finger, splitting of, 1144, 1188, 1240
- NAISH, A. E.: A disclaimer, 846
- Narcolepsy and cataplexy (A. B. Fortes and A. Austregesilo), 781
- Narcosis, review of book on, 863
- Narcotic drugs. *See* Drugs
- Nasal mucosa, changes in following zinc ionization (W. F. Wenner and J. H. Alexander), 1027
- Nasal mucosa and oestrogenic hormones, 27
- Nasal sinusitis. *See* Sinusitis
- Nasal spraying for prevention of poliomyelitis, 1126
- NASH, E. H. T.: Physical education in schools, 134
- NASMYTH, Thomas Goodall, obituary notice of, 248
- Nasopharyngeal sepsis. *See* Sepsis
- Navy, Royal: Estimates, 647—Naval Medical Compassionate Fund, 689
- NEAME, Humphrey: Paralysis of accommodation as the result of internal administration of stramonium, 498
- Necropsy after road accidents. *See* Accidents.
- Nederlandsch Tijdschrift voor Geneeskunde for January 16 contains an obituary notice of Sir Grafton Elliot Smith and C. Winkler, 254
- Nederlandsch Tijdschrift voor Geneeskunde for January 23 dedicated to Hijmans van der Bergh, 309
- Needle holder, new pattern (G. L. Preston), 1110
- Negligence, medical, the defence in (Eric Pearce Gould), 137—Discussion, 138
- Negligence of nurse, surgeon's liability for (Ingram v. Fitzgerald), 46—Correspondence on, 146
- NEGUS, V. E. (and Sir St. Clair THOMSON): *Diseases of the Nose and Throat. A Textbook for Students and Practitioners*, fourth edition, rev., 1258
- NEILSON, D. F. A.: Anaesthesia for nose and throat operations, 346
- NELIGAN, A. R.: Radio-active thermal waters, 465
- Neo-natal mortality. *See* Mortality.
- Neoplasm of the colon and rectum (S. W. Patterson), 882
- Neoplasm, pulmonary, hypertrophic pulmonary osteoarthropathy as the first symptom of (J. W. Craig), 750 (O)
- Nephritis following gastric ulcer therapy, 430
- Nephritis, post-scarlatinal (B. A. Peters and Iris M. Cullum), 1020 (O)
- Nerve, auditory, section in Ménière's disease (R. Rutherford), 660 (O)—Correspondence on, 834, 885, 941. *See also* Ménière
- Nerves, nocifensor system of, and its reactions (Sir Thomas Lewis), 431 (O), 491 (O)—Why "nocifensor"? 687, 786, 838, 942
- Nerves, peripheral, injuries of (Harry Platt), 347—Discussion, 347
- Nervous lesions in experimental vitamin B deficiency, 1214
- Nervous system, central, action of acetylcholine on (leading article), 1123
- Netherlands: Bovine tuberculosis in, 1216
- Neuralgia, hyperthermia in treatment of (A. Weissmann), 495
- Neuralgia, review of books on, 1315
- Neuritis, hyperthermia in treatment of (A. Weissmann), 495
- Neuritis, peripheral, as a sequel to sun-bathing (James Hannan), 73
- Neurological Biographies and Addresses, rev., 389
- Neurological sequelae of spinal anaesthesia (Macdonald Critchley), 680
- Neurology: review of books on, 171, 389, 1205
- Neuro-psychological basis of conduct disorder (R. G. Gordon), 1325
- Neurosis, anxiety (H. W. Eddison), 92
- Neurosyphilis, hyperthermia in treatment of (A. Weissmann), 495
- NEUSTATTER, W. Lindesay: Birching of children, 889
- NEVILLE, Blanch F.: Language of the deaf, 530
- NEVILLE, W. S. Thacker: Anaesthesia for nose and throat operations, 346
- NEWCOMB, Lieut.-Colonel: Report on Madras hospitals and dispensaries, 938
- NEWCOMB, Lieut.-Colonel Clive, C.I.E. conferred upon, 1041
- Newfoundland: Medical work in, 55—Tuberculosis in (parliamentary note), 895
- NEWLIN, D. A.: Mental ability in a rural community, 1322
- "Newly born," definition of (parliamentary note), 1055. *See also* Infanticide Act
- NEWMAN, J. L.: Schools for the physically defective, 363
- NEWSHOLME, Sir Arthur: *The Last Thirty Years in Public Health. Recollections and Reflections on My Official and Post-Official Life*, 506
- NEWTON, R.: Full-term extra-uterine pregnancy, 775
- NEWTON, W. H.: *Evans' Recent Advances in Physiology*, fifth edition, rev., 75

New Year Honours. *See* Honours

New York City, health of, 505
New Zealand : Abortion, problem of, report, 1087—
British Medical Association, 883—National Health
Insurance, 883—Royal Australasian College of
Surgeons, scientific meeting, 882

NICHOLS, F. C. (editor) : *First Aid to the Injured and Sick* (Warwick and Tunstall), fifteenth edition, rev., 1317

NICHOLS, M. F. : Injuries of peripheral nerves, 348—
Psychiatric clinics, 684

NICHOLSON, J. C. : Intraperitoneal haemorrhage from a Graafian follicle, 585

NICHOLSON, Lieut.-Colonel Ronald William Edward Huntley, obituary notice of, 422

NICKERSON, Major-General W. H. S., appointed Colonel Commandant of the Royal Army Medical Corps, 98

NICOL, W. D. : Report on the malarial treatment centre unit at Hoxton Mental Hospital, 1081

Nicotine poisoning (H. W. Willis), 668
"Nightmare's nest," London seen as an inferno (Henry Robinson), 821

Nijinsky, *Vaslav*, *Diary of*, rev., 971
Nipple, Paget's disease of, review of book on, 270

Nitrous oxide self-administered in labour, new type of apparatus for (Chasor Moir), 466

NOBLE, R. L. : Relation between pituitary and gastric secretions, 629

Nocturnal lesion of hand. *See* Hand
Nocturnal system of nerves. *See* Nerves

Noise, effects of (parliamentary note), 201
Noise and health (parliamentary note), 1343

Nomenclature of mental hospitals, 295

NORMAN, Vincent : Early diagnosis and treatment of heart failure, 1338

NORRIS, Captain H. F. J., appointed Officer of the Order of St. John of Jerusalem, 166

Northcote Trust, annual report, 157

Nose disease, review of books on, 810, 1258. *See also* Throat

Nosworthy, M. D. : Anaesthesia for nose and throat operations, 346

Notes, Letters, Answers, etc. :

Academic costume, 430, 482, 594
Achondroplasia, 952

Air raid precautions in Wandsworth, 1008
Alcoholic poisoning, 1351

Ambulances, London, false calls for, 104
Appendicitis, epidemic, 254

Ascorbic acid, 846
Asthma query, 952, 1188

Automobile Association Irish Handbook, 1240
Bandages, steri-cure, 694

Barell's *Festschrift*, 202
Bismuth therapy, 482

Bromide intoxication, 104
Calcium aspirin, 254

Cancer cells and revolutionary groups, 482
Chestnuts, sweet, in epidemic jaundice, 1056

Chilblains ? cure for, 482
Cod-liver oil, crude, 310

Colorimetric tests for oxidation-reduction, 694
Congress on Leprosy, Cairo (1938), a correction, 650

"Constitutional therapy," 694
Continuity, 1296

Corrections, 104, 152, 202, 254, 430, 650, 952, 1102, 1188, 1352

Crimp, nocturnal, 55, 164
Delinquency, psychotherapy of, 152

Dermatitis of the feet, 202, 254
Diphtheria, the saliva in, 56

Directory of the Chartered Society of Massage and Medical Gymnastics, 152

Disclaimers, 254, 310, 846, 900, 1240
Explanation and apology, 1102

Feet, painful, 738, 846
Filing cabinet wanted, 1295

Finger-nails, splitting, 1144, 1188, 1240
Frauds on doctors, 650

Friars' balm for dressings, 1240
Gangrene complicating diphtheria, 1188

Gas-air apparatus, Minnitt's, 1008
Gas cooking in hospital, 1240

Gas dispersion in pyelography, 1102, 1295

Glossitis, chronic, 1102

Golf, medical : Manchester and District Medical Golfers' Association : Challenge Cup, 1296—
Medical Golfing Society, 846—Sussex Medical and Dental Golfing Society, Spring meeting, 1240

Gonorrhoea, treatment of, 540

Granuloma annulare, 594

Grenfell Association of Great Britain and Ireland : Report, 55

Guy's Hospital Gazette : a jubilee, 56

Hawthornberry Jam, 1188

Hennessy, Thomas, memorial to, 430

Herpes zoster and varicella, 738, 900

Income tax, 104, 152, 202, 254, 310, 374, 482, 540, 594, 649, 694, 738, 794, 900, 952, 1008, 1056, 1102, 1144, 1188, 1240, 1296, 1352. For details see General Index

Influenza, drug treatment of, 202

Influenza, prophylactic against, 152

Infra-red ray apparatus, 649

Inn, the old English, 1056

Insulin booklet, 202, 900

Insulin, protamine zinc, 900

Inversion, an unfortunate, 310

Iodine albuminate, 1144

Iodine, colourless, 1352

Notes, Letters, Answers, etc. (continued) :

Iodine, external use of, 374, 482, 540, 593, 649, 693, 900

Iodine in pulmonary tuberculosis, 900, 952, 1056, 1144

"Itch," sulphur for, 374
Keloid, treatment of, 1102

Kitchen, a giant, 374
Kitchen offices in hospitals, 952

Labour, painless, 56
Laennec, mementoes of, 846

Lumbago, 152
Maps, Coronation, of motorists, 1008

Margarine with vitamins, 310
Mastitis of puberty in the male, 1188

Maternity convalescent home, 1296
Medal, ownership of, 900

Medical aid in Spain, 1188
Medical golf. *See* Golf

Medical paper in basic English, 310
Medical veteran, 152

Menopause, late, 738
Merck products, 152

Minnitt's apparatus, 1008
Mongolism, 55

Motor car insurance, 104
Motorists, Coronation maps for, 1008

Motoring queries, 1008
Nephritis following gastric ulcer therapy, 430

Newfoundland, medical work in, 55
Nutrition and health, 1296

Nutrition and infectious disease, 846
Obstetrics and gynaecology at Ottago, 430

Orthopaedic nursing certificate, 1144
Oxaluria, 593, 846, 1240

"Patient, Nurse, and Hospital," 650
Peritoneal adhesions, prevention of, 794

Perspective in medicine and art, 1296
Pharmacopoeia, British, addendum, 1936, 56, 310

Guide to, 310
Physical fitness, exercise, and drill, 374

Pigmentation, disfiguring, 1240
Pneumonia, new view of, 594

Posture, 1352
Premedication in minor surgery, 794

Proctitis, chronic, 1188
Prostatectomy by the two-stage method, 540

Pyorrhoea, treatment of, 254
Red Cross in Spain, 1008

Reducing by the book, 1240
Rheumatism in general practice, 1056, 1352

Sanatoria, the earliest, in England, 104
School for psychoneurotic girl, 55

Schools, nursery, for distressed areas, 56
Schroetter, Leopold von, 310

Seasickness, remedy for, 55
Serum proteins, classification of, 846

Shock, a curative, 694
Short-wave therapy, 1008, 1102, 1144, 1352

Sleep, broken, in middle age, 649, 738, 794
Sleep rolling, 694, 794, 900

Society of Public Analysts and other Analytical Chemists, 694
Sodium chloride ampoules, sterile, 694

Squibb's products, 1296
Streptococcal infections, treatment of, 152

Switzerland in winter, 56
Sympathectomy, aftermath of, 1295

Too much zeal, 202
Tooth extraction, sequelae of, 594

Traffic light drill, 794
Transillumination, a cheap, 540

Tuberculosis in general practice, 1056, 1352
Turbinates, sclerosing submucosal injection of the, 594

Twins, criminology of, 56
Ulcer, peptic, treatment of, 254

Uraemia in ophthalmology, 482
Vaccination marks, disfiguring, 540

Vasospasm after charcoal treatment, 55
Veterinary curriculum, 1008

Vincent's angina, 900
Vitamin E, 594

Wanted—a patient with a biliary fistula, 794
Warnings, 202, 650, 794, 952, 1056, 1144

Wax solvents, 594, 650, 694

What about ourselves ? 738

WOTT, Herbert W. : Modes of administering thyroid substances, 246

NOVA ET VETERA :

Coronation and a disused ritual (touching for King's evil), 1036

Gynaecology and obstetrics, history of (Edwin M. Jameson), 1122—*Jsis*, 1083

Liverpool Medical History of (Thomas H. Bickerton), 232

Medical books, old, 1083

Medical History, Annals of (edited by Francis R. Packard), 87, 770, 1122

Simpson, Sir James Young, 87

NUFFIELD, Lord, awarded the Albert Medal of the Royal Society of Arts, 1216

Nursery schools. *See* Schools

Nursing certificate. *See* Certificate

Nursing, District, in London : Annual meeting of Central Council, 523

Nursing, District, Queen's Institute of : Jubilee of, 1272

Nursing, District, in Scotland : Annual report of Scottish Branch of the Queen's Institute of, 39

Nursing Homes, new edition, rev., 1026

Nursing homes, supervision of (parliamentary note), 844

Nursing service, home, provident scheme for Greater London, inaugural meeting, 878

Nursing staffs of Scottish maternity homes (parliamentary note), 429

NUSSEBACHER, A. M. (and F. MORTON) : Idiopathic steatorrhoea, 1152 (O)

Nutrition in Australia and India (leading article), 1319
Nutrition, Advisory Committee on : First report, 718, 757, 771—Parliamentary note on, 736, 896

1003, 1052—Leading article on report, 757—
Discussion in the House of Lords, 1052

Nutrition, debate on (parliamentary note), 896
Nutrition and family budgets (parliamentary note), 844

Nutrition and food (E. P. Cathcart), 435 (O)—Correspondence on, 781

Nutrition and health (Sir Robert McCarrison), now published in pamphlet form, 1296

Nutrition and infectious disease (S. J. Cowell), 773—
Discussion, 773—Correspondence on, 846

Nutrition and minimum income (parliamentary note), 1293

Nutrition of school children (parliamentary note), 368. *See also* School

Nutrition, study of in Tanganyika (parliamentary note), 1055

Nutrition. *See also* Malnutrition
Nystagmus (I. C. Michaelson), 587

Nystagmus, miner's, assessment of disability in Herbert Caiger, 410

O

OAKLEY, C. A. (and Angus MACRAE) : *Handbook of Vocational Guidance*, rev., 969

Obesity due to pathological causes (Francesco Galdi), 1020

Obliterative vascular disease. *See* Vascular
Obstetrical flying squads, 886

Obstetrical practice, surgical intervention in (Dame Louise Mellroy), 800 (O)

Obstetrics, blood transfusion in (Malcolm D. Black), 903 (O)—Correspondence on, 996, 1043, 1090, 1176, 1280

Obstetrics, modern advances in (Marshall Scott), 1222
Obstetrics, recent advances in (Keren Parkes), 1330

Obstetrics, review of books on, 75, 273, 665
Obstetrics. *See also* Gynaecology and Midwifery

Obstruction, intestinal, caused by adenomyoma (A. Gough), 993

Obstruction, prostatic. *See* Prostatic
Obturation for injection treatment of hernia (J. P. Hastings), 1159

O'Connor, Donald M. : Benzadrine, 43
Ocular changes in pregnancy (Grace Jones), 467

Occupational diseases (Donald Hunter), 700 (O), 1352—A correction, 1352. *See also* Disease in industry

Occupational therapy (Wilfred Harris), 1172
ODLUM, Doris : Mental disorder and the endocrines, 406

O'DONNELL, Mr., King George VI's Coronation Medal conferred upon, 1143

Odontology, review of book on, 390
Oedema, angioneurotic (David R. Hughes), 121—
Correspondence on, 244, 299, 526, 585—Of the tongue, 526, 585

Oesophageal surgery (Grey Turner), 38
Oestrin administration, orally, for premature babies (Mabel F. Potter), 1201 (O)

Oestrin in blood and urine (O. Vaughan Jones), 522
Oestrogenic compounds, chemistry of, and methods of assay (E. C. Dodds), 398

Oestrogenic hormones. *See* Hormones
OFFICER, R. : Problem of blood transfusion, 1330

Offices Regulation Bill, 251
Offices (parliamentary note), 251

Ogilvie, W. H. : On surgical diagnosis, 1 (O)—
Malignant bone tumours, 186—Osteogenic sarcoma, 186

Oil, cod-liver, crude, in treatment of wounds (M. B. Dayer), 169—Correspondence on, 310

Oil, iodized (Ioditol), 392
Oil, iodized, emulsion of, for x-ray examination of empyema cavities (Wilfrid Trillwood), 173

O'KELLY, O. D. : Need for a national serum institute in Ireland, 884

OKINCZYK, Joseph : *Humanisme et Médecine*, rev., 1159

OLDFIELD, Carlton : Moynihan memorial, 1280
OLDFIELD, Josiah : Posture, 1352

OLDFIELD, Michael C. (and John R. H. TOWERS) :
Thrombosis of subclavian vein complicating hyperthyroidism, 808—(and J. T. INGRAM) :
Hereditary sebaceous cysts, 960 (O), 1102—A correction, 1102

Oldham, small-pox at (parliamentary note), 252

Oleothorax in obliterative pleurisy (F. G. Chandler), 65 (O)

Oligomenorrhoea in Graves's disease, commonness of (V. Jonas and E. Markalous), 218

OLIVER, John : Laboratory diagnosis of gonorrhoea, 350

OLIVER, M. J. : Present-day methods of sterilising dressings, 1089

OLIVER, T. H. : Classification of the glycosurias, 105 (O)

OLIVER, W. Jenkins, obituary notice of, 249, 304
 Omnibus strike: Court of inquiry, 1007—Evidence of doctors, 1007—Health aspects, 1172
 Onchocerciasis and blindness (Richard P. Strong), 348
 Open Door Council: Annual meeting, Birmingham (1937), 463
 Operation, interposition (J. St. George Wilson), 777
 Ophthalmic benefit. *See* Insurance
 Ophthalmic treatment of school children (parliamentary note), 1342
 Ophthalmology, uraemia in, 482
 Ophthalmology. *See also* Eye
 Ophthalmoscope, a polarizing (J. D. M. Cardell), 501
 Opium Convention, World (parliamentary note), 1052
 Opium, Raw, Regulations, 1937, 1314
 Opium smoking in the Far East, 1167
 OPSAHL, R.: Records of necropsies of primary malignant disease of lungs, 1202
 Opticians, right-testing (parliamentary note), 253
 Oral infections (E. Wilfred Fish), 724
 Oral props in general anaesthesia (A. H. L. Baker), 560
 Oral surgery club, 838
 "Orpheal," a liver preparation, 666
 ORME, C. L'Estrange: Blood sedimentation rates in rheumatoid arthritis, 778—A multiple tube sedimentometer, 921
 ORR, Sir John Boyd: National Scottish food policy, 295—(And others): *What Science Stands For*, rev., 1071
 Orthopaedic conditions, 1229
 Orthopaedic nursing certificate, 1144
 Orthopaedic surgery, review of book on, 862, 1117.
See also Orthopaedic conditions.
 Orthopaedics, review of book on, 1316
 Orthoptics, review of book on, 1315
 OSBORN, G. A.: Two unusual deaths: A failed suicide; a peculiar drowning, 328
 OSBORN, Henry Alexander, obituary notice of, 303
 OSBORN, T. N. B.: *Complement or Alexin*, rev., 921
 Osborne Convalescent Home: Appointments to, 1349
 O'SHAUGHNESSY, Laurence: Treatment of cardiac ischaemia, 184—Awarded the John Hunter bronze medal, 840
 OSMAN, A. Arnold (editor): *Original Papers of Richard Bright on Renal Disease*, rev., 810
 Osteitis deformans in three sisters (H. Rast and F. Parkes Weber), 918. *See also* Paget's bone disease
 Osteoarthropathy, hypertrophic pulmonary, as the first symptom of pulmonary neoplasm (J. W. Craig), 750 (O)
 Osteochondritis dissecans (Douglas S. Stevenson and Fergus L. Henderson), 963 (O)—Correspondence on, 1094
 Osteochondritis, ischiopubic (J. Torgensen), 31
 Osteology, review of book on, 448
 Osteopathic colleges, 1340
 Osteopaths Registration Bill, 365, 423
 Osteopathy: *What is Osteopathy?* (Charles Hill and H. A. Clegg), 868—A frank analysis (Sir Walter Langdon-Brown), 868—Correspondence on, 1046, 1137, 1284
 Oswego, New York State: Scarlet fever outbreak at, 593
 Otitis media in early childhood (Dr. Le Mée), 1083—Discussion, 1083
 Otolaryngology, review of book on, 919
 Otology, renaissance of (Douglas Guthrie), 1076
 Ovarian cycle, physiology of (J. M. Robson), 512, 566
 Overcrowding in Scotland (parliamentary note), 1343
 Overcrowding survey (parliamentary note), 539
 Overcrowding. *See also* Housing
 Ovulation, review of book on, 920
 OWEN, Eric F. D.: Angina innocens, 997
 OWEN, Robert D.: Malignant disease of the pharynx, 142
 OWEN-JONES, R.: Blood transfusion in obstetrics, 1090
 Oxaluria, 593, 846, 1240
 OXENIUS, K.: Influenza epidemic at Chemnitz, 284
 OXFORD, A. W.: Appreciation of William Hunter, 199
 Oxidation-reduction, colorimetric tests for, 694
 Oxygen administration, 526—Statistics, 963
 Oxygen administration, flow meter and humidifier for an inexpensive (E. P. Poulton), 1113 (O)
Oxygen Tent and Nasal Catheter (Argyll Campbell and E. P. Poulton), 971
 Oxygen tent, new open-top (Hugh Gainsborough, J. Addyman Gardner and Ruth Murray), 812
 Oxygen tent service, 413, 474
 Oxygen tents, simple gas-analysis apparatus for use with (Hugh Gainsborough and J. Addyman Gardner), 813

P

PACKARD, Francis R. (editor): *Annals of Medical History*, vol. 8, No. 6, 1936, rev., 87—Vol. 9, No. 1, January, 1937, rev., 770—No. 2, March, 1937, 1122
 Paediatrics, review of books on, 755
 Paediatrics. *See also* Children
 PAGE, A. P. M.: Value of liver extract, 1090
 PAGE, Max., King George VI's Coronation Medal conferred upon, 1143
 PAGE, Miller: Birching of children, 998
 PAGE, W. A.: Cancer of the breast, 472
 Paget tradition (G. Grey Turner), 1318
 Paget's bone disease in three sisters (H. Rast and F. Parkes Weber), 918. *See also* Osteitis deformans

PAGET-TOMLINSON, W. S., obituary notice of, 420
 Pain, anatomy of, 80
 Pain, iliac fossa, left, in women (D. A. Mitchell), 352
 Pain, intense, after removal of wisdom tooth (M. Dechaume), 1015
 PAIN, Major Alfred, Efficiency Decoration of the Territorial Army conferred upon, 1099
 Palestine, health policy in, report, 228—Mortality among Jewish infants in, 769—Tuberculosis in (Norman H. MacLennan), 1038
 PALIN, Edward Watson, obituary notice of, 364
 PALMER, H. A.: Mental disorder and the endocrine, 405
 PALMER, Captain Trevor Edward, O.B.E. conferred upon, 1041
 PALMER, W. H.: Ludwig's angina treated with prontosil, 472
 PALSER, J. E. J.: Bromide intoxication, 104—Birching of children, 836
 PANTING, Rona M. (and Stanley W. WILLIAMS): Treatment of aspirin poisoning by intravenous sodium lactate solution, 550 (O)
 Papers, reprints of. *See* Reprints
 Papworth Village Settlement, non-tuberculous employees at (parliamentary note), 428—Unemployed men at (parliamentary note), 480—An appeal, 693
 Para-aminobenzene sulphonamide obtainable in this country, 152
 Parachute flying: Women doctors in Moscow complete their studies in, 201
 Paralysis, ocular, following mumps (T. Harrison Butler and A. J. Wilson), 752 (O)
 Paralysis, abductor, bilateral, necessitating tracheotomy in labour (Thomas A. Clarke), 270
 Paralysis of accommodation as a result of internal administration of stramonium (Humphrey Neame), 498
 Paralysis, facial, treatment of (Macdonald Critchley), 402—Discussion, 403
 Paralysis, infantile, made a notifiable disease in Switzerland, 103
 Paralysis, infantile. *See also* Poliomyelitis
 Paralysis, radial, traumatic (George H. Edington), 777
 PARAMORE, R. H.: Uterine prolapse, 466
 Parathyroid glands and renal rickets, 620
 Parathyroid glands (Donald Hunter) 929. *See also* Glands
 Paratyphoid B infection, diagnosis of (J. C. Fuller), 632
 PARDO-CASTELLO, V.: *Diseases of the Nails*, rev., 389
 Parenteral therapy, review of book on, 970
 Paris: Leprosy contracted in (C. Flandin and J. Ragu), 832—Plague in, 337—Poliomyelitis in, 633—Post-graduate courses in, 737
 Paris. *See also* France
Paris Medical for January 2 devoted to tuberculosis, 151—For April 3 to gastro-enterology, 846—For May 15 to diseases of the liver and pancreas, 1187
 PARK, W. D.: Gas gangrene, 301
 PARKE, Honorary Brigade Surgeon Duke, obituary notice of, 643
 PARKER, A. O.: Cardiff Corporation Accident Service, 580
 PARKER, George, obituary notice of, 999
 PARKER, William Rushton: Origin of the Westmorland Consumption Sanatorium, 999—Recovery from severe syphilis without medicine, 1093
 PARKES, A. S. (and R. K. CALLOW): Chemistry and assay of male hormones, 456—The thyrotropic hormone, 1277
 PARKES, Keren: Recent advances in obstetrics, 1330
 PARKINSON, G. S. (and W. W. JAMESON): *A Synopsis of Hygiene*, fifth edition, rev., 172

Parliament, Medical Notes in:

Abortion, Committee on, 1142
 Accident rate, juvenile, 201
 Accidents in coal mines, numbers, 1344
 Accidents, road, 54, 647—Numbers, 54
 Acetic acid and vinegar, 54
 Agricultural education and research, 536—Supplementary estimate for, 536
 Air raid protection, 252, 308, 309, 426, 538, 591, 648, 692, 1055, 1291—Bomb-proof shelters, 1055—Gas masks, 308, 429, 692, 1291—Gas-proof shelters, public, 538—Government to help with cost of equipment, 309—Instructional course at Faldfield, 309—Instruction of doctors in anti-gas treatment, 426—Local authorities and, 252, 309—Medical instruction in, 648
 Protective measures criticized, 426—Respirators and concentrated gases, 591
 Alien doctors. *See* Doctors
 Ambulance work in Spain, 54
 Animal diseases: Government policy, 1293
 Animals, experiments on, 371, 845, 1055—Without licence, 845
 Animals in films. *See* Cinematograph
 Animals Protection Bill, 1003
 Annual Holiday Bill, 589
 Anthrax, number of cases, 1344
 Anti-gas. *See* Air raid
 Approved Societies' additional benefits, 537—Benefit, rates of, 648—And unemployed on extended insurance, 899—Transfer of members, 1054—Administration of benefit, 1186
 Architects Registration Bill, 306, 423
 Army and Air Force Annual Bill, 841, 895, 1003—Royal Assent to, 1003
 Army, British: Deficiency in R.A.M.C. establishment, 1239

Parliament, Medical Notes in (continued):

Asbestosis disablement, certificates of, numbers, 1344
 Ballot, result of, 251
 Beechuanaland, medical services in, 538
 Bedaux system in factories, 537
 Beef and Veal Customs Duties Bill, 251, 307
 Birching at Doncaster Court, 950
 Birching of juveniles: Committee of Inquiry, 692, 899. *See also* Corporal punishment.
 Birth rate, the declining, 427
 Blind Persons Bill to extend the principle of removal of from the administrations of the Poor Law, 592
 Blind persons, registered, 308
 Blind persons, training of, 1006
 Blood, corpse, transfusion of, 692
 Blood transfusion in the Army, 950
 Board of Control, Vote for, 1287
 Board of Control for Scotland, report, 791
 Bomb-proof shelters. *See* Air raid
 Broadmoor, administration of, 54
 Budget, 895. *See also* Finance Bill.
 Cambridge scientists' anti-war group, 480
 Canteens in schools. *See* Schools.
 Capitation fee. *See* Insurance.
 Card room workers: Committee on compensation, 736
 Cattle diseases, eradication of, 1238
 Census, quinquennial, the case for, 737
 Charity Commissioners for England and Wales, report, 841
 Children and Young Persons (Scotland) Bill, 589, 1050, 1142, 1287
 Cinematograph Films (Animals) Bill, 844—Second reading, 844
 Civil List, 645, 690, 1287—Royal Assent to, 1287
 Civil List Pensions, 690
 Coal Mines Act, accidents under, numbers, 1344
 Coal Mines (Employment of Boys) Bill, 476, 895, 1142
 Coalowners and silicosis. *See* Silicosis.
 Colonial Office Vote, 1235
 Comfort and warmth, 54
 Consolidated Fund (No. 1) Bill, 423, 735—Royal Assent to, 735
 Coroners: No legislation this session, 793
 Coroners' comments, 899
 Coroners, debate on, 841
 Coroners' districts in the County of Denbigh, Order for alteration of, 736
 Corporal punishment of juveniles, 899, 1054, 1237, 1343. *See also* Birching
 Corpse blood. *See* Blood
 Cost of living: Of working-class families, 648
 Dangerous drugs. *See* Drugs
 Deaf Children School Attendance Bill, 251, 365, 536, 690, 895. *See also* Education (Deaf Children) Bill
 Defence expenditure, 423
 Defence Loans Bill, 536, 589, 946
 Dental Board of the United Kingdom, income and expenditure of, 791
 Dental treatment of unemployed, 1343
 Diets, model, in mental hospitals, 737
 Diphtheria incidence and immunization in Huddersfield, 648, 1344
 Divorce and drunkenness. *See* Marriage Bill
 Divorce (Scotland) Bill, 428, 589, 895
 Doctors, alien, admission of, 1237
 Dogs, experiments on, 251
 Drug Fund. *See* Insurance
 Drugs, Dangerous, Regulations, 1937, 1341
 Drugs, thefts of, from doctors' cars, 252
 Drunkenness alleged from British wines, 950
 Drunkenness and divorce. *See* Marriage Bill
 Duke-Fingard inhalation treatment, 1187
 Earsdon Joint Hospital District Bill, 53, 1050—Royal Assent to, 1050
 Edinburgh Royal Maternity and Simpson Memorial Hospital Order Confirmation Bill, 895, 946, 1003—Royal Assent to, 1003
 Education (Deaf Children) Bill, 895, 946, 1003—Royal Assent to, 1003. *See also* Deaf Children (School Attendance) Bill.
 Eggs, imported, alleged infection in, 737
 Electro-filters and poisonous smokes, 950
 Empire Settlement Bill, 306, 307
 Employers' Liability Bill, 538
 Essex, South-East, Joint Hospital District Bill, 1050
 Estimates: Agriculture and Fisheries, 1235, 1293—Air Force, 645, 647, 690—Army, 645, 647, 691—Board of Education, 365, 1287, 1341—Board of Trade, 1142—Civil, 647, 841, 896, 1142—Health Ministry, 1235, 1287—Medical provisions, 647—Navy, 647—Prison Commissioners, 1291—Supplementary, for agricultural education and research, 536
 Evesham and Pershore Joint Hospital District Act: Royal Assent to, 690
 Expiring Laws Continuance Act, 53—Royal Assent to, 53
 Exportation of Horses Bill, 1184
 Ex-Service men, health of, 536
 Factories Bill, 306, 365, 367, 423, 477, 537, 589, 645, 690, 791, 842, 897, 1003, 1050, 1142, 1184, 1235, 1287—In Committee, 537, 589, 645, 690, 791, 842, 897, 1003, 1050, 1184
 Factories, textile, in the West Riding, numbers of women and young persons employed, 592
 Factory Department of the Home Office, annual report, 371

Parliament, Medical Notes in (continued):

Factory and Workshop Bill, 53
 Finance Bill, 895, 1142, 1235, 1287
 Firearms Bill, 306, 365, 476—Royal Assent to, 476
 Fish Diseases Bill, 365, 895, 1050, 1142, 1287—
 Royal Assent to, 1287
 Floods in the Fens, 690
 Gas masks. *See* Masks
 Gas, poison, 426—Protective measures criticized, 426. *See also* Air raid
 Gas-proofing rooms, 53
 Gas-proof shelters, public, 538. *See also* Air raid
 General Medical Council, accounts and expenditure, 791
 Geneva Convention Bill, 53, 365, 476, 536, 690—
 Royal Assent to, 690
 Geysers not properly ventilated, sale of, 539
 Glass silk, dangers of handling, 648
 Glycerin, rise in price of, 592
 Gresford Colliery explosion inquiry, 476
 Hairdressers' premises, cleanliness of, 591. *See also*
 Southampton Corporation Bill
 Health Department of Scotland: Annual report, 736
 Health Ministry: Estimates, 1235, 1287—
 Scientific personnel of, 1293—Smoke from
 industrial buildings, 1344—Staff accommodation,
 253
 Health services for children, cost of, 1054
 Health services in Special Areas, 592. *See also*
 Special Areas
 Herds, tuberculin-tested, 1293
 Hertfordshire, East, Joint Hospital District Bill,
 365, 735—Royal Assent to, 735
 Highlands and Islands, distress in, 53
 Holidays with pay, numbers covered by agree-
 ments *re*, 592
 Home-work set in schools, report on, 737
 Horses: Exportation of Horses Bill, 1184
 Hospital staffing at Gibraltar, 1344
 Hospitals, voluntary, finance of, 1055
 Hospitals, Voluntary (Paying Patients) Act, 1936,
 841
 Hospitals, voluntary, in Special Areas, assistance
 for, 252
 Housing in England and Wales, 1239
 Housing in Glasgow, 53
 Housing in Scotland, 736, 949, 1239, 1343, 1344—
 "Scandal" of, 1343
 Hydrogen Cyanide (Fumigation) Bill, 841, 946,
 949, 1003
 Income, minimum, and nutrition, 1293
 India: Government of India and Burma Acts,
 1935, 53
 Infanticide Act of 1922—Definition of "newly
 born," 1055
 Influenza, research on, 691
 Inheritance (Family Provision) Bill, 251
 Inquests on infants: Doctors' fees, 480
 Inquests, post-mortem examinations for, 1054
 Insane, certified, in Scottish mental institutions,
 1236
 Insurance, National Health: Amendment Bill,
 536, 589, 645—Approved societies, additional
 benefits, 537: Benefit, rates of, 648—And
 unemployed on extended insurance, 899—
 Transfer of members, 1054—Administration of
 benefit, 1186—Benefit, waiting period for, 481—
 Capitation Fee Tribunal, 692, 950, 1054—
 Capitation fee for young persons, 252, 647, 736,
 1293, 1341—Dental treatment of unemployed,
 1343—Dispensing under the Act, 476, 737—
 Drug fund and sickness, 950—Extension of, 371
 —Insured persons not choosing a panel doctor
 736—Medical Benefit Amendment Regulations
 (Scotland) 1937, 1341—Medicines, dispensing of,
 476, 737—Midwives Act and maternity benefit,
 1007—National Health Insurance Amendment,
 Bill, 536, 589, 645—Members insured between
 60 and 65 years, 539—Ophthalmic benefit, 307,
 1342—Regulations, 1937, 1342—Practitioners,
 numbers of, 647—Referees, 844—Regulations,
 481—Remuneration, scale of, arbitration on,
 645—Sickness and the drug fund. *See* Drug—
 Unemployment. *See* Unemployment.
 Jaundice, spirochaetal, 737
 Keratitis from mustard gas, 538
 Liver products, import duty on, 251, 307. *See also*
 Beef and Veal Customs Duties Bill
 Liverpool United Hospital Bill, 53, 841, 895, 1341
 Livestock Industry Bill, 841, 1003, 1050
 Local authorities, "block grants" to, 423
 Local authorities, exchequer aid to, 537
 Local Government (Finance Provisions) Bill, 423,
 536, 537, 645
 Local Government (Finance Provisions) (Scotland)
 Bill, 536
 Local Government Superannuation Bill, 1054, 1341
 Lunacy, Lord Chancellor's visitors in, report, 1341
 Malnutrition discussed in the House of Lords, 1052
 Malnutrition in Monmouthshire, 200
 Malnutrition. *See also* Nutrition
 Manchester Royal Infirmary and new Labour
 Exchange, 592, 898
 Marriage Bill, 252, 424, 895, 1142, 1184, 1235, 1236
 —Drunkness as a ground for divorce, 252—
 Grounds for divorce, 424, 895
 Masks, gas, distribution of, 308—Regional store
 deposits for, 429—Filter material in, 692—Issue
 to civilians, 1291
 Maternal mortality. *See* Mortality.
 Maternity homes, Scottish, nursing staff of, 429

Parliament, Medical Notes in (continued):

Maternity Service (Scotland) Bill, 251, 365, 423,
 424, 479, 841, 895, 949, 1006, 1050—Royal
 Assent to, 1050
 Meals, free, in Monmouthshire, 308
 Meals, free, to school children in Scotland, 648
 Meat, foreign, new duties on, 251. *See also* Beef
 and Veal Customs Duty Bill
 Medical Practitioners' Communications (Privilege)
 Bill, 370
 Medical research. *See* Research
 Medicine duty, 365
 Medicine stamp duties, 476, 736, 845, 946
 Medico-Legal Institute, 845
 Mental deficiency, expenditure on, 648
 Mental hospital accommodation in Lancashire, 538
 Mental out-patient clinics in Scotland, 648
 Merchant Shipping Bill, 589, 899—Welfare of
 crews of merchant ships, 899
 Methylated Spirits (Scotland) Bill, 365, 480, 589,
 645, 791, 841, 895, 948, 1003, 1235, 1238
 Midwifery services in Wales, 1186
 Midwives Act: Administration, 308—Qualifica-
 tions of midwives, 736—And maternity benefit,
 1007—Administration of in Glamorgan, 1293,
 1344
 Milk adulteration, 648
 Milk, free, in Monmouthshire, 308
 Milk for infants and expectant mothers, 648
 Milk, pasteurization of, 536, 950
 Milk publicity propaganda, 423
 Mines, safety in, 308
 Ministers of the Crown Bill, 735, 841, 1341
 Monmouthshire: Free meals and milk in, 308
 Mortality, infant, 950
 Mortality, infant, in Scotland, 538
 Mortality, maternal: In Scotland, 309—In Wales,
 946, 1342—In England and Wales, 1007
 Mortality, maternal, report, 538, 951, 1238
 Mortuary provision, 950
 "National Defence Contribution," 1287
 "Newly born," 1055. *See also* Infanticide Act
 Noise, effects of, 201
 Noise and health, 1343
 Nottinghamshire, South, Joint Hospital District
 Act, 1050—Royal Assent to, 1050
 Nursery schools. *See* Schools.
 Nursing homes, supervision of, 844
 Nursing staffs of Scottish maternity homes, 429.
 See also Maternity
 Nutrition, committee on, 736, 1003, 1052
 Nutrition, debate on, 896
 Nutrition, department committees on, in the
 Colonial Empire, 1055
 Nutrition and family budgets, 844
 Nutrition and minimum income, 1293
 Nutrition of school children, 368. *See also* School.
 Nutrition. *See also* Malnutrition
 Offices, powers and duties of local authorities, 251
 Ophthalmic Benefit Regulations, 1342
 Ophthalmic treatment of school children, 1342
 Opium Convention Conference, World, 1052
 Opium, Raw, Regulations, 1937, 1341
 Opticians, sight-testing, 253
 Osteopaths Registration and Regulation Bill, 365,
 423
 Overcrowding in Scotland, 949
 Overcrowding survey, 539
 Palace of Westminster: protective measures
 against gas and air attacks, 592
 Papworth: non-tuberculous employees at, 428—
 Unemployed men at, 480
 Pensions, Civil List, 690
 Pensions, contributory, numbers insured between
 60 and 65, 539
 Pensions, contributory, extension of scheme, 962,
 841
 Pensions Ministry: Beneficiaries under, numbers,
 371
 Pensions, Widows', Orphans, and Old Age
 Contributory (Voluntary Contributors) Bill, 946,
 1050, 1142, 1235
 Petroleum (Consolidation) Act, 1928, 737—Con-
 veyance by road of dangerous substances, 737
 Physical Training and Recreation Bill, 645, 841,
 1003, 1287, 1341
 Physical training. *See also* Training
 Poison gas. *See* Air raid and Gas
 Poole Corporation Bill and pasteurization, 950
 Poor Law Institutions, appropriation of, 1344
 Population, trend of, 648
 Prison expenditure, 1291
 Prisons, commissioners, and directors of convict
 prisons, report of, 946
 Public Health Act, 1936, 251
 Public Health Acts, 309
 Public Health (Drainage of Trade Premises) Bill,
 589, 646, 690, 735, 841, 1235, 1238
 Public Health (Imported Food) Regulations, 946
 Public Health (Regulations as to Food) Acts, 946
 Public health laws, Scottish, 538
 Public Order Act, 53—Royal Assent to, 53
 Public Records (Scotland) Bill, 306
 Public Works Loans Bill, 306
 Recruits, health of, 793
 Recruits, special training and nourishment of, 309
 Regency Bill, 251, 306, 365, 369, 423, 476, 536, 690
 —Question of incapacity, 369—Royal Assent to,
 690
 Research, Medical, Report of Committee of the
 Privy Council, 423
 Research: Medical Research Council, report of,
 1935-36, 423

Parliament, Medical Notes in (continued):

Respirators and concentrated gases, 591. *See also*
 Air raid
 Road accidents. *See* Accidents
 Road Traffic Bill, 251
 Royal Army Medical Corps. *See* Army, British
 Royal Commissioners and Inquiry Committees, 368
 Royal National Hospital for Rheumatic Diseases,
 Bath, 946
 Safety-glass, 1187
 Scarlet fever at Doncaster, 252, 309
 School children, nutrition of, 368
 School dental inspection, 1239
 School medical examinations in Glasgow, 1344
 School medical inspection and treatment, expendi-
 ture on, 948
 Schools, canteens in, provision of, 950
 Schools, nursery, 845
 Scottish Universities. *See* Universities.
 Sheffield Corporation Bill, 645
 Sight-testing opticians. *See* Opticians
 Silicosis, 200, 371, 429, 845, 1006, 1187—Deaths,
 371, 429—In coal miners, 845—Causes of, 1006
 —Coal owners and compensation, 1187
 Slum clearance: Extension of subsidies for, 736
 Smallpox at Oldham, 252
 Smallpox statistics, 1054
 Smoke from industrial buildings, 1344
 Southampton Corporation Bill, 591—Cleanliness
 of hairdressers' premises, 591
 Southampton nursing homes and notifiable
 diseases, 368
 Spanish refugee children and trachoma, 1142—
 Health and medical care of, 1292—Typhoid in,
 1343
 Special Areas (Amendment) Bill, 791, 946, 1050—
 Royal Assent to, 1050
 Special areas, health services in, 592
 Spectacles, sale of, 692
 Spirits, prescribed, duty on, 309
 Stamp books, advertisements in, 308
 Statutory Salaries Bill, 1184
 Steel, import duty on, 690
 Sterilization, voluntary, 251, 841, 946—In
 hereditary mental deficiency, 946
 Surgical treatment for poor persons, 1343
 Surgical treatment, post-dental, 429
 Tanganyika: Departmental Committee on human
 nutrition, 1055
 Telephones, public, cleanliness of, 1054
 Thames Barrage Bill, 1186
 Trachoma and Spanish refugee children, 1142
 Trade effluents. *See* Public Health (Drainage of
 Trade Premises) Bill
 Trade Marks Amendment Bill, 1235, 1287
 Training centres, medical treatment at, 54, 251,
 306, 309, 426—Organizers, 309
 Trunk Roads Act, 53—Royal Assent to, 53
 Tuberculin-tested herds, 1293
 Tuberculosis deaths, 308
 Tuberculosis in Newfoundland, 895
 Tuberculosis in Scotland, expenditure on, 1239
 Tuberculosis in Southern Rhodesia, 54
 Tuberculosis in Wales, 1236
 Typhoid fever outbreak at Liverpool, 592, 692, 1055
 Unemployment Assistance (Scotland) Act, 536
 Unemployment Assistance (Determination of
 Need) Regulations, 53
 Unemployment Assistance (Period of Occasional
 Sickness) Rules, 1937, 791
 Unemployment Assistance (Temporary Provi-
 sions) (Amendment) Bill, 251, 306, 423, 476—
 Royal Assent to, 476
 Unemployment insurance, salary limit for, 737
 Unemployment and malnutrition, 53
 Universities, Scottish, grants to: Inquiry com-
 mittee, 950
 Unqualified practice, 308—The Law and, 308
 Vaccination, 648, 692, 1054, 1055—Deaths follow-
 ing, 648, 692—Statistics, 1054—Deaths of
 infants under 1 year, 1055
 Veal, foreign, new duties on, 251. *See also* Beef
 and Veal Customs Duties Bill
 Ventilation of House of Commons, 1343, 1344
 Vitamins added to margarine, 592
 Vivisection on Dogs, Prohibition of (Scotland) Bill,
 841
 Vivisection, penalties, 648
 Vivisection. *See also* Animals, experiments on.
 Waltham Joint Hospital District Act, 735—Royal
 Assent to, 735
 Water Supplies Act, Rural, 1934, 371—Progress of
 schemes, 371
 Water supply investigation in Scotland, 1055
 Wisbech Joint Isolation Hospital District Bill, 365,
 735—Royal Assent to, 735
 Woodhall Spa Urban District Council Bill, 1003
 Parotitis, septic, prontosil in, 997
 PARR, G.: *The Low Voltage Cathode Ray Tube*, rev.,
 1207
 PARRY, L. A.: When is abortion lawful? 470—
 Birthing of children, 998
 PARRY, T. Wilson: Appreciation of John Attlee, 688
 —*Immortal Names and Other Poems*, rev., 1207
 Pasteurization. *See* Milk
 PATEL, J. B.: Birth by the rectum, 1159
 Paternity and blood group tests. *See* Blood
 PATERSON, Donald: *Sick Children: Diagnosis and*
 Treatment, second edition, rev., 755
 PATERSON, Dr.: Mental disorder and the endocrines,
 405
 PATERSON, Ralston: Irradiation in malignant
 disease, 574—Wave-length in radiotherapy, 1275

- PATERSON, S. J. (and J. M. ROBSON): Progesterone in pre-eclamptic toxæmia, 311 (O)
- Pathology, animal, 1229, 1339
- Pathology, review of books on, 123, 811
- Patient, nurse and hospital, 650
- PATRICK, A.: Advanced extra-uterine pregnancy, 1156 (O)
- PATRICK, Norman Colum, obituary notice of, 894
- PATERSON, S. W.: Neoplasm of the colon, 882
- PATTISON, A. R. D.: Auditory nerve section, 834
- PAUL, Frank T.: Pathogenesis of cancer, 141
- PAVEL, I. (and M. CHIRAY): *La Vésicale Biliaire et ses Voies d'Écrétion*, second edition, rev., 1070
- PAYNE, W. W.: Protamine insulin, 187
- Peace campaign, medical, 1092
- PEARSON Karl, appreciation of, 430
- PEARSON, S. Vere: Tuberculosis and city environment, 988
- PEARSON, W. J.: An oxygen tent service, 413
- PECKER, Dr., obituary notice of, 790
- PEEL, Albert A. Fitzgerald: Angina innocens? 1088
- PEIRCE, Edward R.: Intra-epidermic vaccination, 1066 (O), 1228
- Peking man, 455
- Pellagra and hypo-adrenalinism (I. M. Sclaire), 1249 (O)
- PELLER, S.: Death in childbirth, 36
- PEMBERTON, H. S.: Determination of thyroid activity, 239
- PENMAN, A.: Milk-borne scarlet fever at Doncaster, 1280
- PENROSE, L. S.: Mental ability in a rural community, 1322
- Pensions, Contributory (Voluntary Contributors) Bill, 841, 946
- Pensions, contributory, numbers between the ages of 60 and 65 (parliamentary note), 639
- Pensions, Civil List (parliamentary note), 690
- Pensions, contributory, extension of scheme (parliamentary note), 692
- Pensions Ministry: Beneficiaries, numbers (parliamentary note), 371
- Pensions, Widows', Orphans' and Old Age Contributory Pensions (Voluntary Contributors) Bill, 946, 1050, 1142, 1235
- People's League of Health: National appeal for, 241, 875—Guildhall banquet in aid of, 875
- PEPERE, M.: Blood pressure during operations, 830
- Peptic ulcer. *See* Ulcer
- PEREIRA, Major John Michael, M.B.E. conferred upon, 1042
- Periarteritis nodosa, 718
- Perineal. *See* Perineum
- Perinephritic abscess. *See* Abscess
- Perineum, torn, local anaesthesia in the repair of (Stanley Way), 753—Correspondence on, 836, 939
- Peripheral nerves. *See* Nerves
- Peritoneal adhesions, prevention of, 794
- Perivascularitis retinae (A. J. Ballantyne and I. C. Michaelson), 624
- PERKINS, Alfred Llewellyn, obituary notice of, 422
- PERKINS, Richard: The defence in medical negligence cases, 138
- PERLÉ, Suzanne (P. ÉMILE-WEIL and P. ISCHWALL): *La Ponction de la Rate*, rev., 123
- PERN, Sydney: Substances promoting cell growth, 245—Prevention of peritoneal adhesions, 794
- PERRY, C. Bruce: *Bacterial endocarditis*, 228—Course and management of congenital heart diseases, 289
- PERRY, Major-General Henry Marrian Joseph, C.B. conferred upon, 1041
- Personality, dual (Sir Walter Langdon-Brown), 1278
- Perspective and poise in practice (R. A. Young), 1057 (O)—Leading article on, 1075—Correspondence on, 1296
- PETER, Luther C.: *The Extra-Ocular Muscles, A Clinical Study of Normal and Abnormal Ocular Motility*, second edition, rev., 712
- PETERS, B. A. (and Iris M. CULLUM): Post-scarlatinal nephritis, 1020 (O)
- PETERS, John P.: *Body Water. The Exchange of Fluids in Man*, rev., 1207
- PETERSON, A. L.: Healthy holidays for the worker, 877
- PETHER, G. C.: Wax solvents, 529
- PETRIE, A. A. W.: Mental disorder following head injury, 881
- Petroleum (Consolidation) Act: Conveyance by road of dangerous substances (parliamentary note), 737
- PETTY, M. J.: Premedication in minor surgery, 794
- Pharmacological action and chemical properties, 1271
- Pharmacology, review of book on, 448
- Pharmacopoeia, British, Addendum, 1936*, 56, 310—Guide to above, 310
- Pharmacopoeia, Extra, Martindale's*, Vol. I., twenty-first edition, rev., 499
- Pharmacopoeia, London County Council*, 131
- Phenanthrene derivatives, review of book on, 754
- PHILIP, J. C. (and others): *What Science Stands For*, rev., 1071
- PHILIP, Sir Robert, appointed Extra Physician to the King in Scotland, 532—Report of the Royal Victoria Hospital Tuberculosis Trust, 1132, 1173—And tuberculosis, 1165
- PHILLIPS, Major Henry Cecil, M.B.E. conferred upon, 283
- PHILLIPS, Miles H.: Labour obstructed by pelvic kidney, 292—Full-term extra-uterine pregnancy, 775—Varicocele in the female, 776
- PHILLIPS, P. (and R. T. COOKE): Typhoid abscess 57 years after, 219
- Phosphatase, blood, in bone disease and jaundice (Noah Morris), 91
- Phospho-mandelate, collosol, 922
- Phthisis. *See* Tuberculosis
- Physical education in schools, 134—London conference, 134
- Physical fitness, exercise and drill, 374
- Physical fitness in Scotland, 190, 780 (P. S. Lelean), 190
- Physical laboratory. *See* Laboratory
- Physical medicine, 43, 93
- Physical medicine centre in London, 884
- Physical Training and Recreation Bill, 645, 841, 1003, 1287, 1341
- Physical training, review of books on, 1206
- Physical training (parliamentary note), 54, 251, 306, 309, 426, 645. *See also* Training
- Physically defective, schools for the, 363. *See also* Schools
- Physician's survey (leading article), 1075
- Physiology, review of books on, 75, 124, 390, 1024
- PICKER, Ralph M. F.: The new Journal typography, 97—Age incidence and sex incidence of milk-borne typhoid, 1284
- PICKWORTH, F. A.: Mental disorder and the endocrines, 405
- Pigmentation, disfiguring, 1240
- PILCHER, Robin: Diagnosis of malignant disease of the pharynx, 13 (O)—“Mixed tumour” of the lip, 967
- PILLMAN-WILLIAMS, E. C. (F. D. HOWITT, and S. RUSS): Internal radon therapy, 208 (O)
- PINARD, Marcel, elected president of the Société Française de Dermatologie et de Syphiligraphie, 201
- Pineal gland (Samson Wright), 874
- PINES, N.: Crude cod-liver oil, 310
- Pink disease, 1077
- PINKERTON, Robert Lachlan, obituary notice of, 534
- PINNIGER, A. E., appointed Serving Brother of the Order of St. John of Jerusalem, 166
- PINSENT, Mrs., D.B.E. conferred upon, 1032
- PIPER, J. E., appointed Serving Brother of the Order of St. John of Jerusalem, 166
- PIRIE, James: Iodine in pulmonary tuberculosis, 1056, 1144
- PIROLI, M.: Intestinal tuberculosis, 236
- PITTS, Dr.: The adrenal cortex, 1222
- Pituitary extract during parturition, dangers of (E. Junghans), 1131
- Pituitary, Housay's work on, 927
- Pituitary secretion. *See* Secretion
- Pituitary syndrome, an unusual, 1273
- Pituitary, thyrotropic hormone of, and hyperthyroidism (Arnold Loesser), 1276
- Placenta praevia (Dugald Baird), 578
- Placentas, study of one thousand, 564
- Plague in Paris, 337
- Plasma cholesterol content in diabetic Indians (J. P. Bose and U. N. De), 168
- Plasmodium ovale* infection (P. Manson-Bahr and W. J. Muggleton), 217 (O)
- Plaster strapping. *See* Strapping
- PLATT, Harry: Injuries of peripheral nerves, 347
- PLATT, Robert: Angioneurotic oedema, 244
- PLEASANCE, R. E.: Anaesthesia in America, 631
- Pleural effusions after thoracoscopy (O. M. Mistal), 1265
- Pleurisy, oblitative, value of oleothorax in (F. G. Chandler), 65 (O)
- Plotz, Ella Sachs, Foundation of the Advancement of Scientific Investigation: Report, 549—Grants made by, 549
- PLUMMER, N. S.: Blood transfusion fatalities, 94
- Pneumococcus, Type II, preventive and curative action of (B. Frattini), 191
- Pneumonia deaths, seasonal expectancy of (Mary Gover), 380
- Pneumonia due to Friedländer's bacillus, 1078
- Pneumonia, influenzal: cases notified in London, 309, 373, 430, 481, 539, 592
- Pneumonia, new view of, 361, 594
- Pneumonia, open-air treatment for (H. L. Wallace), 657 (O)—Correspondence on, 682
- “Pneumonitis, simple,” 455
- Pneumoperitoneum treatment of bronchial asthma (M. A. Sisti), 68
- Pneumothorax, artificial, in children (C. D. S. Agassiz), 1267
- Pneumothorax, artificial, contralateral, 1032, 1139
- Poison gas. *See* Gas, and Air raid
- Poisoning, alcoholic, 1351
- Poisoning, aspirin, treated by intravenous sodium lactate solution (Stanley W. Williams and Rona M. Panting), 550 (O)
- Poisoning, benzol, in Belgian mirror factories (D. Glibert), 1157
- Poisoning, carbon monoxide (C. Kroetz), 314
- Poisoning, carbon monoxide, chronic, 27
- Poisoning, food, in an institution (A. R. Culley), 325 (O)
- Poisoning, food, kaolin, medicinal, in (N. Mutch), 595 (O)—Correspondence on, 835, 886, 1177
- Poisoning, lead, blood films in, 888
- Poisoning, nicotine (H. W. Willis), 668
- Poisoning, veronal (G. A. Metz), 606
- Poisoning, water dropwort, 1045
- Poisoning among workers in impermeable clothing: Commission of Inquiry appointed in France, 55
- Poisons, respiratory, 105, 361—And silicosis, 361
- Poliomyelitis, acute: Ministry of Health memorandum on, 103
- Poliomyelitis made a notifiable disease in Switzerland, 103
- Poliomyelitis in Paris (L. Tanon and A. Besson), 633
- Poliomyelitis, prevention of by nasal spraying, 1126
- Polynuritis in female subjects (P. Klotz), 753
- Poole Corporation Bill, 571, 950—Pasteurization of milk, 571, 950
- POOLE, H. Edmund (editor): *The Wisdom of Andrew Boorde*, rev., 559
- Poor Law Institutions, appropriations of (parliamentary note), 1344
- Population: Increases in Berlin, 151
- Population, future of our (leading article), 759
- Population, review of book on, 919
- Population, trend of (parliamentary note), 648
- Porphyria, congenital, 131
- PORRITT, Arthur E.: Frequency of micturition in the adult, 37—Appointed Surgeon to the Household, 532
- Port medical officer (Liverpool), the work of a, 1334
- PORTER, Mame T. (and L. Jean BOGERT): *Dietetics Simplified, The Use of Foods in Health and Disease*, rev., 1206
- PORTER, R. R. M.: Intraperitoneal haemorrhage from a Graafian follicle, 301
- Ports, Scottish, health of, 1226
- POST, H. W.: Diseases of the colon, 631
- POST, H. W. A.: Salpingography, 1276
- Post-graduate courses: In Berlin, 189, 592—In Edinburgh, 781—At Frankfurt University, 309—In Glasgow, 1173—In London. *See* Notices in Supplement—In Paris, 737
- Post-hysterectomy. *See* Hysterectomy
- Post-mortem examinations for inquests (parliamentary note), 1054. *See also* Inquests
- Post office and the coroner, 397
- POSTON, Captain R. I., appointed Serving Brother of the Order of St. John of Jerusalem, 166
- Posture, 1352
- Potential anserina, action of in dysmenorrhoea (P. Hauptstein), 258
- POTTER, Mabel F.: Oral administration of oestrin to premature babies, 1201 (O)
- POULTON, E. P.: An oxygen tent service, 413—*Oxygen Tent and Nasal Catheter*, 971—An inexpensive flow meter and humidifier for administering oxygen, 1113 (O)
- POWELL, D. A.: Fight against tuberculosis in Wales, 989
- POWELL, Colonel W. J., appointed Honorary Surgeon to the King, 1002
- POWER, Sir D'Arcy: Royal Medical Benevolent Fund centenary appeal, 581
- POWER, R. Wood: Treatment of mid-line ventral hernia, 958 (O)
- Practice, perspective and poise in (R. A. Young), 1057 (O)—Leading article on, 1075
- Practitioner*: January issue has a special symposium on gynaecology, 103—April issue to use and abuse of drugs, 846
- Practitioner's Library of Medicine and Surgery*. Vol. II. *Eye, Ear, Nose and Throat*, rev., 810
- FRASAD, Badri, M.B.E. conferred upon, 283
- Pregnancy in diabetics (H. V. Tighe), 994
- Pregnancy, disorders of, hormone treatment of (T. N. A. Jeffcoate), 674, 720
- Pregnancy, extra-uterine, advanced (A. Patrick), 1156 (O)
- Pregnancy, extra-uterine, full term (F. J. Burke), 775
- Pregnancy, extra-uterine, partial (Edgar P. Waters), 1158
- Pregnancy, ocular changes in (Grace Jones), 467
- Pregnancy, ovarian, 638
- Pregnancy and physical training, 584
- Pregnancy, review of book on, 391, 921
- Pregnancy toxæmia, late, and the habitual abortion and stillbirth syndrome (James Young), 953 (O)
- Pregnancy, toxæmia of (Charles Croft), 1223
- Pregnancy, triple, with extra-uterine twins (E. H. Rainey and Geoffrey Shera), 611
- Pregnancy, tubal, bilateral (Muriel B. McIlraith), 1065 (O)
- Pregnancy, varicose veins in, treatment of (Edward Solomons), 993
- Pregnancy, weight variations during (M. D. Arwyn Evans), 157 (O)
- Pregnancy. *See also* Gestation
- Pregnant women, transit of by air, 420. *See also* Air Premedication in minor surgery. *See* Surgery
- Prenatalac, 971
- PREPARATIONS AND APPLIANCES:
- Airway cap, anaesthetic, 449
- Ammonium mandelate syrup, 331
- Amplivox model hearing aid, 576
- Auraphone hearing aid, 756
- Bandage, “stericrete”, 560
- Bedstead of new design, 22
- Bronchoscope, modified, 1162
- Calcium aspirin, 77
- Cannula, blood-transfusion, 22
- Cerex C.G., 971
- Clamp, circumcisor, 223
- Curette, adenoid, 1073
- Cystoscope, irrigating, improved, 223
- Director for strangulated hernia, 125
- Dusting powder (“Kinoo powder”), 560
- Food preparations, supplementary, 971
- Forceps, lion, for hallux valgus operation, 971
- Gastroscope, a flexible, 77
- Glucose A.D., 971
- Hearing aids, 756
- Hose, surgical, 863
- Iodized oil (Iodadol), 392
- Iodized oil, emulsion of for x-ray examination of empyema cavities, 173

PREPARATIONS AND APPLIANCES (continued):

Light treatment unit, mobile, for ward work, 1026
Liver extract for parenteral use ("Examen"), 1317
Milton antiseptic fluid, 77
Needle holder, new pattern, 119
Ophthalmoscope, a polarizing, 501
Oral props in general anaesthesia, 560
"Ornheptal" a liver preparation, 666
Phospho-mandelate, collosol, 922
Plaster strapping, antiahesion for removal of, 223
Prenatalac, 971
Proctoscope, Clifton's, modified, 1317
Radon seed introducer, a new, 125
Retractor, knee, 273
Salicylin liniment and ointment, 331
Saline, intravenous, continuous, interceptor and regulator for, 1259
Scissors, trephine, ophthalmic, 223
Sedimentometer, multiple tube, 921
"Seedlax," 1259
Sigmoidoscope, operating, 125
Smith-Petersen nail, modification of, 1119
Soluseptasine, 666
Splint, fracture, universal, 392
Stockings, surgical, 863
"Streptocide," 77
Stretchers, surgical, 863
Sulphonamide-P. (B.D.H.), 331
Sulphonamide-P. tabloid, 331
Swab counting board, 173
Syringe for spianchnic anaesthesia, 614
Tonsil snare, 1073
Trocar and cannula, intravenous, 173
T-tube for drainage of biliary ducts, a new, 971
Venepuncture instrument (David A. Herd), 921
Verpine disinfectant, 223
Whooping-cough vaccine, 1026

Prescribing, rational, 131
Presentations, 103, 253, 254, 430, 481, 1007, 1132
Presentations, breech, external version for (Chamanlal Mehta), 706 (O). *See also Breech and Labour*
PREST, Edward E., presentation to, 430
PRESTON, G. L.: New pattern needle holder, 1119
PRETTY, Lieut.-Colonel Kenneth, Efficiency Decoration of the Territorial Army conferred upon, 689
Preventive medicine. *See Medicine*
PREWER, R. R.: Academic costume, 482
PRICE, C. W.: Air conditioning in factories, 1171
PRICE, Martin: The Wellcome Trust, 242
PRICHARD, Richard, obituary notice of, 533
PRIDIE, K. H.: Universal fracture splint, 392—Ununited fractures, 576
PRIESTLEY, J. G. (and C. G. DOUGLAS): *Human Physiology. A Practical Course*, second edition, rev., 1024
PRINGLE, A. D.: After-care of the tuberculous, 987, 1039
PRINGLE, G. L. Kerr: Treatment of some errors of metabolism at British spas, 1017 (O)
PRINGLE, Seton: Renal tuberculosis, 137—Stone in the upper urinary tract, 830
Prison Commissioners, estimates, 1291
Prison expenditure (parliamentary note), 1291
Prisons Commissioners and Directors of Convict Prisons: Report (parliamentary note), 946
PRITCHARD, Eric: Parents and psychology, 1217
Prize, Albert I of Monaco, 846
Prize, Besredka, 765
Prize, Ivson Macadam Memorial, 1100
Prize, Langley Memorial, 476
Prize, Gifford Edmonds, 693
Prize for best work published within the last four years in gynaecology, 467
Prize, Jacksonian, 840
Prize for best work on medical science, Belgian Government quinquennial, 793
Prize, Parkes Memorial, 61
Prize, Raymond Horton-Smith, 372
Prize, Saintone, 201
Prize, Wild, 1350
Proctitis, chronic, 1188
PROCTOR, Colonel A. H.: Experimental and laboratory training in medical education, 289
Proctoscope, Clifton's, modified (A. Lawrence Abel), 1317
PROFEIT, Colonel Charles William, obituary notice of, 372
Professional secrecy: A Medical Privilege Bill, 302. *See also Medical Practitioners' Communications (Privilege) Bill*
Progesterone in pre-eclamptic toxæmia (J. M. Robson and S. J. Paterson), 311 (O)—Correspondence on, 528
Prolapse of uterus, discussion at the Royal Society of Medicine, 465—Discussion, 466
Prolapse of uterus, modified Gray-Ward operation (Everard Williams), 465
Prolapse of uterus, transposition operation (J. St. George Wilson), 465
Prontosil album in puerperal sepsis (M. A. Foulès and John B. Barr), 445 (O)
Prontosil in treatment of cervical cellulitis, 941
Prontosil treatment of erysipelas, 886
Prontosil treatment of haemolytic streptococcal meningitis: recovery (Christa F. Lucas), 557—(Muriel J. L. Frazer), 1023
Prontosil in treatment of Ludwig's angina, 472, 584
Prontosil treatment of septic parotitis, 997
Prontosil treatment of streptococcal empyema (James L. Brown), 1157 (O)
Prontosil in treatment of streptococcal tonsillitis, 941
Prostaglandin and vesiglandin, 335

Prostate, hypertrophy of (C. D. Bartels), 11—(O. Henningsen), 185
Prostate, non-coagulation diathermy treatment of (J. H. Zaaljer), 113
Prostate, size of the, 719
Prostate, transurethral resection of the (Kenneth M. Walker), 901 (O)
Prostatectomy, Harris operation for (Charles Wells), 292
Prostatectomy by the two-stage method (W. K. Irwin), 261 (O)—Correspondence on, 472, 528, 540, 581, 638, 685
Prostatic obstruction, treatment of, 144, 243
Prostitution in France: Proposed abolition of State regulation of, 832
Prostitution in Soviet Russia, campaign against (E. H. Cluver), 1120
Protamine insulin. *See Insulin*
Proteins, serum, classification of, 846
Proteinuria, Bence-Jones, pitfall in diagnosis of, 143
Protease, urinary, autogenous, in asthma and other allergic condition (Julius Libman and A. Douglas Bigland), 62 (O)—Correspondence on, 143
Proteus vulgaris associated with gastro-enteritis (J. D. Allan Gray), 916 (O)
PROWSE, W. Barrington: Cancer of breast with widespread metastases, 1021 (O), 1139
Pruritus of jaundice. *See Jaundice*
Psittacosis, 926—Outbreak in Buenos Aires, 1143—Outbreak in the city of Tandil, 1143
Psychiatric clinics, 684
Psychiatry, insulin therapy in, 1178
Psychiatry, review of books on, 448, 713
Psycho-analysis, review of book on, 21
Psychological approach (T. A. Ross), 1332
Psychology, Industrial, National Institute of, growing public interest in work of, 1101
Psychology in industry (May Smith), 253, 503
Psychology, Medical, Institute of: Receives a further researchscholarship from the Rockefeller Foundation, 514—To revert to its original title:—The Tavistock Clinic, 833. *See also Tavistock Clinic*
Psychology, review of book on, 271
Psychoses, hypoglycaemic therapy in the (Hunter Gillies), 1254 (O)
Psychosis associated with atropine administration (F. Hopkins and J. Robyns-Jones), 663
Psychotherapy, frontiers of (H. Crichton-Miller), 349
Psychotherapy, review of book on, 711
Puberty, psychology of (H. Crichton-Miller), 881
Public Health Act, 1936, 817
PUBLIC HEALTH ACTS:
Government offices and (parliamentary note), 309
Public Health (Drainage of Trade Premises) Bill, 586
Public Health (Imported Food) Regulations, 946
Public health laws, Scottish (parliamentary note), 538
Public Health (Regulations as to Food) Act, 946
Public Health Service in France, reorganisation of, 1133
Public health, state of the, 940
Public health, three events in (leading article), 506
Public Order Act, 53: Royal Assent to, 53
Public Records (Scotland) Bill, 306
Public Social Services, rev., 222
Public Works Loans Bill, 306
Puerperal fever outbreak at the Rotunda Hospital, 1332
Puerperal inversion of uterus, acute (J. M. Milne), 220—Correspondence on, 583
Puerperal sepsis, prontosil album in (M. A. Foulès and John B. Barr), 445 (O)
Puerperal sepsis. *See also Sepsis*
Puerperal tetanus. *See Tetanus*
PUGH, M. A.: *Squint Training*, rev., 330
Pulmonary cavity, the blocked, 227
Pulmonary infarcts, 622
Pulmonary. *See also Lung*
PULVERTAFT, R. J. V.: Post-hysterectomy and puerperal tetanus, 441 (O)—Problems of blood transfusion, 1329
PUNCH, A. Lisle (and F. A. KNOTT): *Modern Treatment of Diseases of the Respiratory System*, rev., 271
Punjab, medical relief in, report for 1935, 139
PURDY, T. D. (and Captain J. PURDY): *The Shot Gun*, rev., 560
Purpura, primary and secondary (John F. Wilkinson), 467
Pyelography, gas dispersion in, 1102, 1295
PYGOTT, F.: Death following blood transfusion, 496 (O), 783
Pyorrhoea, treatment of, 254

Q

Quackery, review of book on, 559
Queen's Institute of District Nursing. *See Nursing*
QUICK, Hamilton E.: Slimming drugs and cataract, 1203
QUIN, J. S.: Pregnancy in diabetics, 994

R

"Rach-resistance" and spinal anaesthesia (W. R. Black and G. A. Bagot Walters), 218 (O)—Correspondence on, 297-360, 418-584
RACKER, D. C.: Rupture of the uterus, 291
"Radicleonitis," 454
Radio-active thermal waters (C. W. Buckley), 464—Discussion, 464. *See also Waters*
Radiograph or radiogram, 530
Radiograph or skiagram, 641, 687, 731, 786, 890
Radiologists Association. *See Association*
Radiology and its relation to medicine, 564

Radiology, review of books on, 221, 811
Radiotherapeutic departments in general hospitals, Ministry of Health Memorandum on, 932
Radiotherapy, wave-length in (G. F. Stebbing), 1275
Radium Commission, National: To provide Bradford with radium, 793
Radium, effect of, on the eye when used for treatment of malignant disease in the neighbourhood (Philippa Martin), 651 (O)—Correspondence on, 784
Radium institute for Bradford, 241
Radium plaques in treatment of carcinoma, insertion of (H. S. Souttar), 909 (O)
Radium therapy in cancer of the buccal cavity (R. B. Engelstad), 1021
Radium treatment, effects of, 651, 784
Radium Trust, National, and Radium Commission Reports for 1935-6, 151, 181
Radon-seed introducer, a new (F. J. Cleminson), 125
Radon therapy, internal (F. D. Howitt, E. C. Pillman-Williams and S. Russ), 208 (O)
RAGU, J.: Leprosy contracted in Paris, 332
RAINEY, E. H. (and Geoffrey SHERA): Triple pregnancy with extra-uterine twins, 610
RAMSAY, Gertrude: *Comrades in Adventure*, rev., 172
RAMSAY, Graham Colville, C.I.E. conferred upon, 283
RAMSBOTTOM, A.: The tuberculosis problem, 1266
RANKIN, Nicol McNicol, proposed memorial to, 593
RANSOM, Frederick Parlett Fisher, obituary notice of, 533
RAST, H. (and F. Parkes WEBER): Paget's bone disease in three sisters, 918
Rat-hunting in Hawaii, 395
RAVINA, A.: *L'Anne Therapeutique*, rev., 970
RAY, M. B.: Blood sedimentation rates in rheumatoid arthritis, 778
Raynaud's disease, aftermath of sympathectomy in, 1295
RAYSON, H. Knights: Friar's balsam for dressings, 1240
Reaction time of motorists. *See Motorists*
Reactions, review of book on, 559
READ, F. M., appointed Serving Brother of the Order of St. John of Jerusalem, 166
READ, John: *Prelude to Chemistry*, rev., 501
READ, Richard Henry, obituary notice of, 1181
REAVELL, D. C.: Oxygen tent service, 474
Recreational therapy, 815
Recruits: Special training and nourishment of (parliamentary note), 309—Health of (parliamentary note), 793
Rectal injuries, severe, caused by an enema given through a rigid nozzle (Walter W. Galbraith), 859 (O)—Correspondence on, 1044
Rectum, birth by (J. B. Patel), 1159
Rectum, common diseases of (W. Lawrence Abel), 1297 (O)
Rectum, neoplasm of (S. W. Patterson), 882
Red Cross Day, 55
Red Cross societies and international technical conference on aerial relief, 1328. *See also Air*
Red Cross in Spain, 135, 1008
Reducing by the book, 1240
REEKIE, C. Barclay: Hospital treatment of infectious disease, 995
REES, Captain W. A., appointed Serving Brother of the Order of St. John of Jerusalem, 166
Regency Bill, 251, 306, 365, 369, 423, 476, 536, 690—Question of incapacity, 369—Royal Assent to, 690
Registrar-General of England and Wales to have a medal struck to commemorate the centenary of births, deaths, and marriages registration service, 1239
Registrar-General's reports. *See Vital statistics*
REID, Dr.: Haemorrhagic diathesis, 467
REID, Hugh: Lobectomy, 828
REID, Mont R.: Fundamental principles of wound healing, 61
Reid's *Practical Sanitation*, twenty-third edition, rev., 1070
REIK, Theodor: *The Unknown Murderer*, rev., 920
REINHOLD, Colonel C. H.: Annual report on medical relief in the Punjab, 139
Renal calculi. *See Calculi*
Renal emergencies, non-surgical (James M. Stalker), 546 (O)
Renal tract, upper, stone in (J. Swift Joly), 829
RENDELL, Herbert, I.S.O. conferred upon, 1041
Repetition work, boredom of (leading article), 924
Reprints of papers, 890
Rescue work in North London, 580
Research in animal diseases, 1333
Research: Atmospheric Pollution Research Committee report, 1128
Research Board, Industrial Health: Fatigue and boredom in repetition work, report on (S. Wyatt, J. N. Langdon and F. G. L. Stock), 924
Research Council, Medical: Annual report, 423, 615, 617, 676—Burns treated by amyl salicylate and other salicyl esters, report (R. Leslie Stewart), 380—Coal-tar naphtha distillates for destruction of bed-bugs, report (S. A. Ashmore and A. W. McKenny Hughes), 459—Dietary survey, report on (E. P. Cathcart and A. M. T. Murray), 334—A correction, 397—Egg membrane technique in virus work, report on (F. M. Burnet), 336—Fellowships and appointments in tropical medicine, 1082—Hearing aids, use of, report (A. W. G. Ewing, I. R. Ewing and T. S. Littler), 344—Hearing and speech in deaf children, report (Phyllis M. T. Kerridge), 723—Leading article on, 617—Repetition work, fatigue and boredom in, report (S. Wyatt, J. N. Langdon and F. G. L. Stock), 924—Travelling Medical Fellowships, 762, 933

Research in dairying, report of the University of Reading National Institute for, 89—*Milk and Nutrition. Part I: The Effect of Commercial Pasteurization on the Nutritive Value of Milk, as Determined by Laboratory Experiment*, 979

Research Fellowships, Leverhulme, 201

Research "front," the united (leading article), 617

Research, hire purchase, 587

Research Institute, Indian, Calcutta: Annual report, 1226

Research Institute (James) Mackenzie: Annual report, 38

Research Institute, Walter and Eliza Hall, in Pathology and Medicine, *Collected Papers of 1935 and 1936*, rev., 1207

Research Institute, West of Scotland Neuro-Psychiatric, Glasgow: Annual report, 1173

Research Laboratories, Helen Chambers, new buildings opened, 678, 787. *See also* Hospital, Curie

Research in lunacy and mental deficiency, 182

Research, Medical, Privy Council Committee's report, 423

Research, medical, in the Irish Free State, 353—First meeting of Council, 469

Research in mental deficiency, 182, 1278

Research in mental hospitals, 942, 1047

Research into causes of mental illness, 1173

Research, Rowett Institute of, in animal nutrition, National Scottish food policy, 295—*Milk and Nutrition. Part I: The Effect of Commercial Pasteurization on the Nutritive Value of Milk, as Determined by Laboratory Experiment*, 979

Research, Scientific and Industrial, Department of: Annual report, 722—Annual report of Water Pollution Research Board, 770

Research, Tata (Lady), Memorial Fund, 283—Applications for grants and scholarships, 283

Research, Water Pollution Research Board: Report, 770

Research workers in human genetics, information service for, 194

Respirators and concentrated gases (parliamentary note), 591. *See also* Air raid

Respiratory diseases, inhalation therapy for (leading article), 175—Correspondence on, 244, 359, 419, 587, 837, 997. *See also* Inhalation.

Respiratory diseases, review of book on, 271

Respiratory poisons, 195, 361—And silicosis, 361

Retina, experimental staining of, in life, 129

Retina, review of book on, 920

Retinitis, diabetic, 277

Retractor, knee (H. Jackson Burrows), 273

Retropharyngeal abscess. *See* Abscess

Reviews of Books:

Absorption from the Intestine (F. Verzar and E. J. McDougall), 558

Accidents and their Prevention (H. M. Vernon), 122

Activity and Rest (A. R. Caton), 172

Aerial. *See* Air

After Us. The World As It Might Be (J. P. Lockhart-Mummery), 172

Air Attack: The Protection of the Public from Aerial Attack. A Critical Examination of the Recommendations put forward by the Air Raid Precautions Department of the Home Office (by the Cambridge Scientists' Anti-War Group), 613

Air-ambulance: Notions de Médecine Aéronautique (Jean Leduc), 222

Anaemias, Pathological, Physiology and Clinical Description of the (William Bosworth Castle and George Richard Minot), 19

Anaesthesia and Analgesia (including Oxygen Therapy), Recent Advances in (C. Langton Hewer), second edition, 754

Anaesthetic Complications, Incidence of, and their Relation to Basal Narcosis (C. J. M. Dawkins), 863

Anatomy, Cunningham's Textbook of (Edited by J. C. Brash and E. B. Jamieson), seventh edition, 1025

Anatomy, Practical, Manual of. A Guide to the Dissection of the Human Body. Part III. The Head and Neck (Thomas Walmisley), new edition, 1160

Animals: How Animals Behave (H. J. Wells, Julian Huxley and G. P. Wells), 1072

Animal's World (Doris Mackinnon), 76

Artropatie Croniche (Gaetano Zappala and Giuseppe Lazzaro), 812

Asthma, Hay Fever, and Migraine, Nature and Treatment of (A. G. Auld), 713

Bacteriology and Immunity, the Principles of (W. W. C. Topley and G. S. Wilson), second edition, 171

Bacteriology, Medical, Textbook of (R. W. Fairbrother), 861

Biochemistry, Comparative, An Introduction to (Ernest Baldwin), 968

Biochemistry, Principles of (Albert P. Mathews), 712

Reviews of Books (continued):

Bright, Richard: Original Papers of Richard Bright on Renal Disease (edited by A. Arnold Osman), 810

Brompton Hospital Reports. Vol. v, 1936, 1160

Cancer: La Chirurgie du Cancer du Poutmon. Bases Anatomocliniques et Expérimentales. Technique Opérative (O. Lambert, M. Malatray and J. Driessens), 447

Cancer, Principles and Foibles of Research in (William Reinhold), 558

Cardiac Disease, Congenital, Atlas of (Maude E. Abbott), 970

Cardiac. *See also* Heart

Cardiovascular Disease: Die Herz- und Gefäßkrankheiten (Walter Frey), 1258

Cathode Ray Tube, Low Voltage (G. Parr), 1207

Charities Register and Digest, Annual, 756

Chemistry, Assyrian, Dictionary of, 124

Chemistry, Forensic, and Scientific Criminal Investigation (Lucas), third edition, 76

Chemistry, Inorganic. A Survey of Modern Developments (Sir Gilbert T. Morgan and Francis Hereward Burstall), 1315

Chemistry, Organic, Essential Principles of (Charles S. Gibson), 1315

Chemistry, Organic, for Medical Students (George Barger), second edition, 500

Chemistry, Organic, Recent Advances in (Alfred W. Stewart). Vol. ii, sixth edition, 500

Chemistry, Organic: Reactions of Organic Compounds (Wilfred John Hickinbottom), 500

Chemistry, Prelude to (John Read), 501

Childbirth, Safe: The Three Essentials. (1) Round Brim; (2) Flexible Joints; (3) Natural Posture (Kathleen Olga Vaughan), 862

Childhood, The Secret of (Marion Montessori). Translated by Barbara Barclay Carter, 20

Children, Diseases of, Aids to Diagnosis and Treatment of (F. M. B. Allen), seventh edition, 755

Children, Sick: Diagnosis and Treatment (Donald Paterson), second edition, 755

Children's Diseases. *See also* Paediatrics

Clinical Observation: Der Klinische Blick (Erwin Risak), 1073

Clio Medica (edited by E. A. Krumbhaar): Greek Medicine (Fred B. Lund), 666

Colloids: Kolloidik. Eine Einführung in die Probleme der Modernen Kolloidwissenschaft (A. von Buzagh), 329

Colon as a Health Regulator (Sir Henry M. W. Gray), 1259

Colour Perception, Pseudo-isochromatic Plates for Testing: Stilling (edited by James Drever), nineteenth edition, 1161

Comrades in Adventure (Gertrude Ramsay), 172

Congress on the occasion of the centenary of the foundation of the Hospital da Santa Casa da Misericórdia de Santos, Proceedings, 921

Congress for Microbiology, Second International, Proceedings, 1072

Congress, Scandinavian Medical, Transactions, 501

Cosmetic Dermatology (Herman Goodman), 1316

Crab was Crushed (Harvey Graham), 863

Cunningham's Textbook of Anatomy, seventh edition, 1025

Cytology: Cytologie de Liquide Cephalo-Rachidien (H. Jessen), 223

Deafness and Commonsense (James Kerr Love), 755

Delinquency and its Treatment, New Light on. Results of a Research Conducted for the Institute of Human Relations, Yale University (William Healy and Augusta F. Bronner), 1257

Dental surgery. *See* Surgery.

Dentists Register for 1937, 756

Depopulation, British, The Menace of (G. F. McCleary), 919

Dermatology, Cosmetic (Herman Goodman), 1316

Dermatology, Introduction to (E. H. Molesworth), 21

Dermatology. *See also* Skin

Diabetes: A Modern Manual (Anthony M. S. Sindoni), 1073

Diabetes: Die Diät- und Insulinbehandlung der Zuckerkrankheit (Franz Depisch), 391

Diagnosis, Medical. Some Clinical Aspects (S. Levy Simpson), 861

Diagnosis, Obstetrical, and Treatment in General Practice (Bethel Solomons), second edition, 273

Diagnosis, Physical (Ralph H. Major), 920

Diagnosis, Prognosis, and Treatment, Principles of. A Trilogy (Robert Hutchison), second edition, 861

Dictionary of Assyrian Chemistry and Geology (R. Campbell Thompson), 124

Dictionary, Medical, Practical (Thomas Lathrop Stedman), thirteenth edition, 124

Diet in Diabetes: The Diät- und Insulinbehandlung Zuckerkrankheit (Franz Depisch), 391

Dietary Treatment, Modern (Margery Abrahams and Elsie M. Widdowson), 1206

Dietetics for the Clinician (Milton A. Bridges), third edition, 713

Dietetics Simplified. The Use of Foods in Health and Disease (L. Jean Bogert and Mame T. Porter), 1206

Digestive Tract, The. A Radiological Study of its Anatomy, Physiology, and Pathology (Alfred E. Barclay), second edition, 330

Diphtheria and Constitution (Georg Thieme), 1207

Reviews of Books (continued):

Disability Evaluation. Principles of Treatment of Compensable Injuries (Earl D. McBride), 170

Encephalitis: Les Encéphalites Aiguës Post-infectieuses de l'Enfance (M. T. Comby), 76

Encyclopaedia of Medical Practice. *See* Medicine.

Endocrine Krankheiten (Curschmann), second edition, 1161

Endocrinology in Modern Practice (William Wolf), 499

Ethiopian Diary (J. W. S. Macfie), 273

Exanthemata, Acute, History of (J. D. Rolleston), 1025

Exophthalmic Goitre. *See* Goitre

Eye Diseases, Internal, and Atlas of Ophthalmoscopy (Manuel Uribe Troncoso), 1257

Eye, Ear, Nose and Throat (Practitioners' Library of Medicine and Surgery, vol. ii), 810

Eye, Ear, Nose and Throat, Year Book of, for 1936, 810

Eye muscles. *See* Muscles

Fasciae of the Human Body and Their Relations to the Organs they Develop (Edward Singer), 272

Fecundity: Période de Fécondité et Périodes de Stérilité chez la Femme (H. Vignes and M. Robey), 1026

Field Sports of Scotland (Patrick Chalmers), 560

First Aid to the Injured and Sick (Warwick and Tunstall), fifteenth edition (edited by C. F. Nichols), 1317

Fishing, Art and Craft of Loch Fishing (H. P. Henzell), 1073

Food and the Principles of Dietetics (Robert Hutchison and V. H. Mottram), eighth edition, 21

Food: La Révolution Alimentaire Actuelle; Les Conséquences, Biologiques (G. Beltrami), 756

Forensic chemistry. *See* Chemistry

Gall-bladder: La Vésicule Biliaire et ses Voies d'Excrétion (M. Chiray and I. Pavet), second edition, 1070

General Medical Council: Minutes and Index to Minutes of 1936, 614

General Practice, An Introduction to (E. Kaye Le Fleming), 19

Goitre, Exophthalmic, and its Medical Treatment (Israel Bram), 713

Grasshoppers, British and their Allies (Malcolm Burr), 272

Greek Medicine (Fred B. Lund), 666

Gymnastics and Massage: The Technique, Effects, and Uses of Swedish Medical Gymnastics and Massage (J. Arvedson), translated by Mira L. Dobbie, third edition, 447

Gynaecology, Textbook of. For Students and Practitioners (James Young), fourth edition, 558

Gynaecology. *See also* Obstetrics.

Hall, Walter and Eliza, Institute of Research in Pathology and Medicine, Melbourne: Collected Papers, 1935 and 1936, 1207

Hay Fever. With Special Reference to Treatment by Intranasal Ionization (Clive Shields), 713

Hay Fever. *See also* Asthma.

Health and Muscular Habits (Lieut.-Colonel J.K. McConnell and F. W. W. Griffin), 1206

Heart Disease (Paul Dudley White), second edition, 1161

Heart Disease, Essential and Commonplace Aspects of (Karl Fahrenkamp), 812

Heart. *See also* Cardiac

Holmes, Christian R.: Man and Physician (Martin Fischer), 1119

Homework and Physical Education, Experiments in (A. Sutcliffe and J. W. Carham), 1206

Hospitals, Voluntary: Notes on Points of Law Affecting (W. E. C. Baynes), 1161

Humanisme et Médecine (Joseph Okinczyo), 1159

Hygiene, Synopsis of (W. W. Jameson and G. S. Parkinson), fifth edition, 172

Hyperglycaemias: Les Hyperglycémies. Étude Clinique et Physiopathologique (Henri Warembourg), 559

Immortal Names and Other Poems (T. Wilson Parry), 1207

Industrial Environment and Health, 172

Infectious Diseases. Infektionskrankheiten (Weiner Schultz), 331

Inflammation: Die Molekularpathologie der Entzündung (H. Schade), 123

In My Path (Halliday Sutherland), 76

Inhibitions, Symptoms and Anxiety (Sigmund Freud, translated by Alix Strachey), 21

Injuries: El Problema de los Incapaces por Accidente (Juan Carlos Alvarez), 756

Internal Organs: Movements of: Röntgenkymographische Bewegungslehre Inneren Organe, (Pleikart Stumpf, H. H. Weber, and H. Weltz), 1117

International Clinics. Forty-sixth series, fourth volume, 331—Third volume, 501—Forty-seventh series, vol. 1, 1072

Ionization, The Practice of (J. Newton Dyson), 1071

Jahresbericht (E. Merck), 1118

Keeping Your Child Normal (Bernard Sachs), 331

L'Année Pédiatrique. *See* Pediatrics

Law Affecting Voluntary Hospitals, Notes on Points of (W. E. C. Baynes), 1161

Leprosy. A Practical Text-Book for Use in China (James L. Maxwell), 665

Living Tissues. *See* Tissues

Reviews of Books (continued):

- Local Government Administration, Municipal Year Book and Encyclopaedia of, for 1937, 666
Low Voltage Cathode Ray Tube (G. Parr), 1207
Lymphathologie (Heft 5), 21
Many Days in Morocco (John Horne), new edition, 76
Martindale's Extra Pharmacopoeia, vol. i, twenty-first edition, 499
Materia Medica, Toxicology and Pharmacognosy (W. Mansfield), 1161
Medical Annual, fifty-fifth year, 1937, 1024
Medical and Dental Students' Register, 756
Medical Diagnosis. See Diagnosis
Medical Modes and Methods (Harry Roberts), 1024
Medical Morals and Manners (H. A. Royster), 1259
Medical Register for 1937, 560
Médecine Aéronautique. See Air
Medicine: British Encyclopaedia of Medical Practice, including Medicine, Surgery, Obstetrics and Gynaecology and other Special Subjects (edited by Sir Humphry Rolleston). Vol. ii, Apraxia—Carriers of Infective Diseases, 220; vol. iii, Cataract to Diaphragm Diseases, 1205
Medicine: Funktionelle Pathologie eine Klinische Sammlung von Ergrübnissen und Ausbaungen einer Arbeitsrichtung (Gustav von Bergmann), 74
Medicine, General, Year Book of, 1936, 614
Medicine and Mankind (edited by Iago Goldston), 811
Medicine, Modern, Development of. An Interpretation of the Social and Scientific Factors Involved (Richard Harrison Shryock), 613
Medicine, Practice of (Jonathan Campbell Meakins), 329
Medicine, Preventive (Mark F. Boyd), fifth edition, 666
Medicine and Surgery, Clinical Practice in (edited by Rowland Hill), 124
Medicine, Textbook of (Charles Phillips Emerson), 1117
Medicine, Textbook of. By Various Authors (edited by J. J. Conybeare), third edition, 329
Meditatio Medici. A Doctor's Philosophy of Life (W. Cecil Bosanquet), 754
Men, Medicine and Food in the U.S.S.R. (F. Le Gros Clark and L. Noel Brunton), 222
Mental Testing, Guide to. For Psychological Clinics, Schools and Industrial Psychologists (Raymond B. Cattell), 221
Mental. See also Psychiatry
Metabolism: Le Métabolisme de l'Azote: Les Problèmes Biologique (E. E. Terroine), 1317
Metabolism of Living Tissues (Eric Holmes), 968
Microscope, The (Simon Henry Gage) sixteenth edition, 221
Middlesex Hospital Medical School, Collected Papers of, 1935-36, 273
Mind, Medicine and Metaphysics. The Philosophy of the Physician (William Brown), 711
Moscow in the Making (Sir E. D. Simon), 812
Moth-Hunter's Gospel (P. B. M. Allan), 1119
Murderer, the Unknown (Theodor Reik, Translated by Katherine Jones), 920
Muscles, Extra-Ocular. A Clinical Study of Normal and Abnormal Ocular Motility (Luther C. Peter) second edition, 712
Nails, Diseases of (V. Pardo-Castello), 389
Nature Hits Back (Macpherson Lawrie), 390
Naven (Gregory Bateson), 449
Nervous Disease, A Preface to (Stanley Cobb), 171
Nervous Disease. See also Neurology
Nervous System: Psychopathologie du Système Nerveux. Du Mécanisme au Diagnostic (Paul Cossa), 171
Neuralgias, Facial (Wilfred Harris), 1315
Neuralgias, Facial: Les Spasmes de la Face et leur Traitement (Th. Alajouanine and R. Thurel), 1315
Neurological Biographies and Addresses, 389
Neurology: Etapes de la Neurologie dans l'Antiquité Grecque (D'Hornère à Gallien) (A. Souques), 1205
Neurology. See also Nervous Disease
Nijinsky, Vaslav, The Dairy of (Translated by Romola Nijinsky), 971
Nipple, Paget's Disease of the Nipple and its Relation to Surface Cancers and Pre-cancerous States in General (Keith Inglis), 270
Nose and Throat Diseases. A Textbook for Students and Practitioners (Sir St. Clair Thomson and N. E. Negus), fourth edition, 1258
Nostrums and Quackery and Pseudo-Medicine, vol. iii (Arthur J. Cramp), 559
Nursing Homes, new edition, 1026
Obscene Literature in Law and Practice (Sir E. Tindal Atkinson), 665
Obstetrical Diagnosis and Treatment in General Practice, Epitome of (Bethel Solomons), second edition, 273
Obstetrics: The Queen Charlotte's Textbook of (By Members of the Clinical Staff), fourth edition, 75
Obstetrics, Williams' (Henricus J. Stander), seventh edition, 665
Obstetrics. See also Gynaecology
Occupational Diseases (Donald Hunter), 1161
Operating Room Procedures, Manual of (Almira W. Hoppe and Lucile M. Halverson), 1259
Ophthalmological Society, Transactions of, vol. lvi, 666
Organic Compounds, Reactions of (Wilfred John Hickinbottom), 500

Reviews of Books (continued):

- Orthopaedic Surgery, Elements of (N. Ross Smith), 1117
Orthopaedic Surgery, Recent Advances in (B. H. Burns and V. H. Ellis), 862
Orthopaedics, Source Book of (Edgar M. Bick), 1316
Orthoptics, Practical, in the Treatment of Squint (Keith Lyle and Sylvia Jackson), 1315
Otolaryngology, Physical Therapeutic Methods in (Abraham R. Hollender), 919
Ovulation, Time of, in Women. A Study on the Fertile Period in the Menstrual Cycle (Carl G. Hartman), 920
Oxygen Tent and Nasal Catheter (Argyll Campbell and E. P. Poulton), 971
Paediatrics: Les Régimes chez l'Enfant (L. Babonneix), 755
Paediatrics: Manuel de Puericulture (P. Lereboullet), second edition, 755
Paediatrics: Year Book of Pediatrics, 1936 (edited by Isaac A. Abt), 755
Paediatrics. See also Children's Diseases
Paget's Disease of the Nipple. See Nipple
Parental Therapy (Walton Forest Dulton and George Burt Lake), 970
Parents' Questions, 1119
Pathological Society of Japan, Transactions, vol. xxvi (1936), 21
Pathology, Elementary. An Introduction to the Process of Disease (Keith S. Thompson), 123
Pathology, Textbook of (W. G. MacCallum) sixth edition, 811
Patient Looks at the Hospital (Florence G. Fidler), 447
Pediatrics: L'Année Pédiatrique (Robert Broca and Julien Marie), 391
Pharmacology, Manual of (Walter E. Dixon), eighth edition, 448
Pharmacopoeia, Extra, Martindale's, vol. i, twenty-first edition, 499
Phenanthrene, The Chemistry of Natural Products Related to (L. F. Fieser), 754
Physic and Fancy (Christopher Howard), 863
Physical Education and Homework (A. Sutcliffe and J. W. Canham), 1206
Physical Training, Anatomy and Physiology of (Major R. W. Galloway), 1206
Physiological Principles in Treatment (Sir Walter Langdon-Brown and Reginald Hilton), seventh edition, 390
Physiology. Chemical, Halliburton's Essentials of (edited by J. A. Hewitt and W. Robson) thirteenth edition, 124
Physiology: Evans' Recent Advances in, fifth edition (revised by W. H. Newton), 75
Physiology in Health and Disease (Carl J. Wigger), new edition, 560
Physiology, Human. A Practical Course (C. G. Douglas and J. G. Priestley), second edition, 1024
Post-mortem Appearances (Joan Ross), third edition, 970
Pregnancy Diagnosis. Le Chirurgien Devant l'Etat Puerperal. Grossesse. Accouchement. Suites de Couches (Marcel Metzger), 921
Pregnancy Diseases: Maladies des Femmes Encéintes (Henri Vignes), 391
Preventive Medicine (Mark F. Boyd) fifth edition, 666
Psychiatry, Historical Notes on (Early Times—end of 16th century) (J. A. Whitwell), 713
Psychiatry, Medical, Modern Discoveries in (Clifford Allen), 756
Psychiatry, Theory and Practice of (William S. Sadler), 448
Psychiatry. See also Mental
Psychology, Place of in the Medical Curriculum, and other Papers (Sir Walter Langdon-Brown, R. G. Macdonald Ladell, Frank Gray and F. G. Crookshank), 271
Public Social Services, seventh edition, 222
Radiological Diagnosis for Students and Practitioners, Manual of (Ivan C. C. Tchepareff), 811
Radiology of Dust Diseases. Röntgenatlas der Staublungenkrankungen der Ruhrbergleute (G. Schulte), 614
Radiology, Recent Advances in (Peter Kerley), second edition, 221
Reactions of the Human Machine (John Yerbury Dent), 559
Reid's Practical Sanitation, twenty-third edition, 1070
Renal Disease (Original Papers by Richard Bright), 810
Respiratory System, Modern Treatment of Diseases of the (A. Lisle Punch and F. A. Knott), 271
Retina: Le Décollement de la Retine et son Traitement (F. Terrien, Prosper Veil and M. A. Dollfus), 920
St. Thomas's Hospital Reports, second series, vol. i (edited by O. L. V. S. De Wesselow and C. Max Page), 612
Roentgen Interpretation. A Manual for Students and Practitioners (George W. Holmes and Howard E. Ruggies), fifth edition, 170
Roentgen. See also X-ray
Safe Childbirth. See Childbirth
Sanitation, Reid's Practical (revised and rewritten by John J. Buchan), twenty-third edition, 1070
Scalpel and Sword (Sir James Elliott), 664
Science: What Science Stands For (Sir John Boyd Orr, A. V. Hill, J. C. Philip, Sir Daniel A. Hall, and Lancelot Hogben), 1071

Reviews of Books (continued):

- "Science of Life" Series: How Animals Behave, 1072
Scientific and Technical Papers, Preparation of (Sam F. Trelease and Emma Sarepta Yule), third edition, 1026
Sex Life of Man and Woman (George Ryley Scott), 1026
Shot-Gun (T. D. Purdy and Captain J. Purdy), 560
Skin. See also Dermatology
Skull: A Roentgenographic Study of the Vascular Channels of the Skull, With Special Reference to Intracranial Tumours and Arterio-venous Aneurysms (Knut Lindblom), 124
Spiritual Healing, The Background of. Psychological and Religious (A. Graham Ikin), 1118
Spleen: La Ponction de la Rate (P. Émile-Weil, P. Tsch-Wall and Suzanne Perès), 123
Sportsman's Library: The Shot-Gun (T. D. Purdy and Captain J. Purdy), 560—Field Sports of Scotland (Patrick Chalmers), 560
Squint: Practical Orthoptics in the Treatment of (Keith Lyle and Sylvia Jackson), 1315
Squint Training (M. A. Pugh), 330
Surgery, Dental, for Medical Practitioners (B. A. Kopkin), 970
Surgery for Dental Students (Philip H. Mitchiner, Clement E. Shattock, Edward G. Slesinger and Cecil P. G. Wakeley), 664
Surgery, General, Textbook of (Warren H. Cole and Robert Eiman), 122
Surgery, General, Year Book of, for 1936 (edited by Evarts A. Graham), 331
Surgery, Operations of, vol. ii. The Abdomen (R. P. Rowlands and Philip Turner), 664
Surgery, Operative (Alexander Miles and D. P. D. Wilkie), second edition, 1258
Surgery, Orthopaedic, Elements of (N. Ross Smith), 1117
Surgery, Orthopaedic, Recent Advances in (B. H. Burns and V. H. Ellis), 862
Surgical Note-Taking: A Booklet for Surgical Dressers and Clerks Commencing Clinical Studies (Charles F. M. Saint), second edition, 921
Surgical Procedures: Techniques Chirurgicales (A. Gosset), 20
Sussex, Archaeology of (E. Cecil Curwen), 449
Syphilis sive morbus Humanus (Rear-Admiral Charles S. Butler), 1119
Tachycardia: Les Névroses Tachycardiques (L. Gallavardin and A. Tourniaire), 74
Tachycardia: Les Tachycardies et leur Traitement (Antonin Clerc), 74
Teeth of Animals, Variations and Diseases of the (Sir Frank Colyer), 390
Temperaments: When Temperaments Clash. A Study of the Components of Human Temperament (Murdo Mackenzie), 1316
Testicle, Diseases of the (Hamilton Bailey), 75
Therapeutics: L'Année Thérapeutique (A. Ravina), 970
Therapeutics: Traité de Thérapeutique Clinique, three vols. (Paul Savy), 500
Thyroid, The, Surgery, Syndromes, Treatment (E. P. Sloan), 222
Tissue Immunity (Reuben L. Rahn), 272
Tissues, Living, Metabolism of (Eric Holmes), 968
Toothful Essays (Edward Samson), 614
Traveller's Rest (Philip Gosse), 969
Treatment, Physiological Principles (Sir Walter Langdon-Brown and Reginald Hilton), seventh edition, 390
Tsetse Problem: Die Tsetsefliegen. Ihre Erkennungsmerkmale, Lebensweise und Bekämpfung. Ein Leitfaden für die Praxis (F. Zumpt), 861
Tuberculosis in Adults: Die Entwicklung der Lungentuberkulose des Erwachsenen (Wilhelm Kremer), 74
Tuberculosis, Early: Röntgenatlas Früh-tuberkulöser Veränderungen im Hilus (R. Czarnecki), 501
Unknown Murderer. See Murderer
Vade Mecum of Medical Treatment (W. Gordon Sears), 560
Venereal Diseases, Practical Methods in the Diagnosis and Treatment of (David Lees), third edition, 612
Vitamins and Other Dietary Essentials (W. R. Aykroyd), second edition, 391
Vitamins in Theory and Practice (Leslie J. Harris), second edition, 812
Vocational Guidance, Handbook of (C. A. Oakley and Angus Macrae), 969
Weight Reduction Diet and Dishes (E. E. Claxton), 1207
Who'd Be a Doctor? (Anthony Weymouth), 1026
Who's Who for 1937, 124
Williams' Obstetrics (Henricus J. Stander), seventh edition, 665
X-ray. See also Roentgen
Year Book of Dermatology and Syphilology, 1936 (edited by Fred Wise and Marlon B. Sulzberger), 1160
Year Book of the American Pharmaceutical Association, 1207
Year Book of the Eye, Ear, Nose and Throat, 1936, 810
Year Book of General Medicine, 1936, 614
Year Book of Local Government Administration, 666
Year Book of Surgery, General, for 1936 (edited by Evarts A. Graham), 331

- Revue Médicale Française* for December devoted to urology, 151
- REY, Jules Frederick, obituary notice of, 422, 535
- REYNOLDS, J. Russell : Hunterian lecture on movements of the digestive tract, 285
- Rheumatic fever, valvular lesions in (leading article), 978
- Rheumatic fever and vitamin C deficiency, 28
- Rheumatic fever. *See also* Fever
- Rheumatic heart disease in children, 1225
- Rheumatism, articular, acute, extra-articular manifestations in (A. Alfano), 802
- Rheumatism, Committee for Study and Investigation of : Blood sedimentation rates in rheumatoid arthritis, 778
- Rheumatism in general practice, 1056, 1352
- Rheumatism, juvenile, campaign against, 981
- Rheumatism, metabolic factor in, 40, 95, 144, 299
- Rheumatism, prevention of (leading article), 126
- Rheumatism, psychological factors in (James L. Halliday), 213 (O), 264 (O)—Correspondence on, 419, 529, 582, 640
- Rheumatism research in Leeds, 831
- Rheumatism research unit financed by Alexander Maclean, 1239
- Rheumatoid arthritis, blood sedimentation rates in (L'Estrange Orme), 778
- Rhodesia, Southern : Phthisis in (parliamentary note), 54
- RICE, John L. : Health of New York City, 505
- RICHARDS, W. Guyon : Appreciation of John Round, 1286
- RICHARDSON, Air Commodore Albert Victor John, C.B. conferred upon, 1041
- RICHARDSON, William, obituary notice of, 250
- Rickets, irradiated evaporated milk for prevention of (L. T. Davidson, K. K. Merritt and T. T. Chapman), 1156
- Rickets, renal, and the parathyroid glands, 620
- Rickettsia, new species of, 1031
- RICKMAN, John : The new *Journal* typography, 97
- RIDDELL, Robert George, obituary notice of, 642
- RIDE, Lindsay : Sedimentometers, 473—A bureau of geographical medicine, 525
- RIDOUT, Scott : Anaesthesia for nose and throat operations, 346
- RIENHOFF, William : *Principles and Foibles of Cancer. Research in Regard to Etiology and Nature*, rev., 558
- Ripley, Derbyshire : Small-pox at, 649
- RISAK, Erwin : *Der Klinische Blick*, rev., 1073
- RIST, E. : State employees and tuberculosis in France, 1133
- River pollution and water supplies, 770
- RIZZOLO, A. F. : Small-pox in the United States, 569
- Road accidents. *See* Accidents
- Road Traffic Bill, 251
- ROBERTS, Dorothy Mary, O.B.E. conferred upon, 1041
- ROBERTS, Harry : The new *Journal* typography, 147—*Medical Modes and Morals*, rev., 1024—Prevention of constipation, 1135
- ROBERTS, Henry Charles, obituary notice of, 689
- ROBERTS, John C. : Case of bronchostaxis, 1069
- ROBERTS, J. E. H. : Collapse therapy, 1265—Bronchiectasis in pulmonary tuberculosis, 1265
- ROBERTS, Norman : Treatment of fractures of the ankle, 240
- ROBERTS, R. E. : Cholecystography, 407
- ROBERTSON, Douglas : Recurrent extragenital haemorrhages, 245
- ROBERTSON, Frederick William, obituary notice of, 422
- ROBERTSON, Sir John, obituary notice of, 51
- ROBERTSON, Lieut.-Colonel John, obituary notice of, 196
- ROBEY, M. (and H. VIGNES) : *Période de Fécondité et Période de Stérilité chez la Femme*, rev., 1026
- ROBINSON, Henry : "Nightmare's nest." London seen in an inferno, 821
- ROBSON, J. M. (and S. J. PATERSON) : Progesterone in pre-eclamptic toxæmia, 311 (O);—Physiology of the endometrium and uterine muscle and of the ovarian cycle, 512, 566
- ROBSON, W. (and J. A. HEWITT, editors) : *Halliburton's Essentials of Chemical Physiology*, thirteenth edition, rev., 124
- ROBYNS-JONES, J. (and F. HOPKINS) : Psychosis associated with atropine administration, 663
- ROCHE, Alex. E. : Frequency of micturition in the adult, 37
- ROCHE, Redmond : The College of Surgeons and its members, 45—Angioneurotic oedema of the tongue, 585
- Rockefeller Foundation : Give a further research scholarship to the Institute of Medical Psychology, 514—Give the Medical Research Council money for Travelling Medical Fellowships, 762
- ROCKEFELLER, John D., death of, 1125
- Rockefeller millions (leading article), 1125
- RODGER, Alec : *A Borstal Experiment in Vocational Guidance*, 761
- RODGER, Lieut.-Colonel John, O.B.E. conferred upon, 1041
- RODGER, T. Ritchie : Otitis media in early childhood, 1083
- ROE, C. W. : Physical education in schools, 134
- Roentgenology, review of book on, 170. *See also* X-rays
- ROGERS, Lambert : Appreciation of Sir John Bland-Sutton, 102
- ROGERS, Sir Leonard : Appreciation of Lieut.-Colonel Sir David Semple, 147
- ROLLESTON, Sir Humphry (editor) : *The British Encyclopaedia of Medical Practice, including Medicine, Surgery Obstetrics and Gynaecology and other Special Subjects*. Vol. II : *Apraxia—Carriers of Infective Disease*, rev., 220. Vol. III : *Cataract to Diaphragm*, rev., 1205—Accepts chairmanship of the medical board of the Eichholz Clinic, 571—History of endocrinology, 1033
- ROLLESTON, J. D. : Epidemiology of Weil's disease, 521—*FitzPatrick Lectures for 1935 and 1936. The History of the Acute Erythematosa*, rev., 1025
- RONALDSON, Surgeon Captain James Bruce, O.B.E. conferred upon, 1041
- ROOK, Wing-Commander Alan Filmer, O.B.E. conferred upon, 1041
- ROSS, J. Crosbie : Treatment of prostatic obstruction, 243—The Harris operation in prostatectomy, 293
- ROSS, Joan : *Post-mortem Appearances*, third edition, rev., 970
- ROSS, Paterson : Injuries of peripheral nerves, 348
- ROSS, T. A. : Psychological factors in rheumatism, 582—Mental disorder following head injury, 880—The psychological approach, 1332
- ROTH, Paul Bernard : Compulsory pasteurization of milk, 786
- ROUND, John, obituary notice of, 1234, 1286
- ROUTLEY, T. C., his visit to England, 818
- ROUX, J.-Ch. : Different reactions to similar surgical interventions, 1248
- ROWE, Joseph Hambley, obituary notice of, 1096
- Rowett Institute for Research. *See* Research
- ROWLANDS, J. S. : Circumcision clamp, 223
- ROWLANDS, John William, obituary notice of, 475
- ROWLANDS, R. P. (and PHILIP TURNER) : *The Operations of Surgery*. Vol. II, *The Abdomen*, rev., 664
- ROWNTREE, Cecil : Cancer of the breast, 153 (O), 297
- ROWNTREE, Seeborn : *The Human Needs of Labour*, 1074
- ROY, S. C. (and R. B. LAL) : Epidemiology of epidemic dropsy, 1110 (O)
- Royal Army Medical Corps. *See* Army, British
- Royal Commissions and Inquiry Committees (parliamentary note), 368
- Royal Eastern Counties' Institution, Colchester : Research into the physical, psychological and genetic aspects of mental deficiency, 1278—Grant from Rockefeller Foundation, 1278—*A Survey of Mental Ability in a Rural Community* (M. V. Matthews, D. A. Newlin and L. S. Penrose), 1322
- Royal Faculty of Physicians and Surgeons of Glasgow : Fellows admitted, 151, 944, 1050, 1294
- Royal Institute of Public Health : Harben gold medal awarded, 1007
- Royal Sanitary Institute Congress. *See* Congress
- ROYER, Tricot : Number of doctors in Belgium, 55
- ROYSTER, H. A. : *Medical Morals and Manners*, rev., 1259
- RUGGLES, Howard E. (and George W. HOLMES) : *Roentgen Interpretation. A Manual for Students and Practitioners*, fifth edition, rev., 170
- Rural health in the Southern States, 1027
- RUSS, Sidney (F. D. HOWITT and E. C. PILLMAN-WILLIAMS) : Internal radon therapy, 208 (O)—Radio-active thermal waters, 464
- RUSSELL, A. Wilson : Diphtheria immunization with A.P.T., 887
- RUSSELL, Audrey E. : Trachoma from Spain, 1174
- RUSSELL, Dorothy : Neurological sequelae of spinal anaesthesia, 681
- RUSSELL, E. A. H., appointed Serving Brother of the Order of St. John of Jerusalem, 166
- RUSSELL, H. B., King George VI's coronation medal conferred upon, 1143
- RUSSELL, Colonel H. H. E., appointed Officer of the Order of St. John of Jerusalem, 166
- Russia, Soviet : Typhus fever in, 693—Small-pox in, 693—Experiment in social hygiene ; campaign against prostitution and venereal disease in (E. H. Cluver), 1120—Visit of Le Play Society to, 1312
- RUTHERFORD, R. : Auditory nerve section in Ménière's disease, 660 (O). 941—Carcinoma of rectum in a youth of 18, 860—Blood transfusion in obstetrics, 996
- RYALL, Dame Frances Mary, estate and bequests of, 217
- RYAN, H. Trevor : Nephritis following gastric ulcer therapy, 430
- RYAN, Major John Milo, obituary notice of, 476
- RYAN, Patrick : Convicted of imposture, 644
- RYLE, John Alfred, elected to a professional fellowship at Gonville and Caius College, 150—Experimental and laboratory training in medical education, 287—Appointed Physician Extraordinary to the King, 532—A civilian ambulance service, 635—Medical Peace Campaign, 1092—Air raid precautions, 1230
- RYAN, John E. : Cancer of the breast, 1045
- St. John of Jerusalem, Order of : Promotions and appointments, 166—Mobile x-ray service, 1335
- SACHS, Bernard : *Keeping Your Child Normal*, rev., 331
- SACKS, George : Cancer cells and revolutionary groups, 482
- SADLER, William S. : *Theory and Practice of Psychiatry*, rev., 448
- SAETHER, H. Meinicke's reaction, 286
- Safety conference, industrial, 845
- Safety-glass (parliamentary note), 1187
- SAGRAMI, His Highness Maharaja Shri Sir Bhagwatsinhji, G.C.S.I. conferred upon, 276, 283
- SAINSBURY, Harrington, obituary notice of, 102
- SAINT, Charles F. M. : *Surgical Note-Taking. A Booklet for Surgical Dressers and Clerks commencing Clinical Studies*, second edition, rev., 921
- SALAMA, Issa : Streptococcal tonsillitis and cervical cellulitis treated with protosil, 941
- Salicylsin liniment, 331
- Salicylsin ointment, 331
- Saline infusion, continuous intravenous (Hamilton Bailey, Wilfred L. B. Stringer and Kenneth D. Keele), 552 (O)—Correspondence on, 636, 694
- Saline, intravenous, continuous, interceptor and regulator for (Hamilton Bailey), 1259
- Saliva in diphtheria. *See* Diphtheria
- SALKELD, Ross : Intranasal ionization by electro-therapists, 835
- SALLICK, M. : Acute perforated peptic ulcer treated by simple suture alone, 700
- SALTER, Sir Arthur, elected M.P. of Oxford University, 535
- SAMSON, Edward : *Toothful Essays*, rev., 614
- SAMUEL, Henry Thomas, obituary notice of, 421
- Sanatoria, the earliest in England, 104
- Sanatorium, King Edward VII, Midhurst : Report, 1128
- Sanatorium, Westmorland Consumption, origin of, 999
- SANDER, G. M. : Modern treatment of fevers, 353
- SANDER, Frederick, obituary notice of, 1180
- SANGUINETTI, Harold H. : The defence in medical negligence cases, 138—Cancer of the breast, 583
- Sanitation, review of book on, 1070
- Sarcoma, osteogenic (W. H. Ogilvie), 186
- Sarcoma. *See also* Cancer and Malignant
- Sardinia, tour in, 793
- SARGANT, William (and ERICH GUTTMANN) : Observations on benzidine, 1013 (O)
- SARGENT, R. M. : Bilharzial invasion of appendix, 663
- SARRA, William Henry, obituary notice of, 1098
- SAUNDERS, George M. (and Dahlia WHITBOURNE) : Syphilis among school children of Kingston, Jamaica, 1108 (O)
- SAVAGE, W. G. : Dangers of infected milk, 518
- Save the Children Fund welcomes the Factories Bill, 1210
- SAVILLE, Henry William Brooks, obituary notice of, 1181
- Savy, Paul : *Traité de Thérapeutique Clinique*, three volumes, rev., 500
- SAW, Major Francis Albert, obituary notice of, 1350
- SCANLAN, Lieut.-Colonel Arthur de Courcy, obituary notice of, 589
- SCARFF, R. W. : Malignant bone tumours, 186
- Scarlet fever. *See* Fever
- SCHOENMAKER, J. : Surgery of gastro-duodenal inflammation, 237
- SCHADE, H. : *Die Molekularpathologie der Entzündung*, rev., 123
- Schick toxin, a new stabilizer for (A. T. Glenny and Muriel F. Stevens), 709 (O)
- Schizophrenia, insulin shock treatment of (E. H. Larkin), 745 (O)
- SCHLESINGER, Bernard : Exanthema subitum, 298—Maternity and child welfare, 1217
- SCHMIDT, F. : Diagnosis of influenza, 262
- Scholarship Trust, Dickinson, 779
- Scholarships Board, Inter-Collegiate, 643
- School child, health of the : Annual report of Chief Medical Officer to the Board of Education, 34
- School children, London, medical treatment of, 413
- School children, nutrition of (parliamentary note), 368. *See also* Nutrition
- School children, ophthalmic treatment of (parliamentary note), 1342
- School dental inspection (parliamentary note), 1239
- School children, medical examinations in (Glasgow (parliamentary note), 1344
- School medical inspection and treatment, expenditure on (parliamentary note), 948
- School medicine. *See* Schools, public
- School for psychoneurotic girl, 55
- School for the blind, deaf, etc., revised list, 1294
- Schools, canteens in, provision of (parliamentary note), 950
- Schools, nursery (parliamentary note), 845
- Schools, nursery, for distressed areas, 56
- Schools for the physically defective, 363. *See also* Physically
- Schools, public, proposed medical scheme for, 194, 358
- Schools, "slum," they must go, 276
- SCHROETER, Leopold von, centenary of, 228, 310, 430
- SCHUBERT, M. : Lichen sclerosus atrophicus, 491
- SCHULTE, G. : *Röntgenatlas der Staublungenkrankungen der Ruhrbergeute*, rev., 614
- SCHULTZ, Werner : *Infektionskrankheiten*, rev., 331
- SCHUSTER, Norah : Problems of blood transfusion, 1329

Sciatica and the lumbo-sacral vertebrae (Norman Capener), 406
Science and Building Exhibition, London (1937), 481, 569
Science comes to the house, 568
Science, review of book on, 1071
Scissors, ophthalmic trephine (J. Edward Martin), 223
SCLARE, I. M.: Hypo-adrenalism and pellagra, 1249 (O)
Scleroderma, surgical treatment of, 1270
Sclerosing submucosal infection of the turbinates. *See* Turbinates

Scotland:

ABERDEEN:
New professor of pathology, 190—Honorary medical graduates, 831—Lecture in psychopathology at, 1043
Adler, Alfred, the late, 1227
Animal diseases, research in, 1333
Association of Physicians of Great Britain and Ireland, 885
Astley Ainslie Institution, 1278
Board of Control, report, 791, 885
Carnegie Trust for the Scottish Universities, 411
Child Welfare in Fife, 1334
Children and Young Persons (Scotland) Bill, 598, 1050, 1142, 1287
Crichton Royal Institution, 634
Diet and health, 780
Divorce (Scotland) Bill, 428, 589, 645, 895
Dundee Mental Hospital, 468
Dunfermline, annual report of M.O.H., 995

EDINBURGH:

Birth control conference in, 831, 990
Deaconess Hospital, 1043
Dental Hospital, 729
Dental Students Society, 412
Diphtheria in, 90
Elsie Inglis Memorial Maternity Hospital, 728
Hospital for Sick Children, 1278
Hospitals of, Lord High Commissioner's visits to, 1132
Medical curriculum, reform of, debate on, 1040
Mortality, maternal, rates (parliamentary note), 309
Post-graduate courses, 781
Royal Edinburgh Mental Hospital, 679
Royal Infirmary, 89, 296, 780
Royal Maternity and Simpson Memorial Hospital Order Confirmation Bill, 895, 946, 996, 1003—Royal Assent to, 1003
Royal Medical Society, 524
Students' Union, 295
University Hall, Jubilee of, 780
Women Citizens' Association: Diet in relation to health, 780

Ether anaesthesia, discoverer of, 831
Falkirk Infirmary, 885
Food, policy, National Scottish, 295

GLASGOW:

Health and school clinics in, 468
Housing in (parliamentary note), 53
Infant Health Visitors Association, 468
Maternal death rate in, 684
Maternity work in, 191
Milk pasteurization, compulsory, in, 926
Mortality, maternal, rates (parliamentary note), 309
Post-graduate courses, 1173
Royal Infirmary, 524
Royal Maternity and Women's Hospital, 579
Royal Mental Hospital, 680
Royal Samaritan Hospital for Women, extension of services of, 831
School medical examinations in (parliamentary note), 1344
University. *See* University in General Index
Vacation courses for students, 728
West of Scotland Neuro-Psychiatric Research Institute, 1173
Western Infirmary, 89, 356

Hastings Lecture, 356

Health Department: Appointments, 579—Resignation, 38—Annual report, 726, 823—(parliamentary note), 736
Highlands and Islands, consultant physician for, 296
Highlands and Islands, distress in (parliamentary note), 53
Housing conditions, "scandal" of (parliamentary note), 1343
Housing in (parliamentary note), 736, 1239, 1343, 1344
Infectious disease, hospital treatment of, 995
Insane, certified, in Scottish Mental Institutions (parliamentary note), 12, 363
Insurance, National Health (Medical Benefit) Amendment Regulations (Scotland), 1937, 1341
Leith Hospital, 832
Local Government (Financial Provisions) (Scotland) Bill, 536
Local Government (Scotland) Act, 536
Lunacy in, 885
Mackenzie Institute for Clinical Research: report, 38

Scotland (continued):

Maternal mortality. *See* Mortality
Maternity homes, Scottish nursing staff (parliamentary note), 429
Maternity Service (Scotland) Bill, 251, 365, 423, 424, 479, 841, 895, 949, 1006, 1050
Meals, free, to school children (parliamentary note), 648
Mental defectives, provision for, 1227
Mental deficiency, problems of, 1333
Mental illness, research into causes of, 473
Mental out-patient clinics in (parliamentary note), 648
Methylated Spirits (Scotland) Bill, 365, 480, 589, 645, 791, 841, 895, 948, 1003, 1235, 1238
Midwives Board, Central, 525
Mortality, infant (parliamentary note), 538
Mortality, maternal, rates (parliamentary note), 309
Nursing, district, in Scotland, 39
Overcrowding in (parliamentary note), 949
Perth Royal Infirmary, 635
Physical fitness in, 190, 780
Portobello doctor, presentation to, 1132
Ports, Scottish, health of, 1226
Princess Margaret Rose Hospital, 635
Psychiatric wards in general hospitals, 635
Public health laws, Scottish (parliamentary note), 538
Public Records (Scotland) Bill, 306
St. Andrews: James Mackenzie Institute for Clinical Research, report, 38—Chair of Dental Surgery at, 356
University. *See* University in General Index
Tuberculosis, Anti-tuberculosis campaign in, 1173
Tuberculosis control in (Ernest Watt), 1038
Tuberculosis, expenditure on (parliamentary note), 1239
Tuberculosis Trust, Royal Victoria Hospital, 1132, 1173
Unemployment Assistance (Scotland) Act, 536
Universities, Scottish, grants to: Inquiry Committee (parliamentary note), 950
Vacation courses for students, 728
Vivisection of Dogs, Prohibition of (Scotland) Bill, 841
Water supply investigation in (parliamentary note), 1055

SCOTT, A.: A warning, 1056

SCOTT, Bernard, obituary notice of, 839

SCOTT, C. E.: Otitis media in early childhood, 1084

SCOTT, G. Laughton: Metabolic factor in rheumatism, 95

SCOTT, George Ryle: *The Sex Life of Man and Woman*, rev., 1026

SCOTT, George Waugh, O.B.E. conferred upon, 1041

SCOTT, McNair: Otitis media in early childhood, 1085

SCOTT, Marshall: Modern advances in obstetrics, 1222

SCOTT, Philip Geoffrey, awarded the Geoffrey E. Duveen Travelling Studentship in Oto-rhino-laryngology, 305

SCOTT, S. Gilbert: Cancer of the breast, 297

SCOTT, Sydney: Anaesthesia for nose and throat operations, 346

SCOTT, W. McD.: Dangers of infected milk, 519

Scurvy, 96

Sea bathing, discussion on, 877

SEARLE, Captain Charles: Cure for chilblains? 482

SEARS, W. Gordon: *Vade Mecum of Medical Treatment*, rev., 560

Seashore, climato-physiological investigations at (Otto Kestner), 555 (O)

Seasickness, remedy for, 55

Second-best (leading article), 1268

Secretion, gastric, relation between pituitary secretion and (R. L. Noble and E. C. Dodds), 629

Secretion, pituitary, control of, 226

Secretion, pituitary, relation between gastric secretion and (R. L. Noble and E. C. Dodds), 629

Sedimentometer, multiple tube (J. W. Shackle and C. L'Estrange Orme), 921

Sedimentometers, 473

"Seedlax," 1259

Sein, Min.: Intra-epidermic vaccination, 1177

SELLARDS, Andrew W.: Laveran gold medal of the Société de Pathologie Exotique of Paris conferred upon, 151

SEMPLE, Lieut.-Colonel Sir David, obituary notice of, 147, 202—A correction, 202

Sepsis, nasopharyngeal, in 2,056 cases of mental disorder (Thomas Chivers Graves), 483 (O)—Correspondence on, 637

Sepsis, puerperal, prontisol album in (M. A. Foulis and John B. Barr), 445 (O)

Sepsis, puerperal. *See also* Puerperal

SEQUEIRA, J. H.: Reprints of papers, 890

SERGEANT, Edmond, elected a non-resident member of the Académie des Sciences, 151

Serum for influenza, 140, 192. *See also* Influenza

Serum institute, national, in Ireland, need for (C. J. McSweeney), 883

Serum proteins, classification of, 846

Serum treatment of tetanus (H. G. Dowler), 809

Serum treatment of typhoid fever. *See* Fever, enteric

SEWARD, Charles: Severe hyperthyroidism, 1085

Sex functions, centres for, 509

SEYMOUR, Frances: Artificial insemination, 98

SÉZARY, A.: Lichen planus treatment with stovair-ol, 1227

SHACKLE, J. W.: Blood sedimentation rates in rheumatoid arthritis, 778—A multiple tube sedimentometer, 921

SHARMAN, Albert (and H. L. SHEEHAN): Endometrial biopsy, 965 (O), 1102—A correction, 1102

SHARP, Oliver B.: Psychological factors in rheumatism, 419

SHATTOCK, Clement E. (Philip H. MITCHNER, Edward G. SLESINGER and Cecil P. G. WAKELEY): *Surgery for Dental Students*, rev., 664

SHAW, Maurice: Diseases of the colon, 631

SHAW, Peter: Why "nocifensor"? 838

SHAW, W. Fletcher: Full-term extra-uterine pregnancy, 775—Varicocele in the female, 775—The interposition operation, 777

SHAW, William Vernon, obituary notice of, 250—Report on the Bournemouth typhoid fever outbreak, 1182

SHEEHAN, Donal, appointed Senior Professor of Anatomy at the College of Medicine in the University of New York, 55

SHEEHAN, H. L. (and Albert SHARMAN): Endometrial biopsy, 965 (O), 1102—A correction, 1102

Sheffield Corporation Bill, 645

SHERA, Geoffrey (and E. H. RAINEY): Triple pregnancy with extra-uterine twins, 610—Death following blood transfusion, 686

SHERIDAN, M. R.: Wax solvents, 594

SHERINGTON, Sir Charles, elected honorary doctor of the University of Athens, 1351

SHERWIN, Colonel J. A. H., appointed Commander of the Order of St. John of Jerusalem, 166

SHIELDS, Clive: *Hay Fever. With Special Reference to Treatment by Intranasal Ionization*, rev., 713—(And Lionel D. BAILEY): Treatment of hay fever by intranasal zinc ionization, 808 (O)—Technique of ionization, 1046

Shiga and dysentery, 761

Ships, merchant, welfare of crews on (parliamentary note), 890. *See also* Merchant

SIBLEY, Brevet-Colonel Herbert John, appointed a Deputy Lieutenant for the County of London, 649

Shock, anaphylactic, and histamine, 871

Shock, a curative, 694

Shock, insulin. *See* Insulin

Short-wave therapy, 1008, 1102, 1144, 1352

SHREWSBURY, J. F. D. (and J. BARSON): Cultivation of mycobacteriosis from human sputa, 1154 (O)

SHRYOCK, Richard Harrison: *The Development of Modern Medicine. An Interpretation of the Social and Scientific Factors Involved*, rev., 613

SIBILLA, D.: Relapsing fever among the coloured troops in Addis Ababa, 1218

SIEGER, Albert Sophron, obituary notice of, 642

Sigmoidoscope, operating (A. Dreiffuss), 125

Sigmoidoscope, in tropical practice (P. Manson-Bahr and Lieut.-Colonel A. G. Biggam), 577

SIGNY, A. G.: Congenital syphilis, 351

SILCOCK, F. A. E.: Herpes zoster and varicella, 900

Silicosis, causes of (parliamentary note), 1006

Silicosis in coal miners (parliamentary note), 845

Silicosis in coal mines (Paul C. Davie), 791—(Wragg v. Samuel Fox & Co.), 791

Silicosis compensation and coalowners (parliamentary note), 1187

Silicosis, deaths from, 371, 429

Silicosis, experimental, 620

Silicosis, parliamentary notes on, 200, 371, 429, 1187

Silicosis, prevention of, 95, 194, 298, 420, 474, 586, 686, 838

Silicosis and respiratory poisons, 361. *See also* Poisons and Respiratory

SILVER, A. L. Leigh: Blood transfusion fatalities, 95

Silver pectate in treatment of trichomonas vaginitis (W. Neville Mascall), 1115 (O)

SIMON, Sir E. D.: *Moscow in the Making*, rev., 812

SIMON, PHILIP: Accidental avulsion of flexor tendon, 1140

SIMPSON, G., appointed Serving Brother of the Order of St. John of Jerusalem, 166

SIMPSON, Graham: Technique in knee-joint operations, 1088

SIMPSON, Sir James Young, 87—And chloroform, 196

SIMPSON, R. E. Hope: Hermaphroditism, 939

SIMPSON, S. Levy: Benzederin, 93—Physiology of the adrenal gland, 229—Mental disorder and the endocrines, 406—*Medical Diagnosis. Some Clinical Aspects*, rev., 861

SIMPSON-SMITH, A.: Effects of prolonged dorsal decubitus, 628

SINCLAIR, Arthur H. H., appointed Surgeon Oculist to the King in Scotland, 532

SINCLAIR, H. M., elected to a Radcliffe Fellowship at Oxford, 588

SINCLAIR, Neil: The defence in medical negligence cases, 138

SINCLAIR, Robert: *Metropolitan Man. The Future of the English*, 821, 941

SINCLAIR, Colonel Thomas: Renominated Crown Nominee on the General Medical Council, 729, 793

SINDONI, Anthony M.: *Diabetes: A Modern Manual*, rev., 1073

SINGER, Charles: The new Journal typography, 97

SINGER, Edward: *Fasciae of the Human Body and Their Relations to the Organs They Develop*, rev., 272

SINGTON, Harold: Anaesthesia for nose and throat operations, 346

SINTON, Colonel J. A.: Kala-azar in the Sudan, 91

Sinusitis, nasal, in children (leading article), 24—Correspondence on, 357

SISTI, M. A.: Bronchial asthma treated by pneumoperitoneum, 68

Skeletal muscle. *See* Muscle

- Skiagram or radiograph, 641, 687, 731, 786, 890
Skin diseases, antileprol injections in (S. Lomholt), 285
Skin disinfection, 871
Skin. *See also* Dermatology
SKOTOWE, Ian: Temporary treatment in mental hospital practice, 418
Skull, review of book on, 124
Sleep, broken, in middle age, 649, 738, 794
Sleep for children, insufficient, 531
Sleep rolling, 694, 794, 900
SLESINGER, Edward G. (Philip H. MITCHNER, Clement E. SHATTOCK, and Cecil P. G. WAKELEY): *Surgery of Dental Students*, rev., 664
SLOAN, E. P.: *The Thyroid. Surgery, Syndromes, Treatment*, rev., 222
SLOT, Gerald: The defence in medical negligence cases, 138
Slum clearance, extension of subsidies (parliamentary note), 736
Slum schools. *See* Schools
SMALLMAN, A. B.: *Cancer: Memorandum on Provision of Radiotherapeutic Departments in General Hospitals*, 932
Small-pox at Oldham (parliamentary note), 252
Small-pox at Ripley, Derbyshire, 649
Small-pox in Soviet Russia, 693
Small-pox statistics (parliamentary note), 1054
Small-pox in the United States (A. F. Rizzolo), 569
SMART, David, obituary notice of, 840
SMART, Sir Morton, appointed Manipulative Surgeon to the King, 532—What is osteopathy? 1138
SMILLIE, I. S.: Lion forceps for hallux valgus operation, 971
SMITH, Andrew, obituary notice of, 1098
SMITH, B. T. Parsons: Sudden death, 881
SMITH, C. M.: Public health notes on milk, 295
SMITH, Edwin: Anaesthetic deaths, 881
SMITH, E. Lester: Calciferol, 830
SMITH, Sir Grafton Elliot, obituary notice of, 99, 149, 254
SMITH, G. Francis: Dermatitis of the feet, 254
SMITH, H., appointed Officer of the Order of St. John of Jerusalem, 166
SMITH, May: Application of psychology to industrial problems, 253, 503
SMITH, N. Ross: *Elements of Orthopaedic Surgery*, rev., 1117—Correspondence on above review, 1229
SMITH, Lieut.-Colonel Paul Herbert, O.B.E. conferred upon, 1041
SMITH, R. Cove: Healthy holidays for the people, 877
SMITH, Ronald: Management of the undescended testicle, 936
SMITH, R. Wayland: Fracture of neck of right femur associated with fibrocystic disease, 632
SMITH, S. Watson: Wintering in England, where Bournemouth is indicated, 627
SMITH, Sydney: Reform of the medical curriculum, 1040
Smith-Petersen nail, modification of (C. E. Kindersley), 1119
Smoke abatement, report, 1086—Change of Society's address, 1294
Smoke for industrial undertakings (parliamentary note), 1344
Smokes, poisonous, and electro-filters (parliamentary note), 950
Snare, tonsil, new (Geoffrey H. Bateman), 1073
Social hygiene, an experiment in. The campaign against prostitution and venereal disease in the U.S.S.R. (E. H. Cluver), 1120
Société de Pathologie Exotique of Paris: Laveran gold medal conferred, 151
Society of Apothecaries. *See* Apothecaries
Society, Argentine, of the History of Medicine, formation of, 1042
Society, Assurance Medical: Cancer and the expectation of life, 333
Society, Belgian, of Gynaecology and Obstetrics: Offers prize for best work published on gynaecology for the last four years, 467
Society, Bombay Obstetric and Gynaecological: External version for breech presentations, 706
Society, British Gymnastic: Gymnastic demonstration, 412
Society, British Psychological: *Medical section*, "The frontiers of psychotherapy," 349—Hypnosis, suggestibility, and progressive relaxation, 992—The relations between dissociation and repression, 1169
Society, Charity Organization: "Mothers of Britain, Estimates of their Efficiency," 1123
Society, Derby Medical: Infective hepatic jaundice, 67—Fracture of the neck of the right femur associated with fibrocystic disease, 632—Diagnosis of paratyphoid B infection, 632
Society, Devon and Exeter Medico-Chirurgical: Anxiety, 92—The lumbo-sacral vertebrae and sciatica, 406—Influenzal mastoiditis, 1085—Severe hyperthyroidism, 1085—Modern advances in obstetrics, 1222—Habitual abortion, 1223—Toxaemias of pregnancy, 1223
Society, Eastbourne Medical: On surgical diagnosis, 1
Society, Edinburgh Dental Students: Annual clinical at home, 412
Society, Edinburgh Obstetrical: Placenta praevia, 578—Caesarean section, 579
Society, Edinburgh Royal Medical: Bicentenary of, 524
Society, Eugenics: Heredity *versus* environment: a false antithesis, 238
Society, Euthanasia Legalisation, Voluntary: First annual meeting, 522
Society, Ex-Services Welfare: Annual conference, 1216
Society, French, of Cardiology, foundation of, 1295
Society, German, of Baineology and Climatology, Breslau (1937), 592
Society, Harveian, of London: Buckston Browne dinner, 1279
Society, History of Science: *Isis*, Contents of March number, 1083
Society, Hungarian, of Public Health: Fiftieth anniversary of the foundation of, 151
Society, Hunterian: Frequency of micturition in the adult, 37—Surgery of gastro-duodenal inflammation, 237—The Hunterian tradition, 461—Gold medal for essay, 693
Society, Industrial Welfare: Treatment of fractures, 679
Society, London and Counties Medical Protection: Annual meeting, 1328
Society, London Medical Graduates. *See* Society, University of London
Society, Manchester Medical: Industrial diseases, 37—Haemorrhagic diathesis, 467—Neoplasm of the colon, 882
Society, Manchester Medico-Legal: Inaugural dinner, 945
Society, Manchester Pathological: Classification of the glycosurias, 105—Pathology of arterial thrombosis, 683—Epithelial tumours of the bladder, 937
Society of Massage and Medical Gymnastics, The Chartered: Issues a *Directory of Members*, 152
Society, Medical, of Individual Psychology: Annual dinner, 237—Emotion in childhood, 682—Psychology of puberty, 881—The psychological approach, 1332
Society, Medical, of London: Opening of session, 39—Experimental and laboratory training in medical education, 287—Treatment of facial paralysis, 402—Lettsomian lectures on surgery of the thyroid gland, 460—Aetiology and diagnosis of jaundice, 517—Annual dinner, 572—Effects of prolonged dorsal decubitus, 628—Occupational diseases, 700—Annual oration: Perspective and poise in practice, 1057
Society of Medical Officers of Health: *Fever Hospitals Group*: Acute enteritis, 409—The heart in diphtheria, 1331
Society, Medical Sickness, Annuity and Life Assurance: Annual meeting, 1129
Society, Medical Superintendents': Annual dinner, 693
Society, Medical, of Vienna: Centenary of the foundation of, 103, 793
Society, Medico-Legal: Silicosis in coal mines, 791—(Wragg v. Samuel Fox & Co.), 791—Blood-groups and non-paternity, 991
Society, Midland Gynaecological and Obstetrical: Left iliac fossa pain in women, 352—Three separate causes of ante-partum haemorrhage occurring simultaneously, 610
Society, Midland Mental Pathological: Annual meeting, 727—Some features of chronic epidemic encephalitis (lethargia), 727
Society, North of England Obstetrical and Gynaecological: Rupture of the uterus, 291—Labour obstructed by pelvic kidney, 291—Cystic degeneration of the endometrium, 408—Hormone therapy in gynaecology, 408—Full-term extra-uterine pregnancy, 775—Varicoele in the female, 775—Locked twins, 776—Malignant tumours in a child, 776—The interposition operation, 777—Mucocele of the appendix, 777—Distension of the foetal bladder, 993—Intestinal obstruction caused by adenomyoma, 993
Society, North of England Ophthalmological: Assessment of disability in miner's myasthenia, 410
Society, Nottingham Medical: Infective hepatic jaundice, 67
Society, Ophthalmological: *Transactions*, vol. lvi, rev., 666
Society, Ophthalmological, of Egypt: Treatment of trachoma, 1077
Society, Osler: The adrenal cortex, 1194, 1221
Society, Oxford Medical: Cancer of the breast, 153
Society, Pathological: Research on influenza, 128
Society, Pathological, of Japan: *Transactions*, 1936, rev., 21
Society, Pharmaceutical: Report on research work done in the College, 511—Biological study of drugs and foods, 511
Society, Physical: Annual exhibition, 140
Society of Public Analysts and other Analytical Chemists: Alkaloids of ergot, 631—Annual meeting, 631—Properties of calciferol, 830
Society of Radiographers: Annual dinner, 463
Society, Red Cross, British: The Queen assumes the office of President, 397—Mobile x-ray service, 1335—International bazaar, 1351
Society for Relief of Widows and Orphans of Medical Men: Report of meetings, 190, 899, 1225—Annual meeting, 1225
Society, Research Defence, 1167—Stephen Paget Memorial Lecture, 1167, 1318
Society, Royal: Conversazione, 981—Acclimatization to high altitudes, 991—Admission of Fellows, 1032
Society, Royal, of Arts: Albert Medal awarded, 1216—Biochemistry of milk secretion, 1224
Society, Royal, of Edinburgh: David Anderson-Berry Gold Medal as prize offered for best work on the nature of x rays, 340
SOCIETY, ROYAL, OF MEDICINE:
 Section of Anaesthetics.—Anaesthetics for nose and throat operations, 345—Anaesthetics in the United States and Canada, 630
 Section of Comparative Medicine.—Nutrition and infectious disease, 773
 Section of Epidemiology and State Medicine.—The hospital statistician, 237—Epidemiology of Weil's disease, 520—Active immunization against diphtheria, 826—Air conditioning, 1171
 Section of Laryngology.—Anaesthetics for nose and throat operations, 345
 Section of Medicine.—Cause and management of congenital heart disease, 289—Mental disorder and the endocrines, 404—Dangers of infected milk, 518—Air conditioning, 1171
 Section of Neurology.—Neurological sequelae of spinal anaesthesia, 680
 Section of Obstetrics and Gynaecology.—Uterine prolapse, 465—Self-administration of nitrous oxide in labour, 466—Ocular changes in pregnancy, 467—Spa treatment in gynaecology, 725
 Section of Odontology.—Oral infections, 724
 Section of Ophthalmology.—Experimental staining of the retina in life, 129
 Section of Orthopaedics.—Ununited fractures, 575
 Section of Otolaryngology.—The renaissance of otology, 1076—Otitis media in early childhood, 1083
 Section of Physical Medicine.—Radio-active thermal waters, 464—Spa treatment in gynaecology, 725
 Sub section of Proctology.—Diseases of the colon, 1129
 Section of Psychiatry.—Mental disorder and the endocrines, 404—Mental disorder following head injury, 879
 Section of Radiology.—Malignant bone tumours, 186—Irradiation, pre- and post-operative, in malignant disease, 573
 Section of Surgery.—Injuries of peripheral nerves, 347—Irradiation, pre- and post-operative, in malignant disease, 573
 Section of Therapeutics and Pharmacology.—Protamine insulin, 187—Extracts of liver and yeast in macrocytic anaemia, 629—Relation between pituitary and gastric secretion, 629—Hyperthyroidism and the thyrotrophic hormone of the pituitary, 1276
 United Services Section.—Fungus infection of the feet, 936
 Section of Urology.—Transurethral resection of the prostate, 901—The bladder in spinal injuries in war, 934—Management of the undescended testicle, 935
Society, Royal Medico-Chirurgical, of Glasgow: Oesophageal surgery, 38—Cardioplasty, 38—Blood phosphatase in bone disease, 91—X-ray dosage in cancer, 91—Biomicroscopy of the fundus oculi, 578—Lecture-demonstration of various appliances to improve the vision in amblyopia, 578—Nystagmus, 578—Traumatic radial paralysis, 777—Hip lesions, 777—Rapid histology in diagnosis, 777—Hyperthyroidism and the basal metabolism, 778
Society, Royal Surgical Aid, note on, 937
Society, Royal, of Tropical Medicine and Hygiene: Kala-azar in the Sudan, 90—Onchocerciasis and blindness, 348—Sigmoidoscopy in tropical practice, 577—Bejel—the syphilis of Bedouin children, 1219
Society, Smoke Abatement: Annual report, 1086—Change of address, 1294
Society for the Study of Inebriety: Alcohol and motor accidents, 188
Society, Swiss, for Internal Medicine: Annual meeting, Geneva (1937), 692
Society, Torquay and District Medical: Modern advances in obstetrics, 1222—Habitual abortion, 1223—Toxaemias of pregnancy, 1223
Society, Ulster Medical: Intracapsular fractures of femur, 294—Treatment of squint, 294
Society, University of Leeds Medical: Moynihan Memorial Number of the *Magazine* of, 937
Society, University of London Medical Graduates, 511, 531, 692, 845, 1042—Annual dinner, 845, 1042
Society, West London Medico-Chirurgical: The defence in negligence cases, 137—Diseases of the colon, 631—Sudden deaths, 881—Cavendish Lecture: Dual personality, 1278
Sodium chloride, sterile, ampoules of, 694
Sodium lactate intravenously, in treatment of aspirin poisoning (Stanley W. Williams and Rona M. Panting), 550 (O)
Sodium salicylate for influenza, 202
SOLOMONS, Bethel: *Epitome of Obstetrical Diagnosis and Treatment in General Practice*, second edition, rev., 273
SOLOMONS, Edward: Varicose veins in pregnancy, 993
Soluseptasine, 666
SOUQUES, A.: *Étapes de la Neurologie dans l'Antiquité Grecque (D'Homère à Galien)*, rev., 1205
SOUTER, Surgeon Commander J. C.: Fungus infection of the feet, 936
Southampton Corporation Bill, 589—Cleanliness of hairdressers' premises, 589
Southampton nursing homes and notifiable diseases (parliamentary note), 368
Southampton, Port of, arrival of the Basque children at (H. C. Maurice Williams), 1209
SOUTTAR, H. S.: Treatment of carcinoma by inserted radium plaques, 909 (O)—Treatment of pharyngeal carcinoma, 1174

- Spa treatment in gynaecology (Muriel Keyes), 725
 SPACKMAN, M. L.: The Old English Inn, 1056
 Spain: Ambulance work in (parliamentary note), 54
 —Basque children, arrival of, at Southampton (H. C. Maurice Williams), 1209—Belgian Red Cross Ambulances in, 1187—Medical aid in Southern Spain, 732, 1188, 1285—Red Cross in, 135, 1008, 1187—Refugee children, health and care of (parliamentary note), 1292—Trachoma from, 1140, 1142, 1174—Parliamentary notes, 1142—Typhoid in refugee children (parliamentary note), 1343
 Spampinato, C.: Dislocations of the cervical vertebrae, 806
 Spas, British Spas Federation: Annual meeting, 951
 Spas, British, treatment of some errors of metabolism at (G. L. Kerr Pringle), 1017 (O)
 SPEAR, B. E.: The hospital statistician, 237
 SPEAR, John Augustus, obituary notice of, 1001
 Special areas: Health services in (parliamentary note), 592—Amendment Bill, 791, 946
 Spectacles, sale of (parliamentary note), 692
 SPENCE, A. W.: Addison's disease and suprarenal insufficiency, 279—The adreno-genital syndrome and tumours of the suprarenals, 338—The thyro-tropic hormone, 1277
 SPENCER, George Herbert, obituary notice of, 839
 SPENCER, Herbert R.: Radiograph or skiagram, 687
 —Appreciation of Robert Gordon McKerron, 789
 SPENCER, Walter G.: Appreciation of William Hunter, 249
 SPERBER, P.: Evipan for delirium tremens, 336
 Spider, "black widow," 130. *See also* Arachnidism
 SPILLANE, J. D., awarded a Commonwealth Fund Fellowship, 1308
 Spinal anaesthesia. *See* Anaesthesia
 Spinal injuries in war, the bladder in (Sir John Thomson-Walker), 924—Discussion, 925
 Spirits, prescribed, duty on (parliamentary note), 309
 Spiritual healing, review of book on, 1118
 Spleen, review of book on, 123
 Splint, fracture, universal (K. H. Pridie), 392
 SPOHN, Dr.: The adrenal cortex, 1221
 Sportsman's Library: *The Shot-Gun*, rev., 560—*Field Sports of Scotland*, rev., 560
 SPRAWSON, Major-General Sir Cuthbert: After-care of the tuberculous, 987, 1038
 SPRIGGE, Sir Samuel Squire, obituary notice of, 1346
 SPRIGGS, Sir Edmund I.: Diseases of the colon, 1129
 SPURGIN, P. B., King George VI's Coronation Medal conferred upon, 1143
 Sputa and mycobacteriosis. *See* Tuberculosis
 Squibb's products, distributors of in the United Kingdom, 1296
 SQUINT, emotional factor in the causation of (W. S. Innman), 1116
 Squint, review of books on, 330, 1315
 Squint, treatment of (Beatrice Lynn), 294
 STACEY, J. E.: Hormone therapy in gynaecology, 409—Varicocele in the female, 776—The inter-position operation, 777
 STALKART, Major Charles Edward Grey, obituary notice of, 476
 STALKER, James M.: Non-surgical renal emergencies, 546 (O)
 STALLARD, H. B.: Appreciation of Theodore Hartmann Just, 421
 Stamp books, advertisements in (parliamentary note), 308
 STANDER, Henricus J.: *Williams' Obstetrics*, seventh edition, rev., 665
 STANNUS, H. S.: Bejel—the syphilis of Bedouin children, 1220
 STANSFIELD, Frederic Wilson, obituary notice of, 534
 Star and Garter Home: Twenty-first anniversary of, 190
 State employees and tuberculosis in France, 1133
 Statistical methods, review of work on, 1072
 Statistics, clinical, analysis of, 192, 302
 Statutory Salaries Bill, 1184
 Steatorrhoea, idiopathic (A. M. Nussbrecher and F. Morton), 1152 (O)
 STEBBING G. F.: Irradiation in malignant disease, 574—Wave-length in radiotherapy, 1275
 STEEDMAN, Thomas Lathrop: *Practical Medical Dictionary*, thirteenth edition, rev., 124
 Steel, import duty on (parliamentary note), 690
 STEELE, G. H.: Cancer of the oesophagus, 1338
 STEPHENS, G. Arbour: Treatment of gonorrhoea, 540—Milk and the health of the cow, 785—Good milk and fresh vegetables, 1179
 "Stericrepe bandage," 560, 694
 Sterility, human, treatment of (Samuel Meaker), 660
 Sterility, temporary, normal labour under analgesia after, 687
 Sterility in women, causes of (J. Dörfel and W. Lutterberg), 584
 Sterilization in hereditary mental deficiency (parliamentary note), 946
 Sterilization made legal in the canton of Vaud, Switzerland, 593
 Sterilization, voluntary (parliamentary note), 251, 841
 Sterilizing dressings. *See* Dressings.
 STEVENS, Muriel F. (and A. T. GLENNY): A new stabilizer for Schick toxin, 709 (O)
 STEVENSON, Douglas S. (and Pergus L. HENDERSON): Osteochondritis dissecans, 963 (O)
 STEVENSON, F. Harwood: Alcohol and motoring accidents, 836
 STEWART, Alfred W.: *Recent Advances in Organic Chemistry*, vol. II, sixth edition, rev., 500
 STEWART, D. Stenhouse: Mechanics of glaucoma, 42
- STEWART, R. Leslie: Treatment of minor burns by amyl salicylate and other salicyl esters, 380 (O)
 STILES, Sir Harold: Appreciation of Edward Bowser, 149
 STILL, George Frederick, appointed Physician Extraordinary to the King, 532—K.C.V.O. conferred upon, 1032, 1041
 Stillbirth syndrome, habitual abortion and late pregnancy toxæmia (James Young), 953 (O)
 Stillbirths and new natal mortality (S. Peller), 36
 Stilling: *Pseudo-isochromatic Plates for Testing Colour Perception*, nineteenth edition, rev., 1161
 STIVEN, H.: Cold treatment for gonorrhoea, 96—Sleep rolling, 900
 STOCK, F. G. L. (S. WYATT and J. N. LANGDON): *Fatigue and Boredom in Repetition Work*, 924
 Stockings, surgical, 863
 STOCKMAN, Ralph: Honorary LL.D. Glasgow conferred upon, 831
 STOOKS, Percy: Epidemiology of Weil's disease, 521
 Stone in the upper urinary tract (J. Swift Joly), 829
 STONES, R. Y., appointed Serving Brother of the Order of St. John of Jerusalem, 166
 STOPFORD, J. S. B., Honorary D.Sc. Dublin conferred upon, 690
 STOTT, Arnold, appointed Physician of the Household, 532
 Stovarsol in treatment of lichen planus (A. Sézary and A. Horowitz), 1227
 STRAIN, R. W. M., appointed Officer of the Order of St. John of Jerusalem, 166
 Stramonium internally causing paralysis of accommodation (Humphrey Neame), 498
 Strapping, plaster, removal of antihæsin, 223
 STRATFORD, Howard: The defence in medical negligence cases, 138
 "Streptocide," 77
 Streptococci for streptococcal empyema, 1281
 Streptococcal empyema. *See* Empyema
 Streptococcal infections, chemotherapy of, 452
 Streptococcal infections, treatment of, 79, 152
 Streptococcal meningitis. *See* Meningitis
 Streptococci, hæmolytic, in scarlet fever wards (W. A. Brown and V. D. Allison), 714
 Streptococcus hæmolyticus infection complicating meningococcal meningitis: recovery (F. Knights), 1256
 Stretcher, metal, 863
 STRINGER, Wilfred I. B. (Hamilton Bailey and Kenneth D. KEELE): Continuous intravenous saline infusion, 552 (O)
 STRÜMBECK, J. P.: The merits of excision and suture of recent wounds, 520
 STRONG, Richard P.: Chadwick lecture: Oncho-cerciasis and blindness, 348
 STUMPF, Pleikart (H. H. WEBER and H. WELTZ): *Röntgenkymographische Bewegungslehre Inneren Organe*, rev., 1117
 STUMPF, Friedrich: Criminology of twins, 56
 STURROCK, Alexander Corsar, obituary notice of, 732
Sud Medical et Chirurgical for March devoted to paediatrics, 846
 Sudan: Health of, report for, 1935, 130—Kala-azar in (Sir Robert Archibald), 91
 SUHRAWARDY, Lieut.-Colonel Sir Hassan, appointed Associate-Commander of the Order of St. John of Jerusalem, 166
 Suicide, a failed (G. R. Osborn), 328
 Sulphonamide P (B.D.H.), 331
 Sulphonamide P, tabloid, 331
 Sulphur for "itch," 374
 Sulphuric acid, conveyance of by road (parliamentary note), 737
 SUMMERS, G. D.: Intermittent venous occlusion, 1229
 Sun-bathing followed by peripheral neuritis (James Hannan), 73
 Sunderland, measles in, number of cases notified, 1295
 Sunshine in the British Isles, pamphlet on, 693
 SULZBERGER, Marion B. (and Fred WISE, editors): *The 1936 Year Book of Dermatology and Syphilology*, rev., 1160
 Superfoetation, does it occur? Report of a possible case (Bryan C. Murliss and F. L. McLaughlin), 1309 (O)
 Suprarenal insufficiency (A. W. Spence), 279
 Surgeon's liability for nurse's negligence (Ingram v. FitzGerald), 46—Correspondence on, 146
 Surgery, a new monthly, 1270
 Surgery, minor, premedication in, 794
 Surgery, review of books on, 20, 122, 331, 664, 862, 1117, 1258
 Surgical appliances for poor persons (parliamentary note), 1343
 Surgical diagnosis. *See* Diagnosis.
 Surgical interventions, similar, different reactions to (P. Duval and J.-Ch. Roux), 1248
 Surgical treatment, post-dental (parliamentary note), 429
 SUTHERLAND, Charles: Allergy and agranulocytosis, 143
 SUTHERLAND, D. S.: Acute enteritis, 410
 SUTHERLAND, Halliday: *In My Path*, rev., 76
 SUTHERLAND, P. L.: Blood group tests in disputed paternity, 299
 SUTHERLAND, W.: Maternity services, 1178
 SUTCLIFFE, A. (and J. W. CANHAM): *Experiments in Homework and Physical Education*, rev., 1206
 SUTHERLAND, D. P.: The tuberculosis problem, 1267
 SUTHERLAND, Hugh: Maternity services, 1231
 SUTTON, Harvey: Nutrition, 1319
 Sutton and District: Gastro-enteritis outbreak; deputation to Minister of Health, 373
- Swab counting board (Charles E. Kindersley), 173
 Sweating, weight lost by (A. G. R. Whitehouse), 463
 Switzerland: in winter, 563—Infantile paralysis made a notifiable disease, 103—Sterilization made legal in the canton of Vaud, 593
 SYKES, W. Stanley: Anaesthesia in the United States and Canada, 630
 SYMONDS, C. P.: Mental disorder following head injury, 879
 Sympathectomy, aftermath of, 1295
 Sympathectomy, technique of, 1076
 Syndrome, adreno-genital, and tumours of the suprarenals (A. W. Spence), 338
 Syndrome, pituitary, an unusual, 1273
 Syndrome, stillbirth, habitual abortion and late pregnancy toxæmia (James Young), 953 (O)
 Syndrome, uveal, 82
 SYNGE, V. M.: Need for a national serum institute in Ireland, 884
 Syphilis among school children of Kingston, Jamaica (Dahlia Whitbourne and George M. Saunders), 1108 (O)
 Syphilis, congenital (A. G. Signy), 351
 Syphilis, diagnosis of (J. G. Greenfield), 351
 Syphilis in diagnosis and prognosis of cancer (J. I. Munro Black), 1313 (O)
 Syphilis in the French home army, 103
 Syphilis, review of book on, 1119, 1160
 Syphilis, severe, recovery from without medicine, 1093
 Syringe for splanchnic anaesthesia (Harold Upcott), 614
- T
- Tabetic, gastric perforation in a (C. M. Carr), 497
 TABUTEAU, Major-General G. C., appointed Director of Medical Services in India, 1050
 Tachycardia, review of books on, 74
 TAIT, Dr.: The adrenal cortex, 1221
 Tandil, outbreak of psittacosis in the city of, 1143
 Tanganyika: Study of human nutrition in (parliamentary note), 1055
 TANON, L.: Poliomyelitis in Paris, 633
 TARAPORVALA, F. N.: The anaesthetist in the theatre, 43
 Tata Research Fund. *See* Research
 Tattoo markings, removal of (E. Karpels), 1267
 Tavistock Clinic, 833, 1164—Leading article, 1164
 TAYLOR, H. J.: Short-wave therapy, 1008, 1352
 TAYLOR, John, obituary notice of, 893
 TAYLOR, Colonel John, C.I.E. conferred upon, 1041
 TAYLOR, Julian: Appreciation of Charles Coley Choyce, 787
 TAYLOR, R. S.: Oral surgery club, 838
 TAYLOR, Captain R. S.: Medical service in the Territorial Army, 196
 TAYLOR, Richard W.: Trachoma from Spain, 1174
 TAYLOR, Wentworth: Blood transfusion in obstetrics, 1043
 TAYLOR, William Bramley, obituary notice of, 475
 TCHAPEROFF, Ivan C. C.: *A Manual of Radiological Diagnosis for Students and General Practitioners*, rev., 811
 Telephones, public, cleanliness of (parliamentary note), 1054
 TELFORD, E. D.: Pathology of arterial thrombosis, 683
 Temperament, review of book on, 1316
 Temperature averages in the British Isles, pamphlet on, 693
 Tendon, flexor, accidental avulsion of, 1140
 TENNENT, Thomas: Mental disorder following head injury, 880
 TERRIEN, F. (Prosper VEIL, and M. A. DOLLFUS): *Le Décollement de la Retine et son Traitement*, rev., 920
 Territorial Army. *See* Army, British
 TERROINE, E. F.: *Le Métabolisme de l'Azote: les Problèmes Biologiques*, rev., 1317
 Testicle, undescended, management of (G. Grey Turner), 935—(J. L. Lindström), 1199
 Testicular disease, review of book on, 75
 Tetanus, immunization, active, against (Herbert H. Brown), 494 (O)
 Tetanus, puerperal, and post-hysterectomy (R. J. V. Pulvertaft), 441 (O)
 Tetanus, serum treatment of (H. G. Dowler), 809
 Tetanus, study of, 336
 Tetanus treatment (B. B. Yodh), 855 (O)—Correspondence on, 1044
 THACKRAH, Margaret, obituary notice of, 200
 Thames barrage proposal (parliamentary note), 1186
 Therapia sterilisans magna (leading article), 79.
See also Blood stream and Streptococcal infections
 Therapeutics. *See* Treatment
 THIEME, Georg: *Diphtheria and Constitution*, rev., 1207
 THOMAS, E. W. Prosser: Dermatitis artefacta: an unusual case, 804 (O)
 THOMAS, John C.: Blood group tests in disputed paternity, 419
 THOMAS, J. W. Tudor: Results of corneal transplantation, 114 (O)
 THOMAS, Melbourne: Bedstead of new design, 22
 THOMAS, Rufus C.: Appreciation of Charles Shorney Webb, 1268
 THOMAS, W. E.: Water dropwort poisoning, 1045
 THOMPSON, Arthur Hugh, obituary notice of, 199
 THOMPSON, Sir Henry, portrait of, 177

- THOMPSON, Keith S.: *Elementary Pathology. An Introduction to the Process of Disease*, rev., 123
- THOMPSON, R. Campbell: *Dictionary of Assyrian Chemistry and Geology*, rev., 124
- THOMPSON, William Egbert, O.B.E. conferred upon, 283
- THOMSON, F. G.: Radio-active thermal waters, 464
- THOMSON, H. J.: Obstetrical flying squads, 886—Blood transfusion in obstetrics, 1280
- THOMSON, J. W., elected honorary consulting surgeon of the Clayton Hospital, Wakefield, 1101
- THOMSON, Sir StClair: Leopold von Schrötter, 310—(And V. E. NEGUS): *Diseases of the Nose and Throat. A Textbook for Students and Practitioners*, fourth edition, rev., 1258
- THOMSON, W. (D. M. LUBBOCK, and R. C. GARRY): Epithelial overgrowths and diverticula in the gut, 1252 (O)
- THOMSON-WALKER, Sir John: The bladder in spinal injuries in war, 924
- THORACOSCOPY, pleural effusions after (O. M. Mistal), 1265
- THORBURN, Colonel Harold Hay, obituary notice of, 371
- THORNTON, J. Raymond: Inhalational therapy, 359
- THORP, Eustace: Vincent's angina, 900—Gangrene complicating diphtheria, 1188
- THROAT diseases, review of books on, 810, 1258. *See also* Nose
- Thrombo-angitis obliterans (C. J. McAuley), 411
- Thrombo-angitis obliterans of the coronary arteries, 927
- Thrombosis, arterial, pathology of (E. D. Telford), 683
- Thrombosis of subclavian vein complicating hyperthyroidism (John R. H. Towers and Michael C. Oldfield), 808
- THUREL, R. (and Th. ALAJOUANINE): *Les Spasmes de la Face et leur Traitement*, rev., 1315
- THURSTON, Gavin: Blood transfusion in obstetrics, 1090
- Thymus gland (Samson Wright), 874
- Thyroid activity, determination of (R. T. Goodyear and H. S. Pemberton), 239
- Thyroid extract in conditions other than myxoedema (D. Murray Lyon), 179
- Thyroid extract for the itching of jaundice, 301
- Thyroid gland, surgery of the (Sir Thomas Dunhill), 460, 514, 568
- Thyroid, review of book on, 222
- Thyroid substances, modes of administering, 246
- Thyroid therapy in cretinism, 718
- Thyroid. *See also* Gland
- TIDBURY, Lieut.-Colonel James, obituary notice of, 51
- TIDY, Henry Lethaby, appointed Honorary Consulting Physician at the Queen Alexandra Military Hospital, Millbank, 422—Appointed Physician Extraordinary to the King, 532—Prevention of constipation, 1134—Infectious mononucleosis and monocytic leukaemia, 1280
- TIGHE, H. V.: Pregnancy in diabetes, 994
- TIGHE, Surgeon Commander John William, obituary notice of, 1002
- TILLEY, Herbert: Anaesthesia for nose and throat operations, 346—Cancer of oesophagus treated by deep x-ray therapy, 1199 (O)
- TIPPETT, G. O.: Osteochondritis dissecans, 1094
- Tissues, review of books on the, 272, 968
- TITKEMEYER, W.: Investigations on tobacco smoke, 745
- TITUS, Paul: *The Management of Obstetric Difficulties*, 923
- Tobacco habit, cure of lobeline in (J. L. Dorsey), 864
- Tobacco smoke, investigations on (W. Titkemeier), 745
- TODD, T. F.: Varicocele in the female, 776
- Tomograph (J. B. McDougall), 1267
- TOKKS, Henry, obituary notice of, 150
- Tonsil snare, new (Geoffrey H. Bateman), 1073
- Tonsillitis outbreak at Doncaster (R. Watson), 1189 (O)
- Tonsillitis, streptococcal, treated with prontosil, 941
- Too much zeal, 202
- Tooth extraction, sequels of, 594
- Tooth, wisdom, intense pain after removal of (M. Dechaume), 1015
- TOPLEY, W. W. C. (and G. S. WILSON): *The Principles of Bacteriology and Immunity*, second edition, rev., 171
- TOPPING, Andrew: Modern treatment of fevers, 352
- TORGENSEN, J.: Ischiopubic osteochondritis, 31
- Toronto, the anatomists at, 839
- TOURNAIRE, A. (and L. GALLAVARDIN): *Les Névroses Tachycardiques*, rev., 74
- TOWERS, John R. H. (and Michael C. OLDFIELD): Thrombosis of subclavian vein complicating hyperthyroidism, 808
- Toxaemia, pre-eclamptic, progesterone in (J. M. Robson and S. J. Paterson), 311 (O)—Correspondence on, 528
- Trachea, foreign bodies in the (A. Laskiewicz), 910
- Tracheotomy for colloid goitre (H. A. Kidd), 611
- Trachoma, changes in a woman undergoing treatment of (A. Hagedoorn), 1200
- Trachoma from Spain, 1140, 1142, 1174—Parliamentary notes, 1142
- Trachoma, treatment of, 1077
- Trade effluents (parliamentary note), 1238
- Trade Marks Amendment Bill, 1235, 1287
- Trade premises, drainage of. *See* Public Health (Drainage of Trade Premises) Bill
- Trades Union Congress and British Medical Association Joint Committee, 363. *See also* Association
- Traffic light drill, 794
- Training centres, medical treatment at (parliamentary note), 54
- Training, physical: Annotation on, 396—Government's proposals, 251, 306, 332, 342, 396—Leading article on, 332—National Advisory Council: Report of meeting, 539—Organizers (parliamentary note), 309—Parliamentary note on, 54, 251, 306, 309, 426, 645—Physical Training and Recreation Bill, 645—And pregnancy, 584. *See also* Physical
- Transilluminescope, a cheap, 540
- Treatment, review of books on, 390, 500
- Treatment. *See also* Therapeutics
- TRELEASE, Sam F. (and Emma Sarepta YULE): *The Preparation of Scientific and Technical Papers*, third edition, rev., 1026
- Treloar's Hospital for Cripples. *See* Hospital
- Trichomonas vaginitis treated by silver picrate (W. Neville Mascall), 1115 (O)
- TRILLWOOD, Wilfrid: An emulsion of iodized oil for x-ray examination of empyema cavities, 173
- Trocar and cannula, intravenous (Reginald A. King), 173
- TRONCOSO, Manuel Uribe: *Internal Diseases of the Eye and Atlas of Ophthalmoscopy*, rev., 1257
- Tropical Medicine, Calcutta School of: Annual report, 139
- Tropical medicine, fellowships and appointments in, 1082
- Tropical Medicine, London School of. *See* Hygiene and tropical medicine
- Tropical ulcer. *See* Ulcer
- TROTTER, Wilfred, appointed Sergeant-Surgeon to the King, 532
- TRUMAN, Claude A. P.: Academic costume, 594
- Trunk Roads Act, 53—Royal Assent to, 53
- Tsetse problem, review of book on, 861
- T-tube for drainage of biliary ducts, a new (Rodney Maingot), 971
- Tubercle bacilli in the cerebro-spinal fluid: recovery (John P. McGuinness), 169
- Tubercle bacillus. *See also* Bacillus
- Tuberculin, Koch's work on, 417
- Tuberculin-tested herds (parliamentary note), 1293
- Tuberculosis as seen by the general practitioner (Dr. Godlewski), 832
- Tuberculosis Association: Annual provincial meeting, Manchester (1937), 995, 1265—Collapse therapy, 1265—Bronchiectasis in pulmonary tuberculosis, 1265—Pleural effusions after thoracoscopy, 1265—Unilateral pulmonary tuberculosis, 1266—The tuberculosis problem, 1266—The tomograph, 1267—Artificial pneumothorax in children, 1267
- Tuberculosis, bovine, in the Netherlands, 1216
- Tuberculosis, cervical gland, 43
- Tuberculosis Conference, Empire, London (1937), 241, 355, 987, 1038—Report of proceedings, 987, 1038—Correspondence on, 1339
- Tuberculosis contacts in the home, examination of (G. Gregory Kayne), 858 (O)
- Tuberculosis control in Scotland (Ernest Watt), 1038
- Tuberculosis Council, Joint: Report of meetings, 1225
- Tuberculosis deaths (parliamentary note), 308
- Tuberculosis in general practice, 1056, 1352
- Tuberculosis home contacts. *See* Tuberculosis contacts
- Tuberculosis, human, of bovine origin, 980
- Tuberculosis, intestinal (M. Pirolli), 236
- Tuberculosis, International Union Against: Meeting in Paris, 342, 1082—Date of adjourned tenth conference, 1082
- Tuberculosis, military, chronic, in children, 925
- Tuberculosis, myco-cultivation of, from human sputa (J. F. D. Shrewsbury and J. Barson), 1154 (O)
- Tuberculosis in Newfoundland (parliamentary note), 895
- Tuberculosis, Sir Robert Philip, and, 1165
- Tuberculosis Prevention, National Association for: King George VI becomes Patron of, 719—Conference at Bristol, 1173
- Tuberculosis problem (A. Ramsbottom), 1266—Discussion on, 1266
- Tuberculosis, pulmonary, bronchiectasis in (J. E. H. Roberts), 1265
- Tuberculosis, pulmonary, iodine in, 900, 952, 1056, 1144
- Tuberculosis, pulmonary, unilateral (Dr. De Bloeme), 1266
- Tuberculosis, renal (T. J. D. Lane), 187
- Tuberculosis, review of books on, 501, 711
- Tuberculosis in Rhodesia, Southern (parliamentary note), 54
- Tuberculosis in Scotland, expenditure on (parliamentary note), 1239
- Tuberculosis and State employees in France, 1133
- Tuberculosis, surgical (Sir Henry Gauvain), 1038
- Tuberculosis Trust, Royal Victoria Hospital: Annual report, 1132, 1173
- Tuberculosis in voles, 1165
- Tuberculosis in Wales, fight against, 989—Parliamentary note on, 1236
- Tuberculosis, care and after-care of the: Empire conference in London, 987
- Tuberculous hepatitis. *See* Hepatitis
- Tuberculous meningitis. *See* Meningitis
- TUCKER, W. E.: A disclaimer, 794
- TUMARKIN, Alex.: Analysis of clinical statistics, 302
- Tumour, "mixed," of lip (Robin Pilcher), 967
- Tumours of bladder, epithelial (I. A. B. Cathie and K. H. Watkins), 937
- Tumours or bone, malignant (James Brailsford), 186—Discussion, 186
- Tumours, malignant, in a child (J. W. Bride), 776
- Tumours of the suprarenals and the adreno-genital syndrome (A. W. Spence), 338
- TUNSTALL (and WARWICK): *First Aid to the Injured and Sick*, fifteenth edition, rev., 1317
- Turbinates, sclerosing, submucosal injection of (C. A. Hutchinson), 72—Correspondence on, 245, 359, 416, 594
- TURNBULL, Surgeon Captain Hugh Prideaux, obituary notice of, 944
- TURNER, Agnes F.: Mementoes of Laennec, 846
- TURNER, C. E. H.: Terminal caseating tuberculous bronchopneumonia, 604 (O)
- TURNER, G. Grey: Oesophageal surgery, 38—Cardioplasty, 38—Appreciation of Sir John Bland-Sutton, 50—Experimental and laboratory training in medical education, 238—Injuries of peripheral nerves, 348—Diseases of the colon, 631—Management of the undescended testicle, 935—Paget Memorial Lecture: The Paget tradition, 1318
- TURNER, Philip (and R. P. ROWLANDS): *The Operations of Surgery*. Vol. ii: *The Abdomen*, rev., 664
- TURNER, S. B.: Air raid precautions, 1183
- TURTLE, G. de Bec: Wintering in England, 626
- Twins, criminology of, 56
- Twins, locked, case of, 45, 776
- Twins on a vegetable diet, 563
- Type, the new (leading article), 23. *See also* British Medical Journal
- Typhoid abscess. *See* Abscess
- Typhoid fever. *See* Fever, enteric
- Typhus fever. *See* Fever
- Typhus and typhus-like infections, 176

U

- Ulcer, gastric, perforation, recurrent, of (E. C. Herten-Graeven), 1070
- Ulcer, gastric, site of after suture demonstrated by radiography (M. Grunberg and F. Jonckheere), 116
- Ulcer, gastric, treatment of followed by nephritis, 430
- Ulcer, peptic, acute perforated, treated by simple suture alone (M. Sallick), 700
- Ulcer, peptic, treatment of, 254, 980, 1177, 1335
- Ulcer, tropical, 277
- Ulcers, varicose, ultra-violet irradiation in treatment of (Albert Eidnow), 16 (O)
- Ultra-violet irradiation in the treatment of varicose ulcers, varicose eczema and varicose veins (Albert Eidnow), 16 (O)
- UNDERHILL, S. W. F.: Extracts of liver and yeast in macrocytic anaemia, 629
- UNDERWOOD, E. Ashworth: Modern treatment of fevers, 353
- Unemployment Assistance (Determination of Need) Regulations (parliamentary note), 53
- Unemployment Assistance (Periods of Occasional Sickness) Rules, 1937, 791
- Unemployment Assistance (Temporary Provisions) (Amendment) Bill, 251, 306, 423, 476—Royal Assent to, 476
- Unemployment insurance, salary limit for (parliamentary note), 737
- Unemployment and malnutrition (parliamentary note), 53
- Unemployment. *See also* Insurance
- UNGLEY, C. C.: Value of liver extracts, 730
- UNITED STATES OF AMERICA:
- Anaesthesia in, 630
 - Dementia praecox, research institutes for, 201
 - Ella Sach Plotz Foundation: Report of, and grants made by, 549
 - Hospitals in, with a dental service, 1007
 - Influenza deaths, seasonal expectancy of (Mary Gover), 380
 - Insemination, artificial, legal aspects of (Alfred Koerner and Frances Seymour), 98
 - Maternal mortality in, 1215
 - New York City, health of, 505
 - Pneumonia deaths, seasonal expectancy of (Mary Gover), 380
 - Rural health in, 1027
 - Scarlet fever outbreak in Oswego, Tioga County, New York State, 593
 - Small-pox in (A. F. Rizzolo), 569
- Universities, English: Combined: Result of Parliamentary by-election, 692—Correspondence on, 729
- Universities, Scottish, grants to: Inquiry Committee (parliamentary note), 950
- University of Aberdeen: Appointments, 151, 188, 197, 354—Degrees and pass lists, 790, 831—Gift to, 1043—Honorary degrees, 790, 831—Lecture in psychopathology, 1043
- University of Athens: Celebrations of the foundation of, 1351—Honorary doctors elected, 1351
- University of Belfast, Queen's: Appointments, 354—Musgrave Professorship of Pathology, 373
- University of Birmingham: Appointments, 476—Degrees and pass lists, 52—Lectures, 840
- University of Bristol: Degrees and pass lists, 52, 1350
- UNIVERSITY OF CAMBRIDGE:
- Appointments, 150, 197, 247, 588, 790, 1234
 - Chair of Physiology, 588
 - Degrees and pass lists, 52, 197, 247, 372, 423, 476, 535, 589, 643, 943, 1002, 1049, 1100, 1184, 1293, 1350

UNIVERSITY OF CAMBRIDGE (*continued*):

- Elections, 150, 197
Lectures, 197
M.B. thesis, 278, 305, 476
Raymond Horton-Smith prize, 372
Scholarship, 197, 943
- University of Dublin: Degrees and pass lists, 690, 840—Honorary degrees, 690. *See also* College, Trinity
- University of Durham: Centenary celebrations, 1002, 1184—Degrees and pass lists, 52, 1002, 1184—Honorary degrees, 1002, 1184—Statutes for under the University of Durham Act, 423
- University of Edinburgh: Degrees and pass lists, 52, 643—Graduation ceremony, 52—Honorary degrees, 643—Students' Union, a new, 295
- University examinations. *See* Examinations
- University of Glasgow: Botany laboratory, a new, 1333—Degrees and pass lists, 831, 944, 1350—Graduation ceremony, 1333, 1350—Honorary degrees, 831—Regius Chair of Materia Medica, 476
- University Hall, Edinburgh: Jubilee of, 780
- University of Ireland, National: Degrees and pass lists, 53
- University of Leeds: Annual report, 52; Appointments, 197, 476, 690—Degrees and pass lists, 734, 1184—Honorary degrees, 1184—Scholarships and prizes awarded, 734—Students' Union, 39
- University of Liverpool: Degrees and pass lists, 734

UNIVERSITY OF LONDON:

- Appointments, 305, 372, 476, 690, 1143, 1350
Chair of Bacteriology, 944
Degrees and pass lists, 52, 150, 197, 247, 690, 790, 890, 1002, 1184, 1234
Dunn Exhibitions, 1143
Duveen Travelling Studentship, 305
Gifts to, 1049
Guy's Hospital Medical School, 1143
Lectures, 98, 150, 151
London Hospital Medical College, 943, 1143
London (Royal Free Hospital) School of Medicine for Women, 305
London School of Hygiene and Tropical Medicine, 197, 890, 1002
Meeting of Senate, 247, 1143, 1184
Middlesex Hospital Medical School, 589, 1350
Recognition of teachers, 150, 589, 1350
Regulations, amendment of, 372
Regulations of Diploma in Medical Radiology, 890
Royal Cancer Hospital (Free), 790
Scholarships, 944
Titles, 1143
University College, 589, 690, 890
University College Hospital Medical School, 690
University medals, 589
Westminster Hospital Medical School, 890

- University of Manchester: Appeal, 678; Appointments, 52, 423, 643, 1184, 1293—Degrees and pass lists, 52, 643, 1350—Grant from Rockefeller Foundation, 1002—Honorary degrees, 643, 1350—Resignations, 1002—Wild Prize in Pharmacology, 1350
- University of Otago: Report of the Department of Obstetrics and Gynaecology, 430—*Proceedings of the University of Otago Medical School*, fourteenth issue, dedicated to Sir Lindo Ferguson, 1069

UNIVERSITY OF OXFORD:

- Appeal, 1043
Appointments, 305, 790, 1100, 1143, 1234, 1293
By-election result, 535
Congregations, 588, 1143, 1183
Degrees and pass lists, 247, 372, 535
Diploma in ophthalmology, 643
Election to Board of the Faculty of Medicine, 588
Examination dates, 1100
Lectureship in physiology, 1183
Names added to list of members of the Faculty of Medicine, 1293
Nuffield professorships, 305, 588, 790, 943, 1293
Parliamentary election: Sir Farquhar Buzzard's candidature, 372
Radcliffe Fellowship, 588
Schorstein Research Fellowship in Medical Science, 1937, 943, 1049
Students, senior, 1183

- University of Padua: Bassini's operation, fiftieth anniversary of, 1101—Publishes two volumes of "Writings on the Surgery of Hernia," 1101

- University of Paris to create a professorship in social medicine, 1239

- University of Reading: Dairying research, report, 89
University of St. Andrews: Appointments, 1278—Chair of dental surgery, 357, 1278—Recognition of hospitals, 1278

- University of Sheffield: Appointments, 423, 1100, 1293—Degrees and pass lists, 790—Gift to, 1100—Grants for research, 423—Prize in clinical medicine, 1100—Resignations, 1100

- University of Toronto: The anatomists at, 839
University of Wales: Degrees and pass lists, 247, 1293, 1350—Welsh National School of Medicine, 247, 1294, 1350

- Unqualified healer, damages against (G. C. Foster), 250

- Unqualified practice, the law and (parliamentary note), 308

- Upcott, Harold: Syringe for splanchnic anaesthesia, 614

- Craemia in ophthalmology, 482
Urinary calculi. *See* Calculi
Urinary infections and the general practitioner, 833
Urinary infections, mandelic acid in, 390, 471
Urinary proteose, autogenous, in asthma and other allergic conditions (Julius Libman and A. Douglas Bigland), 62 (O)—Correspondence on, 143
Urinary tract, upper, stone in (J. Swift Joly), 829
Urine, oestrin in (O. Vaughan Jones), 522. *See also* Oestrin
Uroselectan B, dangers of, 251—A High Court case, 251
Uterine hypoplasia. *See* Hypoplasia
Uterus, prolapse of, discussion at the Royal Society of Medicine, 465. *See also* Prolapse
Uterus, puerperal inversion of (J. M. Milne), 220—Correspondence on, 583
Uterus, rupture of (D. C. Racker), 291
Uveal syndrome, 82

V

- Vacation courses for students (T. K. Monro), 728
Vaccination, deaths following (parliamentary note), 648, 692, 1055—Deaths of infants under one year, 1055
Vaccination, intra-epidermic (Edward R. Peirce), 1066 (O)—Correspondence on, 1139, 1177, 1228
Vaccination marks, disfiguring, 540
Vaccination statistics (parliamentary note), 1054
Vaccine, whooping-cough, 1026
Vaginitis, trichomonas, treated by silver picrate (W. Neville MacCall), 1115 (O)
VAN DEN BERGH, H. J. M.: *Nederlandsch Tijdschrift voor Geneeskunde* for January 23 dedicated to, 309—Elected an honorary doctor of the University of Athens, 1351
Varicocele in the female (W. Fletcher Shaw), 775
Varicella and herpes zoster. *See* Herpes
Varicose ulcers, varicose eczema and varicose veins, ultra-violet irradiation in the treatment of (Albert Eidinow), 16 (O)
Varicose veins. *See* Veins
VARRIER-JONES, Sir Pendlill: Cure of the tuberculous, 988—Empire conference on tuberculosis, 1339
Vascular accidents, cerebral (C. M. Hinds Howell), 255 (O)
Vascular changes in hemiplegia, 761
Vascular disease, obliterative, intermittent venous occlusion in treatment of (J. J. Mason Brown and W. Melville Arnott), 1106 (O)
Vascular disease, obliterative, treatment of, 508
Vascular responses to CO₂, 510
Vasospasm after charcoal treatment, 55
VATCHER, S.: Glycosuria, 244
VAUGHAN, Janet: Demonstrates material obtained from sternal marrow puncture, 352—Extracts of liver and yeast in macrocytic anaemia, 629—Value of liver extracts, 730—Problems of blood transfusion, 1329
VAUGHAN, Kathleen Olga: *Safe Childbirth: the Three Essentials*. (1) *Round Brim*; (2) *Flexible Joints*; (3) *Natural Posture*, rev., 862
Vegetables, fresh, and good milk, 1179
VEIL, Prosper (F. TERRIER and M. A. DOLLFUS): *Le Décollement de la Retine et son Traitement*, rev., 920
Vein, subclavian, thrombosis of complicating hyperthyroidism (John R. H. Towers and Michael C. Oldfield), 808
Veins, varicose, in pregnancy, treatment of (Edward Solomons), 993
Venepuncture instrument (David A. Herd), 921
Venereal disease, campaign against, in France, 240 809
Venereal disease, campaign against, in Soviet Russia (E. H. Cluiver), 1120
Venereal disease, control of, in France, 129
Venereal disease, review of book on, 612
Venereal disease treatment in London, 779
Venous occlusion in treatment of obliterative vascular disease (J. J. Mason Brown and W. Melville Arnott), 1106 (O)—Correspondence on, 1229
Ventilation (R. Frederick), 1171
Ventricular fibrillation, transient, 1030
Ventriculography (E. Lysholm), 1276
Ventilation of the House of Commons (parliamentary note), 1343, 1344
VERHOOGEN, J., nominated a foreign corresponding member of the Académie de Médecine, 579
VERNER, W., appointed Serving Brother of the Order of St. John of Jerusalem, 166
VERNON, H. M.: *Accidents and Their Prevention*, rev., 122—Alcohol and motor accidents, 188
Veronal poisoning (G. A. Metz), 606
Verrine disinfectant, 223
Vertebrae, cervical, dislocations of (C. Spampinato), 806
Vertebrae, lumbo-sacral, and sciatica (Norman Capener), 406
VERZAR, F. (and E. J. McDUGALL): *Absorption from the Intestine*, rev., 558
Vesico-colic fistula. *See* Fistula
Vestiglandin and prostaglandin, 335
Veterinary curriculum, 1008
Veterinary education, 762
Veterinary Journal, special educational number, 762
Veterinary Medical Association, National: Annual report, 1323—Euthanasia for cats and dogs, 1323

- VICKERS, Lieut.-Colonel W., appointed Officer of the Order of St. John of Jerusalem, 166
Vienna: Sale of contraceptive appliances by automatic machines and advertisements forbidden in, 151—Declining birth rate in, 201—Medical Week, 444—Exhibition of hygiene in, 951
VIGNES, Henri: *Maladies des Femmes Enceintes*, rev., 391—(And M. ROBEY): *Période de Fécondité et Périodes de Stérilité chez la Femme*, rev., 1026
VILVANDRE, G.: Effects of prolonged dorsal decubitus, 628—Diseases of the colon, 1131
Vincent's angina. *See* Angina
VINE, Alfred Bertram, obituary notice of, 364
Vinegar and acetic acid (parliamentary note), 54
VINES, H. W. C. (and L. K. BROSTER): The adrenal cortex, 662 (O)
Virus diseases, more about, 816
Virus of influenza. *See* Influenza
Virus work, egg membrane technique in (F. M. Burnet), 336
Vital statistics: For England and Wales, 1936, 197
Vitamin A, body reserves of, 928
Vitamin B deficiency, nervous lesions in, 1214
Vitamin C deficiency and rheumatic fever, 28
Vitamin C in milk, 622
Vitamin D, overdosage with (leading article), 1269
Vitamin E, pamphlet on, 594
Vitamins and margarine, 310, 592—Parliamentary note, 592
Vitamins, review of book on, 391
VIVIAN, S. P., Knighthood conferred upon, 1032
Vivisection on Dogs (Scotland) Bill, 841
Vivisection penalties (parliamentary note), 648
Vivisection. *See also* Animals
VLASCO, Michael: Ionization for hay fever, 1338
Vocational guidance at Borstal, 760
Vocational guidance, review of book on, 969
Volkmann's contracture, 565

W

- WAGNER-JAUREGG, Julius, eightieth birthday of, 593, 649—*Wiener klinische Wochenschrift* for March 5 dedicated to, 649—*Wiener medizinische Wochenschrift* for March 6 contains a bibliography of his writings, 649—Elected an honorary doctor of the University of Athens, 1351
WAKLEY, Cecil P. G.: Treatment of facial paralysis, 403—Diseases of the colon, 631—(Philip H. MITCHNER, Clement E. SHATTOCK and Edward G. SLESINGER): *Surgery for Dental Students*, rev., 664
WALBANK, Arthur, obituary notice of, 304
WALDY, John, obituary notice of, 1000
Wales: Maternal mortality in (parliamentary note), 946, 1342—Midwifery services in (parliamentary note), 1186—Tuberculosis in, fight against, 989—Parliamentary note on, 1236—Welsh National Temple of Peace and Health, 830
WALES, Edward G.: Continuity, 1296
WALKER, Colonel G. K.: Veterinary education, 762
WALKER, Kenneth M.: Hormone deficiencies in the male, 623—Transurethral resection of the prostate, 901 (O)
WALKER, Learoyd: Uterine prolapse, 466
WALKER, Oliver: "Blood-sugar worship," 684, 835
WALKER, Woodd: Effects of prolonged dorsal decubitus, 628
WALLACE, Sir Cuthbert Sidney: Baronetcy conferred upon, 1032, 1041—Honorary D.C.L. Durban conferred upon, 1184
WALLACE, H. L.: Continuous open air for pneumonia in children, 657 (O)
WALLACE, J. Edgar: Lupus vulgaris treated by intradermic injection of hydnocarpates, 1151 (O)
WALMSLEY, Thomas: *A Manual of Practical Anatomy. A Guide to the Dissection of the Human Body. Part III, The Head and Neck*, new edition, rev., 1160
WALSH, C. H.: Pathology of criminal abortion, 727
WALTERS, G. A. Bagot (and W. R. BLACK): "Rachis-resistance and spinal anaesthesia, 218 (O), 418
WALTHER, W. W.: Continuous intravenous saline solution, 637
WALTON, Sir James, appointed Surgeon to the King, 532
Wandsworth: Air raid precautions instruction in, 1008
Wanted—a patient with a biliary fistula, 794
WARD, E. M.: Value of liver extract, 1090
WARD, J. F.: Haemorrhagic diathesis, 467
WARDEN, A. A.: The old English inn, 732
WAREMBOURG, Henri: *Les Hyperglycémies. Étude Clinique et Physiopathologique*, rev., 559
Warnings, 202, 650, 791, 952, 1056, 1144
WARNOCK, James Maxwell, obituary notice of, 364
WARREN, S. L.: Radiographs of infectious arthritis, 906
WARWICK (and TUNSTALL): *First Aid to the Injured and Sick* fifteenth edition, rev., 1317
Water dropwort poisoning, 1045
Water, London: Annual report of the Metropolitan Water Board (leading article), 274
Water Pollution Research Board: Report, 770
Water supplies and river pollution, 770
Water supplies, rural, progress in (parliamentary note), 372
Water supply investigation in Scotland (parliamentary note), 1055
Water supply of Sutton and District: Deputation to Minister of Health re, 373
WATERS, Edgar P.: Partial extra-uterine pregnancy, 1158

- WATERS, R. M.: Oxygen administration statistics, 963
Waters, thermal, radio-active (C. W. Buckley), 464—
Discussion, 464
- WATKINS, A. B. K.: Treatment of depressed fractures
of the malar bone, 326 (O)
- WATKINS, Kenneth: The bladder in spinal injuries
in war, 935
- WATKINS, K. H.: Epithelial tumours of the bladder,
937
- WATSON, Chalmers: Consistency of University
examinations, 145—Reform of the medical
curriculum, 1040, 1176
- WATSON, R.: Outbreak of milk-borne scarlet fever
and tonsillitis in Doncaster, 1109 (O)
- WATSON-WILLIAMS, Eric: Otitis media in early
childhood, 1085—Bicentenary of Bristol Royal
Infirmary, 1285
- WATT, D. Campbell: Physical fitness, exercise and
drill, 374
- WATT, Ernest: Tuberculosis control in Scotland, 1038
Wax solvents (Terence Millin), 446—Correspondence
on, 529, 594, 650, 694
- WAY, Stanley: Local anaesthesia in the repair of
torn perineum, 733
- WEBB, Charles H. Shorney, obituary notice of, 1232,
1286
- WEBB, J. R. D.: Epidemic appendicitis, 254
- WEBBER, Lieut.-Colonel H. W., appointed
Commander of the Order of St. John of Jerusalem,
166
- WEBB-JOHNSON, Sir Alfred: Appreciation of Sir
John Bland-Sutton, 48—The bladder in spinal
injuries in war, 935
- WEBER, F. Parkes: A pitfall in the diagnosis of
Bence-Jones proteinuria, 143—(And H. RAST):
Paget's bone disease in three sisters, 918—Bran
in the prevention of constipation, 996
- WEBER, H. H. (Pleikart STUMPF and H. WELTZ):
*Röntgenkymographische Bewegungslehre Inneren
Organe*, rev., 1117
- WEBSTER, J. H. Douglas: Cancer of the breast, 358—
Irradiation in malignant disease, 575—Frauds on
doctors, 202, 650
- WEBSTER, J. Matthewson, appointed to take charge
of the Birmingham Office laboratory, 253
- WEHEFRITZ, E.: Uterine hypoplasia, 36
- Weight and early diagnosis, 193
- Weight lost by sweating (A. G. R. Whitehouse), 463
- Weight variations during pregnancy (M. D. Arwyn
Evans), 157 (O)
- Well's disease, chronic meningitis in (Frederick
Murgatroyd), 7 (O)
- Well's disease, epidemiology of (J. M. Alston and
Major H. C. Brown), 520
- WEIR, Sir John, appointed Physician in Ordinary to
the King, 532
- WEISSMANN, A.: Hyperthermia in treatment of
myalgia, neuralgia, neuritis, chronic arthritis,
neurosyphilis, etc., 495
- Wellcome Trust, 224, 242—Leading article, 224
- WELLS, A. Q.: Tuberculosis in voles, 1165
- WELLS, Charles: The Harris operation for prosta-
tectomy, 292
- WELLS, Lionel, elected honorary consulting surgeon
of the Clayton Hospital, Wakefield, 1101
- WELLS, S. M.: Painless labour, 56
- Welsh. *See* Wales
- WELTZ, H. (Pleikart STUMPF and H. H. WEBER):
*Röntgenkymographische Bewegungslehre Inneren
Organe*, rev., 1117
- WENNER, W. F.: Changes in the nasal mucosa
following zinc ionization, 1027
- WENYON, C. M.: Kala-azar in the Sudan, 91
- WENYON, Edwin James, obituary notice of, 688
- Wessex, scheme of cancer treatment in, 354
- WESTMANN, S. K.: Spa treatment in gynaecology,
726
- Westminster Palace: Air raid precautions for
(parliamentary note), 592
- WEYGANDT, Wilhelm, made an honorary member of
the Rumanian Society of Psychiatry, 823
- WEYMOUTH, Anthony: *Who'd Be a Doctor?* rev.,
1026
- WEYSSER, C.: Causes of abortion, 903
- What about ourselves? 738
- WHEATLEY, E. E. S.: General practitioner and
urinary infections, 833
- WHEELER, Sir William I. de Courcy: A problem in
diagnosis, 41—Prostatectomy, 581, 685
- WHITAKER, R.: Chadwick Trust Lecture on kitchen
offices in hospitals, 952
- WHITBOURNE, Dahlia (and George M. SAUNDERS):
Syphilis among school children of Kingston,
Jamaica, 1108 (O)
- WHITBY, Lionel: Experimental and laboratory
training in medical education, 289
- WHITBY, Morton: Prostatectomy by the two-stage
method, 540
- WHITE, C. F.: Epidemiology of Well's disease, 521
- WHITE, Clifford: Spa treatment in gynaecology, 726
- WHITE, Duncan: Ununited fractures, 576
- WHITE, E.: Dangers of infected milk, 520
- WHITE, J. Duncan: Malignant bone tumours, 186
- WHITE, Paul Dudley: *Heart Disease*, second edition,
rev., 1161
- WHITE, Thomas Edward, obituary notice of, 305
- WHITE, W. W., appointed Officer of the Order of
St. John of Jerusalem, 166
- WHITEHOUSE, A. G. R.: Weight lost by sweating, 463
- WHITEHOUSE, Harold Beckwith, Knighthood
conferred upon, 1032, 1041
- WHITTAKER, Lieut.-Colonel George, Efficiency
Decoration of the Territorial Army conferred upon,
689
- WHITTINGHAM, Air-Commodore H. E.: Kala-azar
in the Sudan, 91
- WHITTINGTON, Richard, obituary notice of, 789
- WHITTON, Lieut.-Colonel D. A., appointed Officer of
the Order of St. John of Jerusalem, 166
- WHITWELL, J. A.: *Historical Notes on Psychiatry*
(Early Times—end of 16th Century), rev., 713
- Whooping-cough vaccine, 1026
- Who's Who, 1937*, rev., 124
- WHYTE, Captain Alistair Gordon Donald, M.B.E.,
conferred upon, 1041
- WIDDOWSON, Elsie M. (and Margery ABRAHAMS):
Modern Dietary Treatment, rev., 1206
- Widows' Pensions. *See* Pensions
- Wiener klinische Wochenschrift* for January 8th is a
Festschrift commemorating the fiftieth anniversary
of its foundation, 201
- Wiener medizinische Wochenschrift* for February 6th
dedicated to Leopold von Schröter, 430—For
April 3 to modern paediatrics and dedicated to
Julius Zappert, 846—For May 22 contains a
history of I. Fischer, 1239
- WIGGER, Carl J.: *Physiology in Health and Disease*,
new edition, rev., 560
- WIGGINS, William Denison, obituary notice of, 535
- WILCOCKS, Charles: Tuberculosis problem in
Central Africa, 1039
- WILKES-WEISS, D.: Influenzal meningitis, 260
- WILKIE, D. P. D. (and Alexander MILES): *Operative
Surgery*, second edition, rev., 1258
- WILKINSON, John F.: Primary and secondary
purpuras, 467
- WILKINSON, W. Camac: Angioneurotic oedema, 299
- WILLANS, Sir Frederic, appointed Surgeon Apothecary
to the Household at Sandringham, 532
- WILLCOX, Sir William: Experimental and laboratory
training in medical education, 289
- WILLETT, J. H.: Full-term extra-uterine pregnancy,
775
- WILLIAMS, E. Rohan: Urography in pregnancy, 1276
- WILLIAMS, Everard: Modified Gray-Ward operation
of uterine prolapse, 465
- WILLIAMS, H. C. Maurice: Arrival of the Basque
children at the Port of Southampton, 1209
- WILLIAMS, J. Whitridge: *Obstetrics*, seventh edition,
rev., 665
- WILLIAMS, Leonard: The new typography, 247—
Radio-active thermal waters, 465
- WILLIAMS, Lloyd, King George VI's Coronation
medal conferred upon, 1143
- WILLIAMS, R. P.: Dangers of infected milk, 520
- WILLIAMS, Stanley W. (and Rona M. PANTING):
Treatment of aspirin poisoning by intravenous
sodium lactate solution, 550 (O)
- WILLIAMSON, Richard Thomas, obituary notice of,
1097
- WILLIS, A. D.: Perspective in medicine and art, 1296
- WILLIS, H. W.: Nicotine poisoning, 668
- WILLOUGHBY, G. M.: Influenzal mastoiditis, 1085
- WILLS, Lucy: Extracts of liver and yeast in macro-
cytic anaemia, 629
- WILSON, Alexander: Frauds on doctors, 650
- WILSON, A. J. (and T. Harrison BUTLER): Ocular
paralyses following mumps, 752 (O)
- WILSON, A. Kirk: The Harris operation in prosta-
tectomy, 293
- WILSON, C. M.: Experimental and laboratory
training in medical education, 288
- WILSON, Dagmar: Nutrition and infectious disease,
775
- WILSON, G. S. (and W. W. C. Topley): *The Prin-
ciples of Bacteriology and Immunity*, second
edition, rev., 171
- WILSON, Henry: Mental disorder following head
injury, 881
- WILSON, J. Greenwood: Cardiff Corporation
accident service
- WILSON J. St. George: Cystic degeneration of the
endometrium, 408—The transposition operation
for uterine prolapse, 465—Full-term extra-uterine
pregnancy, 775—The interposition operation, 777
- WILSON, Samuel Alexander Kinrier, obituary notice
of, 1094
- WILTSHIRE, Harold Waterlow, obituary notice of,
249—Memorial plaque to, 793
- WIMMER, August, obituary notice of, 1349
- WINKLER, C., death of, 254
- WINSBURY-WHITE, H. P.: Improved irrigating
cystoscope, 223—Case of vesico-colic fistula, 1158
- Wintering in England (Lord Horder), 626—Dis-
cussion, 626
- WISE, Fred (and Marion B. SULZBERGER, editors):
The 1936 Year Book of Dermatology and Syphilology,
rev., 1160
- WITHERS, Frederick Ernest, obituary notice of, 422
- WITTS, L. J.: Haematemeses and melana, 847 (O)—
(And C. R. DAS GUPTA): Chronic agranulocytosis
successfully treated with liver, 1197 (O)
- WODEHOUSE, R. E.: After-care of the tuberculous, 987
- WOLF, William: *Endocrinology in Modern Practice*,
rev., 499
- Women's welfare and birth control. *See* Birth
control
- WOOD, David James, obituary notice of, 789
- WOOD, H. S. Howie: Death following blood trans-
fusion, 641
- WOOD, J. L. MILLER: Case for pasteurization, 683
- WOOD, Sir Kingsley: After-care of the tuberculous,
987—Fight against cancer, 1131—Maternity and
child welfare, 1217
- WOOD, L. A. C.: Case of locked twins, 45
- Woodhall Spa Urban District Council Bill, 1003
- WOODMAN, Musgrave: Treatment of pharyngeal
carcinoma, 1089
- WOODROFFE, G. C. L.: Reaction time of motorists,
835
- WOODS, Hugh: Faints and fits, 362—When is
abortion lawful? 470
- WOODS, Robert H.: Sclerosing submucosal injection
of turbinates, 357
- WOODS, Sir Robert Stanton: Injuries of peripheral
nerves, 447
- WOODWARD, Sir Stanley, elected Chairman of the
Justices of the Peace for the Division of St.
Marylebone, County of London, 309
- WORRALL, Ralph: New treatment of chronic
leucorrhoea, 781, 1352—A correction, 1352
- WORRALL, R. L.: Hermaphroditism, 998
- WORTH, H. M.: Lipiodal in localization of brain
tumours, 1276
- Wound healing, fundamental principles of (Mont R.
Reid), 61
- Wounds, cod-liver oil, crude, in treatment of (M. B.
Daver), 169
- Wounds, recent, merits of excision and suture of
(J. P. Strömbeck), 320
- Wragge v. Samuel Fox & Co., 791
- WRIGHT, Dickson: Treatment of facial paralysis, 403
- WRIGHT, Helena: Contraceptive technique, 990
- WRIGHT, Joyce: Types of *C. diphtheriae* in Cape-
town, 259 (O)
- WRIGHT, P. J. M.: Acute idiopathic intussusception,
389
- WRIGHT, Lieut.-Colonel R. E.: Keratoplasty, 1311 (O)
- WRIGHT, Samson: Thymus and pineal glands, 874
- WRIGHT, W. S.: Locked twins, 776
- WYATT S. (J. N. LANGDON and F. G. L. STOCK):
Fatigue and Boredom in Repetition Work, 924
- WYLIE, Surgeon Commander John, O.B.E. conferred
upon, 1041

X

- X-ray dosage in cancer (Fergus L. Henderson), 91
- X-ray service, mobile, 1335
- X-ray therapy, deep, in cancer of oesophagus (Herbert
Tilley), 1199 (O)
- X-ray therapy, low-voltage, near-distance (Woodburn
Merrison, J. F. Bromley and S. B. Adams), 1276
- X-rays, review of books on, 170, 811
- X-rays. *See also* Roentgen

Y

- YANG, Peter Lin, obituary notice of, 642
- YARR, Major-General Sir Michael Thomas, death of,
928—Obituary notice of, 1002
- Yearbook of the American Pharmaceutical Association*,
rev., 1207
- Year Book of Dermatology and Syphilology*, 1936, rev.,
1160
- Year Book of the Eye, Ear, Nose and Throat*, 1936,
rev., 810
- Year Book, Health Education*, 1937-8, 1323
- Year Book of General Medicine for 1936*, rev., 614
- Year Book of Paediatrics*, 1936 (edited by Isaac B.
Abb), 755
- Yeast extracts in macrocytic anaemia (Lucy Wills),
629
- YODH, B. B.: Further observations on the treatment
of tetanus, 855 (O)
- YORKE, Courtenay: Bronchoscopic clinics, 829
- YOUNG, Archibald, appointed a Deputy Lieutenant
for the County of the City of Glasgow, 846
- YOUNG, George: Medical aid in Southern Spain, 1285
- YOUNG, James: Uterine prolapse, 466—Self-
administration of nitrous oxide in labour, 467—
*A Textbook of Gynaecology. For Students and
Practitioners*, fourth edition, rev., 558—The
habitual abortion and stillbirth syndrome and late
pregnancy toxæmia: vitamin E and the prolan-
progesterone mechanism, 953 (O)—Elected chair-
man of the medical advisory board of the British
Social Hygiene Council, 1167
- YOUNG, J. Helen: Medical aid in Southern Spain, 732
- YOUNG, John Stirling, appointed to the Chair of
Pathology at Aberdeen, 190, 197, 354
- YOUNG, R. A.: Experimental and laboratory training
in medical education, 288—Perspective and poise
in practice, 1057 (O)
- YULE, Emma Sarepta (and Sam F. TRELEASE):
The Preparation of Scientific and Technical Papers,
third edition, rev., 1026

Z

- ZAAIJER, J. H.: Non-coagulation diathermy applied
to the prostate, 113
- ZAPPALA, Gaetano (and Giuseppe LAZZARO): *Le
Artropatie Croniche*, rev., 812
- ZAPPERT, Julius: *Wiener medizinische Wochenschrift*
for April 3 dedicated to, 846
- Zinc chloride in treatment of leucorrhoea (Aleck
Bourne, L. T. Bond, and K. A. McGarrity), 116 (O).
See also Leucorrhoea
- Zinc ionization, changes in nasal mucosa following
(W. F. Wenner and J. H. Alexander), 1027
- Zinc ionization in treatment of hay fever (Lionel D.
Bailey and Clive Shields), 808 (O)
- Zinc protamine insulin. *See* Insulin
- ZUMPT, F.: *Die Teisetfliegen. Ihre Erkennungs-
merkmale, Lebensweise und Bekämpfung. Ein
Leitfaden für die Praxis*, rev., 861
- Zung Fund to be wound up, 654
- Zymotic diseases, review of book on, 1025

LIST OF ILLUSTRATIONS

SPECIAL PLATES

	PAGE
Bronchopneumonia, Terminal Caseating Tuberculous (C. E. H. Turner)	
inset between 624 and 625	
Bronchoscope Investigation in Haemoptysis (John E. G. McGibbon and E. T. Baker-Bates)	130
Burns Treated by Amyl Salicylate and other Salicyl Esters (R. Leslie Stewart)	405
Calculi, Renal, Large (D. J. Harries)	404
Cancer of Bronchus in a Boy of 19 (J. John Hailwood)	624
Corneal Transplantation, Results of (J. W. Tudor Thomas)	
inset between 130 and 131	
Cysts, Hereditary Sebaceous (J. T. Ingram and Michael C. Oldfield)	
inset between 982 and 983	
Endometrial Biopsy (Albert Sharman and H. L. Sheehan)	982
Epilepsy and Cysticercosis (A. J. P. Alexander)	983
Fractures of Os Calcis, Industrial Aspect of (Bryan McFarland)	625
Haemorrhage, Ante-partum, Three Separate Causes of Occurring Simultaneously (Philip J. Ganner)	
inset between 624 and 625	
Heart Failure, Early Diagnosis and Treatment of (William Evans)	1168
Hypospadias, Adult, Operation for Cure of (Archibald H. McIndoe)	
inset between 404 and 405	
Kaolin, Medicinal, in Food Poisoning (N. Mutch)	624
Leucorrhoea, Chronic, New Treatment for (Aleck Bourne, L. T. Bond, and K. A. McGarrity)	
inset between 130 and 131, and facing 131	
Lithopaedion, Case of (Paul Cave)	405
Lupus Vulgaris Treated by Intradermal Injections of Hydnocarpates (J. Edgar Wallace)	
inset between 1168 and 1169	
Lymphadenoma and Allied Diseases, Clinical and Biochemical Syndrome in (N. Hamilton Fairley and F. P. Mackie)	405
Mononucleosis, Infections, and Monocytic Leukaemia (M. C. G. Israëls)	
inset between 624 and 625	
Osteochondritis Dissecans (Douglas S. Stevenson and Fergus L. Henderson)	982
Pregnancy, Extra-uterine, Advances (A. Patrick)	1169
Pregnancy, Extra-uterine, Partial (Edgar P. Waters)	1169
Pregnancy, Triple, with Extra-uterine Twins (E. H. Rainey and A. Geoffrey Shera)	
inset between 624 and 625	
Prontosil, Intrapleural, in Streptococcal Empyema (James L. Brown)	1169
Tumour, Mixed, of Lip (Robin Pilcher)	983

ILLUSTRATIONS IN THE TEXT

Anaesthetic Airway Cap (Herbert Charles)	449
Auditory Nerve Section in Ménière's Disease (R. Rutherford)	661
Auricular Flutter Continuing for Ten Years (Sir Thomas Lewis)	1248
Badgerow, Sir George	1096
Bedstead of New Design	22
Belfast and District	234, 766, 1260
Biliary Dust Drainage, New T-tube for (Rodney Maingot)	971
Bland-Sutton, Sir John	47
Bronchoscope, a Modified (J. E. G. McGibbon)	1162
Bronchoscopic Investigation in Haemoptysis (John E. G. McGibbon and E. T. Baker-Bates)	110
Cancer Treated by Inserted Radium Plaques (H. S. Souttar)	909
Cannula, Blood-transfusion	22
Clamp, circumcision (J. S. Rowlands)	223
Collinson, Frederick William	1348
Curette, Adenoid (M. O. Abdeen)	1073

Cystoscope, Improved Irritating (H. P. Winsbury-White)	223
"Disposition" and Specific Allergens (E. M. Fraenkel)	441
Donald, Archibald	891
Dressings, Sterilization of, Present-day Methods of (Major S. N. Hayes)	912
Endometrial Biopsy (Albert Sharman and H. L. Sheehan)	966
Epithelial Overgrowths and Diverticula (D. M. Lubbock, W. Thomson and R. C. Garry)	1252
Extososes of External Auditory Meatus (Arthur Miller)	263
Forceps, Lion, for Ballur Valgus Operation (I. S. Smillie)	971
Fractures of Malar Bone, Depressed, Treatment of (A. B. K. Watkins)	327
Gas-analysis Apparatus for Use with Oxygen Tents, a Simple (Hugh Gainsborough and J. Addyman Gardner)	813
Gastroscope, a Flexible	77
Heart Failure, Early Diagnosis and Treatment of (William Evans)	1145
Hermaphroditism, Unusual Case of (Harold Chapple)	803
Hernia, Injection Treatment of (Maurice Lee)	360
Hernia, Strangulated, Director for (Leonard Ley)	125
Hernia, Ventral, Mid-line (A. Wood Power)	959
Hormones, Male, Chemistry and Assay of (R. K. Callow and A. S. Parkes)	457
Hunter, William	198
Liverpool Medical Institution	1208
Lymphatic System, Clinical Aspects of (H. A. Harris)	168
Needle Holder, New Pattern (G. L. Preston)	1119
Nocifensor System of Nerves and its Reactions (Sir Thomas Lewis)	431
Oestrogenic Compounds, Chemistry of (E. C. Dodds)	398
Ophthalmoscope, a Polarizing (J. D. M. Cardell)	502
Oral Props in General Anaesthesia (A. L. H. Baker)	560
Oxygen Administratives, Inexpensive Flow Meter and Humidifier for (E. P. Poulton)	1113
Oxygen Tent, New Open-top (Hugh Gainsborough, J. Addyman Gardner and Ruth Murray)	812
Pleurisy, Obliterative, Value of Oleothorax in (F. G. Chandler)	66
Proctoscope, Clifton's, Modified	1317
Prostate, Transurethral Resection of (Kenneth M. Walker)	901
Radon-seed Introducer, a New (F. J. Cleminson)	125
Radon Therapy, Internal (F. D. Howitt, E. C. Pillman-Williams and S. Russ)	209
Retractors, Knee (H. Jackson Burrows)	273
Saline Infusion, Continuous Intravenous (Hamilton Bailey, Wilfred I. B. Stringer and Kenneth D. Keele)	553
Saline, Intravenous, Interceptor and Regulator for (Hamilton Bailey)	1259
Scissors, Ophthalmic Trephine (J. Edward Martin)	223
Sedimentometer, Multiple Tube (J. W. Shackle and C. L'Estrange Orme)	921
Semple, Lieut.-Colonel Sir David	147
Sigmoidoscope, Operating (A. Dreifus)	125
Smith, Sir Grafton Elliot	99
Smith-Petersen Nail, Modification of (C. E. Kindersley)	1119
Splint, Fracture, Universal (K. H. Pridie)	392
Sprigge, Sir Samuel Squire	1346
Stretcher, Metal	863
Swab Counting Board	173
Syringe for Splanchnic Anaesthesia (Harold Upcott)	614
Tendon, Flexor, Accidental Avulsion of (Philip Simon)	1140
Tonsil Snare, New (Geoffrey H. Bateman)	1073
Trichomonas Vaginitis Treated by Silver Picrate (W. Neville Mascal)	1115
Trocar and Cannula, Intravenous	173