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INDEX TO VOLUME I FOR 1877.

- A.**
 Abdomen, spasms and cramps in, 105; disease of, 233; tumour of, 269; Dr. J. D. Crowe on gunshot wound of, 675
 Abortion, treatment of, 683
 Abscess in knee, Mr. E. Owen on, 253; of antrum, 370; below diaphragm, from disease of lungs, 430; of liver and empyema, 713
 Abscesses, distension of with dilute carbolic acid, 201, 230
 Academy of Medicine in Paris, president and vice-president, 18; prizes of, 117
 ——— Royal, 538
 ——— Royal Irish, president of, 363
 ——— of Sciences in Paris, prizes of, 692
 Acland, Dr. H. W., address to Medical Council, 594
 Aconite, Mr. L. H. Jones on poisoning by, 258; Dr. de Gorrequeur Griffith on, 453
 Aconitine, facial neuralgia treated with, 760
 Actions for recovery of fees, 53, 781; for libel against a medical man, 181; Deville v. Harrogate Improvement Commissioners, 308; Agnew v. Jobson, 336; against a prescribing druggist, 336; for injuries on railway, 724
 Adams, Mr. John, death of, 118
 ——— Mr. W., subcutaneous division of neck of humerus, 71; section of neck of femur, 184
 Adamson, J., proposed memorial of, 80
 Addison's disease, case resembling, 518; without bronzing, 774. See Suprarenal bodies
 Adulteration of food, in Dublin, 410, 528; of milk, 494; in Belfast, 593; of bread, 750
 Advertisements, unprofessional, 61, 764; quack, in religious newspapers, 717
 Agriculture, chemistry, 787
 Ague, salicin in, 109
 Albert medal, the, 523
 Albuminuria, relation of vascular tension to, 540; without eclampsia, Dr. Aust Lawrence on, 738
 Alcock, Mr. A. M., condensed milk, 189
 Alcohol, relation of to medicine, 174, 209; letters on, 244, 374, 407, 501
 Alcoholic paralysis, Mr. C. H. Robinson on, 352
 Alcoholism, Dr. Magnan and Dr. Greenfield on, *rev.*, 202
 Alexander, Dr., clinical urine-case, 711
 Algeria, native physicians in, 179
 Alimentary canal, disorder of, 801
 Allbutt, Mr. H. A., the Hospital for Consumption at Ventnor, 190
 ——— Dr. T. C., mental anxiety as a cause of granular kidney, 157
 Allen, Mr. J. W., the Portland Town Free Dispensary, 124
 Allen and Hanbury's, Messrs., capsules of nitrite of amyl, 638
 Allfrey, Dr. C. H., vaccination from the calf, 282; the examination for F.R.C.S., 467, 636
 Allison, Mr. W., obituary notice of, 829
 Aloin, therapeutics of, 747
 Alveolar hæmorrhage, 232
 Amenorrhœa, Dr. Braxton Hicks on, 377
 America, physical culture in, 20
 American eclectic diplomas, 242; meat, 604, 670
 Ammonia, injection of into veins in collapse, Dr. R. D. Pinnock on, 229; Mr. F. C. Shaw on, 423
 Amputation, Syme's, 714
 Amussat, Dr. A., Catheters for Leaving in the Bladder, *rev.*, 202
 Amyl, nitrite of, Dr. W. L. Lane on experiments with, 101; Mr. E. Fairland on cholera treated by, 102; capsules of, 234, 604, 639; in angina pectoris, Dr. G. Johnson on, 770
 Anæmia, Dr. Braxton Hicks on, 377
 Anæsthesia, local, 376; artificial, death during, 396. See Chloroform and Ether
 Analyst, Edinburgh city, 493
 Anatomy, Mr. T. Cooke's School of, 79, 114, 120; in Edinburgh, 81; Topographical, Dr. Braune's Atlas of, *rev.*, 166; Dr. Brunton on history of study of, 315; professorship of in University College, 556, 750
 Anderson, Dr. McCall, the cirrhotic form of Bright's disease, 641
 Andrew, Mr. W., professional etiquette, 699
 Aneurism, Dr. Dobell on a safe and rapid cure of, 134; from embolism, 368; of aorta, galvano-puncture in, 200, 244; ligature of left carotid artery in, 203; cases of, 371, 391, 481, 548, 552; Mr. C. Heath on distal ligature in, 381; use of sphygmograph in, 390; use of laryngoscope in, 391; intrathoracic tumour simulating, 685; popliteal, 269; of superior mesenteric artery, 483; of coronary artery, 484; of common femoral artery, 496; of pulmonary artery, 512, 796; military, of brain, 829
 Angina pectoris and arterial contraction, Dr. G. Johnson on, 770
 Angus, Mr. J. A., treatment of syphilitic warts, 314
 Anhidrotics, 685
 Animals, experiments on, 589
 Ankylosis of hip, subcutaneous section of neck of femur for, 135; case of, 677; of elbow, 815
 Annandale, Mr. T., hydatid tumour of omentum, 99; caries of trochanter major removed by chisel and mallet, 198; movable limb after excision of knee-joint, 478
 Antipodean ethics, 412
 Antiscorbutics, potatoes as, 331, 361
 Antiseptic remedies in phthisis, Dr. I. B. Yeo on, 195
 Antiseptic surgery in Paris, 54; letter on, 184; in Vienna, 404; at the German Surgical Congress, 665; Mr. H. E. Waddy on use of terebene in, 676
 Antisepsism in sections and resections, Mr. R. Barwell on, 506, 541
 Antivaccination, statistics of, 626; in Liverpool, 784
 Antivivisectionists, 62, 375, 500, 555, 689; in Edinburgh, 534, 670, 699, 755; in Glasgow, 755; meeting of, 822
 Antrum, abscess of, 370
 Anxiety, mental, as a cause of granular kidney, Dr. T. C. Allbutt on, 157; Dr. J. O. Brookhouse on, 283
 Aorta, aneurism of, galvano-puncture in, 200, 244; ligature of left carotid artery in, 203; fusiform, 233; cases of, 371, 391, 481, 548, 552; Mr. C. Heath on distal ligature in, 381; the sphygmograph in, 390; the laryngoscope in, 391; abnormal origin of vessels from arch of, 429
 Apex-murmurs, diagnostic value of, 27
 Aphasia, with left hemiplegia, 13; optic neuritis after, 42
 Apoplexy and drunkenness, 112, 183; diagnosis from auditory nerve vertigo, 419
 Apothecaries, Society of, pass-lists, *see* Medical News in each number
 Appeals, 152, 219, 313, 669, 699
 Appetite, abnormal, 752
 Appointment dial, Dr. Dobell's, 387
 Arboretum in Edinburgh, 787
 Arbroath, vital statistics of, 53
 Arctic expedition, remarks on the, 18, 435, 781; scurvy in the, 297, 621; proceedings in Parliament regarding, 246, 312, 332, 498, 536, 667, 733, 799, 830
 Arctic ethnology, 299
 Arm, traumatic paralysis of, 484; ankylosis of elbow after injury of, 815
 Armstrong, Sir Alexander, 750
 Army, British, letters on medical department of, 29, 59, 60, 91, 186, 341, 372, 409, 469, 535, 732, 799; rules relating to regimental messes and bands, 88; list of grievances, 186, 408; successful candidates for medical service, 187, 280; Mr. Hardy on the medical department, 271, 298, 312; payment of civil surgeons, 277; questions at examination, 284; movements of medical officers, 341, 798; mortality of medical officers, 408; the medical department and its doctors, 458; reduction in medical department, 469; suggestions regarding, *ib.*; retirement, 535; memorial from College of Physicians in Ireland regarding, 561; alleged degeneracy of medical department, 571; proceedings in Parliament regarding commissions of surgeons, 601; returns of candidates, 615, 620
 ——— Indian, annuities, 90; successful candidates for medical service, 187, 280; question in Parliament concerning, 497; remarks on, 526; letter on, 571
 ——— Turkish, hospitals of, 524, 669; note on service in, 566; scurvy in, 589
 Army Medical School, professorship of Military Hygiene in, 121; closure of session, 213
 Arnot's Elements of Physics, *rev.*, 166
 Arrot, Dr. D., obituary notice of, 122
 Arrows, poisoned, 52
 Arsenic, Dr. J. Farrar on poisoning with from green paint, 8; colouring by, 784
 Arterial tension, from blood-contamination, Dr. Sibson on, 1, 33, 155, 221
 Arteries, syphilitic disease of, 84, 689; cerebral, atheroma of, 88; changes of in Bright's disease, 369; abnormal origin of from aorta, 429; relation of contraction of to angina pectoris, Dr. G. Johnson on, 770
 Arterio-capillary fibrosis, 295
 Arterioles, muscular, Dr. G. Johnson's Lumleian lectures on, 443, 473, 503, 539, 577
 Arteritis obliterans, 815
 Artery, brachial, ligature of for wound of hand, 72; innominate, electro-puncture in aneurism of, 200; carotid, ligature of for aortic aneurism, 203; popliteal, aneurism of, 289; lingual, ligature of for cancer of tongue, 388; pulmonary, stenosis of, 429; superior mesenteric, aneurism of, 483; coronary, aneurism of, 484; common femoral, aneurism of, 496; pulmonary, aneurism of, 512, 796; rupture of in phthisis, 797
 Artery-constrictor, 714
 Artisans' dwellings in Dublin, 334, 494, 661; Metropolitan, annual meeting of Association, 753; Victoria dwellings, 821
 Artists, medical, 538, 753
 Artists' Annuity Fund, physicians to, 17, 48
 Ascites in a child cured by paracentesis and copaiba, 550; from cirrhosis of liver, 710; in a foetus, 814
 Aspiration of small ovarian cysts, 104; of cephal-hæmatomata, 105; in pleuritic effusion, 110; in ganglion, Dr. J. Broom on, 545
 Assistants, unregistered, 248
 ASSOCIATION, BRITISH MEDICAL, proceedings in Committee of Council in regard to abuse of medical charities, 146; exhibition of sanitary appliances at Manchester meeting, 208, 590; the Honorary Secretary in Ireland, 302; proceedings of Committee of Council, 310, 532, 599; arrangements for annual meeting, 310, 600; remarks on balance-sheet, 524; financial statement, 532; the Stewart trust, 599; botanical exhibition at Manchester, 725; the annual museum, 757; remarks on annual meeting, 779; number of members at annual meetings, 789; programme of annual meeting, 792, 827
 ——— Aberdeen, Banff, and Kincardine Branch, resolution on Vaccination Bill, 361; abscess of antrum, 370; cure of talipes equinus, 371
 ——— Bath and Bristol Branch, ordinary meetings, 121, 338, 696, 762; treatment of acute rheumatism, 121; militia surgeons, 696; restraint of hæmorrhage, 762; date of annual meeting, *ib.*
 ——— Birmingham and Midland Counties Branch: ordinary meetings, 24, 89, 338, 533; resignation of Dr. B. Foster as Secretary, 77, 89; atheroma of cerebral arteries, 88; intracranial false membrane, *ib.*; tapping hepatic abscess, *ib.*; dry dressing of wounds, *ib.*; pathological specimens, *ib.*; retention of pessary, *ib.*; operation fees to general practitioners, 89; medical defence, 89, 338; appointment of Secretary, 338; Mr. Gamgee's address as President, 803.—Pathological and Clinical Section: acute emphysema in a child, 110; detachment of retina, *ib.*; fibrous polypus from posterior nares, *ib.*; aspiration in pleuritic effusion, *ib.*; atheroma of aorta, 429; abnormal origin of vessels, *ib.*; scirrhus of breast, *ib.*; excision of astragalus, 683; excision of os calcis, *ib.*; treatment of abortion, *ib.*—Microscopical Section: meetings, 495; medical microscopy, 519; disease of peritoneum, *ib.*; duplex embryo, *ib.*; ovarian cysts, *ib.*; cauliflower growth of cervix uteri, *ib.*
 ——— Border Counties Branch, spring meeting, 635; removal of cast from female bladder, 795; biliary calculi, *ib.*
 ——— Dublin Branch, formation of, 664, 694; officers and Council, 695; meeting of Council, 625
 ——— Edinburgh Branch, annual meeting, 794
 ——— East York and North Lincoln Branch, annual meeting, 762
 ——— Metropolitan Counties Branch, legislation for habitual drunkards, 661
 ——— Midland Branch, monthly meetings, 147, 238, 366, 564; operation fees to general practitioners, 147
 ——— North of England Branch, spring meeting, 697; unqualified medical practitioners, 697
 ——— Reading, militia surgeons, 435
 ——— Shropshire and Mid-Wales Branch, quarterly meeting, 633; Medical Defence Association, *ib.*; fees for operations, *ib.*; papers, *ib.*
 ——— South-Eastern Branch: Ethical Committee, 120.—East Kent district meetings, 517, 533; diphtheria, 517; supposed dislocation of teeth, *ib.*; rotten teeth, *ib.*; habitual drunkards, 533; annual meeting, 762; Secretary, *ib.*; places of meeting,

- ib.*; Ethical Committee, *ib.*—West Kent district meeting, 730; the late Dr. Carr, 731; meetings, *ib.*—East Surrey district meetings, 27, 339; infantile convulsions, 27; pyæmia in hospitals, *ib.*; apex-murmurs, *ib.*; foreign body in trachea, 28; hæmophilia, *ib.*; Secretary, 339; stenosis of pulmonary artery, 429; cerebral tuberculosis, *ib.*; osteotomy for knock-knee, *ib.*; Roussel's transfusion apparatus, *ib.*; mania after scarlet fever, *ib.*; contraction of little finger, *ib.*—East Sussex District, injury of eye, 497; pelvic hæmatocele, *ib.*; treatment of ruptured perinæum, *ib.*; *post partum* convulsions treated by sedative injections, *ib.*; uterine fibroid, *ib.*; ovariectomy, *ib.*; diphtheria, *ib.*
- Association, South of Ireland Branch, cancer of liver, 28; removal of eye, 28, 715; disease of ear and brain, 28; syphilitic dilatation of aorta, 233; Syme's amputation, 233, 714; tænia, 714; pathology of pneumogastric nerve, *ib.*; diseases of heart and vessels with granular kidney, *ib.*
- South Midland Branch, annual meeting, 762; Secretary, *ib.*
- South Wales and Monmouthshire Branch, spring meeting, 730; communications, *ib.*; habitual drunkards, *ib.*
- Southern Branch, Dorset district meeting, 794
- Staffordshire Branch, ordinary meeting, 564; new members, *ib.*; communications, *ib.*
- Thames Valley Branch, ordinary meeting, 465
- West Somerset Branch, spring meeting, 697; president-elect, *ib.*; legislation for habitual drunkards, *ib.*; militia surgeons, *ib.*; artificial feeding of infants, *ib.*
- Yorkshire Branch, spring meeting, 495; Dr. Deville and the Harrogate Commissioners, *ib.*; militia surgeons, *ib.*; papers, *ib.*; habitual drunkards, *ib.*
- Association, British Medical Temperance, annual meeting, 718
- Dental Reform, letters regarding, 497, 568, 569, 639
- Derby Nursing, report of, 560
- Dublin Sanitary, resolution of Executive Committee regarding infected clothing, 399
- Irish Medical, Poor-law medical officers' superannuation, 119; vaccination in Ireland, 236; coroner's medical witness, 334; deputation to Sir M. Hicks-Beach on public health legislation and administration, 663; annual meeting, 723; Committee of Council, 755; resolutions on public medical service in Ireland, 756
- Italian Scientific, prize of, 273
- Manchester Provident Dispensaries, report of, 758
- Medical Alliance, 797
- Medical Defence, meeting of Council, 213; amendment of Medical Act, 242, 314, 563; deputation to Home Secretary, 724
- Medical Teachers', resolution of Council, 51
- Metropolitan Artisans' and Labourers' Dwellings, annual meeting, 753
- Poor-law Medical Officers', objects of, 59; circular of, 90; fees at operations, 186; Mr. Ashburner and Dr. Kelly, 311; the police and the workhouse infirmaries, 601; letter on, 829
- Social Science, resolution of Council regarding coroners' courts, 822
- of Surgeons practising Dental Surgery, position of dental surgery, 43; swelling of upper jaw containing a temporary tooth, 232; caries of upper jaw, *ib.*; hypertrophy of intermaxillary bone, *ib.*; instrument for keeping mouth dry, *ib.*; odontoma, *ib.*; alveolar hæmorrhage, *ib.*; torsion of teeth, 549; tooth-disease following eruptive fevers, *ib.*; irritation of dental nerve, 550; neuralgia, *ib.*
- Yorkshire, of Medical Officers of Health, 497
- Asthma, renal, Dr. G. Johnson on, 539
- Aston, sanitary report on, 741
- Astragalus, excision of, 683, 712
- Asylum, alleged neglect in an, 525, 624, 640; assault on a patient in an, 659
- Broadmoor Criminal Lunatic, report of Committee on, 402
- Cork Lunatic, lectures at, 180
- Derby, proposed enlargement of, 179
- Dundee, annual meeting, 824
- Edinburgh Blind, annual meeting, 20
- Glasgow Royal, annual report, 80
- for Imbecile Children, at Clapton, entertainment at, 141; visit to, 718
- London, statement in Parliament respecting, 571
- Morningside, annual report of, 33
- Richmond District, report of, 756
- Asylums, county, pathological work in, 93; Metropolitan Sick, and the Local Government Board, 149, 337; summary of proceedings of Board, 587; lunatic, are they prisons? 520; private, visiting physicians to, 656; in Ireland, report on, 693
- Atheroma, Dr. Sibson on, 3; of cerebral arteries, 88
- Athetosis, 684
- Athy, water-supply of, 276
- Atmosphere, Mr. Tyndall on a combat with an infective, 95
- Atresia vaginae, operation for, 516
- Attwood, Mr. F. L., Servian hospitals, 731
- Auditory nerve vertigo, Dr. Gowers on, 287, 418, 477
- Australia, coroners and inquests in, 462
- Automatic acts, in epilepsy, *see* Epilepsy; illustrated by night-alarms, 711
- Aveling, Dr. J. H., transfusion of blood, 467, 600
- Axilla, wound of, 796
- B.
- Baby-farming, 397
- Bag, midwifery, 519
- Baker, Mr., resignation of as inspector of factories, 492
- Balfour, Professor, resignation of office as Dean, 528
- Bank of England, medical officer of, 207
- Banner system of ventilation, 123
- Barber, Mr. E., tooth-forceps, 638
- Barber-surgeons in Brittany, 173
- Barlow, Dr., enlarged spleen in congenital syphilis, 84; syphilitic disease of arteries, 669
- Barony poorhouse, 437
- Barracks, militia, 50, 90; Dublin, alterations in, 240
- Bartrum, Mr. J. S., spinal sclerosis, 290
- Barwell, Mr. R., osteotomy, 215, 604; antisepticism in sections and resections, 506, 541
- Bastian, Dr. H. C., pathology of chorea, 36, 65
- Bate, Mr. G., the case of Gunner Charlton, 406
- Bath, rheumatic hyperpyrexia treated by, 105; cold, in abdominal typhus, 427
- Baths, Public, Mr. F. Vacher on, *rev.*, 42; in Dunfermline, 592
- Battery, Leclanché medical, 355
- Bearing-reins for horses, 274, 366
- Beatson, Surgeon-General, memorial of, 459
- Beatty, Dr. T. E., memorial of, 29
- Bedstead, Samaritan's invalid, 533
- Beef, Hooper's peptone of, 138
- Belfast, deaths from zymotic diseases, 240; health of in 1876, 436; nurses for poor in, 661; public baths for, 721
- Bell, Sir C., collection of drawings by, 239
- Belladonna, symptoms of poisoning after application of extract of to scrotum, 164; Dr. H. F. Smith on poisoning by, 259; letter on, 314; poisoning by, 823
- Bennett, Dr. A. H., treatment of ringworm by Goa powder, 163; the case of the Queen v. Treadaway, 226
- Benzoin, Dr. E. M. Sinclair on compound fracture dressed with tincture of, 354
- Bequests, 77, 131, 230, 455, 493, 494, 523, 592, 593, 600, 830
- Berry, Mr. W., treatment of syphilitic warts, 314
- Biliary calculus passed by rectum, 430; specimens of, 795
- Billing, Dr., Dr. Little on his explanation of the heart-sounds, 590
- Billroth, Dr., his practice in Vienna, 404; report concerning, 523
- Bills, Forms of, Dr. A. Mackintosh's, *rev.*, 42
- Bird, Dr. G., English surgeons in Egypt, 29
- Bismuth mixture, Sellers', 328
- Bisshopp, Mr. J., and the Tunbridge Wells Local Board, 182
- Black, Dr. P., Scurvy in High Latitudes, *rev.*, 387
- Blackburn, Mr. H. B., treatment of ophthalmic affections in small-pox, 104
- Blackie, Professor, to Professor Lister, 472
- Bladder, puncture of, 201; female, exploration of, 584; hair-pin in, 686; removal of a cast from, 795
- Blaps mortisaga as a human parasite, Dr. T. S. Cobbold on, 420
- Blind, Edinburgh Asylum for, 20
- Blood, transfusion of, *see* Transfusion
- Blood-vessels, changes of in Bright's disease, 369
- Blower, Mr. B., the entombed miners, 669
- Bloxam, Dr. W., and the Guardians of St. George's, Hanover Square, 121, 150, 313
- Boerhaave's opinion of transfusion of blood, 202
- Bombay, famine-mortality in, 718
- Bone, necrosed, forming nucleus of calculus, 367; growth of, 665
- Boston, weekly tables of mortality and meteorology, 558
- Botany, class of in University of Edinburgh, 693
- Bougie, Dr. Drapes on septicæmia from prolonged use of a, 70
- Boulton, Dr. P., treatment of ringworm by Goa powder, 134
- Bowman, Dr. G., treatment of tetanus and hydrophobia, 282
- Bradford, sanitary report on, 811
- Bradley, Mr. S. M., administration of phosphorus, 422, 472; rare dislocations, 544; the homœopathic schism, 731, 763; diseased knee-joint, 769
- Brain, disease of from ear-disease, 28; syphilitic disease of, 41; hardening the, 62; atheroma of arteries of, 88; abnormally heavy, 164; evolution of, 239; disease of, relation to auditory nerve vertigo, 419; tubercle of, 429, 811; relative frequency of disease of in sexes, 417; spindle-celled sarcoma of, 518; abscess of, *ib.*; meningitis of convexity of, 684; Dr. Ferrier on Functions of, *rev.*, 776; military aneurisms of, 815
- Bramwell, Dr. B., intrathoracic tumour, 8; the suprarenal capsules and lymphatic growths, 256; disease of suprarenal capsules, 384
- Braune, W., Atlas of Topographical Anatomy, *rev.*, 166
- Bravais's dialysed iron, 278, 313
- Brazil, the Emperor of, 490, 558, 781, 783
- Bread, brown, 376; adulteration of, 750
- Breast, minute anatomy of carcinoma of, preceded by eczema of nipple, 106; myxoma of, 136; Mr. S. Gamgee on removal of scirrhus tumours of, 255, 429; physiological and pathological processes of, 549; early scirrhus of, 678; sarcoma of, *ib.*
- Breathing by mouth, 374
- Bremner, Dr. J. T. U., 469
- Bridport, sanitary report on, 402
- Bright's disease, Dr. Sibson on, 1, 33, 155, 221; changes in blood-vessels in, 369; retinal arteries in, *ib.*; *post mortem* examination in case of, 424; Dr. McCall Anderson on cirrhotic form of, 641; Dr. Hughlings Jackson on application of ophthalmoscope in, 805. *See* Kidney
- British physicians in France, proposed law affecting, 22, 46, 120
- Brittany, barber-surgeons in, 173
- Broadbent, Dr. W. H., reply to from Dr. Leared, 100; causes of sounds of heart, 160
- Broadmoor Criminal Lunatic Asylum, report on, 402
- Broca's stereograph, 435
- Brodhurst, Mr. B. E., Lectures on Orthopædic Surgery, *rev.*, 812
- Bromide of camphor, pills of, 167; Dr. Clin's capsules of, 355
- of potassium, traumatic tetanus treated by, 551
- Bronchiectasis and fetid bronchitis, 611
- Bronchocele, relative frequency of in sexes, 447
- Brookhouse, Dr. J. O., mental anxiety a cause of kidney-disease, 293
- Broom, Dr. J., treatment of ganglion by pneumatic aspiration, 545
- Brotherston, Dr. P., death of, 527; obituary notice of, 668
- Brouardel, Dr., introductory lecture, 568
- Brougham, a two-wheeled, 817
- Brown, Dr. F. J., vaccination, 58; notice of infectious diseases, 732
- Mr. G., treatment of ringworm by perchloride of iron, 384
- Mr. G. D., cockroaches in the ear, 152; certificates without fees, 154; apoplexy and drunkenness, 183
- Browne, Dr. T., anatomy in Queen's College, 500
- Brunton, Dr. T. L., Goulstonian lectures on pharmacology and its relation to therapeutics, 251, 285, 313, 345, 379, 415
- Brussels, Dr. A. Gore on military hospital of, 68
- Bubo, suppurating, peritonitis caused by, 430
- Buck, Dr. Gurdon, death of, 397
- Bucknill, Dr. J. C., belief in medical evidence touching insanity, 125; the case of F. Treadaway, 215; on relations between intemperance and insanity, 254
- Bugs, prevention and destruction of, 501
- Burdett, Mr. H. C., hospitalism in cottage hospital practice, 351; public support of hospitals, 405; children's hospitals, 670
- Burnaby, Captain, infant mortality in Russia, 333
- Burial-grounds, closing of, 601
- Bursal enlargement, Mr. Robson on a form of, 582
- Bushe, Dr. C. J. L., treatment of ringworm by chrysophanic acid, 453
- Butterine, 239
- Buzzard, Dr. T., visceral syphilis, 168
- C.
- Cab, the Linton, 234, 313
- Cabs, conveyance of patients with infectious diseases in, 313; proceedings in Parliament respecting, 342
- Caffin, effervescent saline with, 779
- Calculi, phosphatic, Mr. R. Harrison on action of nitric acid on, 11; large, 32, 548; cases of, 233, 816; with necrosed bone as nucleus, 367; Dr. Ord on spontaneous disruption of, 671; of carbonate of lime, 701; in a female, Dr. S. T. Smyth on, 809; biliary, passed by rectum, 430; notes on, 795
- Caif, vaccination from the, 250, 282. *See* Vaccination
- Callard's Ivory Jelly, 387
- Callender, Mr. G. W., address to Clinical Society, 130

- Cameron, Dr. H. C., clinical observations on tracheotomy, 63
- Campbell, Mr. A., intussusception treated by inflation, 765
- Dr. C. M., causation of gout, 501
- Mr. W. M., hydrobromic acid, 490
- Dr. W. W., sponge-pads in excision of tumours, 39
- Camphor, pills of monobromide of, 167; capsules of, 355; homoeopathic solution of, Dr. G. Johnson on poisoning by, 607
- Canadian surgeons, 501
- Canal boats, proceedings in Parliament regarding, 498; population, 688
- Cancer of liver, 29, 371; of breast after eczema, minute anatomy of, 106; medullary, of fundus of stomach, 233; of breast, Mr. Gamgee on removal of, 235, 429; of ribs and vertebrae pressing on spinal cord, 294; of tongue, 388; mediastinal, 392; of uterus, hydrate of chloral in, 430; of glands of neck, 547; treatment of early stage of, 563; curability of, *ib.*; colloid, 585; of rectum, colotomy for, 678, 710; of male breast, 683
- Cantharides, prosecution for administration of, 302; letter on, 466
- Carbolic acid, poisoning by, 118, 178; treatment of abscesses by distension with solution of, 230; treatment of poisoning by, 343
- Carbonate of lime, calculi of, 701, 909
- Caries of trochanter major removed by chisel, Mr. Annandale on, 198; of upper jaw, 232
- Carlisle Place Orphanage, mortality of children in, 52, 397; proceedings in Parliament regarding, 245
- Carmichael, Dr. N., Spontaneous Evolution and the Germ-theory, *rev.*, 202
- Carpenter, Mr. R. H. S., Medical Act Amendment Bill, 797
- Carr, Dr. William, death of, 396; obituary notice of, 498
- Carrière, M. L., death of, 555
- Carriages for country practice, 94, 249, 313, 376, 411
- Cartilages, costal, Dr. R. E. Thompson on condition of in phthisis, 41; fracture of, 486
- Cartwright, Mr. S., dental reform, 497, 639
- Casca, Dr. Lauder Brunton on investigation of action of, 345, 379
- Cassells, Dr. J. P., aural therapeutics, 71; ear-disease and life-assurance, 322; mouth-breathing and nasal respiration, 374
- Cassia alata in ringworm, Dr. D. Foulis on, 71; Dr. T. Fox on, 134
- Casson, Mr. J. H., treatment of suffocative goitre, 12
- Catamenia, reappearance of from mental shock, 455
- Catarhal ophthalmia, Mr. Nettleship on natural history of, 705
- Catheter for leaving in Bladder, M. Amussat on, *rev.*, 202
- Cattle, poisoning of, 119, 692
- Cattle-plague, 462, 491; proceedings in Parliament regarding, 497, 498
- Cauliflower growth of cervix uteri, 519
- Caustic arrows in surgery, 392
- Cauties in abscess of bone, 430
- Cautery, thermic, removal of tongue by, 44
- Caution to medical men, 603, 638, 669, 699
- Cavafy, Dr. J., failure of salicin and success of cold packing in rheumatic hyperpyrexia, 510
- Ceely, Mr. R., animal vaccination, 143
- Cellini, B., practice in middle ages, 764
- Centenarians, 179, 218, 433, 463, 560
- Cephalhematoma, aspirations in, 195
- Cephalotribe, a, 794
- Cerebellum, tumour of middle lobe of, 354
- Cerebral localisation, 432
- Certificates of death, forged, 491; false, charge of, 564, 604; alleged improper, 690
- Chambers, Dr. T., specula made of glass, 709
- Chancery lunatics, 556, 534
- Chancre, primary, on lip, 811; infecting, 816
- Change of life in women, Dr. Braxton Hicks on, 475
- Channing, Dr. Walter, notice of, 7
- Charcot, M., his clinic at the Salpêtrière, 304
- Charge, unfounded, against Mr. D. E. Jones, 302; against Dr. T. Moffat, 634, 636
- Charlton, Gunner, and the Millbank Prison, 329; letter on case of, 406
- Cheek, pendulous tumour of, 43; congenital nevroid growth of, 481
- Chelsea, epidemic of typhus in, 300
- Chemical analysis and the Local Government Board, 333, 339; laboratories at Oxford, 733; manufactory in Berlin, 790
- Chemists' early closing movement, 527. *See* Drug-gists
- Chest, punctured wound of, 816
- Child, Mr. E., fees for operation, 340
- Child, paralysis in a, after exposure to heat, 548; syphilitic changes in a, 548; ascites in a, cured by paracentesis and copaiba, 550; idiopathic tetanus in a, 551; tuberculous, undescribed eruption in a, 745; Mr. F. R. Fisher on rare condition of knee-joints in a, 809; curious accident to a, 820
- Children, cause of diarrhoea in, 48; mortality among in Carlisle Place Orphanage, 52, 245, 397; mortality of in first year, 118; in St. Kilda, mortality of, 395; inflammation of knee in, 742. *See* Infants
- Childs, Mr. A. P., the antivivisectionists in Edinburgh, 670, 699
- Chiropodists, testimonials to, 832
- Chisel, Mr. Annandale on removal of caries of trochanter by, 198; Dr. Ogilvie Will on use of, 354
- Chloral, deaths from, 50, 80, 588, 600; in cholera, Mr. E. Fairland on, 102; effects of, 411, 471; in cancer of uterus, 430; in insanity, 523; in opisthotonos, Dr. H. Davis on, 610; purity of, 783; manufacture of in Berlin, 790
- Chloric ether, 283
- Chloride of lime applied externally, death attributed to, 556
- Chloroform, death from overdose of, 783
- Chloroform, Mr. J. Ewens on temporary insanity after, 12; deaths under, 61, 80, 120, 210, 249, 333, 396, 825; Mr. Clover on laryngotomy in asphyxia from, 132; Mr. P. Miall on delirium after, 200; action on ferments, *ib.*; Dr. F. Warner on loss of associated movements of eyes under, 292; letters on administration of, 407, 472
- Chlorosis, Dr. Braxton Hicks on, 377; the heart and vessels in, 743
- Cholera treated by nitrite of amyl and chloral, Mr. Fairland on, 102; at Akaby, 523
- Chondroma of submaxillary gland, 682
- Chorea treated by strychnia and ether-spray, 27; Dr. Bastian on pathology of, 36, 65; Dr. Dowse on embolic theory of, 38; Dr. Braxton Hicks on relative frequency of in sexes, 347; canine, 367; during rheumatism, Mr. J. H. Houghton on, 544; cervical, 810
- Choroid, melanotic sarcoma of, 511
- Christie, Mr. D., midwifery forceps, 773
- Christison, Sir R., resignation of professorship of Materia Medica, 493, 528, 591
- Christmas and New Year's Day in hospitals, 23, 56
- Chromate of lead in food, 433
- Chrysarobin, Dr. J. A. Thompson on action of, 607
- Chrysophanic acid, treatment of skin-disease by, Mr. B. Squire on, 103, 199, 548; Mr. C. J. L. Bushe on, 453; Dr. C. W. Thorp on, 546; Mr. T. Ollerhead on, *ib.*; Mr. T. E. Jones on, 610; Mr. E. M. Holmes on sources of, 134; letters on, 245, 734, 736, 800
- Chubb, Mr. C. W., treatment of eczema by chrysophanic acid, 736
- Churton, Dr. T., administration of ether, 134; discrimination and treatment of neuralgia, 423
- Cinchona in India, 590
- Cinchonia, muriate of, 344, 411
- Cintrat, Dr., death of, 459
- Cirrrosis of liver in a boy, 233
- Cisterns, deposits in, 230
- Cities, foreign, health of, 365; death-rates in, 820
- Clark, Mr. T., Minehead as a winter residence, 708
- Clarke, Dr. W. F., voting at the Royal College of Surgeons, 570
- Cleopatra's needle, removal of, 176
- Cliffden Union, scarlatina in, 21
- Climate and consumption, Dr. R. P. Cotton on, 67
- Clin, Dr., capsules of monobromide of camphor, 355
- Clinical research, Mr. Callender on, 130; Studies, Sir J. R. Cormack's, *rev.*, 201; surgery, teaching of in London, 277, 310; Case-Books, Dr. G. Rowell's Outline Diagrams for, *rev.*, 387; Guide, Dr. G. H. B. Macleod's, *rev.*, *ib.*; teaching, Mr. Syme on, 718; in Galway, 723; in Belfast, 755
- Clothing, infected, destruction of, 399
- Clouston, Dr. T. S., lunacy administration in Scotland, 635
- Clover, Mr. J. T., portable regulating ether-inhaler, 695; laryngotomy in chloroform-asphyxia, 132; death from administration of nitrous oxide gas, 439
- Club, a provident medical, 199; Edinburgh University, annual meeting of, 210; Edinburgh University students, 660; Epsom College, 717
- Cobbolt, Dr. T. S., blaps mortisaga as a human parasite, 420
- Cochrane, Dr. C., cure of an ulcerated leg, 40
- Cock, death from injuries by a, 399
- Cockermouth, sanitary report on, 234
- Cockroaches in the ear, 152
- Coffee, Copeman's, 711
- Coffee-taverns, 750, 782
- Coghill, Dr. J. G. S., oesophageal fistula opening through thoracic parietes, 68
- Cohen, Dr. J. S., Inhalation in the Treatment of Disease, *rev.*, 73
- Colan, Dr., promotion of, 435
- Cold, treatment of, 220
- Cold packing in rheumatic fever, Mr. C. Daruty on, 451; Dr. Cavafy on, 510
- Coleman, Mr. A., dental reform, 639
- Collapse, injection of ammonia into veins in, Dr. R. D. Pinnock on, 229; Mr. F. C. Shaw on, 423
- College, Anderson's, Glasgow, annual meeting, 824
- Christ's, Cambridge, exhibitions at, 217
- Clare, exhibitions at, 217
- College, Downing, exhibitions at, 217
- Emmanuel, scholarships at, 218
- Gonville and Caius, scholarships at, 217
- King's, Cambridge, exhibitions at, 217
- King's, London, the chair of clinical surgery, 212; *see* Hospital, King's College; professorship of surgery, 750
- King and Queen's of Physicians in Ireland, female licentiates of, 81, 212, 593; lectures at, 81, 212, 275; pass-lists, 151, 248, 409, 536, 637; deputations to Lord Lieutenant, 180; midwife's licence, 313; memorial to Secretary of State for War, 528, 561
- Magdalen, fellowship in, 281
- Owens, bequest to, 207; description of, 309
- Pembroke, medical fellowship, 441
- Queen's, Belfast, clinical instruction at, 755
- Queen's, Cork, anatomy fees in, 500
- Queen's, Galway, regulations concerning examinations, 275; president of, 436; clinical instruction in, 722
- Royal Medical Benevolent, canvassing letter, 344; scholarships gained by pupils of, 396; canvassing for votes at, 659
- Royal, of Physicians of Edinburgh, Morisonian lectures at, 334, 362, 399
- Royal of Physicians of London, pass-lists, 151, 248, 499, 572, 602; Dr. Lauder Brunton's Goulstonian lectures, 251, 285, 315, 345, 379, 415; Dr. Braxton Hicks's Croonian lectures, 318, 347, 377, 413, 447, 475; Dr. G. Johnson's Lumlaleian lectures, 443, 473, 503, 539, 577; proceedings of meeting, 400; president, *ib.*; report on leprosy in Norway, *ib.*; foreign and colonial graduates, 401, 563; new fellows, 563; *conversazione*, 785; Harveian oration, 821
- Royal, of Surgeons of England, pass-lists, 91, 122, 151, 470, 499, 536, 572, 602, 637, 668, 698, 763; questions at, 123, 471, 573; lectures at, 141, 177, 273; Sir James Paget's Hunterian oration, 191; remarks on, 206; visitors, 207; proposed alteration in regulations for Fellowship, remarks on, 359, 433; letters on, 405, 438, 439, 467, 589, 636; new examiner, 396; admission of women, *ib.*; Jackson prize, 490; voting at, 570, 829; the library of, 588, 735, 764; candidates for Council, 750, 821; the Hunterian Museum, 823
- Royal, of Surgeons of Ireland, deputation to Lord Lieutenant, 81; representation in Medical Council, 119; tenure of office of President, 212, 276; election of examiners, 494, 562; election of officers and Council, 593, 661, 721; annual report, 722; vacancies in, 787, 825
- St. John's, Cambridge, scholarships at, 217
- Sidney, scholarship at, 218
- Trinity, Cambridge, scholarships at, 217
- Trinity, Dublin, letter of Registrar on Preliminary Education, 593; note on, 630
- University, memorial of Dr. Parkes, 300; professorship of Anatomy, 556, 750; assistant professor of Clinical Medicine, 750
- Colliery accident at Ty Newydd, 490, 522; Mr. H. N. Davies on, 590
- Colonial medical degrees, proceedings in Medical Council regarding registration of, 645
- Colotomy for cancer of rectum, 678, 710
- Colour-blindness, 17
- Coma, Mr. C. Mercier on independent movements of eyes in, 292
- Comedones, treatment of, 471, 502
- Compression, elastic, by sponges, 392
- Comrie, Mr. P., deaf-mutes, 831
- Concretion, salivary, 486
- Conference, the international medical, 690; on sanitary science, 718
- Congregational Union, and the Contagious Diseases Acts, 18
- Congress of German surgeons, 563, 664, 757
- Conjoint examination scheme for England, 82, 400; copy of amended scheme, 596; question in Parliament regarding, 408; proceedings in Medical Council, 595; for Ireland, 119, 206, 363, 593, 755; letters on, 243
- Constable, Dr. J., payment for lunacy certificates in Scotland, 32, 186
- Consultations, fees for, 92; among partners, 471, 502, 537; letter on, 567
- Consumption and climate, Dr. R. P. Cotton on, 67
- Contagious Diseases Acts and the Congregational Union, 18; *Edinburgh Medical Journal* on, 152; proceedings regarding at Plymouth, 293, 750; and the health of the Navy, 356
- Contagium, pathology of, 514
- Contraction of little finger, 429; spasmodic muscular, 501; of fingers, 744
- Convalescent home for King's College Hospital, 114
- Convict medical service, 56, 401
- Convulsions, infantile, 27; Dr. Braxton Hicks on frequency of in sexes, 347; uræmic, Dr. G. Johnson on, 577; Dr. Mahomed on, 686
- Cooke, Mr. T., his school of anatomy, 79, 114; letter from, 120

Copaiba, ascites in a child treated by, 550
 Copeman's coffee, 711
 Copenhall Spa, 92
 Copper in articles of food, 113; in peas, 361, 403, 589
 Corfield, Dr., lectures on laws of health, 141
 Cormack, Sir J. R., Clinical Studies, *rev.*, 201
 Coroners' inquests, medical evidence at 16, 32; in Dublin, fees at, 303, 334, 375, 411, 472, 562; *post mortem* examinations at, 313; payment for chemical investigations, 719
 Coroners, difficulties from vacancies, 408; in Ireland, proceedings in Parliament regarding, 408; in Australia, 462; substitutes for, 591; resolution of Council of Social Science Association respecting, 822
 Corrosive sublimate, poisoning by, 80
 Cotton hydrophile, 182
 Cottage hospitals, custom of, 31; Mr. H. C. Burdett on hospitalism in, 351
 Cottle, Mr. W., caution to medical men, 638
 Cotton, Dr. R. P., consumption and climate, 67
 Coulson, Mr. W., death of, 588; will of, 626
 Court medical appointments, 237
 Craigie, Mr. J. H., dental reform, 639
 Cramp, nocturnal, treatment of, 283, 314, 376, 442
 Crews, unseaworthy, 47; letter on, 153
 Crisp, Dr. E., vaccination, 89
 Crocker, Dr. H. R., Goa powder or chrysophanic acid, 734
 Crookshank, Mr. H., the Roustchouk military hospital, 707
 Cross, Dr. J., anomalous eruption in variola, 505
 Croup, treatment of by eucalyptus, 393; tracheotomy in, 747
 Crowe, Dr. J. D., penetrating gunshot wound of abdomen, 675
 Cruelty to Animals Act, Dr. Cameron on, 21; proceedings in Parliament regarding certificates under, 246; remarks on working of, 495; proceedings in Medical Council regarding, 681. *See* Antivivisectionists, Experiments, and Vivisection
 Cuca in typhus and typhoid fevers, Mr. S. McBean on, 291
 Cumberland lakes, 821
 Cunningham, Mr. John, strumous ophthalmia, 154
 Curare, Dr. Lauder Brunton on investigation of action of, 317
 Curtis, Mr. J. W., militia surgeons, 80
 Cutter, Dr. E., Uterine Versions and Flexions, *rev.*, 773
 Cynanche tonsillaris, salicylate of soda in, 109; parotidea, 411
 Cyst of upper jaw, 810
 Cystic kidneys, 391; disease of testicle, 682

D.

Dairies, London, 497, 754
 Daly, Dr. F. H., condensed milk, 189
 Damp houses a nuisance, 195
 Dangerous mixture, 524
 Daniel, order of, petition by, 526
 Daruty, Mr. C., treatment of rheumatic fever by salicin and cold packing, 451
 Davies, Mr. H. N., the accident at Ty Newydd Colliery, 580
 Davis, Mr. H., opisthotonos cured by chloral-hydrate, 610
 Davy, Mr. R., needle for carrying double wire-suture, 270; new form of removable patten, 739; removal of tracheotomy-tubes, 763
 Deafness in hereditary syphilis, 482
 Deaf and dumb, training college for teachers of, 331, 782; oral instruction for, 468; new institute for at Manchester, 729; letter regarding, 831
 Dean, Dr. R. C., Naval Medical Schools of France and England, *rev.*, 813
 Death, certificates of, question as to, 344; forged, 491; alleged false, 561, 604
 Death in the jury-box, 690
 Death-rates, competitive, 626; of foreign cities, 365, 820
 Deaths, uncertified, 691
 De Bartolomé, Dr. M. Martin, presentation to, 209
 Decidua, development of, 387
 Deformities, cases of, 515
 Degrees, foreign and colonial, proceedings in Medical Council concerning registration of, 613, 645; letters on, 603, 700, 734
 ——— honorary, registration of, 591, 614
 ——— University, letters on, 669, 734, 801, 831
 Delane, Mr., health of, 177
 Delhi boil, 547, 554
 Delirium as a sign of brain-disease, 42; after chloroform, Mr. P. Miall on, 200
 Dementia with anaemia, transfusion in, 72
 Dengue, Dr. Smart on, 25, 382
 Denne, Mr. H., hospitals for infectious cases, 736
 Dental surgery, position of, 43; reform, letters on, 497, 568, 639; surgeons, memorial to Medical Council from Royal College of Surgeons of Edinburgh, 618, 649

Dentistry, new school of, 625
 Dentition in the two sexes, 348
 Denton, Mr. E. R., shawl-pin passed *per rectum*, 325
 Deville, Dr. T., and the Harrogate Improvement Commissioners, 300, 308, 366, 826
 Dewar, Mr. J., appointed Fullerian professor in Royal Institution, 459
 Diabetes, relative frequency of in sexes, 449; insipidus, 611
 Diagrams for Clinical Case-books, Dr. G. Rowell's, *rev.*, 387
 Diarrhoea, chronic, Dr. J. Sawyer on treatment of, 12; in children, cause of, 48; Dr. Jagielski on koumiss in, 103; climatic, 247; famine, 462
 Digestion, Dr. Lauder Brunton on physiology of, 415
 Digestive organs, Dr. Braxton Hicks on disorders of in the sexes, 448
 Diphtheria, paralysis after, 136; local treatment of, 487; epidemic of at Bromley, 517; epidemic, in rural districts, 727; successful tracheotomy for, 816
 Diplomas, sale of, 283, 411
 Directory, the Medical, letters on, 410, 472
 Dirk, fatal wound by, 528
 Disease, relative frequency of in the two sexes, 476
 Disinfectants, poisonous, 61
 Disinfecting chest, portable, 46; apparatus, 344
 Dislocation of patella, 44; old subcoracoid. Mr. Adams on division of surgical neck of humerus in, 71; of thigh, mode of occurrence of, Mr. H. Morris on, 203, 244; Mr. A. Willett on, 279; Mr. Rivington on, 807; congenital, of knee, 267, 368; supposed, of hip, 517; rare, of humerus, Mr. S. M. Bradley on, 544; of tibia, forwards, Mr. S. M. Bradley on, *ib.*; of hip from disease, 795; of knee from disease, *ib.*
 Dispensary, Bangor, retiring allowance to medical officer, 146
 ——— Battersea Provident, 141, 214
 ——— Edinburgh Royal Public, annual report, 145
 ——— Haverstock Hill Provident, 51
 ——— Leamington Provident, report of, 827
 ——— Portland Town, 93, 124, 250
 ——— for Seamen, in Liverpool, 274
 ——— for Skin-Diseases, Glasgow, report of, 463
 ——— Southampton, proposed formation of Provident Branch, 213
 ——— Worcester, and its medical officers, 28, 78
 Dobbie, Dr. J., treatment of ringworm by tincture of perchloride of iron, 163
 Dobell, Dr. H., suggestion for cure of aneurism, 134; Appointment Dial, *rev.*, 387
 Doctor to the Highland bound, 190
 Dogs, chorea in, 367
 Dolbeau, Dr., death of, 332
 Donville, Inspector-General Dr., 720
 Donations, 91, 134, 275, 281, 295, 436, 494, 654, 724, 791
 Dougall, Dr., death of, 592; subscriptions for family of, 638, 669
 Douglas, Dr. J. G., obstinate vomiting after scarlatina, 93
 Downes, Mr., alleged false certificate of death, 564
 Dowse, Dr. T. S., the embolic theory of chorea, 38; malignant pustule, 284
 Drainage of Rathmines, 303; of Dublin, 436
 Drainage-tubes of vulcanite, 370; passage of into cavity of pleura, 430; renal dropsy treated by, 551
 Drapes, Dr. T., septicæmia after prolonged use of a bougie, 70; foreign bodies in rectum, 583
 Drinking, moderate, 179; excessive, deaths from, 331, 755
 Drogheda, water-supply of, 21
 Dropsy, combined cardiac and renal, 390; renal, treated by drainage-tubes, 551
 Drowned in a tub, 118
 Druggists, prescribing, action against, 336; a good customer to, 441; early closing movement, 527
 Drunkards, habitual, remarks on legislation for, 458; Dr. Cameron's Bill, 464; meeting in Glasgow, 464; meeting of Metropolitan Counties Branch, 661; proceedings of North of England Branch, 697; of West Somerset Branch, *ib.*
 Drunkenness and apoplexy, 112; letter on, 183; confounded with epilepsy, 440, 468, 523
 Drysdale, Dr. C. R., animal vaccination, 62, 219; gout among hospital patients, 375
 Dublin, the Lord Mayor of, 21; small-pox in, 21, 53, 146, 180, 463; sanitary state of, 81, 146, 436, 562, 629, 723, 756, 788; quarterly report of health of, 81, 528; annual report of health of, 180; drainage of, 436; the hospital ship at, 528
 Dubois, Dr., death of, 209
 Duhring, Dr., Atlas of Skin-Diseases, *rev.*, 42
 Dulce est desipere in loco, 284, 376
 Dwellings, improved, death-rate in, 301; artisans and labourers', 753; Victoria, 821
 Dwight, Dr., Anatomy of the Head, *rev.*, 166
 Dynamite, effects of, 669
 Dyspepsia, diagnosis and treatment of, 552
 Dyspnoea, uræmic, Dr. G. Johnson on, 539

E.

Eagle, Mr. H. F. C., glass specula, 773
 Ear, disease of, and of brain, 28; therapeutics of, 41, 71, 121, 199; Mr. Burford Norman on large and long neglected polypus of, 101; extraction of foreign bodies from, 124; Mr. W. Odell on, 200; cockroaches in, 162; sympathetic symptoms in, 231; disease of, and life-assurance, Dr. J. P. Cassells on, 322; Dr. J. H. Jackson on nervous symptoms with disease of, 349, 428; examination of, 428; treatment of diseases of in Vienna, 565; hæmatoma of, 685
 East wind, refuges from, 669, 699
 Eastbourne as a health-resort, Dr. B. Roberts on, 806
 Eastwood, Dr. J. W., life-assurance and suicide, 197
 Eaton, Dr. J., possible spread of small-pox through agency of money, 58; cure of ulcerated leg, 220; compound comminuted fracture of tibia, 509
 Eclampsia, temperature in, 393; in women, Dr. Braxton Hicks on, 447
 Eclectic physicians, 590
 Eczema, of nipple preceding cancer of breast, 106; treatment of, 784; chrysophanic acid in, 736, 800
 Eddowes, Mr. W., testimonial to, 799
 Edinburgh, precaution against small-pox in, 53; health of, 53, 303, 333, 463, 560, 787; sanitary work in, 119
 Edinburgh, Duchess of, physician-acconcheur to, 114
 Edis, Dr. A. W., caution to medical men, 603, 669
 Edmonds, Mr. F. H., vitality of measles-contagium, 511
 Education. *See* Medical Council
 Effervescent saline with caffeine, 779
 Egan, Dr., and the Dublin Coroner, 303, 334, 375, 411, 472
 Eggshell in rectum, 392
 Egypt, public health in, 19; English surgeons in, 28
 Elbow-joint, excision of, 747, 773, 815; ankylosis of after injury, 815; splint for, 829
 Ellis, Mr. G. V., resignation of, 490
 Elsom, Mr. F., ether-inhalers, 766
 Embolic theory of chorea, Dr. Dowse on, 38; Dr. Bastian on, 65
 Embolism, aneurism from, 368
 Embryo, double, 519
 Emphysema in tracheotomy, 64; acute, in a child, 110
 Empyema, albuminoid degeneration after, 201; with abscess of liver, 713
 Engelmann, Dr., the Mucous Membrane of the Uterus, *rev.*, 386
 Epilepsy, warnings of seizure in, 42; syphilitic, M. Charcot on, 304; suspension of moral and intellectual consciousness in, letters on, 215, 243, 244; unconscious and automatic actions after, 393, 431; Dr. E. Holland on, 324; Mr. J. S. Thomson on, 480; confusion of with drunkenness, 404, 468, 523; Dr. A. Robertson on unconscious automatic acts in, 479
 Epiphysis, disease of, 549, 683
 Epithelioma of cervix uteri, 231; of tongue, 484; influence of mechanical retention of epithelial cells in, 563; primary cylindrical of lung, 744; multiple, 795
 Epithelium, pulmonary, 585
 Eruption after infection by a horse, 398; anomalous, in variola, Dr. J. Cross on, 505; undescribed, in a tuberculous child, 745
 Eruptive fevers, tooth-disease after, 549
 Erysipelas after vaccination, 153; sudden death after, 482; in connection with puerperal state, Mr. A. Ford on, 677; Mr. J. B. Williams on, 773; letter on, 800
 Esmarch's operation in closure of jaws, 485
 Ether, chorea treated by spray of, 27; Mr. Clover on a portable regulating inhaler for, 69; Dr. Morton on administration of, 143; Dr. Churton on, 164; Mr. L. H. Ormsby on inhaler for, 451, 709; Mr. R. J. Pye-Smith on syncope from inhalation of, 609, 708; Mr. E. H. Jacob on, 708; death under use of, 658; Mr. Elsom on inhaler for, 766
 Etiquette, medical. *See* Medical Etiquette
 Etymology of a licence, 441
 Eucalyptus, treatment of croup by, 393
 Evictions, metropolitan, 216
 Ewes' milk, 145
 Ewens, Mr. J., temporary insanity after chloroform, 12
 Examination of patients, action regarding, 336
 Examinations, professional, recommendations of Medical Council, 726
 Excision of tongue for cancer, 388, 791; of spleen, 404; of joints, subperiosteal, *ib.*; of upper jaw, 710; of lower jaw, reproduction after, 757; of elbow, 747, 774, 815; of head of femur, 44; of hip, Mr. J. H. Porter on after-treatment of, 223; letters on, 311, 365; of upper end of femur, 486; of hip, 811; of knee, Mr. W. K. Treves on new operation for, 133; of knee, Mr. Annandale on useful limb after, 478; of knee, method of, 757; of knee, Mr. S. M. Bradley on, 769; of knee, case of, 795; of os calcis and astragalus, 712; of astragalus, 683

Excoriations, 537, 638

Exophthalmic goitre, with new phenomena, Dr. Burney Yeo on, 320, 327; relative frequency of in sexes, 447; catarrhal inflammation of intestine with, 454

Experience by contact, 208

Experiments on animals, licences for, 246, 495; Mr. McLaren and Dr. Rutherford on, 589. See Antivivisectionists and Vivisection

Extra-uterine foetation, Dr. Priestley on abdominal section for, 5

Extravasation of urine, case of, 742

Eye-douche, new, 355

Eye, removal of, 28, 478, 511, 715; Mr. Blackburn on treatment of affections of in small-pox, 104; independent movements of in coma, Mr. C. Mercier on, 292; loss of associated movements of, Dr. F. Warner on, 292; tumour of, 795. See Ophthalmia, and Ophthalmology

F.

Face, varicosities of, 611

Factory legislation, 363, 631

Fairbank, Dr. T., *glacra specula*, 773

Fairland, Mr. B., cholera treated by nitrite of amyl and hydrate of chloral, 102

Fall from a house-top, recovery after, 710

False membranes in windpipe, management of, 65; intracranial, 88

Famine in India, minutes on, 655; in Bombay, mortality from, 718

Falvey, Mr. F. J., coroners' *post mortem* examinations, 313

Farquharson, Dr. R., the teaching of *materia medica*, 366

Farrar, Mr. J., acute arsenical poisoning from green paint, 8

Farre's tubercle, 486

Fatty dejections, 412, 442, 502

Fauvel, Dr. C., *Traité pratique des Maladies du Larynx*, *rev.*, 73

Favell, George, case of, 498

Favus, case of, 611

Fees, action for recovery of, 53, 791; question as to recovery of, 92, 189; operation to general practitioners, 147; question as to amount of, 340; for pauper lunatic certificates, 247, 340; for vaccination certificates, 344; consultation, to partners, 471, 502, 537; hospital, 825

Feet, malformation of, 584

Felce, Dr. S., the Society for Relief of Widows and Orphans of Medical Men, 537

Female face, hair on, 411, 471

Femur, excision of head of, 44; subcutaneous section of neck of, 135; subcutaneous section of shaft of, *ib.*; peculiar fracture of, 137; mode of occurrence of dislocations of, Mr. H. Morris on, 203, 244; Mr. Willett on, 279; Mr. Rivington on, 807; fracture of in child during labour, 390; badly united fracture of, *ib.*; sarcoma of, 684, 815; comminuted fracture of, 685; intracapsular fracture of neck in a boy, 710; partial fracture of shaft of, 797

Fergusson, Sir William, illness of, 142, 176; death of, 212; funeral of, 239; obituary notice of, 240; verses on, 249, 412; will of, 626

Ferments, action of chloroform on, 200

Ferrier, Dr., the *Spectator* on his researches, 300; Functions of the Brain, *rev.*, 776

Ferris, Dr., memorial of, 494

Fever in Lurgan, 21

— Burdwan, Dr. G. C. Roy on Causes, Symptoms, and Treatment of, *rev.*, 166

— cerebro-spinal, subacute, 137

— enteric. See Fever, typhoid

— hectic, salicin in, 109

— intermittent, treated by salicin, 109, 603; Dr. W. Thomson on, 509

— puerperal, and the Pathological Society, 829

— typhoid, in Linlithgow, 44; at Newtownards, 81; at Tideswell, 185; in Paris, 359; in Pera, 525; treated by salicylate of soda, 108; from contaminated milk, 118, 237, 275, 353, 359; and pseudo-enteric fever, 136; Mr. E. A. Snell on salicylic acid in, 163; salicylic acid in, 178; Mr. W. Stewart on new theory of origin of, 289; Mr. McBean on erythroxylin cuca in treatment of, 291; cold bath in, 427; Dr. R. S. Hudson on germ-theory of, 740; case of, 810

— typhoid in the pig, 513

— typhus, Mr. McBean on erythroxylin cuca in treatment of, 291; epidemic of in Chelsea, 300

— yellow, 588

Fevers, eruptive, tooth-disease after, 549

Fibrinous concretions in Bright's disease, 3

Fibroid tumours of uterus, Dr. Priestley on treatment of, 4; impaction of in pelvis, 104; complicating delivery, 516; case of, 814

Fibula, giant-celled sarcoma of head of, 371

Fiji, measles in, 309

Finger, little, contraction of, 429

Fingers, contraction of, 744

Fisher, Mr. F. R., rare condition of knee-joints in a child, 809

Fistula, œsophageal, opening through thoracic parietes, Dr. Coghill on, 68; vesico-vaginal, operations for, 516

Flatulency, causes, effects, and treatment of, 205

Fleischmann, Mr. A., non-eruptive variola, 420

Flour, nutritive values of, 558

Flower, Mr. B. F., bearing-reins for horses, 366

Flower mission, Manchester, 823

Fœtus, Mr. Rigden on influence of maternal small-pox on, 229; æstetic, 814

Food, copper in, 119

Food-Chart, Mr. R. Loche's, *rev.*, 15

Forceps, Dr. Priestley on use of, 4; note on use of, 137; in modern midwifery, 426; Dr. J. G. Swayne on use of, 508; M. Tarnier's, 685; tooth, 638

Ford, Mr. A., erysipelas in connection with the puerperal state, 677

Foreign body in trachea, 28; in œsophagus, 44; in ear, extraction of, 124, 200; in rectum, 392; Dr. Drapes on, 583

Foreign cities, health of, 365; death-rates in, 820

Foreign degrees. See Degrees

Forfar, water-supply of, 20, 180, 560

Fortune, a stroke of, 561

Foster, Dr. B., resignation of Secretaryship of Birmingham and Midland Counties Branch, 77, 89

Foucart, Dr., circular of, 412

Foulis, Dr. D., treatment of ringworm by leaves of cassia lata, 71

Fowler, Dr. E., alleged hospital neglect, 58

— Dr. T., maternal impressions, 538

Fox, Dr. Tilbury, treatment of ringworm by cassia alata, 134

— Dr. Wilson, visceral syphilis, 263

Fracture, peculiar, of femur, and humerus, 137; of seventh cervical vertebra, 137; compound, treated with tincture of benzoin, Dr. E. M. Sinclair on, 354; of thigh of child during labour, 390; badly united, *ib.*; of spine, 392; badly united, rebreaking of, 404; of costal cartilage, 486; compound comminuted, of tibia, Dr. Eaton on a case of, 509; of skull, 518; badly united, of leg, treated by excision of wedge of bone, 550; of patella, atrophy of quadriceps extensor after, 677; compound comminuted of femur, 685; of skull, 6-6; intracapsular, of neck of femur in a child, 710; of trachea, 715; ununited, treatment of, 757; partial, of shaft of femur, 797; of humerus, ankylosis after, 815

France, British physicians in, 22, 46, 120, 142, 238, 281; health-resorts in, 78; depopulation of, 566

Frank-Smith, Dr. W., obituary notice of, 150; letter on, 282

Fraser, Dr. T., 469

Frey's Compendium of Histology, *rev.*, 42

Friendly Societies, medical department of, 92

Fry, Mr. J. F., hydrobromic acid, 480; Hodgen's splint, 772

Fuchsine, toxic properties of, 182

Fund, Pharmaceutical Benevolent, dinner of, 625

G.

Gag for operations on the mouth, 795

Gaine, Mr. C., dental reform, 639

Gale and Co., Messrs., administration of phosphorus, 700

Galvano-puncture in aneurism, 200, 244

Gamgee, Mr. Sampson, removal of scirrhus tumours of breast, 255, 429; our medical charities, 803

Ganglion, Dr. J. Broome on treatment of by pneumatic aspiration, 545; of wrist, case of, 810

Garraway, Mr. E., vaccination, 94

Gas in the peritoneal cavity without perforation, 327; explosion of in a well, 721

Gaskoin, Mr. G., dead feelings or local anaesthesia, 376

Gastro-intestinal irritation, 765

Gastrostomy, for œsophageal stricture, 54, 79

Gelseminum, use of in dilatation of cervix uteri, 36

Geneva Convention and Turkey, 276

Genu-pectoral position in treatment of uterine disorders, 105

Genu valgum, case of, 584; treatment of, 665

Germany, Dr. Gore on military hospitals of, 421

Germes, infective, Mr. Tyndall on, 95

Gladstone, Mr., and the antivivisectionists, 555

Gland, submaxillary, chondroma of, 692

Glanders, death from, 463

Glasgow, health of, 20, 211, 399, 463; water-supply of, 146; mortality statistics for 1876, 600

Glass, specula made of, Dr. J. Murphy on, 644; Mr. S. Sloan on, 709; Dr. T. Chambers on, *ib.*; Dr. T. Fairbank on, 773; Mr. Eagle on, *ib.*

Goa powder as an internal remedy, 108; treatment of ringworm by, Dr. P. Boulton on, 134; Dr. A. Hughes Bennett on, 163; Dr. A. D. Keith on treatment of psoriasis by, 510; Mr. A. W. M. Robson on pityriasis versicolor treated by, 610; letter on, 734. See Chrysopsanic Acid

Goethe on small-pox, 219; on medical students, 435; clinical teaching, 538; on wine, 640

Goitre, suffocative, Mr. J. H. Casson on treatment of, 12; extirpation of, 757; exophthalmic, with new phenomena, Dr. Burney Yeo on, 320, 327; relative frequency of in sexes, 447; catarrhal inflammation of intestine in, 484

Gonorrhœa, incubation of, 699, 734

Gonorrhœa, rheumatism treated with salicin and salicylic acid, 108

Goodchild, Mr. J. A., French health-resorts, 78

Goodhart, Dr., visceral syphilis, 171

Gore, Dr. A. A., the military hospitals of the Continent, 68, 421

Gorrilla, the, in Berlin, 460

Gout, Dr. G. O. Rees on, 225; among hospital patients, 375; causation of, 501; relation of to chronic rheumatism, 677

Government and scientific research, 22, 276

Gowers, Dr. W. R., visceral syphilis, 86; diagnosis and treatment of auditory nerve-vertigo, 287, 418, 477

Graham, Mr. W., death of, 145

Granville, Earl, on admission of women to medical degrees, 634

Grates, Norwich, slow combustion, 583

Gratuitous medical advice in Liverpool, 337

Gravol, causes of, 585

Graves, Dr., statue of, 400

Gravesend Board of Guardians and medical relief, 534, 620

Gray, Dr. J. H., testimonial to, 91

Green, Dr. T. H., visceral syphilis, 168, 261

Greene, Mr. J., animal vaccination, 161

Greenfield, Dr., syphilitic disease of vessels, 84

Greenhow, Dr. T. M., the case of Miss H. Martineau, 449

Greenock, improved health of, 333

Greenway, Mr. H., home hospitals, 766

Gregg, Dr. T., obituary notice of, 373

Gresham, Dr. F. C., hair on the female face, 411

Griffith, Dr. de Gorreuer, effect of condensed milk, 250; tincture of aconite, 453

Grocers' licences, 208

Gunshot wound of abdomen, Dr. J. D. Crowe on, 675

H.

Habershon, Dr., illness of, 719

Hæmatocele, pelvic, 487

Hæmatoma of the ear, 685

Hæmophilia, case of, 28

Hæmorrhage, in tracheotomy, 64; alveolar, 232; *post partum*, Mr. J. H. Houghton on prevention of, 353

Hæmorrhoids, treatment of, 48

Hair on female face, 411, 471

Hair-pin in bladder, 686

Hamill, Dr. J. W., malignant pustule, 200

Hamilton, Mr. J. L., art in hospitals, 189

Hand, wound of vessels of, 481

Hands, malformation of, 584

Hanley, sanitary proceedings at, 115

Hardie, Dr. J., the homeopathic schism, 762

Hardwicke, Mr. W. W., treatment of strumous ophthalmia, 124

Hardy, Mr., and the Army Medical Service, 299

— Mr. H. N., abuse of medical charities, 149, 184

Hare-lip, Dr. H. G. Rawdon on early operation for, 460

Harricks, Dr. T. M., medical inspection of ships and emigrants, 574

Harris, Dr. H., voting by proxy, 829

Harrison, Mr. Reginald, lithotripsy and use of nitric acid injections, 11

— Mr. G. M., death of, 460; obituary notice of, 470

Harrogate Improvement Commissioners and Dr. Deville, 308; letter on, 366

Harveian lectures, Dr. Sibson's, 1, 33, 155, 221; oration, 821

Harvey, manuscripts of, 237, 290; tercentenary memorial, 728, 827

Harvey and Reynold's, Messrs., clinical thermometers, 93

Hassall, Dr. A. H., testimonial to, 733

Hastings, sanitary report of, 630

Hastings medal, recipients of, 188; decision regarding, 588

Hawkins, Dr. F., presentation from Medical Council to, 678

Hawthorne, Mr. S. F., the Linton cab, 313

Haynes, Mr. S., treatment of strumous ophthalmia, 124

Head, Dwight's Anatomy of, *rev.*, 166

Health-resorts, French, 78

Health in improved dwellings, 301

Hearing, unilateral hallucinations of, 775

Heart, murmurs at apex of, 27; sounds of, Dr. Leard on, 100; Dr. C. J. B. Williams on, 127, 768; Dr. Broadbent on, 160; Dr. Little on, 580; fatty degeneration of, 136; calcareous aortic valves, 233; hypertrophy of, 484; spontaneous rupture of, 552; disease of with granular kidney, 714; doubling of first sound of, 735; functional disturbance of, 736,

763; condition of in chlorosis, 743; disease of, 796, 816; malformed, 815; tumour on, *ib.*; atrophy of, *ib.*

Heith, Mr. C., teaching of clinical surgery in London, 310; distal ligature in aortic aneurism, 381; ovariectomy, 737

— Dr. G. Y., case of ovariectomy performed antiseptically, 803

Hemianæsthesia with periodical exacerbations, 513

Hemiplegia, alternate, 13; left, with aphasia, *ib.*; from thrombosis, 41

Herbalists, charges against, 331, 525

Herodity, laws of, 274

Hermaphroditism, cases of, 108, 685

Hernia, strangulated inguinal, 44, 230; femoral, 496, 815; mistaken for abscess, 653; pericardial omental, 682

Herpes, treatment of, 61

Hervé de Chegoïn, M., death of, 360

Hess, Dr. A., Professor Schiff, 189; poisoning by belladonna, 314

Hilliard, Dr. R. H., gastro-intestinal irritation, 765

Hip-joint, ankylosis of, 135, 677; Mr. J. H. Porter on after-treatment of excision of, 223, 365; Mr. Hulke on, 311; disease of, 484, 486, 795; supposed dislocation of, 517; dislocation of from disease, 795; excision of, 811

Hippocratic medicine, 487; letter on, 567

Histology, Frey's Compendium of, *rev.*, 42; pathological, 527

Hoar, Dr. C. E., peculiar wound by a knife, 324

Hodges's splint, Mr. J. F. Fry on, 772

Hodgkinson, Dr. A., examination of posterior nares, 771

Hofmann, C., case of, 685

Hogg, Dr. C., treatment of syphilitic warts, 538

Hoggan, Dr. G., case of transfusion by Aveling's apparatus, 383, 570

Holderness, Mr. W. B., fatty dejections, 502

Holiday-time, change of, 462

Holland, Dr. E., public vaccination, 31; Essentials of Vaccination, *rev.*, 167; suspension of consciousness in epilepsy, 324; consultation fees, 537; retroflexion of uterus in a girl, 739

Hollis, Dr. W. A., glycerine and lime-juice, 311

Holman, Mr. Henry, obituary notice of, 122

Holmes, Mr. E. M., sources of chrysophanic acid, 134

Holthouse, Mr. C., death from chloral at Balham, 600

Homicidal insanity, 16; letter on, 149, 184

Homicide, trial of a student for, 300

Homo plurimarum literarum, 94

Homeopathy, remarks on, 716, 752; letters on, 731, 762

Honorary war-office surgeons, 91; degrees. *See* Degrees

Hooper, Mr. E. E., presentation to, 218

Hooper's elastic water-mattresses, 270

Hope, Mr. S. W., case of hydrophobia, 613

Horse, eruption from infection by, a 388

Horses, bearing-reins for, 274, 366

Hospital, Adelaide, improvements in, 240; annual meeting, 335

— Belfast Royal, quarterly meetings, 276, 756; Coulter exhibition, 629; meeting of working classes, 629

— Bethlehem, historical note on, 173

— Birmingham General, report of, 301

— Bourton-on-Water Cottage, annual report, 759

— for Children in Aberdeen, 592

— for Children, Belgrave, Christmas at, 24; amalgamation with Victoria Hospital, 786

— for Children, East London, new building, 434; opening of, 560

— for Children, Manchester, 789

— for Children, Evelina, Christmas at, 21; appointment, 820

— for Children, Great Ormond Street, Christmas at, 56; anniversary festival, 239; present from Princess Christian, 763

— for Children, North-Eastern, Christmas at, 24

— for Children, at Rhyl, 176

— for Children, Victoria, Christmas at, 24; Committee of, 625; amalgamation with Belgrave Hospital, 786

— for Consumption, Brompton, clinical lectures at, 208; nursing at, 434, 625; annual report, 717

— Convalescent, at Dundee, endowment of, 118

— Coombe Lying-in, opening of, 629

— Devonshire, at Brixton, annual report, 523

— for Diseases of Chest at Ventnor, letter on, 190

— Fever, London, annual meeting, 209

— French, anniversary festival, 752

— Guy's, Christmas at, 23; ventilation at, 123; appointments at, 625; entrance scholarships, 689; new buildings, *ib.*

— for Incurables, Dublin, election of physician to, 436

— for Incurables, Edinburgh, 180; contribution to, 239

Hospital, King's College, Christmas at, 23; convalescent home for, 114, 658; the surgeons and chair of clinical surgery, 242, 296, 401, 657

— at Lanark, new, 103

— London, Christmas at, 23

— for Madagascars, 462

— Meath, *sous-maire* of, 400

— Mercer's, enlargement of, 788

— Middlesex, Christmas at, 23

— National Society's at Nish, 22

— National for Paralytic and Epileptic, lectures at, 624

— Norfolk and Norwich, proposed rebuilding of, 52, 142, 178

— Queen's, Birmingham, annual meeting, 758

— Queen Charlotte's Lying-in, appointment of a resident surgeon, 114, 139; changes at, 790

— Rotunda Lying-in, visit of Lord Lieutenant to, 593

— Roustchouk military, Mr. H. Crookshank on, 707

— Royal Free, female students admitted to, 396

— Royal Portsmouth, Portsea, and Gosport, reforms in, 214

— St. Bartholomew's, alleged neglect at, 18, 158; training of nurses, 557

— St. George's, Christmas at, 23; department for diseases of throat, 48; election of assistant-physician, 77; new law regarding election, 208; small-pox in, 491

— St. Mark's Ophthalmic, Dublin, resolution regarding Mr. Wilson, 825

— St. Mary's, report on sanitary condition of, 307; dinner, 719

— St. Mary's, Manchester, history of, 789

— St. Thomas's, Christmas at, 23, 56; medical secretary of, 396; visit of Emperor of Brazil, 784; appointment in, 820

— Samaritan, ovariectomy in, 238; appointments, 331

— Seamen's, Christmas at, 24; annual meeting, 209; report of, 821

— Sir Patrick Dun's, donation to, 493

— Small-pox at Limehouse, proceedings in Parliament concerning, 246

— for Throat-Disease, annual meeting, 281; management of, 659

— for Throat and Ear, in Dublin, 119

— Ulster Eye, Ear, and Throat, annual meeting, 721

— University College, fees of medical officers, 18; Christmas at, 24; anniversary dinner, 625

— Vienna General, notes on, 278, 565

— Westminster, changes required in, 556; materia medica collection, 625; leave of absence to medical officers, 658; appointment at, 716; improvement of, 785

Hospital Saturday in Sheffield, 490; in London, 749, 782; in Liverpool, 827

Hospital ship *Dublin*, 528

Hospital Sunday in Belfast, 21; in Liverpool, 78, 492, 827; in Dublin, 82; in London, 115, 491, 751, 822

Hospitalism in Cottage Hospital practice, Mr. Burdett on, 351

Hospitals, accidental poisoning in dispensaries of, 16; cottage, duties of medical officers of, 31; pyæmia in, 27; in Paris, defects in, 55; organisation of charity in, 57; military, of Continent, Dr. Gore on visit to, 63, 421; pictures in, 118; remarks on appointments of officers of, 296; for infectious diseases, circular of Managers of Metropolitan Asylum District Hospitals, 311; in St. Petersburg, statistics of, 333; abuse of, 337; cottage, Mr. H. C. Burdett on hospitalism in, 351; public support of, 405; construction of wards of, 412; visitors to, 442; home, 491, 557, 597, 766; meeting regarding, 819, 826; Turkish army, 524; meeting on abuse of, 520, 529; children's, construction of, 537; Servian, 690, 719, 731; London, milk in, 694; Subcommittee of Liverpool Medical Institution on abuses of, 727; for infectious cases, 736; in Dublin, fees at, 825

Houghton, prevention of *post partum* hæmorrhage, 353; maternal impressions, 442; chorea during rheumatism, 544

House-drainage, 288, 754

Hubertus, St., and his key, 590

Huddart, Mr. C. H. C., medical etiquette, 471

Hudson, Dr. Alfred, member of General Medical Council, 619, 630

— Dr. R. S., the germ-theory of enteric fever, 740

Hulke, Mr. J. W., visceral syphilis, 171; after-treatment of excision of hip-joint, 311

Hume, David, Philosophical Works of, *rev.*, 165

Humerus, Mr. Adams on subcutaneous division of surgical neck of, 71; peculiar fracture of, 137; Mr. S. M. Bradley on rare dislocation of, 544

Humphry, Dr. G. M., the examination for the F.R.C.S., 438

Hunter, Dr. W., the Barony poorhouse in Glasgow, 437

Hunterian oration, Sir James Paget's, 191; remarks on, 206; Dr. Moxon's, 210

Hutchinson, Mr. Jonathan, visceral syphilis, 169; spina bifida with paralysis of sphincters, 767

Hydatid of omentum treated by incision, Mr. Annandale on, 99; of lung, 268; of liver, 370

Hydrobromic acid a solvent for quinine, 398; Dr. W. M. Campbell on, 480; Mr. J. F. Fry on, *ib.*; action of, 442; Dr. E. Woakes on, 773

Hydrocephalic imbecility, congenital, 164

Hydrocyanic acid, Dr. J. W. Tripe on suicide by, 11; death from, 820

Hydrophobia, cases of, 111, 325, 362, 717; treatment of, 282, 375; cases in the Glasgow Royal Infirmary, 283; superstitions regarding, 461, 590; number of deaths from, 557; Mr. S. W. Hope on case of, 643; an old record of, 817

Hypertrophy of tibia from osteitis, 137; of inter-maxillary bone, 232

Hypophosphites, alkaline, in phthisis, Dr. Burney Yeo on, 160; Dr. Thorowgood on, 643; preparations of, 355

Hypospadias, 392

Hysteria, a disputed case of, 78; Dr. Braxton Hicks on, 378, 413

I.

Ichthyosis of tongue, cancer following, 388

Idiots, education and care of, 591

Ignatieff, General, visit to London, 359

Illegal practitioners, prosecutions of, 20, 140, 242, 273, 293, 336, 337, 654; proceedings in Medical Council regarding, 679

Iott, Mr. H. J., retroversion of gravid uterus, 423

Imbecile children, Scottish National Institution for, 80

Imbeciles, Stewart Institution for, 464

Imbecility, congenital hydrocephalic, 164

Inanition, death from, 765

Incompatibility of medicines, 180

Incompetent doctors, 751

Incurables, Edinburgh hospital for, 180; hospital for in Dublin, 436

India, the medical profession in, 278, 695, 729; dual medical administration in, 526; medical administrative appointments in, 459; sanitary report on, 553; famine in, 655

Infant, myxoma of neck of, a 370

Infanticide and concealed birth, 329

Infants, mortality among in the Carlisle Place Orphanage, 62, 76, 175; mortality of in various countries, 118; concealment of dead bodies of, 175; Dr. Braxton Hicks on mortality of, 320; mortality of in France, 566; artificial feeding of, 697. *See* Children

Infectious diseases, reporting of, resolution of Society of Medical Officers of Health, 118; deputation to President of Local Government Board, 149; remarks on notice of, 207; circular of Edinburgh Town Council, 275; remarks on, 399; letter on, 732; hospital treatment of, 179; accommodation for at Dorking, 185; in London, 311, 526; isolation of in Cheltenham, 375; spread of, 397; among cattle and among men, 525

Infirmaries, cost of beds in, 627

Infirmary, Brighton and Sussex Eye, appointment in, 141

— Cumberland, appointment in, 207

— Edinburgh Royal, new buildings, 53, 119, 463; fire at, 560

— Glasgow Royal, report of, 180; cases of hydrophobia at, 283; suicide of a patient in, 561

— Hastings, new, 658

— Hertford, donation from Earl Cowper to, 689

— Liverpool Royal, mode of election of medical officers, 77, 117, 142

— Manchester Royal, question of removal of, 88, 496, 695; history of, 789

— National Eye and Ear, Dublin, 53, 180; reports of, 436, 464

— Paisley, suicide of patient in, 721

— Radcliffe, new children's ward in, 717

— Royal, for Women and Children, enlargement of, 625

— at Warrington, new, 115

Inhalation in the Treatment of Disease, Dr. J. S. Cohen on, *rev.*, 73

Inhaler, respirator, Dr. W. Roberts on, 132; use of, 200; Dr. Thorowgood on, 163; for ether, Mr. L. H. Ormsby on, 451, 709; a pocket, 584, 734

Inquest-room for London, 460. *See* Coroner

Insane, Dr. L. F. Winslow's Handbook for Attendance on, *rev.*, 167; general paralysis of, 424, 454, 747

Insanity, temporary, after chloroform, Mr. J. Ewens on, 12; homicidal, 16, 184; Dr. Bucknill on grounds of belief in medical evidence concerning, 125; Dr. Bucknill on relations of intemperance to, 255; Morisonian lectures on, 334, 362, 399; relative frequency of in the sexes, 447; plea of in courts of law, 628. *See* Lunacy

Intemperance, Dr. Bucknill on its relations to insanity, 255
 Intermaxillary bone, hypertrophy of, 232
 Intestine, obstruction of, 201, 611; catarrhal inflammation of in exophthalmic goitre, 484; lymphoma of, 683; extensive tuberculous ulceration of without symptoms, 811
 Intracranial false membrane, 88
 Intussusception, case of, 84; expulsion of portion of intestine, 392; treated by forced enemata, *ib.*; by inflation, 765
 Invalids, home for in Rome, 462
 Iodide of iron, saccharated, 583
 Iodide of potassium, administration of, 344, 411, 472
 Iodine, application of, 501; Dr. Ord on urine in poisoning by, 671
 Ireland, vaccination in, 236, 281; health of, 335, 562, 788; Public Health Bill for, 626; sanitation in, 629; deputation on sanitary legislation in, 663; lunatic asylums in, 693
 Iron, tincture of perchloride of in ringworm, Dr. J. Dobbie on, 163; Dr. J. H. Stowers on, 259; Mr. W. L. White on, *ib.*; Dr. G. Brown on, 384; letter on, 501; Bravais's dialysed, 270, 313; dialysed, preparation of, 800; saccharated iodide of, 583; Maugham's solution of, 779
 Irritation, gastro-intestinal, 765
 Itching, cutaneous, treatment of, 376, 411, 472
 Ivory jelly, Callard's, 387

J.

Jaborandi as a galactagogue, 220
 Jaccoud, Dr., 176
 Jackson, Mr. G. E. C., wakes, 189
 ——— Dr. Hughlings, nervous symptoms with ear-disease, 349; ophthalmology and its relation to general medicine, 575, 605, 672, 702, 804
 Jacob, Dr. A. H., coroners' medical witnesses in Dublin, 411
 ——— Dr. E. H., syncope in ether-inhalation, 708
 Jagielski, Dr. V., treatment of chronic diarrhoea by koumiss, 103
 James, Mr. J., public vaccination, 732
 Japan, regulations regarding patent medicines, 78
 Jaundice, cardiac, 810
 Jaw, lower, malignant tumour of, 552; reproduction of after removal, 757; upper, swelling of containing a temporary tooth, 232; caries of, *ib.*; excision of for malignant epulis, 710; cyst of, 810; necrosis of after small-pox, 811
 Jaws, closure of, Esmarch's operation in, 485; operation on, 564
 Jay, Mr. H. M., testimonial to, 805
 Jelly, Callard's ivory, 387
 Johnson, Dr. George, Lumléian lectures on the muscular arterioles, 443, 473, 503, 539, 577; death from inhalation of nitrous oxide gas, 496; poisoning by homoeopathic solution of camphor, 607; relation between angina pectoris and peripheral arterial contraction, 770
 Jones, Mr. D. E., unfounded charge against, 302
 ——— Dr. H. M., ophthalmology in relation to practical medicine, 771
 ——— Mr. L. H., poisoning by tincture of aconite, 268
 ——— Mr. T., excision of knee, 711
 ——— Mr. T. E., chrysophanic acid, 610
 Journal, new medical, 141
 Jury-box, death in the, 690

K.

Kabul, a medical officer for, 77
 Keith, Dr. A. D., treatment of psoriasis by Goa powder, 510
 Kelly, Dr. C., remarks on proceedings of, 280, 311, 339
 Kerr, Dr. N., revaccination, 153; American meat, 670
 Kidd, Dr. G. H., conjoint examination board for Ireland, 243
 Kidney, Dr. Clifford Allbutt on mental anxiety as a cause of disease of, 157; Dr. J. O. Brookhouse on, 283; change in blood-vessels in disease of, 369; surgical, 371; cystic, 391; relation of disease of to hypertrophy of heart, Dr. G. Johnson on, 473, 503; dyspnoea in disease of, 539; state of skin, 540; increased secretion of urine, *ib.*; albuminuria, *ib.*; convulsions, 577; Dr. McCall Anderson on cirrhotic disease of, 641; dilated pelvis of, 665; granular, with disease of heart and vessels, 714. *See* Bright's Disease
 Knee, Mr. W. K. Treves on excision of, 133; disease of, 233; Mr. E. Owen on abscess in, 258; congenital dislocation of, 267, 368; knock, 268, 429; injury of, 390; useful after excision, Mr. Annandale on, 478; granulation material in white swelling of, 483; Mr. T. Jones on excision of, 711; inflamed, cases of, 742; remarks on excision of, 757; diseased, Mr. S. M. Bradley on cases of, 769; dislocation of from disease, 785; Mr. F. R. Fisher on rare condition of in a child, 809
 Knife, Dr. C. E. Hoar on peculiar wound by a, 324
 Knitting-needle, penetration of orbit by a, 748

Knock-knee, 269; osteotomy for, 429
 Koumiss, Dr. Jagielski on treatment of chronic diarrhoea by, 103
 L.
 Labour, influence of in life of child, 320; fracture of thigh of child during, 390; Dr. Swayne on use of forceps in first stage of, 506; fibroid tumour obstructing, 516; death after, 525
 Lady doctors, 593
 Lancashire, mortality in, 299
 Landlord and tenant, 32
 Lane, Mr. W. L., experiments with nitrite of amyl, 101
 Laryngismus stridulus, relative frequency of in sexes, 347
 Laryngoscope in diagnosis of aortic aneurism, 391
 Laryngotomy in chloroform-asphyxia, Mr. Clover on, 132
 Larynx, Dr. C. Fauvel's Practical Treatise on Diseases of, *rev.*, 73; perichondritis of, 517; papilloma of, 584; tumour of, 684
 Lattey, Mr. W., smoking in small rooms, 765
 Laudanum, death from, 253
 Lawrence, Dr. A. E. A., albuminuria without eclampsia, 738
 Lead, Dr. R. B. Low on poisoning by, 384; chromate of in food, 433; poisoning by, 517; epidemic of poisoning by, 627; colic from swallowing bullet, 796
 Leared, Dr. A., the sounds of the heart, 100
 Leclanché medical battery, 355
 Lectures: Harveian, on Bright's disease and its treatment, Dr. Sibson, 1, 33, 155, 221; scientific, at College of Physicians in Ireland, 81, 212, 275; a combat with an infective atmosphere, Mr. Tyndall, 95; at Royal College of Surgeons of England, 141, 177, 273; on laws of health, Dr. Corfield's, 141; at Hospital for Sick Children, 237; Goulstonian, on Pharmacology and its Relation to Therapeutics, Dr. Lauder Brunton, 251, 285, 315, 345, 379, 415; Croonian, on difference between sexes in regard to aspect and treatment of disease, Dr. Braxton Hicks, 328, 347, 377, 413, 447, 475; Morisonian, on insanity, 334, 399; clinical, on distal ligature in aortic aneurism, Mr. C. Heath, 381; Lumléian, on the muscular arterioles, Dr. G. Johnson, 443, 473, 503, 539, 577; clinical, on antisepsism in sections and resections, Mr. Barwell, 506, 541; of National Health Society, 523, 716; clinical, on cirrhotic form of Bright's disease, Dr. McCall Anderson, 641; clinical, on some urines and urinary calculi, Dr. Ord, 671, 701; clinical, on ovariotomy, Mr. C. Heath, 737; clinical, on spina bifida, Mr. J. Hutchinson, 767; on Orthopaedic Surgery, Dr. L. Sayre's, *rev.*, 812; on Orthopaedic Surgery, Mr. Brodhurst's, *rev.*, 812
 Ledwich School of Medicine and University of Dublin, 335
 Lee, Dr. R., death of, 177; obituary notice of, 217; Sir J. Paget on, 306
 Leeds, sanitary report on, 507
 Lees, Mr. F. A., pruritus *ani*, 764
 Legislation, medical, 328. *See* Medical Council
 Legs, ulcerated, Mr. J. Cochrane on treatment of, 40; Dr. J. W. Mackenna on, 188; Dr. J. Eaton on, 220; Mr. W. Prowse on, 410; partial paralysis of, 810
 Leighton, Mr., bronze figure by, 556
 Leith, death-rate of, 180, 436
 Lemoine M. J., on exclusion of British practitioners from France, 142
 Lepers, duration of life in, 700
 Leprosy, reports to Royal College of Physicians on, 400; in India, Mr. Planck's report on, 434; Drs. Lewis and Cunningham's report on, 553; disease of nerves in, 682
 Leslie, Dr., the National Society's Hospital at Nish, 22
 Levée, medical men presented at, 237
 Lewis, Dr. W., pauper lunatic certificates in Scotland, 247
 Libel against a medical man, 181
 Lie-tea, 181
 Liebig, statue of, 237
 Liebreich, Mr. R., 527
 Life-assurance, fees for certificates, 154; and suicide, Dr. J. W. Eastwood on, 197; and ear-disease, Dr. J. P. Cassells on, 322
 Ligamentum patellæ, rupture of, 390
 Ligature, distal, in aortic aneurism, Mr. C. Heath on, 384
 Lime-juice, preservation of, 411
 Lingen, Mr. C., death from inanition, 765
 Linimentum ammoniac, dilution of, 344, 411, 500
 Linlithgow, typhoid fever in, 44
 Linton cab, 234
 Lip, primary chancre on, 811
 Lister, Mr. Edward, Haydock Lodge Asylum, 640
 ——— Mr. J., and the office of surgeon in King's College Hospital, 242, 277, 336, 365, 401, 555, 657; Professor Blackie on, 472

Lithotripsy, use of nitric acid injections in, Mr. R. Harrison on, 11
 Little, Dr. W. J., Dr. Billing's explanation of the heart-sounds, 580
 Littré, M., illness of, 783
 Liver, cancer of, 28, 371; cirrhosis of in a boy, 233; Mr. C. H. Robinson on cirrhosis of, 352; hydatid of, 370; ascites from cirrhosis of, 710; cirrhosis of, 682; abscess of, with empyema, 713
 Livingstone memorial, 787
 Local Government Board and chemical analysis, 333
 The Irish, 825
 Localisation, cerebral, 432
 Loche, Mr. R., Food-Chart, *rev.*, 15
 Locomotor ataxy, Dr. Hughlings Jackson on, 673
 Lodged corn, 638
 London, health of, 19, 50, 79, 237, 273, 301, 360, 398, 434, 460, 492, 558, 627, *see* also Public Health, weekly reports; water-supply of, 60, 189, 210, 280, 343, 500, 627, 735; inquest-room for city, 460; report of health officers of port of, 601
 Long, Mr. F., mothers' marks, 832
 Lord Mayor of Dublin, statement of, 21
 Low, Dr. R. B., case of lead-poisoning, 384
 Lownds, Dr. T. M., water-analysis, 412
 Lowther, Dr. R., carriages for country practice, 249
 Lucas, Mr. R. C., removal of tracheotomy-tubes, 709
 ——— Mr. T. P., disorder of alimentary canal, 801
 Lunacy, certificates of, payment for, 32, 123, 186, 247, 248, 340; select committee on law of, 246, 358; commissions of, 658, 715; letters on, 697, 731. *See* Insanity
 Lunatic, charge of murder against a, 211
 Lunatic asylums, are they prisons? 521, 635
 Lunatics in Scotland, maintenance of, 372; Chancery, 456, 534; custody of, 783. *See* Insane
 Lung, hydatid of, 268; cavity in undergoing contraction, 327; epithelium of, 585; primary cylindrical epithelioma of, 744
 Lupus marginatus, 426
 Lurgan, fever in, 21
 Lymphadenoma of viscera, 483, 678
 Lymphatic growths, Dr. Pye-Smith on, 99; Dr. Byrom Bramwell on, 256; glands of neck, cancer of, 547
 Lymphatics of muscle, 361
 Lymphoma of prostate, 583; of intestine, 683
 Lymphosarcoma, intrathoracic, Dr. Byrom Bramwell on case of, 8; mediastinal, 715
 Lynch and Bateman, Messrs., Hodgkinson's pocket-inhaler, 734

M.

McBean, Mr. S., erythroxylin cuca in fevers, 291
 Mac Cormac, Mr. W., the National Society's hospital at Nish, 22
 McCrea, Dr., proposed memorial of, 21
 McDermott, Surgeon P. S., promotion of, 90
 Macdonald, Dr. K. N., rheumatic fever treated by salicin, 738
 McEwen, Dr. W., the unfounded charge against Dr. Moffat, 636
 Mackay, Dr. A. E., obituary notice of, 341; cause of death of, 459; proposed memorial of, 571
 Mackenna, Dr. J. W., ulcerated legs, 188
 Mackenzie, Dr. S., apoplexy and drunkenness, 183; the library of the Royal College of Surgeons, 735
 Mackintosh, Dr. A., Forms of Bills, *rev.*, 42
 MacLagan, Dr. Douglas, the Mevagissey cantharides case, 466
 MacLaren, Dr. P. H., removal of tracheotomy-tubes, 675, 802
 Maclean, Dr. P. C., amendment of Medical Act, 314
 MacLeod, Dr. G. H. B., Clinical Guide, *rev.*, 387
 Macrae, Rev. D., the case of the late Dr. Dougall, 669
 Madagascar, a hospital for, 462
 Maddock, Dr. W., memorial of, 661
 Magnan, Dr. V., on Alcoholism, *rev.*, 202
 Mahomed, Dr. F. A., visceral syphilis, 265; results of chronic peritonitis, 735
 Malacosteon, frequency of in females, 475
 Malformation of hands and feet, 584
 Malignant pustule, 111; Dr. Hamill on, 200; letter on, 284
 Manchester, special correspondence from, 88, 496, 695; medical institutions of, 789
 Mania after scarlet fever, 429
 Mann, Mr. R. M., volunteer surgeons, 31
 Mapother, Dr. E. D., conjoint examining board for Ireland, 243
 Marsh, Mr. W. J., solution of salicylic acid, 92
 Marshall, Dr. L. W., action of salicylic acid, 229
 ——— Mr. P., obituary notice of, 373
 Martin, Mr. J., pitting of small-pox, 153
 ——— Mr. J. W., antiseptic surgery, 184
 Martineau, Miss H., Dr. T. M. Greenhow on case of, 449; Sir T. Watson on, 496; Mr. Spencer Wells on, 543; Dr. King on, 550
 Marylebone, sanitary report on, 510, 606, 773
 Mason, Mr. Francis, use of splints in excision and diseases of elbow, 829

Mason, Mr. Frederick, recovery after taking emetic tartar, 674
 Materia Medica, teaching of, 366; chair of in Edinburgh, 528, 591, 791
 Maternal impressions, letters on, 376, 442, 538, 832; remarks on, 748
 Maternity Charity, Edinburgh Royal, 824; Glasgow, *ib.*
 Maudsley, Dr. H., Physiology of Mind, *rev.*, 777
 Maugham's solution of iron, 779
 Maunder, Mr. C. F., use of pads in excision of tumours, 199; treatment of syphilitic warts, 314; osteotomy, 570
 Maxillary bones, Dr. J. O. Will on use of chisel in removing portions of, 354
 Mayer, Dr. A., mussel-poisoning, 502
 Mayo, Mr. A. C., nocturnal cramp, 314
 Measles in Fiji, 309; vitality of contagium of, Mr. F. H. Edmonds on, 511
 Measures, glass, inaccuracy of, 752
 Measuring instrument, a new, 817
 Meat, diseased, traffic in, 493, 561, 592, 630, 693, 755; cheap, 558; American, 604, 670, 786
 Meat-farina, 519
 Medal, the Hastings, recipients of, 188; decision regarding, 588
 Mediæval surgery, 756
 Mediastinum, cancer of, 392; sarcoma of, 552; lympho-sarcoma of, 715
 Medical Acts, proposed amendment of, proceedings of Medical Defence Association, 242, 314, 563; remarks on, 328; proceedings in Medical Council regarding, 695, 645, 649; proceedings in Parliament, 637; application of penalties under, 613, 648; proceedings of Medical Council regarding Dr. Lush's Bill, 650; Mr. Errington's Bill, 717; Dr. Lush's Bill, 719, 733; deputation of East London Medical Defence Association, 724; questions regarding charges under, 797; resolutions regarding amendment of, *ib.*
 — administrative appointments in India, 450, 497, 526
 — appointments in Royal Household, 237
 — artists, 753
 — Benevolent Fund, British, objects of, 51; annual meeting, 143
 — charities, Mr. Sampson Gamgee on, 803
 — charity, abuse of, proceedings in Liverpool Medical Institution, 52, 337, 727; proceedings in Committee of Council regarding, 146; letter on, 183; *Liverpool Daily Courier* on, 209
 — Club, a provident, 189
 — conference, international, 690
 — consultations, letter on, 567
 — Council, General, note on, 242; session of, 594, 612, 645, 678; President's address, 594; new members, 612, 619, 630; the Registrar, 612; Committees, *ib.*; visitation of examinations, *ib.*; preliminary and professional education and examination, 612, 615, 616, 619, 650; foreign, colonial, and Indian degrees, 613, 645; Mr. Russell Gurney's Act, 613, 647; recovery of penalties, 613, 648; results of professional examinations, 613, 681; standing orders, 614; index to minutes, *ib.*; registration of honorary degrees, 594, 614; removal of names from *Register*, 615, 618; returns from the Army Medical Department, 615, 620; reappointment of members, 617; questions to President, *ib.*; the Royal College of Surgeons and women candidates for licences in midwifery, 618, 648; dental surgeons, 618, 649; restoration of names to *Register*, 618; application for restoration to *Register*, 619; vaccination, 620; lunacy certificates, *ib.*; forgery of death certificates, *ib.*; report of Medical Acts' Committee, 645, 649, 650; deputation to Lord President of Privy Council, 648; Dr. Lush's Medical Acts' Amendment Bill, 650; visitation of medical schools, 650, 651; recommendations of Council, 652, 653, 654; preliminary examinations, 652; duration of professional study, 653; Executive Committee, 654, 682; definition of extent of subjects, 654; practical study and examinations, *ib.*; report of Finance Committee, 678; report of *Pharmacopœia* Committee, 679; prosecution of unqualified practitioners, 679; conjoint scheme for England, 595, 679; education of midwives in England, 595, 680; the Cruelty to Animals Act, 681; courses of lectures, *ib.*; statistics of medical profession, 682; votes of thanks, *ib.*; summaries of proceedings, 623, 687; recommendations of, 725
 — degrees, admission of women to, 623, 667
 — degrees, foreign and colonial, registration of, letters on, 603, 700, 734; proceedings in Medical Council concerning, 613, 645
 — degrees, honorary, proceedings in Medical Council regarding registration of, 594, 614
 — degrees, University, letter on, 669, 734, 801, 831
 — department of friendly societies, 92
 — diplomas, advertisement of, 283
 — *Directory*, letters on, 410, 472
 — education and examination, proceedings in

Medical Council regarding, 615, 650, 652, 653; recommendations of Medical Council, 726
 Medical ethics in Australia, 412
 — etiquette, communications regarding, 154, 189, 283, 343, 442, 471, 573, 604, 699, 734, 764, 765
 — evidence in law-courts, 190
 — evidence touching insanity, Dr. Bucknill on, 125
 — examinations, conjoint, English scheme for, 82, 400, 596; proceedings in Medical Council regarding, 679; for Ireland, 206, 593; letters on, 243; questions in Parliament regarding conjoint schemes, 408
 — examination of patients or criminals, 336
 — fees, actions for recovery of, 53; questions regarding, 63, 92, 189
 — fees at examinations, 471, 502, 537
 — fees at coroners' inquests in Dublin, 309, 334, 375, 411, 472
 — inspection of ships and emigrants, 574
 — Institute, Birmingham, annual meeting, 559
 — Institution, Liverpool, abuse of medical charity, 52; Officers and Council, 118; tricuspid and mitral obstruction with hepatic pulsation, 816; punctured wound of chest, *ib.*; vesical calculi, *ib.*; excision of hip-joint, *ib.*; tracheotomy for diphtheria, *ib.*; ruptured urethra, 817; spina bifida treated with iodo-glycerine injection, *ib.*
 — legislation, remarks on, 323
 — officer at Kabul, 77
 — officers in convict service, 56, 401
 — officers of civil service, proposed examination of, 299, 494, 717
 — practice in Turkey, 116
 — practitioner, libel against a, 181; robbery of a, 239; unfounded charge against a, 302, 634, 636; death of a from blood-poisoning, 592
 — practitioners, British in France, proposed new law affecting, 22, 46, 120, 238; M. Lemoine on, 142; proceedings in Parliament respecting, 281; proceedings in Medical Council, 595, 646
 — practitioners, caution to, 603, 638, 669, 699
 — practitioners, defence of, proceedings of Birmingham and Midland Counties Branch, 82, 89; proceedings of Staffordshire Branch, 89
 — practitioners, unqualified, prosecution of, 20, 242, 273, 336, 337, 525; proceedings in Medical Council regarding, 679; resolution of North of England Branch, 697; Dr. Lush's Bill regarding, 719
 — profession in India, 278, 695, 729, 760
 — pupils, charge for, 736
 — *Register*, restoration of names to, 595, 618
 — removal of names from, 615, 619
 — relief, metropolitan, meeting regarding, 490, 520, 529. *See* Hospitals
 — relief, Poor-law. *See* Poor-law
 — school, army, closure of session, 213; prizes at, *ib.*; opening of summer session, 434
 — School, Edinburgh, notes on, 435, 592, 664. *See also* School
 — schools, British, an American report on, 397; visitation of, proceedings of Medical Council regarding, 650, 651; Naval, of France and England, Dr. R. C. Dean on, *rev.*, 813
 — service of army. *See* Army
 — service of navy. *See* Navy
 — services of army and navy, questions at examination, 284
 — student, trial of a for homicide, 303
 — students, Goethe on, 435; general education of, letter of Rev. Dr. Haughton, 593; remarks on, 630; proceedings in Medical Council regarding, 552, 653; regulation of Medical Council concerning registration of, 725
 — study, duration of, 653
 — titles, 639. *See* Medical Degrees
 — Visiting List, Dr. Sheen's, *rev.*, 43
 Medicinal preparations, new, 712
 Medicine, Dr. Ziemssen's *Cyclopædia of Practice of*, *rev.*, 14; Dr. Brunton on history of, 251, 285, 315; Hippocratic, 487; scientific basis of, 553
 Medicines, patent, revenue from, 17; regulations in Japan regarding, 78; fashionable, 145; incompatibility of, 180; action of, 362
 Medico-Parliamentary: foreign physicians and surgeons in France, 281; the War Office, 281, 312; vaccine-lymph in Ireland, 281; habitual drunkards, *ib.*; dietary at Millbank, 312; the Arctic Expedition, 312, 342, 498, 536, 667, 733, 799, 880; army medical department, 312; Vaccination Bill, *ib.*; vaccination, 342, 373, 408, 498, 799; coroners' inquests, 342; small-pox hospital, *ib.*; sanitary authorities, *ib.*; conveyance of small-pox patients in cabs, *ib.*; urban sanitary by-laws, 372; militia surgeons, *ib.*; public health (Ireland), *ib.*; public lunatics in Scotland, *ib.*; medical regulations in the army, 373; medical examinations, 408; coroners, *ib.*; Irish coroners, *ib.*; Anti-Vivisection Bill, 408, 571; British medical department, 497; sanitary condition of Ports. mouth, *ib.*; cattle-plague, 497, 498; canal-boats, 498; the case of G. Favell, *ib.*; London dairies,

ib.; sanitary condition of public offices, 536; Public Health Act, 536, 637; Londonderry Lunatic Asylum, 571; Universities Bill, 601; closing burial-grounds, *ib.*; army-surgeons, *ib.*; Medical Act Amendment, 637, 733; inspection of the mercantile marine, 637; female medical degrees, 667; cost of vaccination, 733; Public Health (Metropolis Bill, 733, 830; Indian Medical Service, 830
 Meeres, Dr. E. E., appeal for family of late Mr. J. Stevens, 152, 219, 313
 Melanotic sarcoma of choroid, 511
 Memorial to Dr. McCrea, 21; to Dr. T. E. Beatty, 29; of Drs. Adamson and Bell, 80; to Dr. Parkes, 300; to Dr. Ferris, 494; to Dr. Mackay, 571; to Dr. Livingstone, 787
 Meningitis, traumatic, 552; of convexity of brain, 684
 Ménopause in women, Dr. Braxton Hicks on, 475
 Mental anxiety as a cause of granular kidney, Dr. Allbutt on, 157; Dr. J. O. Brookhouse on, 283
 Mercer, Dr. N. G., death of, 18, 50, 121
 Mercier, Mr. C., independent movements of eyes in coma, 292
 Metallotherapy, 178, 622
 Metritis, chronic, 104
 Metropolitan sanitary districts, mortality in, 49; medical relief, 490, 520, 529. *See* London
 Miall, Mr. P., delirium after chloroform, 200
 Microphotographs in Histology, *rev.*, 166
 Midwife's licence of King and Queen's College of Physicians, 313
 Midwifery bag, 519; engagements, fees for, 604; new degree of in University of Dublin, 787
 Midwives, education of, proceedings in General Medical Council regarding, 680
 Migraine, treatment of, 603, 700
 Militia barracks in Bethnal Green, 90
 Militia surgeons, letters regarding, 30, 60, 187, 563; remarks on, 50, 90; proceedings in Parliament regarding, 572; resolution of Reading Branch, 437; deputation to Secretary of State for War, 530; resolution of Bath and Bristol Branch, 696
 Milk, prosecutions for adulteration of, 52, 145, 179, 494; spread of typhoid fever by, 118, 275, 333, 359; ewe's, 145; condensed, effect of on children, 152, 180, 250, 284; in London hospitals, 694, 791; scarlet fever communicated by, 754
 Milk of sulphur, 74, 138, 466
 Millbank prison, dietary of, 312; and Gunner Charlton, 329
 Mind, Dr. Maudsley on Physiology of, *rev.*, 777
 Minehead as a winter residence, Mr. T. Clark on, 708
 Miners, accident to in Pontypridd Colliery, 490, 522; Mr. H. N. Davies on, 580; letter on, 669; nystagmus of, 815
 Mitral stenosis, 25
 Moffat, Dr. T., unfounded charge against, 634, 636, 694
 Molluscum contagiosum, 677
 Money, possible spread of small-pox by, 58
 Monstrosity, cases of, 321
 Moore, Dr. J. W., 302
 Morphœa alba or leuce, 425
 Morris, Mr. H., dislocations of the thigh, 244
 Moss, Mr. J., dialysed iron, 800
 Motion, Vital, Dr. Radcliffe on, *rev.*, 385
 Moxon, Dr., his Hunterian oration, 210
 Munro, Dr. W., incubation of small-pox and vaccination, 31; death from chloroform, 61; unseaworthy crews, 153; duration of life in lepers, 700
 Murchison, Dr. C., address to Pathological Society, 83
 Murder, charge of against a lunatic, 211
 Murphy, Dr. E. W., death of, 76; obituary notice of, 122
 — Dr. J., specula made of glass, 644
 Murray, Dr. J. C., nocturnal cramp, 314
 — Dr. J. I., a new remedy in skin-diseases, 609
 Muscle, lymphatics of, 361
 Muscular contraction, spasmodic, 501, 604
 Museum, the Hunterian, 823
 Mussel-poisoning, 344, 411, 602
 Myelitis from caries of vertebrae, 293
 Myeloid tumour of ulna, 515; of radius, *ib.*
 Myxoma of breast, 136; in neck of an infant, 370
 N.
 Naas, sanitary condition of, 400
 Nævoid growth on cheek, 481
 Nævus of lip, 810
 Nares, posterior, Dr. A. Hodgkinson on examination of, 771
 Naso-pharyngeal polypus, hæmorrhage after removal of, 403
 Naval Medical Schools of France and England, Dr. R. C. Dean on, *rev.*, 813
 Navy, successful candidates for appointments in medical service, 167; medical appointments in, 798
 Neck, myxoma of in infant, 370; cancer of glands of, 547
 Necrosis without suppuration, 266; of patella, 710

- Needle, new, for wire-suture, 270; revolving, 426
Neglect, alleged, charge of, 340
Nephritis. *See* Kidney
Nerve, optic, inflammation of after aphasia, 42; sympathetic, lesion of on one side of head, Dr. F. Warner on, 453; musculo-spiral, strangulation of, 498; dental, irritation of, 550; ulnar, lesions of, 585; pneumogastric, pathology of, 714
Nerves, stretching of in tetanus, 137; in paralysis, *ib.*; disease of in leprosy, 682; division of in facial neuralgia, 760
Nerve-centres in hydrophobia, 682
Nerve-systems, evolution of, 720
Nervous symptoms with ear-disease, Dr. Hughlings Jackson on, 349; from uræmia, Dr. G. Johnson on, 577
Nettleship, Mr. E., natural history of catarrhal ophthalmia, 705
Neuralgia, strychnia in, 42; Dr. Churton on discrimination and treatment of, 423; facial, case of, 550; treatment of, 760
Neuritis, optic, following aphasia, 42; unilocal, *ib.*
Neuro-retinitis, 328
Neuroses, spasmodic, 111
New Year's Day in London hospitals, 23, 56
Night-alarm, Dr. J. Russell on a case of, 711
Nightmare, treatment of, 640
Nilsson, Madame, and the Institute for Nurses, 556
Nipple, eczema of preceding carcinoma of breast, 106
Nitric acid injections in a case of calculus, Mr. R. Harrison on, 11
Nitrous oxide gas, death from administration of, 439, 461; letter on, 496
Noble, Dr. D., obstinate vomiting, 154
Nocturnal cramp, treatment of, 283, 314, 442
Norman, Mr. H. B., large and long neglected polypus of ear, 101
Norris, Dr. W., obituary notice of, 535
North, Mr. S. W., Dr. Deville and the Harrogate Commissioners, 366
Northamptonshire sanitary authority, medical officer of, 601
Nose, Taliacotian operation for restoration of, 712; polypus growing from septum of, 810
Noxious fumes, 52; drug, administration of a, 302
Nuisances, auto-inspection of, 524, 559
Nurses, training of, at St. Bartholomew's Hospital, 557; at Derby, 560; for poor in Belfast, 661; training of in Paris, 750
Nursing Society, proposed, in France, 48; institution, Kent, 183
Nystagmus of miners, 815
- O.
Obituary, Mr. John Adams, 118; Dr. E. W. Murphy, 122; Mr. H. Holman, *ib.*; Dr. D. Arrott, *ib.*; Dr. W. Frank-Smith, 150; Dr. Robert Lee, 217; Sir William Fergusson, 24; M. Dolbeau, 332; Dr. A. E. Mackay, 341; Dr. T. Gregg, 373; Mr. R. Marshall, *ib.*; Dr. P. Sutherland, 409; Mr. G. M. Harrison, 470; Dr. W. Carr, 498; Dr. W. Norris, 535; Mr. P. Brotherton, 668; Mr. J. Whipple, 798; Mr. H. Wilson, *ib.*; Mr. W. Allison, 829
Obstetric medicine, Dr. Priestley on subjects in, 42; aspects of idiosyncrasy, 235
Odell, Mr. W., removal of foreign bodies from ear, 200
Odontoma, 232
Oenanthe crocata, poisoning by, 471
Oesophagus, foreign body in, 41; Dr. Coghill on fistula of, 68; stricture of, 482
Ollerhead, Mr. T. J., chrysophanic acid in skin-disease, 546
Open spaces, 590
Operations, extra fees for, 248, 340
Ophthalmia, strumous, treatment of, 62, 124, 154, 250; in pauper schools, 79; in the Birmingham workhouse, 434; catarrhal, Mr. Nettleship on, 705
Ophthalmic Institution, Glasgow, report of, 362; Outline Drawings, Dr. Purves's, *rev.*, 455
Ophthalmology in its relation to general medicine, Dr. Hughlings Jackson on, 575, 605, 672, 702, 804; Dr. H. M. Jones on, 771
Opiate, 27
Opisthotonos cured by chloral-hydrate, Mr. H. Davis on, 610
Opium, poisoning by, 690
Optic nerve, inflammation of, 42
Orbit, penetration of by a knitting-needle, 748; tumour of, 795
Ord, Dr. W. M., on some urine and urinary calculi, 671, 701
Oriental sore, 554
Ormsby, Mr. L. H., new ether-inhaler, 451, 709
Orsett, small-pox at, 786, 822
Orthopaedic Surgery, Dr. Sayre's Lectures on, *rev.*, 812; Mr. Brodhurst's Lectures on, *rev.*, *ib.*
O'Ryan, Mr. J. F., doubling of first sound of heart, 735
Os calcis, excision of, 683, 712, 815
Osteitis deformans, 44; hypertrophy of tibia after, 137
Osteoclast, an, 404
Osteotomy of femur, 134, 184, 215; for knock-knee, 429; letters on, 570, 604
Otorrhoea and granular throat, 677; remarks on, 686
Ovariectomy in the Samaritan Hospital, 238; Mr. Spencer Wells on three hundred additional cases of, 266; in the London hospitals, 332; in Vienna 404; case of, 487; in Dublin hospitals, 630, 787; fever after, 467; Mr. C. Heath on, 737; Dr. G. Y. Heath on a case of, 808
Ovary, aspiration of cysts of, 104; growth of cysts of, 519; tumours of, 683
Owen, Mr. E., the dressing of wounds, 39; abscess in knee-joint, 258; treatment of occlusion of vagina, 801
- P.
Padded room, death in, 59
Paddington, sanitary report on, 318
Pads in excision of tumours, Dr. W. W. Campbell on, 39; Mr. C. F. Maunders on, 199
Paget, Sir James, Hunterian oration, 191, 659; address to Royal Medical and Chirurgical Society, 305; a member of General Medical Council, 612
Paint, green, Mr. J. Farrar on arsenical poisoning by, 5
Palais d'Industrie in Paris, 760
Palmar arch, wound of, 72, 481
Palmer, Mr. H. D., animal vaccination, 148
— Mr. S. St. John's Wood and Portland Town Provident Dispensary, 250
Papilloma of larynx, 554
Paralysis, diphtheritic, 136; nerve-stretching in, 137; spinal, 259, 424; alcoholic, Mr. C. H. Robinson on, 352; general, of insane, 424, 454, 747; traumatic of arm, 484; in a child, after exposure to heat, 548; ocular, Dr. Hughlings Jackson on, 605, 672; facial, 611, 710; partial, of legs, 810
Paraplegia, acute, 547
Paris, medical and surgical clinics of, 54, 304; special correspondence from, 182, 403, 566, 759; typhoid fever in, 359
Parkes, Dr. E. A., memorial of, 300
Parry, Dr. W., death of, 830
Parsons, Dr. C., medical defence, 120
Patella, dislocation of, 44; rupture of ligament of, 390; atrophy of quadriceps extensor after fracture of, 677; acute necrosis of, 710
Patent medicines, revenue from, 17; regulations concerning in Japan, 78
Pathology at the roadside, 53; in county asylums, 93
Patten, removable, Mr. R. Davy on a, 739
Patterson, Dr. T., construction of hospital wards, 412
Payne, Dr. C. J., presentation to, 248
— Dr. J. F., visceral syphilis, 263
Peabody buildings, 237, 301
Peacock, Dr. T. B., illness of, 207
Peacocks as a nuisance, 765
Péan, M., Leçons de Clinique Chirurgicale, *rev.*, 42
Peas, coppered, effects of, 361, 559
Pelvic cellulitis, 423
Penalties under the Medical Act, proceedings in Medical Council regarding, 613, 648
Peptic liquor, 800
Peptone of beef, Hooper's, 133
Perchloride of iron. *See* Iron
Percussion of bone, 564
Pericarditis, idiopathic, 710
Pericardium, adherent, 481
Perichondritis of larynx, 517
Perinaeum, ruptured, treatment of, 487
Peritoneum, gas in, 327; morbid growths in, 519
Peritonitis, general, from suppurating bubo, 430; chronic, results of, 735
Perth, water-supply of, 786
Pessary, retention of in vagina, 88
Pestilence and war, 489
Peter, Dr., introductory lecture by, 566
Pharmacology and its relation to therapeutics, Dr. Lauder Brunton's lectures on, 251, 285, 315, 345, 379, 415
Pharmacy Act, alleged fraudulent registration under, 273
Pharmacy and therapeutics, teaching of, 281. *See* Materia Medica
Phelps, Mr. W., a question of etiquette, 189
Phillips, Mr. W. F., workhouse medical officers and cases of drunkenness, 468
Phosphorus, administration of, Mr. S. M. Bradley on, 422, 472; notes on, 472, 700
Phthisis, Dr. R. E. Thompson on costal cartilages in, 41; and climate, Dr. R. P. Cotton on, 67; Dr. I. B. Yeo on treatment of, 159, 195; pneumothorax in, 391; perforation of pleura in, 486; Dr. Thorowgood on illustrations of treatment in arrest of, 643; in Victoria, Mr. W. Thomson on, *rev.*, 779; rupture of branch of pulmonary artery in, 797
Physical culture in America, 20
Physics, Dr. N. Arnot's Elements of, *rev.*, 166
Physiology, demonstrator of in University of Glasgow, 131; practical, in Dublin, 561; chair of in Aberdeen, 826
Pictures in hospitals, 118
Pierce, Dr. F. M., aural therapeutics, 41
Pig-typhoid, 513
Pills, tasteless, 234
Pinnock, Mr. R. D., injection of ammonia into veins in collapse, 229
Pitman, Dr. H. A., Harvey's manuscripts, 280
Pituitary, 784
Pityriasis versicolor, treatment of, 137; treated by Goa powder, Mr. Robson on, 610
Placenta, distribution of vessels of, 426
Plague in Turkey, 283, 555, 587
Plants, Medicinal, Bentley and Trimen's, *rev.*, 42; medicinal, of Scotland, 560
Playgrounds for London children, 751, 758
Pleura, passage of drainage-tubes into, 430; perforation of in phthisis, 486
Pleurisy, diagnosis of, 810
Pleuritic effusion, aspiration in, 110
Plomley, Dr. J. F., amendment of the Medical Acts, 603
Pneumonia, chronic, salicylate of soda in, 109; with disease of suprarenal capsules, 294
Pneumothorax in phthisis, 391
Podophyllin in acute rheumatism, Dr. H. L. Snow on, 71
Poisoning, arsenical, by green paint, Mr. Farrar on, 8; accidental, in hospital dispensaries, 16; by corrosive sublimate, 80; by carbolic acid, 118, 178, 343; by extract of belladonna, 164, 259, 314; by strychnia, 176, 211; by laudanum, 263, 690; by tincture of aconite, 258; by muscels, 344, 411, 502; by santonine, 362; by lead, 384, 517, 627; by canthanthe crocata, 471; by homeopathic solution of camphor, 607; by liniment of belladonna and camphor, 823
Poisons, free-trade in, 115; legal administration of, 358
Police, the, and cases of disease or drunkenness, 440, 468, 523
Polypus of ear, Mr. H. B. Norman on, 101; from septum of nose, 810; channel, 815
Pons Varolii, cases of hæmorrhage in, 13; syphilitic disease of, 518
Poor-law Medical Service: appointments, 29, 216; fees in a case of mania, 59; the guardians of St. George's, Hanover Square, and Mr. Fenton, 90, 121, 150, 186, 248; unsalaried union appointments, 90; the Wantage Board of Guardians and its medical districts, 121; extra fees for operation, 248, 340; unregistered assistants, 248; the Lambeth guardians and their medical officers, 339; charge of alleged neglect against a parish surgeon, 340, 372; the Royston Union, 440; the police and workhouse medical officers, 440, 468, 798; the Leeds Workhouse, 440; superannuation of medical officers, 602; the West Bromwich Board of Guardians, 797
— Ireland, superannuation for medical officers, 119; salary of medical officers of North Dublin Union, 146, 212; medical officer of Carlow Workhouse, 146; registrarship, 248; medical officers of South Dublin Union, 334, 698; resolutions of Irish Medical Association, 756
— Scotland, out-door medical relief in Barony Parish, 186, 437; payment for lunacy certificates, 186, 247, 248, 340
Poor-law Bill, 493
Pope, health of the, 691
Population, urban, 115; statistics of, 573
Porter, Mr. J. H., after-treatment of excision of the hip-joint, 223, 365
Portsmouth, sanitary condition of, 497
Postans, Mr. A. W., chrysophanic acid, 245
Potassic xanthate, preservative properties of, 273
Potatoes as antiscorbutics, 331, 361
Poulain, Dr. V., treatment of intermittent fever by salicin, 603; erysipelas during confinement, 800
Pregnancy, extra-uterine, Dr. Priestley on operation in, 5; small-pox during, Mr. H. Robinson on, 183; Mr. G. Rigden on, 229; toothache of, 584
Price, Mr. A., Dr. Bloxam and the St. George's Union, 150, 313
Priestley, Dr. W. O., address to Obstetrical Society, 4
Prince of Wales, illness of, 397, 434
Prizes of Faculty of Medicine of Paris, 116; of Academy of Medicine in Paris, 117; of *Lo Sperimentale*, 141; the Bressa, 144; Hastings, 188, 588; Matteucci, 273; Jacksonian, 490; of Temperance Society in Paris, 566; of Academy of Sciences in Paris, 692
Professors and assistants in Vienna, 278
Prosecution of unqualified practitioners. *See* Illegal Practitioners
Prostate, lymphoma of, 483
Provident Dispensaries, Haverstock Hill, 51; Portland Town, 93, 124, 250; Battersea, 141, 214; Kilburn, 141; Leamington, 827; formation of, 337; notes on, 768, 759; and the Hospital Saturday Fund, 782
Provident Medical Club, 189
Prowse, Mr. W., treatment of ulcers of legs, 410

Pruritus ani, treatment of, 764, 802, 832
 Psoriasis, Dr. A. D. Keith on treatment of by Goa powder, 51
 Puberty, Dr. Braxton Hicks on, 348
 Public Health, report of Society of Medical Officers of Health, 29; reports of medical officers, Leeds, *ib.*; Swansea, 150; Cockermouth, 234; York, 247; Skipton and Settle, *ib.*; Willemsden, 341; Wakefield, *ib.*; Marylebone, 510, 606, 773; Tottenham, 601; Hastings, 630; Holyborn, 770; appointments, 29, 150, 372, 698; weekly reports, 117, 144, 177, 273, 332, 460, 559, 720, 754, 786, 823; the Local Government Board and the metropolitan asylums, 149; deputation from Society of Medical Officers on infectious diseases, *ib.*; formation of sanitary districts, 218, 223, 233, 311, 339, 497; climatic diarrhoea and typhoid fever, 247; medical officers of health and medical practitioners, 240, 339, 468; increase of salary of medical officers, 335, 468; sanitary policy in Southsea, 461, 571; the Northamptonshire sanitary authority and their medical officer, 601; Public Health (Metropolis) Bill, 793, 818, 830
 Ireland, sanitary proceedings in Dublin, 146; the Public Health Act, deputation of Dublin Corporation, 181; outline of Bill, 372; proceedings in Parliament, *ib.*; suggestions regarding, 400; petition of Council of Irish Medical Association, 457; deputation of Irish Medical Association to Sir Michael Hicks-Beach, 628, 663; sanitation in Ireland, 629; important sanitary decision, 722
 Public offices, sanitary condition of, 536
 Puerperal peritonitis, 269; state, Dr. A. Ford on erysipelas in connection with, 677
 Purpura variolosa, 552
 Purves, Dr. W. J., aural therapeutics, 121; Ophthalmic Outline Drawings, *rev.*, 455
 Pustule, malignant. See Malignant Pustule
 Pyæmia in hospitals, 27
 Pyelonephrosis, 391
 Pye-Smith, Dr. P. H., the suprarenal capsules and lymphatic growths, 99; visceral syphilis, 262; disease of suprarenal capsules, 325
 — Mr. R. J., syncope from ether-inhalation, 609, 708
 Pyretic saline, 791
 Pyrexia, continued, 546

Q.

Quacks in Paris, 211
 Quakers, mortality among, 118
 Queen, vaccination of household of, 48; health of, 212; sergeant-surgeons and surgeons to, 237
 Quinine, solvent for, 36; price of, 117, 588; hydrobromic acid a solvent for, 393

R.

Rabagliati, Dr., Hippocratic medicine, 567
 Radcliffe, Dr. C. B., Vital Motion as a Mode of Physical Motion, *rev.*, 385
 Radius, myeloid sarcoma of, 515
 Rainfall, 48; in Scotland, 81; in Jedburgh, 179
Râle mouillé, 393
 Rapes, unresisted, 181
 Rathmines, water-supply of, 240, 303
 Rawdon, Dr. H. G., advantages of early operation for hare-lip, 450
 Recommendations of Medical Council, discussion on, 652 *et seq.*; copy of, 725
 Rectum, eggshell in, 392; Dr. Drapes on foreign bodies in, 583
 Rees, Dr. G. O., note on gout, 225; arsenical colouring, 784
 Registrar-General, returns of for 1876, 402
 Registrar of Medical Council, election of, 612; the late, presentation to, 678
 Registration, fraudulent, under Pharmacy Act, 273; in British Columbia, 506
 Registration of medical students, regulations concerning, 725
 Reid, Mr. James, vaccination, 149
 — Dr. J. C., after-treatment of vaccination, 250; condensed milk, 284
 Removal of sick poor, 657
 Renal asthma, Dr. G. Johnson on, 539
 Resections, Mr. Barwell on antisepticism in, 506, 541; subperiosteal, of tibia, 514; of joints, 664
 Respiration, Cheyne-Stokes, etiology of, 796
 Respirator-inhaler, Dr. W. Roberts on, 132; Dr. Thorowgood on, 163
 Respirators, 272
 Respiratory organs, relative frequency of disease of in sexes, 475
 Retina, detachment of, 110; arteries of in Bright's disease, 369
 Revaccination, lymph from, 188; provision for, 153; of Queen's household, 49
 Revue Philosophique, the, 455
 Rheumatism treated by salicin, 14, 108, 738; by salicylic acid, 26, 182, 326, 454, 611; by salicylate of soda, 711; Dr. H. L. Snow on podophyllin in treatment of, 71; treated by bath, 105; failure of salicin

and success of cold packing in, Mr. Daruty on, 451; Dr. Cavafy on, 510; Mr. J. H. Houghton on chorea during, 544; chronic, relation of gout to, 677
 Rhinoplasty, case of, 201; Tagliacotian, 712
 Ribs, Dr. E. Thompson on condition of cartilages of in phthisis, 41; cancer of, pressing on spinal cord, 294
 Rigden, Mr. G., influence of maternal small-pox on fetus, 229
 Ringworm, treatment of by cassia alata, Dr. D. Foulis on, 71; Dr. T. Fox on, 134; by chrysophanic acid, Mr. B. Squire on, 103; Dr. Bushe on, 453; by Goa powder, Dr. P. Boulton on, 134; Dr. A. H. Bennett on, 163; by perchloride of iron, Dr. Dobbie on, *ib.*; Dr. J. H. Stowers on, 259; Dr. W. L. White on, *ib.*; Mr. G. Brown on, 384; letter on, 501
 Rivington, Mr. W., hip-dislocations, 807
 Robbery of a medical practitioner, 239
 Roberts, Dr. Bransby, Eastbourne as a health-resort, 806
 — Mr. T. A., strumous ophthalmia, 250
 — Dr. W., the respirator-inhaler, 132
 Robertson, Dr. A., unconscious automatic acts in an epileptic, 479; unilateral hallucinations, 775
 Robinson, Mr. C. H., cirrhosis of the liver and alcoholic paralysis, 352
 — Mr. H., confluent small-pox in the seventh month of pregnancy, 163
 Robson, Mr. A. W. M., a form of bursal enlargement, 582; pityriasis versicolor treated by Goa powder, 611
 Rogers, Mr. Arnold, testimonial to, 30
 — Mr. Hildyard, condensed milk, 152
 — Dr. Joseph, the Poor-law Medical Officers' Association, 59, 829; abuse of hospitals, 149; drunkenness or epilepsy, 440
 Romanes, Mr. G. J., evolution of nerves and nerve-systems, 720
 Rome, home for invalids in, 462
 Rooke, Dr. T. M., herpes zoster, 61
 Roussel, Dr. J., transfusion of blood, 467, 736
 Roustchouk military hospital, Mr. H. Crookshank on, 707
 Rowell, Dr. G., Outline Diagram Forms, 387
 Roy, Dr. G. C., Burdwan Fever, *rev.*, 166
 Russia, infant mortality in, 333
 Rutherford, Dr., on action of medicine, 362

S.

St. George's, Hanover Square, the guardians of, 90, 121, 150
 St. Kilda, the children of, 395
 St. Lawrence-on-Sea, sanatorium at, 599
 St. Petersburg, hospital statistics in, 333
 Salicin, acute rheumatism treated by, 14, 108, 738; price of, 117; granular effervescent, 138; in intermittent fever, Dr. W. Thomson on, 509; letter on, 603; failure of in rheumatism, Mr. Daruty on, 451; Dr. Cavafy on, 510
 Salicylate of soda in rheumatic fever and other febrile diseases, 108; granular effervescent, 234; Dr. W. Squire on use of, 292, 325; in enteric fever, 748; in tic douloureux, 760
 Salicylic acid, acute rheumatism treated by, 26, 108, 182, 326, 454; solution of, 92, 283; price of, 117; in typhoid fever, Mr. E. A. Snell on, 163; action of, 178; Dr. L. W. Marshall on action of, 229; granular effervescent, 234; M. Sée on therapeutic use of, 403; in urine, 428
 Salivary concretions, 486
 Salpêtrière, arrangements at, 304
 Salt and Sons' Illustrated Catalogue, *rev.*, 455
 Sanitary risks, 61; policy in Southsea, 461; science, lectures on in Dublin, 463; conference on at Ipswich, 718; decision, important, 722. See Public Health
 Sanitation in Ireland, 629
 Santonin, dangers from, 362
 Sarcoma, spindle-celled, 138; of thigh, 354, 684, 815; giant-celled, of head of fibula, 371; melanotic of choroid, 511; myeloid, of bones of arm, 515; spindle-celled of brain, 518; mediastinal, 552; of breast and glands of neck, 678; small round-celled of tongue, 815
 Saunders, Mr. E., the Dental Reform Association, 569
 — Mr. T. D., maternal impressions, 376
 Sawyer, Dr. J., treatment of chronic diarrhoea, 12
 Sayre, Dr. L. A., Lectures on Orthopædic Surgery, *rev.*, 812
 Scabies, Mr. B. Squire on treatment of by oil of stavesacre, 739
 Scarlet fever in Clifden Union, 21; obstinate vomiting after, 93; salicylate of soda in, 109; mania after, 429; charts of, 484; minute anatomy of, 513
 Schering's chemical manufactory in Berlin, 790
 Schiff, Professor, letter regarding, 189
 Schliep, Dr. P., functional heart-disturbance, 766
 Scholarships in Cambridge, 217; at Guy's Hospital, 689

School of Anatomy, Mr. Cooke's, 79, 114, 120; of Medicine, Ledwich, and the University of Dublin, 335, 400, 463; Ladies', 396; the Edinburgh, 435, 592, 664; for daughters of medical men, question regarding, 574; of dentistry, new, 625
 Schools, pauper, ophthalmia in, 79; Naval Medical, of France and England, Dr. R. C. Dean on, *rev.*, 813. See also Medical Schools
 Sciatica, turpentine in, 390
 Scientific research and Government, 22
 Scirrhus of breast, Mr. Gamgee on removal of, 255, 429. See Cancer
 Sclerema adultorum, case of, 43; with cardiac and gastric disorders, 107
 Sclerosis, apical, 201, 810; Mr. J. S. Bartrum on a case of, 290
 Sclerotic, Mr. S. Snell on wound of, 228
 Scotland, health of, 81, 211, 628, 660, 755; weather in, 81, 211, 591; public lunatics in, 372; Poor-law Bill for, 433; medicinal plants of, 569; lunacy administration in, 635
 Scurvy, cases of at the Seamen's Hospital, 143; in the Arctic Expedition, 297, 342, 621; raw potatoes in, 361; in High Latitudes, Dr. P. Black on, *rev.*, 387; among Turkish troops, 589
 Sea-lion at Brighton, 624
 Seamen, Liverpool Sailors' Home Dispensary for, 274
 Seaton, Dr. J., treatment of ringworm by perchloride of iron, 501
 Sections and resections, Mr. R. Barwell on antisepticism in, 506, 541
 Sée, M., action of salicylic acid and salicylates, 403
 Self-mutilation, 238
 Sellers's bismuth mixture, 328
 Septicæmia after prolonged use of a bougie, Dr. Drapes on, 70
 Serbia, English surgeons in, 114; honours conferred by Government of, 459, 493; hospitals of, 690, 731
 Sexes, Dr. Braxton Hicks's Croonian lectures on differences between, 318, 347, 377, 413, 447, 475
 Sexual intercourse, novel test of, 565
 Shakers, death among the, 523
 Shakespeare, inaccuracies in works of, 283, 501
 Shaw, Dr. Claye, and the Metropolitan Asylum Board, 116
 — Mr. F. C., injection of ammonia into veins in collapse, 423
 Shawl-pin passed *per rectum*, Mr. E. R. Denton on, 325
 Sheard, Mr. W. F., public health medical officers and medical practitioners, 468
 Sheen, Dr. A., Medical Visiting List, *rev.*, 43
 Ships and emigrants, letter on medical inspection of, 574
 Shot in a tooth, 390
 Sibson, Dr. F., Harveian lectures on Bright's disease, 1, 33, 155, 221; remarks of Sir J. Paget on, 306
 Sigmund's treatment of syphilis, 143
 Silver, nitrate of, application to ulcers, 137
 Simon, Dr. Gustav, Dr. Priestley on, 7
 — Mr. John, proposed testimonial to, 753
 Simpson, Dr. Henry, galvanopuncture in aortic aneurism, 244
 — Sir James, statue of, 53, 692
 Sims, Dr. Marion, 212
 Sinclair, Dr. E. M., case of compound fracture, 354
 Skin, Dr. Duhring's Atlas of Diseases of, *rev.*, 42; chrysophanic acid in diseases of, Mr. B. Squire on, 199, 546; Dr. C. W. Thorp on, 546; Mr. T. J. Ollerhead on, *ib.*; Dr. J. I. Murray on a new remedy in certain diseases of, 609; cases of eruption of, 745
 Skinner, Mr. W. A., treatment of strumous ophthalmia, 124
 Skipton, sanitary report on, 247
 Skoptzky, the, 48
 Skull, fracture of, 518, 686
 Sleep, forced, 144
 Sloan, Dr. S., glass specula, 709
 Small-pox in London, 3, 18, 19, 40, 79, 117, 556; among goats, 18; in Dublin, 21, 53, 146, 180, 463; on board ship, 116; in Scotland, 119; in North America, 274; in Sydney, 361; at Orsett, 786, 822; removal of patients, 19; mode of spread of, 58, 153, 301, 433; conveyance of patients in cabs, 342; refusal to remove a case, 492; incubation of, 31; Mr. H. B. Blackburn on treatment of ophthalmic affections in, 104; confluent, in pregnancy, Mr. H. Robinson on, 163; Goethe on, 219; maternal influence of on fetus, Mr. G. Rigden on, 229; non-eruptive, Mr. A. Fleischmann on, 420; Dr. Cross on anomalous eruption in, 505; and vaccination, statistics of, 586; from chicken-pox, 745; necrosis of upper jaw after, 811
 Smart, Dr. W. R. E., dengue or dandy fever, 382; knighthood of, 720; services of, 785
 Smee, Mr. A., death of, 79
 Smith, Lady, death of, 218
 — Dr. H. F., poisoning by belladonna, 230
 — Mr. Priestley, new eye-douche, 355
 Smoking in small rooms, 765
 Smyth, Dr. S. T., carbonate of lime calculus in female, 809

Snell, Mr. E. A., salicylic acid used in typhoid fever, 163

— Mr. S., large wound of sclerotic, 228

Snow, Dr. H. L., podophyllin in acute rheumatism, 71

Society, Charity Organisation, reports of local branches of, 214; discussion on metropolitan medical relief, 490, 529

— Clinical of London: officers and council, 51; treatment of rheumatic fever by salicin and salicylate of soda, 108, 109; annual meeting, 117; Mr. Callender's address, 130; subcutaneous section of neck of thigh bone, 135; letter on report of, 154, 215; aortic aneurism, treated by ligature of left carotid artery, 203; tracheotomy performed four times on one patient, 205; congenital dislocation of one knee forward, 267; hydratid of lung, 268; aneurism of popliteal artery, 269; rules respecting papers, 327; exophthalmic goitre, with new phenomena, *ib.*; cavity in lung undergoing contraction, *ib.*; gas in the peritoneal cavity, *ib.*; neuro-retinitis and colour-blindness, 323; rare; eruption on arms from infection by a horse, 388; excision of lingual epithelioma by Paquin's thermo-cautery, *ib.*; cancer following ichthyosis lingue, *ib.*; cancer of tongue treated by ligature of lingual artery, *ib.*; subperiosteal resection of shaft of tibia, 514; myeloid tumour of ulna, 515; myeloid sarcoma of radius, *ib.*; badly united fracture treated by excision of wedge of bone, 550; case of Miss H. Martineau, 550; ascites in a child, caused by paracentesis and copaiba, *ib.*; idiopathic tetanus treated by bromide of potassium, 551; dropsy, treated by drainage-tubes, *ib.*; Taliaocotian rhinoplasia, 712; excision of os calcis and astragalus, *ib.*; syphilis contracted from congenital disease, 713; abscess of liver and empyema treated by paracentesis, *ib.*; artery-constrictor, 714; misplaced testes, 744; microscopic appearance of a case of skin-disease, 745; eruption in a tuberculous child, *ib.*; small-pox said to have originated from contagion of chicken-pox, 745; enteric fever treated by salicylate of soda, 746; excision of elbow-joint, 747

— Clinical of Paris, 142

— Epidemiological, dengue, 25

— Glasgow Pathological and Clinical: malignant pustule, 111; hydrophobia, *ib.*; aneurism of aorta, 391; the laryngoscope in diagnosis of aortic aneurism, *ib.*; cystic kidneys, *ib.*; pyelonephrosis, *ib.*; epicanthus, 392; egg-shell in rectum, *ib.*; perichondritis of larynx, 517; specimens, *ib.*; lead poisoning, *ib.*; hemianæsthesia with periodical exacerbations, 518; fracture of the skull, *ib.*; syphilitic disease of pons Varolii, *ib.*; spindle-celled sarcoma of brain, *ib.*; abscess of brain, *ib.*; atelectasis, 684; laryngeal tumour, *ib.*; sarcoma of femur, *ib.*; cartilaginous and bony masses, *ib.*; intracranial tubercle, *ib.*

— Guy's Hospital, physical, prizes of, 637

— Harveian of London, Dr. Sibson's lectures at, 1, 33, 155, 221; annual meeting, 61; syphilis, 109; hermaproditism, 108, 686; Goa Powder, 108; stone in the bladder, 233; abdominal disease, *ib.*; abdominal tumour, 269; knock knee, *ib.*; examination of ear, 423; salicylic acid in urine, *ib.*; affections of ear with nervous symptoms, *ib.*; traumatic meningitis, 552; diagnosis and treatment of dyspepsia, *ib.*; lesions of ulnar nerve, 555; causes of gravel, *ib.*; the thermometer and clinical precision, *ib.*; hæmatoma of ear, 685; otorrhœa, 686; hairpin in bladder, *ib.*; fracture of skull, *ib.*; tetany, *ib.*; uremic convulsions, *ib.*

— Hunterian, annual oration, 210

— Leeds and West Riding Medico-Chirurgical, officers, 659

— Manchester Medical, stethometer, 370; spray-tube, *ib.*; drainage-tube, *ib.*; myxoma from neck of an infant, *ib.*; hydratid of lymphoma; thoracic aneurism, 584; papilloma of larynx, *ib.*; genu valgum, *ib.*; malformation of hands and feet, *ib.*; pocket-inhaler, *ib.*; exploration of female bladder, *ib.*; physiology of digestion, *ib.*; tumour of testis, 794; cephalotribe, *ib.*; specimens, etc., *ib.*; abnormal stomach and intestine, *ib.*; excision of tongue, *ib.*; multiple epithelioma, 795

— Medical, of College of Physicians in Ireland, salicylic acid in rheumatism, 26; chorea treated by strychnia and ether-spray, 27; cold bath in typhus abdominalis, 427; management of bowels in enteric fever, 428; case resembling Addison's disease, 513; anhidrotics, 685; intrathoracic tumour simulating aneurism, *ib.*

— Medical Microscopical, annual meeting, 276

— Medical, of London, diphtheritic paralysis, 136; sympathetic ear symptoms, 231; officers and council, 300; vegetarianism, 300, 331; annual dinner, 336; Lettsomian lecturer, 459; Dr. Hughlings Jackson's oration, 575, 605, 672, 702, 804

— Medico-Chirurgical of Edinburgh, strangulated inguinal hernia, 44; osteitis deformans, *ib.*; foreign body in œsophagus, *ib.*; removal of tongue by thermic cautery, *ib.*; excision of head of femur,

ib.; dislocation of patella, *ib.*; typhoid fever in Linlithgow, *ib.*; injury to knee-joint, 390; rupture of ligamentum patellæ, *ib.*; shot in a tooth, *ib.*; oil of turpentine in sciatica, *ib.*; badly united fracture, *ib.*; pneumothorax in phthisis, *ib.*; epithelioma of tongue, 484; traumatic paralysis of arm, *ib.*; hip-joint disease, 484, 795; scarlet fever charts, 484; material for splints, 485; treatment of inversion of uterus, *ib.*; Esmarch's operation in closure of jaws, *ib.*; tracheotomy in croup, 747; therapeutics of aloin, *ib.*; diagnosis of general paralysis of insane, *ib.*; penetration of orbit by a knitting-needle, 748; excision of knee, 785; dislocation of hip from disease, *ib.*; dislocation of knee from disease, *ib.*; gag for operations on mouth, *ib.*; tumour of eyeball, *ib.*; tumour of orbit, *ib.*; wound of axilla, 796; diseased heart, *ib.*; aneurisms in branches of pulmonary artery, *ib.*; colic after swallowing a lead-bullet, *ib.*; action and sounds of heart, 797; ankylosis of elbow after injury of arm, 815; radical cure of femoral hernia, *ib.*; excision of os calcis, *ib.*; miners' nystagmus, *ib.*; arteritis biliterans, *ib.*; channel lypus, *ib.*; myeloid sarcoma of femur, *ib.*; small round-celled sarcoma, *ib.*; miliary aneurisms of brain, *ib.*; malformed heart, *ib.*; atrophy of heart, *ib.*; tumour in heart, *ib.*; ankylosis after fracture, *ib.*; operative treatment of internal hemorrhoids, *ib.*; infecting chancre, 816

Society, Midland Medical Benevolent, annual meeting, 692

— National Aid, objects of, 690

— National Health, annual meeting, 178; lectures, 523, 557, 659, 717

— Obstetrical, of London, Dr. Priestley's address, 4; officers and council, 51; report of delegates to Philadelphia Medical Congress, 107; trismus nascentium, *ib.*; pyæmia from inflammation of umbilical vein, *ib.*; pyæmia in a newborn infant, 108; monstrosity, 231; epithelioma of cervix uteri, *ib.*; apparatus, *ib.*; inversion of uterus, *ib.*; distribution of placental vessels, 426; revolving needle, *ib.*; the forceps in modern midwifery, *ib.*; deformities, 516; operations for atresia vagina and vesico-vaginal fistula, *ib.*; fibroid tumour complicating delivery, *ib.*; apparatus for uterine injections, 814; fibroid tumour, *ib.*; ascitic fetus, *ib.*; treatment of retroflexion of uterus, *ib.*

— Odontological, president of, 43

— Pathological, of Dublin: myxoma of breast, 136; fatty degeneration of heart, *ib.*; enteric and pseudenteric fever, *ib.*; peculiar fractures of femur and humerus, 137; hypertrophy of tibia from osteitis, *ib.*; subacute cerebro-spinal fever, *ib.*; fracture of seventh cervical vertebra, *ib.*; disease of knee-joint, 233, 552; mitral stenosis, 233; medullary cancer of fundus of stomach, *ib.*; cirrhosis of liver in a boy, *ib.*; calcareous aortic valves, *ib.*; puerperal peritonitis, pyrexia, and uterine diptheria, 269; double aortic aneurism, 270; surgical kidney, 371; aortic aneurism, *ib.*; malignant disease of liver, gall-bladder, and peritoneum, *ib.*; giant-celled sarcoma of head of fibula, *ib.*; hypopspadias, 392; fracture of spine, *ib.*; mediastinal cancer, *ib.*; Farré's tubercle, 496; excised hip-joint, *ib.*; perforation of pleura in phthisis, *ib.*; fracture of costal cartilages, *ib.*; aneurism bursting into posterior mediastinum, 552; mediastinal sarcoma, *ib.*; purpura variolosa, *ib.*; spontaneous rupture of heart, *ib.*; malignant tumour of jaw, *ib.*; closing meeting of session, 562; acute Bright's disease, 684; meningitis of convexity of brain, *ib.*; compound comminuted fracture of femur, 685; pathology of urethral stricture, *ib.*; mediastinal lymphosarcoma, 715; fracture of rings of trachea, *ib.*; rupture of pulmonary artery in phthisis, 797; etiology of Chayne-Stokes respiration, *ib.*; partial fracture of shaft of femur, *ib.*

— Pathological of London, annual report of council, 25; xanthelasma, *ib.*; mitral stenosis, *ib.*; officers and council, 51; remarks on meeting, 75, president's address, 83; discussion on visceral syphilis, 84, 168, 260; probable communications, 117; note on discussion at, 220; pneumonia, with disease of suprarenal capsules, 294; organisms of vaccinia and variola, *ib.*; arterio-capillary fibrosis, 295; aneurism from embolism, 368; changes in the blood in Bright's disease, 369; retinal arteries in Bright's disease, *ib.*; granulation material in white swelling of knee, 483; aneurism of superior mesenteric artery, *ib.*; lymphadenoma of stomach and other organs, *ib.*; lymphoma of prostate, *ib.*; aneurism of coronary artery, 484; catarrhal inflammation of intestine in exophthalmic goitre, *ib.*; hypertrophy of heart with atrophy of kidney, *ib.*; minute anatomy of scarlatina, *ib.*; pig-typhoid, *ib.*; pathology of contagium, 514; large vesical calculi, 549; syphilitic changes, *ib.*; sections of spinal cord and nerves, 549; epiphyseal disease, 549, 683; physiological and pathological processes of the breast, 549; leprous nerve-disease, 682; cystic disease of testicle, *ib.*; morphea, *ib.*;

bromide rash, *ib.*; cirrhosis of liver, *ib.*; melanotic sarcoma of choroid, *ib.*; chondroma of submaxillary gland, *ib.*; pericardial omental hernia, *ib.*; nerve-centres in hydrophobia, *ib.*; lymphoma of intestine, 683; tumour of thigh, *ib.*; shawl-pin in pharynx, *ib.*; cancer of prostate, *ib.*; tumour of ovaries, *ib.*; fibrinous clot in heart of child, *ib.*; the proposed inquiry into puerperal fever by, 829

Society, Pharmaceutical, *conversazione* of, 623

— Pharmaceutical, of Ireland, special examinations, 212; proceedings of, 436

— For Relief of Widows and Orphans of Medical Men, quarterly court, 143; letter on, 537; annual meeting, 558

— Royal, *soirée* of, 525; medical candidates for fellowship, 555; fellows elected, 752

— Royal, of Edinburgh, the Makdougall-Brisbane prize, 338

— Royal Medical, of Edinburgh, office-bearers, 21; annual dinner, 275

— Royal Medical Benevolent Fund of Ireland, Belfast branch of, 629; annual meeting, 723

— Royal Medical and Chirurgical: pendulous tumour of cheek, 43; sclerema adolutum, *ib.*; carcinoma of breast, preceded by eczema, 106; slowly advancing sclerema, with cardiac and gastric disorder, 107; dislocations of the thigh, 203; officers and council, 298; necrosis without suppuration, 266; cases of ovariectomy, 266, 667; notes on meetings, 275; annual meeting, 305; report of council, *ib.*; president's address, *ib.*; pathology of canine chorea, 367; vesical calculus, with nucleus of necrosed bone, *ib.*; congenital dislocations of knee, 368; morphea alba or leuce, 425; indiarubber tracheotomy-tube removed from bronchus, 426; direct wounds of the ureter, 452; the Delhi boil, 548; paralysis in a child after exposure to heat, 549; calculating scale, *ib.*; silver tracheotomy-tube in bronchus, 666; condition of heart and vessels in chlorosis, 743; Dupuytren's contraction of the fingers, 744; primary cylindrical epithelioma of lung, *ib.*

— of Surgery in Paris, associates and corresponding members, 176

— Surgical of Ireland, meeting of, 464

— Surgical Aid, remarks on proceedings of, 559

— Temperance, of Paris, prizes of, 566

— Tunbridge Wells Medical and Surgical, formation of, 476

— West Kent Medico-Chirurgical, spasmodic

neuroses, 111; flatulency, 205; meetings, 371, 494, 733

Soldering fluid, death from swallowing, 823

Soldiers in hospital, 372; married, quarters of, 790

Southsea, sanitary policy at, 461, 571

Spasmodic neuroses, 111; muscular contraction,

treatment of, 501, 604

Spectacles, colour of, 178

Spectator, the, on Dr. Ferrier's researches, 300

Spectroscopy, medical, 519

Specula of glass, Dr. J. Murphy on, 644; Dr. S. Sloan

on, 709; Dr. T. Chambers on, *ib.*; Dr. T. Fairbank

on, 773; Mr. H. F. C. Eagle on, *ib.*

Speculum, Sieglé's pneumatic, 199; acoris, new

dilating, 519

Spermatocele, zoosperms in fluid of, 665

Sphygmograph, and aortic aneurism, 390; sugges-

tions for, 526, 559

Spina bifida, Mr. J. Hutchinson on, 767; treated by

iodo-glycerine injection, 817

Spinal cord, sclerosis of, 201, 810; Mr. J. S. Bartrum

on a case of, 230; relative frequency of disease of

in the sexes, 447

Spine, cases of disease of, 293; fracture of, 392

Spiritualistic Madness, Dr. L. F. Winslow on, *rev.*,

167

Spleen, enlarged, in congenital syphilis, 84; excision

of, 404

Splints, material for, 485; Hodgkin's, Mr. J. F. Fry

on, 772; for elbow-joint, 774, 829

Sponge-pads in excision of tumours, Mr. W. W.

Campbell on, 39

Sponges, elastic compression by, 392

Spontaneous generation, 274

Spray-apparatus, Corby and Co.'s, 167; Dr. Hodg-

kinson on, 370

Squire, Mr. B., treatment of ringworm by chrys-

ophanic acid, 103; chrysophanic acid in skin-d-

isease, 190, 546; treatment of scabies with fixed

oil of stavesacre, 739; treatment of eczema by chrys-

ophanic acid, 800

— Dr. W., salicylate of soda, 292, 325

Stand-rest, 387

Starvation, case of at Sunderland, 340, 372; resistance

to, 490; in the Westminster Union, 628; in Isle of

Wight workhouse, 750

State Medicine, examinations in, 314

Stavesacre, oil of in scabies, Mr. B. Squire on, 739

Stereograph, Broca's, 435

Stevens, Mr. John, appeal on behalf of family of,

152, 219, 313

Stewart, Dr. N. H., death of, 729

- Stewart, Mr. W., new theory of origin of typhoid fever, 289
- Stewart trust, proceedings of Committee of Council regarding, 599
- Stomach, medullary cancer of fundus of, 233; fistulous opening into, 403; lymphadenoma of, 483; supposed double, 689; abnormal, 704
- Stowers, Dr. J. H., treatment of ringworm by tincture of perchloride of iron, 259
- Stromeyer, Dr., Sir James Paget's remarks on, 306
- Strumous ophthalmia. *See* Ophthalmia
- Strychnia in chorea, 27; in neuralgia, 42; poisoning by, 176, 211; investigation of action of, 316
- Student, medical. *See* Medical Student
- Students, unattached, in Oxford, 77; at Cambridge, 116
- Subcutaneous section of bones, 135. *See* Osteotomy
- Submaxillary gland, chondroma of, 682
- Suicide by hydrocyanic acid, Dr. J. W. Tripe on, 11; and life-assurance, Dr. J. W. Eastwood on, 197; of a physician, 435; of a patient in Glasgow Infirmary, 561; in a police-cell, 692; of a patient in Paisley Infirmary, 721; in Paris, 760
- Sulphur, milk of, 74, 138, 397, 456
- Sunshine in London, 237, 331, 360
- Suprarenal capsule, Dr. Byrom Bramwell on disease of, 8, 256, 384; Dr. P. H. Pye-Smith on, 99, 325; pneumonia with disease of, 294; disease of, 546; disease of without bronzing, 774
- Surgeons, English, in Egypt, 29
- Surgery, science in, Sir James Paget on, 191; clinical, teaching of in London, 277, 310; mediæval, 756
- Surgical kidney, 371
- Suther, Dr. P., obituary notice of, 409
- Suture, wire, Mr. R. Davy on a new needle for carrying, 270
- Swansea, sanitary report on, 150
- Swayne, Dr. J. G., the forceps in the first stage of labour, 508
- Switzerland, vaccination in, 303
- Sydney, small-pox in, 361
- Syme, Mr., clinical teaching, 718
- Symes, Mr., administration of phosphorus, 472
- Sympathetic nerve, Dr. F. Warner on lesion of on one side of head, 453
- Syphilis, visceral, discussion on Pathological Society, 84, 103; cases of, 108; Sigmund's treatment of, 143; hereditary, deafness in, 482; congenital, changes in, 548; internal, 549; treatment of in Vienna, 565; intracranial, 611; constitutional, treatment of, 665; contracted from congenital disease, 713
- Syphilitic brain-disease, 41; warts, treatment of, 250, 314, 376, 411, 633; epilepsy, 304; disease of pons Varolii, 518; arteritis, 555, 660
- T.
- Tænia, case of, 714
- Tagliacotian rhinoplasty, 712
- Talipes equinus, apparatus for cure of, 371
- Tarnier's forceps, description of, 685
- Tartar emetic, Mr. F. Mason on recovery after large dose of, 674
- Taylor, Mr. H. H., and the starvation case at Bishopwearmouth, 340, 372
- Tea, abuse of, 31; lie, 181
- Teeth, torsion of, 549; disease of following eruptive fever, *ib.*; transplantation of, 584
- Teetotalism, 209
- Tendons, divided, repair of, 182
- Terebene in surgical dressings, Mr. H. E. Waddy on, 676
- Testimonials: Mr. A. Rogers, 30; Dr. J. H. Gray, 91; Dr. De Bartolomé, 209; Mr. E. E. Hooper, 219; Dr. Allen Thomson, 401; Dr. Trimble, 441; Dr. T. Gurney, *ib.*; Dr. W. B. Brown, 519; Dr. A. H. Hassall, 733; Mr. J. Simon, 753; Mr. W. Eddowes, 799; Mr. H. M. Jay, 805; Dr. P. H. Watson, 824
- Testis, cystic disease of, 682; misplaced, 744; tumour of, 794
- Tetanus from poisoned arrows, 52; treated by stretching of nerves, 137; suggestions on treatment of, 282; pathology of, 430; idiopathic, treated by bromide of potassium, 551
- Teetotalism, 209
- Tendons, divided, repair of, 182
- Terebene in surgical dressings, Mr. H. E. Waddy on, 676
- Testimonials: Mr. A. Rogers, 30; Dr. J. H. Gray, 91; Dr. De Bartolomé, 209; Mr. E. E. Hooper, 219; Dr. Allen Thomson, 401; Dr. Trimble, 441; Dr. T. Gurney, *ib.*; Dr. W. B. Brown, 519; Dr. A. H. Hassall, 733; Mr. J. Simon, 753; Mr. W. Eddowes, 799; Mr. H. M. Jay, 805; Dr. P. H. Watson, 824
- Testis, cystic disease of, 682; misplaced, 744; tumour of, 794
- Tetanus from poisoned arrows, 52; treated by stretching of nerves, 137; suggestions on treatment of, 282; pathology of, 430; idiopathic, treated by bromide of potassium, 551
- Tetany, case of, 636
- Teviot, purification of the, 119
- Therapeutics, Dr. Lauder Brunton's lectures on relation of pharmacology to, 251, 285, 315, 345, 379, 415; teaching of, 658
- Thermal cautery, excision of epithelioma of tongue by, 388
- Thermometers, clinical, 31, 93
- Thermometry in clinical investigations, 546, 585
- Thigh, sarcoma of, 355; tumour of, 683. *See* Femur and Hip
- Thompson, Dr. E. S., oral instruction for the deaf and dumb, 468
- Dr. James, nitrite of amyl, 604; an appeal, 699
- Dr. J. A., the action of chrysarobin, 607
- Thompson, Dr. R. E., condition of the costal cartilage in phthisis, 41
- Thomson, Dr. Allen, proposed testimonial to, 401
- Mr. J. S., protracted suspension of moral and intellectual consciousness, 480
- Dr. W., treatment of intermittent fever by salicine, 509
- Mr. W., Phthisis in Victoria, *rev.*, 779
- Sir W., on vivisection, 343
- Thorowgood, Dr. J. C., respirator-inhaler, 163; illustrations of treatment in arrest of phthisis, 643
- Thorp, Dr. C. W., chrysophanic acid in the treatment of skin-diseases, 546
- Throat, department for diseases of at St. George's Hospital, 48; treatment of diseases of in Vienna, 565
- Thrombosis, hemiplegia from, 41
- Thymus gland, prolapse of in tracheotomy, 64
- Tibbits, Dr. E. S., alcohol in medicine, 244, 407
- Tibia, hypertrophy of from osteitis, 137; Dr. J. Eaton on compound comminuted fracture of, 509; subperiosteal resection of shaft of, 514; dislocation of forward, Mr. S. M. Bradley on, 544
- Tic douloureux, treatment of, 760
- Tideswell, typhoid fever at, 185
- Tipple, Mr. E., medical etiquette, 604
- Tomatoes for the navy, 209
- Tomes, Mr. John, the Dental Reform Association, 568
- Tong pang chung, Dr. J. L. Murray on, 609
- Tongue, diseased, removal of by thermic cautery, 44, 388, 484; recurrent cancer of treated by ligature of lingual artery, 388; excision by Syme's method, 704
- Tooth, temporary, in swelling of jaw, 232; shot in a, 390
- Toothache of pregnancy, 584
- Tooth-forceps, 500, 638
- Tottenham, health of, 601
- Townsend, Dr. R. N., death of, 334
- Trachea, foreign body in, 28; treatment of narrowing of, 565; fracture of rings of, 715
- Tracheotomy, Dr. H. C. Cameron on cases of, 63; performed four times on same patient, 205; death of surgeon from sucking windpipe after, 555; in croup, 747; for diphtheria, 816
- Tracheotomy-tube, removal of from bronchus, 426, 666, 763; Dr. Maclaren on, 675; Mr. R. C. Lucas on, 709
- Tracy, Dr. R. T., Dr. Priestley on, 6
- Transfusion of blood, cases of, 52, 72; Boerhaave's opinion on, 202; by Aveling's apparatus, Dr. Hoggan on a case of, 383, 570; Dr. Roussel on, 467, 736; Dr. J. H. Aveling on, 467, 600; death from, 658, 719; remarks on, 753
- Treadaway, F., case of, 207, 238, 299, 331; letters on, 215, 243, 244; Dr. Hughes Bennett on, 226
- Treves, Mr. W., excision of the knee-joint, 133
- Trichiniasis, 820
- Trimble, Dr., testimonial to, 441
- Tripe, Dr. J. W., case of suicide by hydrocyanic acid, 11
- Triplets, an octave of, 143
- Trismus nascentium, case of, 107
- Trochanter major, caries of removed by chisel and mallet, Mr. Annandale on, 198
- Tubercle, Farre's, 466; of brain and intestine, 811
- Tuberculosis, cerebral, 429
- Tufnell, Mr. T. J., the Beatty memorial, 29
- Tumour, intrathoracic, Dr. Byrom Bramwell on, 8, 256; pendulous, of cheek, removed by operation, 43; hydratid of omentum, Mr. Annandale on a, 99; fibroid of uterus, impaction of in pelvis, 104; complicating delivery, 516; case of, 814, *see* Uterus; cancerous, of rib, pressing on spinal cord, 294; of cerebellum, 354; of thigh, 354, 683, 684, 815; of head of fibula, 371; myeloid, of ulna, 515; of radius, *ib.*; mediastinal, 552; of jaw, *ib.*; of ovaries, 683; of larynx, 684; intrathoracic simulating aneurism, 685; of testis, 794; of eyeball, 795; of orbit, *ib.*; on heart, 815
- Tumours, Dr. W. Campbell on sponge-pads after excision of, 39; Mr. Maunders on, 199; lymphatic, Dr. Fye-Smith on, 99; scirrhus, of breast, Mr. Gamgee on removal of, 255, 429
- Turkey, ambulances in, 114; medical practice in, 116; and the Geneva Convention, 276; plague in, 283
- Turkish army, thanks of to members of National Aid Society, 459; hospitals of, 524; scurvy in, 589
- Turkish-bath, cabinet, 690
- Turpentine, oil of in sciatica, 390
- Twins, interval between births of, 433
- Tyndall, Mr., a combat with an infective atmosphere, 95
- U.
- Ulcer of leg, Mr. J. Cochrane on treatment of, 40; letters on, 188, 220, 410
- Ulcers, application of nitrate of silver to, 137
- Ulna, myeloid tumour of, 515
- Ulnar nerve, lesions of, 585
- Umbilical vein, pyæmia from inflammation of, 107; cord, management of, 538
- University medical degrees, 831
- University of Aberdeen, Chair of Botany, 80, 435; meeting of Senate, 463; graduation, 560; examiners at, 762; the professorship of Physiology, 826
- of Cambridge, unattached students, 116; scholarships and exhibitions, 217; teaching of pharmacy and therapeutics, 281; pass-list, 342
- of Dublin, pass-lists, 60, 281; proceedings regarding Ledwich School of Medicine, 335, 400, 463; entrance examination refused by College of Surgeons of Ireland, 463
- of Durham, pass-list, 637; suggestion regarding, 832
- of Edinburgh, anatomy in, 81; proceedings of University Court, 303, 528; resignation of Sir R. Christison, 493; the chair of Materia Medica, 528, 591; graduation, 528; new building, 561; students' club, 660; the professorship of Clinical Surgery, 564, 692, 824; class of botany, 693; election of professor of Materia Medica, 791
- of Glasgow, local examinations, 81; demonstratorship of Physiology in, 131; Rectorship of, 435, 493; new buildings of, 527; honorary degrees, 528; closure of session, 592
- of London, meetings of convocation, 82, 598; proposed admission of women to degrees, 302, 598, 820; presentation of degrees, *ib.*; examiners, 601; remarks on admission of women to degrees, 622, 634
- of Oxford, unattached students, 77
- Queen's in Ireland, representative in Medical Council, 240; admission of women to degrees, proceedings in Parliament regarding, 667
- of St. Andrew's, honorary degrees, 239; meeting of Council, 435; graduation, 528; pass-list, 572; letters on examination, 573, 669, 734
- of Upsala, four hundredth commemoration of, 821
- Unseaworthy crews, 47, 153
- Upas poison, Dr. Lauder Brunton on investigation of action of, 316
- Uremic dyspnœa, Dr. G. Johnson on, 539; convulsions, 577, 686
- Ureter, direct wound of, 482
- Urethra, stricture of, modified operation for, 201; pathology of, 685; rupture of, 817
- Urinary organs, relative frequency of disease of in sexes, 475
- Urine, retention of from impacted uterine fibroid, 104; salicylic acid in, 423; in poisoning by iodine, Dr. Ord on, 671; extravasation of, 742
- Urine-case, pocket clinical, 711
- Uterus, use of gelsemium in dilatation of cervix of, 36; granular erosion of cervix, 104; genupect position in treatment of diseases of, 105; fibroid of impacted in pelvis, 104; case of, 814; epithelioma of cervix of, 231, 519; inversion of, 231, 455; Salt and Son's instruments for, 234; Dr. Engelmann on the Mucous Membrane of, *rev.*, 386; gravid, Mr. H. J. Flott on retroversion of, 423; hydrate of chloral in cancer of, 430; digital dilatation of, 585; virgin, Dr. Holland on retroflexion of, 739; Dr. Cutter on Treatment of Versions and Flexions of, *rev.*, 778; treatment of retroflexions of, 814; channel polypus of, 815
- V.
- Vaccination, protective power of, 19, 31, 79, 94, 459; of Royal Household, 49; suggestions as to practice of, 90; efficient, awards for, 90, 347, 407, 499; Dr. E. Holland on Essentials of, *rev.*, 107; in Ireland, proceedings of Irish Medical Association, 181, 236; of Royal College of Surgeons of Ireland, 363; alleged bad effects of, 246; after-treatment of, 250; fees for, 283, 344; statistics of, 330, 586, 626; proceedings of Aberdeen Branch respecting Bill to alter Act, 361; proceedings in Parliament regarding, 373, 408, 498, 799; public, 488, 732; animal, 62, 120, 148; Dr. Varloment on, 120, 183; Mr. Ceely on, 148; Mr. J. Greene on, 161; Dr. E. T. Wilson on, 216; Dr. Drysdale on, 219; Dr. Allfrey on, 282; Dr. Wyld on, 375
- Vaccine-lymph, scarcity of, 123; supply of, 153, 188; proceedings in Parliament concerning, 245; from the calf, 250, 282; supply of in Ireland, 281, 303
- Vacher, Mr. F., Public Baths, *rev.*, 42
- Vagina, treatment of atresia of, 516, 764, 801
- Vaginitis, subacute, 104
- Vasculature, abnormal, 189
- Vein, umbilical, pyæmia from inflammation of, 107
- Veins, injection of ammonia into in collapse, Mr. R. D. Pinnock on, 229; Mr. F. C. Shaw on, 423
- Verneuil, M., his clinique, 54
- Vertebra, seventh cervical, fracture of, 137
- Vertigo, auditory nerve, Dr. W. R. Gowers on, 287, 418, 477; Dr. Hughlings Jackson on, 605
- Vienna, correspondence from, 404, 565
- Visitation of medical schools, 650, 651

Visiting List, Dr. A. Shoen's, *rev.*, 43
 Visitors to hospitals, 442
 Vital Motion as a Mode of Physical Motion, Dr. Radcliffe on, *rev.*, 385; statistics, 673
 Vivisection, proposal of a debating society regarding, 331; Sir W. Thomson on, 343; Bill for suppression of, 408, 556, 571; Dr. Hermann's remarks on, 553; meeting of society for suppression of, 822. *See* Cruelty to Animals
 Volunteer surgeons, rank of, 31; proposed instruction of, proceedings in Parliament respecting, 246
 Vomiting, obstinate, after scarlatina, 93; obstinate, letters on, 164
 Von Ziemssen, Dr. H., Cyclopædia of Practice of Medicine, *rev.*, 14

W.

Waddy, Mr. H. E., use of terebene in surgical dressings, 670
 Wade, Dr. W. F., homicidal insanity, 140, 184
 Wakefield, sanitary report on, 341
 Wakcs, Irish, 116, 189, 464
 Wantage Union, medical district of, 121
 War Office, the, proceedings in Parliament regarding, 231, 312; report of Committee on, 208
 War and pestilence, 439; aid to wounded in the, 690, 716, 717, 719, 764, 822
 Ward, Mr. F. H., pathological work in county asylums, 93; extraction of foreign bodies from ear, 124
 Warfare, modern, 620
 Warlomont, Dr. E., animal vaccination, 120, 183
 Warner, Dr. F., loss of associated movements of the eye under chloroform and in disease, 262; lesion of sympathetic on one side of head, 453
 Warts, syphilitic. *See* Syphilitic Warts

Water-mattresses, Hooper's, 270
 Water, storage and conveyance of, 245; analysis of, 412
 Water-supply of Forfar, 20, 180; of Drogheda, 21; of London, 50, 189, 210, 240, 332, 343, 500, 627, 735, 754; of Glasgow, 146; of Wimbledon, 176; of Bath-mines, 240; of Athy, 276; of Perth, 786
 Watson, Sir Thomas, the late Miss H. Martineau, 496
 ——— Dr. P. H., testimonial to, 824
 Weller, Mr. G., employment of nitrite of amyl, 638
 Wells, Mr. Spencer, ovariectomy, 266; the case of Miss Martineau, 543
 West, Mr. J. G. U., medical defence, 89
 Westminster Union, case of starvation in, 628
 Whalley, T., bill-head of, 94
 Whipple, Mr. John, obituary notice of, 798
 White, Mr. W. L., treatment of ringworm by perchloride of iron, 259; treatment of syphilitic warts, 314
 Wilders, Mr. J. St. S., aural therapeutics, 199
 Wilks, Dr. S., the late Dr. Frank-Smith, 252
 Will, Dr. J. G. O., use of chisel in removing portions of bone, 354
 Will-cases, 785
 Willeston, sanitary report of, 341
 Willett, Mr. A., dislocations of the thigh, 279
 Williams, Dr. C. J. B., reply to Dr. Leared on the sounds of the heart, 127; physical causes of the sounds of the heart, 708
 ——— Mr. J. B., puerperal erysipelas, 773
 ——— Dr. W. Rhys, the case of F. Treadaway, 243
 Wilson, Dr. E. T., animal vaccination, 210; isolation of infectious diseases, 375
 ——— Mr. Erasmus, xanthelasma or xanthoma, 184
 ——— Mr. H., obituary notice of, 795
 Wimbledon, water-supply of, 176
 Wine, Goethe on, 640

Wines, falsification of, 78
 Winn, Dr. J. M., Chancery lunacy, 534
 Winslow, Dr. L. S. F., Spiritualistic Madness, *rev.*, 167; Handbook for Attendants on the Insane, *ib.*
 Woakes, Dr. E., hydrobromic acid, 773
 Women, proposed admission of to degrees of University of London, 82, 508, 623, 631; question in Parliament respecting degrees for, 667
 Wood, Dr. J. Hurd, treatment of migraine, 700
 Wood-paving around hospitals, 625
 Woodman, Mr. J., the F.R.C.S. Examination, 405, 636
 Woodward, Dr. W., and the Worcester Dispensary, 28, 210; scarcity of vaccine-lymph, 123
 Wordsworth, Mr. J. C., professional consultations, 567
 Workhouse, Birmingham, ophthalmia in, 434
 Workhouses, medical officers of and cases of drunkenness, 440, 468, 523
 Worth, Mr. E. J., medical etiquette, 343
 Wound by knife, peculiar, Dr. C. E. Hoar on, 324; of palmar arch, 481; of axilla, 796; of chest, 816
 Wounded, aid to. *See* War
 Wounds, Mr. E. Owen on dressing of, 39; dry dressing of, 88; letter on, 94; of ureter, 452
 Wyll, Dr. G., vaccinia and variola, 375

X.

Xanthate, potassic, preservative properties of, 273
 Xanthelasma, 25; or xanthoma, 184
 Xanthium spinosum, 32

Y.

Yeo, Dr. I. B., treatment of phthisis, 150, 195; exophthalmic goitre with new phenomena, 320
 York, sanitary report of, 247

ILLUSTRATIONS.

Intrathoracic Lymphadenoma (Dr. Byrom Bramwell), (Four Figures)	.. 8, 9, 10
Portable Disinfecting Chest	46
Portable Regulation Ether-Inhaler (Mr. Clover)	69
Pulse-tracings in Dementia with Anæmia (Dr. Rhys Williams)	72
Chamber for Examining Atmosphere (Professor Tyndall)	95
Tubes with Infusions (Professor Tyndall)	97-98
Throat Spray-Apparatus	167
Stretcher and Bed for After-treatment of Excision of Hip-Joint (Mr. J. H. Porter), Three Figures	224
Diseased Head of Femur (Mr. Porter)	225
Portable Uterine Instruments	234
Portrait of Sir William Fergusson, Bart., F.R.S.	To face page 240
Needle for carrying a Double Wire Suture (Mr. R. Davy), Three Figures	270
Diagrams illustrating Experiments on Curare (Dr. Lauder Brunton), Three Figures	316-17
Exophthalmic Goitre (Dr. I. B. Yeo)	321
New Eye-Douche (Mr. Priestley Smith)	355
Stand-Rest	387

Diagrams illustrating Physiology of Digestion (Dr. Lauder Brunton), Three Figures	415-16
Ether-Inhaler (Mr. L. H. Ormsby)	452
Excision of the Knee-Joint (Mr. Annandale), Two Figures	479
Cases of Osteotomy (Mr. R. Barwell), Two Figures	506-507
New Dilating Speculum Auris	519
Splint for Excision of Knee (Mr. Barwell)	541
Excision of Knee-Joint (Mr. Barwell), Two Figures	542
Samaritan's Invalid Bedstead (Two Figures)	583
Retinæ in Bright's Disease (Dr. McCall Anderson)	To face page 641
New Forceps of M. Tarnier	To face page 665
Spontaneous Fracture of Calculus (Dr. Ord)	672
Calculi of Carbonate of Lime (Dr. Ord)	701-702
Removable Patten (Mr. R. Davy)	739
Uvula-Snare (Dr. A. Hodgkinson)	772
Splint for Excision of Elbow (Mr. Jacobson)	774
.. .. . (Mr. F. Mason)	829

REPORTS TO THE SCIENTIFIC GRANTS COMMITTEE OF THE BRITISH MEDICAL ASSOCIATION.

THE following Reports have been published with the present volume.

Conclusion of First Report on the Life-History of Contagium, by Dr. Braidwood and Mr. Vacher, in JOURNAL of February 10th.

Second Report on the Life-History of Contagium, by Dr. Braidwood and Mr. Vacher, in JOURNAL of February 10th, March 3rd and 31st, and May 5th.

Interim Report of Investigations on the Electric Currents of the Brain, by Dr. Caton, in JOURNAL of May 5th.

Experiments on the Biliary Secretion of the Dog, with reference to the Action of Cholagogues, by Dr. Rutherford and M. Vignal, in JOURNAL of May 5th and June 9th.

the different wards, and there were other amusements. On Twelfth Night, a ball, covered with cotton-wool to represent a snow-ball, five feet six inches in diameter, the interior of which will contain a present for each patient, will be rolled from bed to bed by a "Father Christmas".

UNIVERSITY COLLEGE HOSPITAL.

On Christmas Day there was nothing special, except the traditional Christmas fare. On the Thursday following, all the adult patients had presents of clothing, etc., given them, together with negus and cake, etc., unless their disease would not admit of it. On Saturday last, there was a large Christmas-tree for the children, to which many of the friends of the hospital were invited. To each child, a suit of clothes was given, with a great many presents, as there were almost more than could be disposed of. This was followed by a tea, with special accompaniments suited to the occasion; and the feats of a conjurer wound up the evening. The whole affair lasting from 4.30 to about 7.30.

THE SEAMEN'S HOSPITAL, GREENWICH.

On Christmas Day, there were in the hospital sailor-representatives of twenty-seven different nationalities; and, for weeks past, all the convalescents have been busily engaged in preparing paintings, models, devices of all kinds and in all languages, paper-flowers, straw, cotton, wool, and tin letters, flags, etc. Much skill was shown by several of the patients. Notable amongst many devices of interest were a model of the inn at Bethany by an Italian, some admirably painted flowers and fruits by a Russian, and models of ships, grottos, etc., in virgin cork by other patients. Everywhere throughout the hospital, the utmost interest was shown in the preparations for Christmas, and the wards, as a whole, were really beautifully decorated. No one will dispute the appropriateness of a motto which was surrounded by the flags of all nations in colours, and surmounted by the imperial crown of the Empress of India. It ran thus: "He shall gather his people from all nations." Over the entrance to the Northumberland—the chief surgical—Ward were the words: "Enter the haven of rest"; and the patriotism of an Irish seaman found expression in a model of a harp with the words, "Success to Ireland", all in the greenest colours. The sailors are at times given to poetry, and in more than one of the wards there were verses of doubtful metre, but of quaint expression and in excellent taste. So good, indeed, were the decorations as a whole, that we understand that two of the illustrated newspapers are going to give full-page illustrations of them in their issue of January 6th, 1877.

BELGRAVE HOSPITAL FOR CHILDREN.

On Christmas Day, the little patients of the Belgrave Hospital exchanged their "ordinary diet" for the time-honoured meal of roast beef, turkey, and pudding. Happily, most of them were so far on their way towards recovery, that very few exceptions had to be made. None, however, were made when the feast was over, and the still more enjoyable part of the entertainment, the distribution of presents by the visitors, began. The presents included books, toys, and dolls, and beads enough to clothe a red Indian. Then chattering and laughing were succeeded by singing and music, and so the day came to an end—for most of them too soon.

THE EVELINA HOSPITAL FOR SICK CHILDREN.

The little inmates of the Evelina Hospital looked very happy and contented in their clean comfortable little cots, amusing themselves with the pretty toys served out to them with no sparing hand, and which the sliding table upon each bed enabled them to enjoy without trouble or exertion. The bright clean wards, the Christmas decorations, the additional toys, and better fare, all contributed to make the suffering seem less hard to bear than at ordinary times. Cakes and fruit were also, within the limits of prudence, provided, and these are by no means matters of indifference to childish minds. In fact, no effort was spared by those whose privilege and pleasure it was to attend them to make the little ones feel that they were cared for—not forgotten—and that they, too, had a share in the general rejoicing.

NORTH-EASTERN HOSPITAL FOR CHILDREN.

On Christmas Day, through the kindness of friends, each of the little patients in the North-Eastern Hospital for Children, Hackney Road, received presents, toys, and warm flannel garments; they also greatly enjoyed the extra good fare provided, which included sponge-cakes, oranges, and a small piece of plum-pudding each, for dinner. On the afternoon of Tuesday last, January 2nd, the usual New Year's treat was held. A hundred and fifty of the children who had been relieved in the hospital during the past year were invited to spend the

afternoon. One hundred and twenty accepted the invitation; and these, together with all the inmates of the Croydon Convalescent branch, joined as many of the present in-patients as were well enough to participate in the pleasurable excitement of a Christmas-tree laden with gifts, and a magic lantern entertainment. Singing, conversation with visitors, who kindly took great interest in the children's welfare, and other innocent recreations, filled up the intervals till it was time to disperse the company, and put the little invalids quietly to bed. Each of the children was dismissed with the gift of a new sixpence and an orange, besides their hands full of toys, etc., from the tree.

VICTORIA HOSPITAL FOR CHILDREN, CHELSEA.

The festivities at this hospital have been somewhat on a limited scale at present. On January 10th, the Christmas-tree will be produced.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the Office of the Association, 36, Great Queen Street, Lincoln's Inn Fields, London, on Wednesday, the 10th day of January next, at Two o'clock in the afternoon.

FRANCIS FOWKE,
General Secretary.

36, Great Queen Street, London, W.C., December 23rd, 1876.

MIDLAND BRANCH.

THE third monthly meeting of this Branch will be held at the house of the President, Joseph White, Esq., Oxford Street, Nottingham, on Friday, January 19th, 1877.

Coffee at 7.30 P.M.

Paper on Practical Disinfection by Dr. Seaton, Medical Officer of Health for Nottingham, at 8 P.M.

L. W. MARSHALL, M.D., *Hon. Local Secretary.*
Nottingham, December 17th, 1876.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE next meeting will be held in the Examination Hall of the Queen's College, on Thursday, January 11th, 1877. The Chair will be taken at three o'clock P.M.

Business.—To receive Dr. Foster's resignation of the office of Honorary Secretary, and to elect his successor.

Mr. Furneaux Jordan will propose: That an operation-fee, in a certain proportion to that given to the operator, should be received by the practitioner at the same time, on the same principle as confinement-fees are paid. As a matter of delicacy, this suggestion should come from the consultant, either at the moment of receiving his own fee, or earlier, should the opportunity have presented itself.

Mr. Oakes will propose: That the Branch adopt steps for the promotion of "Medical Defence".

The following papers are promised:—Mr. Lloyd Owen: Cysts of the Orbit. Dr. Savage: Incision of the Cervix in Uterine Hæmorrhage.

BALTHAZAR FOSTER, M.D. } *Honorary Secretaries.*
JAMES SAWYER, M.D. }

Birmingham, January 4th, 1877.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

THE third ordinary meeting of the session was held in the Queen's College, Birmingham, on December 14th, 1876. Present:—Dr. G. F. BODINGTON, President, in the Chair, and thirty-two members and visitors.

New Members.—Messrs. Day (Walsall), Moxon, Sparrow, and Spofforth, were elected members of the Branch.

Communications.—I. Mr. JOLLY brought forward a patient on whom he had performed Wood's operation for the Radical Cure of Inguinal Hernia.

2. Mr. LAWSON TAIT showed an improved Trocar for Paracentesis Abdominis, and a device for preventing Septic Poisoning from Uterine Tents.

3. Dr. RICKARDS exhibited a man suffering from Right Hemiplegia and Aphasia.

4. Dr. HAYNES read a paper on the Sequelæ of Enteric Fever.
 5. Mr. VOSE SOLOMON read a series of papers, entitled—1. The Treatment of Staphyloma by Ligaturing the Conjunctiva: a reclamation. 2. The Treatment of Orbital Tumours by the Actual Cautey. 3. Ophthalmic Oversights.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, JANUARY 2ND, 1877.

G. D. POLLOCK, F.R.C.S., President, in the Chair.

Annual Report of Council.—The SECRETARY read the annual report. The total number of members of the Society amounted to five hundred and eighty-two, of whom forty-four had joined during 1876, which was a large number, considering the great increase of the previous year. The Society had to regret the loss of Campbell, Campbell De Morgan, Gascoyen, Johnson, F. Sibson, and others. Five members had retired. It had been decided that the post of President should still be held for two years. The laws had been revised, and the alterations and additions were read out to the Society for its approval.

Xanthelasma.—Dr. PYE-SMITH read, for Dr. FRANK-SMITH, notes of a case of this disease. It commenced seven years ago, and had tended at one time towards partial spontaneous recovery. It occurred in a female, who was always ailing. She became jaundiced after a severe *post partum* hæmorrhage. The light marks on the eyelids were distinct on the jaundiced surface. There was some albumen in the urine at this time. The eruption appeared on the upper eyelids as white lines. She then had an attack of facial erysipelas. Then it showed itself on the hands in the form of nodules. Afterwards, the elbow became affected, the flexor side first, and then the outer side, where the disease assumed a tubercular form. The eruption next appeared on the feet in a nodular form. Lastly, it took the form of thin lines running parallel with the clavicles. A section of a tubercle showed a vascular fibro-cellular growth; the surface bled freely. The cuticle and the cutis vera were both extensively hypertrophied; there was also a quantity of yellow matter soluble in ether. In the centre of the tubercle was a sweat-gland, but its opening was not discoverable. The disease was not an affection of the sebaceous follicles. It was not accompanied by any general systemic disturbance. The tubercles were tender to pressure, and consequently it was painful to hold hard substances in the hands; the nodules in the patella rendered kneeling a painful position. There was also icteric prurigo. The patient died of extreme exhaustion, with hæmorrhage from the nose, stomach, and bowels, accompanied by purpura. On *post mortem* examination, the liver was found enlarged, weighing eighty-eight ounces, and of a reddish brown colour. It was tough, and, on section, showed numerous oval bodies, which were found, under the microscope, to consist of small cells, which were not stained by iodine; there were no liver-cells remaining. There were also crystals of tyrosine. The urine was of a port-wine colour. It was not clear that xanthelasma was connected with or the result of any form of liver-disease; it sprang from continued jaundice, however produced.—Mr. SPENCER WATSON said that the form of xanthelasma just described might be different from the form ordinarily seen on the eyelids. If so, no more was to be said. He had seen the ordinary forms without any jaundice. In one case, it was accompanied by dyspeptic symptoms. Might it not be some form of nervous disease? In one case, an affection of the sight was present.—Dr. HILTON FAGGE said the only form found without jaundice was that which was confined to the eyelids. When it was general, it was found along with jaundice. As to its possible nervous associations, the bilious headaches were not unimportant. There might be a factor of modified nutrition like that of pigmentation in neuralgia described by Anstie. Much pain had been complained of in his case, in parts exposed to pressure.—Mr. MACLEAN said a child had been under the care of Dr. Tilbury Fox in University College Hospital, where there was general xanthelasma without jaundice.—Dr. BARLOW said that that case had been exhibited as xanthelasmoidea. It was unlike xanthelasma. He had met with a similar case, where the child was especially susceptible to flea-bites.—Dr. PYE-SMITH said the case mentioned by Mr. Maclean was not one of xanthelasma.

Mitral Stenosis.—Dr. GOWERS showed a heart with mitral disease, and dilatation and hypertrophy of both ventricles, from a case in which, during life, there existed very high arterial tension. The mitral orifice was dilated to five inches and three-quarters. The posterior segment was very small, only a quarter of an inch in depth; the anterior flap was nearly double the normal size, one inch and three-

quarters deep by two inches and a-quarter wide. The circumference of this segment, six inches, was greater than that of the orifice. The flap may have at times prevented much regurgitation; an apex murmur heard during life was very variable. The enlargement of the flap was an illustration of compensatory enlargement under the increased mechanical strain to which it was exposed. The patient, aged 44, had had several attacks of rheumatic fever. The atrophy of the posterior segment was probably the result of old rheumatic endocarditis. The wall of the dilated left ventricle was softer than normal in spite of the existence of an excess of fibroid tissue within it. The muscular fibres were degenerated; the new tissue in some parts consisted of delicate wavy fibres, in others amorphous and granular. Thus a slight diffused fibroid change might coexist with diminished consistence. The high arterial tension which was marked during life, existed in many cases of mitral disease during the later stages, as Friedreich had remarked. The pulse was bounding and incompressible. (The kidneys were healthy.) The mechanism by which this arterial tension was produced was probably three-fold. Overdistension of the venous system usually entailed underfilling of the arterial system; this, however, implied that the volume of the blood remained the same as in health. But the total capacity of the vascular system in many of these cases must be enlarged, and when in addition to the dilatation of the heart, of the vessels of the lungs, and of the venous system of the body, general and visceral, there were found distension of the arteries, and a full incompressible pulse, it was difficult to resist the idea that the volume of the blood was increased; especially since, in these cases, the kidneys were found habitually to underact, and other water-eliminating organs did not, apparently, overact. Secondly, the dilatation of the right side of the heart, secondary to the mitral disease, might act as an independent source of obstruction, and affect through the venous the arterial system. There was in this case, as in others Dr. Gowers had seen in which the arterial tension was high, no anasarca; and only on the last day a trace of albumen was found in the urine, although there were extreme distension of the superficial veins and cyanosis. This seemed to indicate an ability on the part of the walls of the capillaries to resist the increased pressure to which they were exposed. But such resistance must facilitate the transfer of that increased pressure from the venous to the arterial system. Lastly, this increased tension was probably sometimes the result of a diminution in the amount of regurgitation, such as might be noticed in some cases of mitral constriction—the narrowing of the orifice diminishing the amount of regurgitation permitted by damaged valves. In other cases, enlargement of one segment of the valve, as in the heart shown, might lessen the incompetence. The effect would be, that an enlarged ventricle would throw a greater proportion of its blood into the aorta, and, if an obstruction (from dilatation) on the right side of the heart had been previously developed, the effect would be a considerable increase in the arterial fulness and tension. No sphygmographic tracings were taken.—Dr. MAHOMED asked if there was any disease of the kidney.—Dr. GOWERS said that there was only some simple congestion, and a little albumen on the last day of life.—Dr. MAHOMED said that in a like case in St. Mary's Hospital, where the pulse was hard during diastole, tracings were taken, and it was found that the tidal wave was not prolonged. On *post mortem* examination, large white kidneys were found. The high tension was due to kidney-disease. Both the veins and the arteries were full in these cases.

Votes of Thanks.—Dr. WILSON FOX proposed a vote of thanks to the retiring President, which was seconded by Sir JOSEPH FAYRER. The PRESIDENT replied. Dr. HILTON FAGGE proposed a vote of thanks to Dr. Murchison the outgoing Treasurer, and Dr. Greene, the outgoing Secretary, which was seconded by Dr. PAYNE. Dr. DUFFIN proposed a similar vote of thanks to the retiring Vice-Presidents and members of Council. This was seconded by Mr. SPENCER WATSON. The meeting then adjourned.

EPIDEMIOLOGICAL SOCIETY.

WEDNESDAY, DECEMBER 13TH, 1876.

J. N. RADCLIFFE, M.R.C.S.Eng., President, in the Chair.

Dengue.—A paper was read by the ex-President, Dr. SMART, R.N., on dengue, or denguis according to the latest nomenclature authorised by the Royal College of Physicians. It is there defined as occurring in the West Indies, but it has occurred in great epidemics consecutively over the tropics in both hemispheres, and in subtropical regions, as in Senegal, Spain, and Egypt, and at other times as regional epidemics within those areas. The pandemic periods have been from 1780 to 1784, from 1824 to 1828, and, lastly, from 1870 to 1874. Between these, there has been an approximate lapse of forty years. In the first

all receive some attention, few enough on those essential points necessary for their safety." Speaking of the Peninsular War, in which he served, he says:—"Nothing need be more inefficient than the Medical Department of the Army during the first two-thirds of the war. It was only when it had attained the summit of the Pyrenees that its medical department approached perfection . . . and when the army moved from Toulouse, the medical officers accompanying it were equal to the charge of the wounded of another battle, if one had taken place. The hospitals of Toulouse were left in the highest order. The French and English surgeons visited each other; every case of interest was thoroughly investigated, and the surgery of the British Army and of the Empire dates much of its improvement from the facts elicited or confirmed on these occasions. And why was this so? Simply because the necessary means of every kind were at hand, the medical men were numerous, young, and efficient." . . . This army was broken up, the medical department reduced, and after Waterloo "the medical officers were overwhelmed with work, were half dead, and could do no more. The greatest efforts were made to obviate this state of things. Flemish surgeons were hired, amateurs flocked from London, and some of the ablest and most efficient officers of the staff were brought from all quarters. They rectified these evils as far as they could, but nothing could recall the past nor the irretrievable mischief the insufficient medical care had occasioned during the first few days." . . . "The same result followed the four great battles lately fought in India, the same loss of life, the same succession of human sufferings, the same loss to science, and solely because the surgeons of the Royal and Indian armies were in a similar measure overwhelmed by the extent of their labours. It was utterly impossible for them to give due attention to even half the wounded depending on them for the alleviation of their miseries. It does not signify by whom an army is commanded, the same evils will always follow if the same system is pursued. Marlborough, Wellington, Moore, Hardinge, their armies have all suffered alike on this point, and their successors will also suffer, if the civil authorities of the country will not allow themselves to be guided in matters which they do not practically understand, and a knowledge of which they have not acquired in a manner to render it thoroughly efficient."

How the Crimean War, six years afterwards, verified his prognostications! And what else can we expect in a future (almost impending) war, in the present state of the Medical Department, unsettled, dissatisfied, diminished by one-fourth of its number during the last eight years, and unable to fill up the vacancies even of this reduced establishment? No amount of "Red Cross" assistance can make up for the want of numbers, proper preparation, and efficient organisation. How to obtain all this, Mr. Hardy has been repeatedly told, but, so far, without effect. However, as he must reconsider the subject, I hope it is not too late to return to the regimental system (with or without regimental hospitals) and liberal treatment with regard to exchanges, leave of absence, and retirement. Then, I have no doubt, we would have a contented medical service, equal to any emergency—numerous, young, and efficient.—Yours, etc. A. M. O.

November 30th, 1876.

MILITIA SURGEONS.

SIR,—The "Non-Militia Surgeon" will be sorry to hear that no fresh appointments are to be made to the Militia Medical Service, so that his benevolent suggestion cannot be adopted.

I think he has as little reason for the first part of his letter as for the last.—I am, sir, yours obediently,
Canterbury, Jan. 2nd, 1877. J. W. CURTIS, East Kent Militia.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, December 28th, 1876.

Benthall, Alfred, Trafalgar Square, Twickenham
Jakins, Percy Septimus, Osnaburgh Street, Regent's Park
Jones, Arthur Henry, Hanover Street, Peckham
Lang, Henry Charles, 41, Berners Street, W.
Mason, Alfred, Thornhill, Dewsbury
Morton, Richard John, Aylsham, Norfolk
Scriven, John Swaine, Goldney Road, W.

The following gentlemen also on the same day passed their primary professional examination.

Aldrich, Arthur W., Westminster Hospital
Lloyd, George J., Queen's Hospital, Birmingham
Warliker, Damodar P., University College Hospital

MEDICAL VACANCIES.

The following vacancies are announced:—

AUDENBROOKE'S HOSPITAL, Cambridge—House-Physician and Dispenser. Salary of the House-Physician, £65 per annum, with board and lodging. The salary of the Dispenser will be £100 per annum, with dinner. Applications to be made on or before the 17th instant.

BOSMERE and CLAYDON UNION—Medical Officer for the Claydon District.

CANCER HOSPITAL, Brompton—Resident House-Surgeon and Registrar. Salary, 100 guineas per annum, with board and residence. Applications to be made on or before January 18th, 1877.

CHELSEA UNION—Assistant Medical Officer and Dispenser. Salary, £100 per annum, with furnished apartment, board, etc. Applications to be made on or before the 16th instant.

DENTAL HOSPITAL OF LONDON—Two Assistant-Surgeons. Applications to be made on or before the 8th instant.

DEPWADE UNION—Medical Officer for the Fourth District.

DULWICH and LOWER NORWOOD DISPENSARY—Resident Medical Officer. Salary, £100 per annum and rooms.

EAST RETFORD UNION—Medical Officer for the Leverton District.

FISHERTON HOUSE ASYLUM—Assistant Medical Officer. Salary, £100 per annum, with board and lodging.

GLANFORD BRIGG UNION—Medical Officer and Public Vaccinator. Salary, £28 per annum, and fees. Applications on or before January 10th, 1877.

GREAT NORTHERN HOSPITAL, Caledonian Road—House-Surgeon. Salary, 60 guineas per annum, with board and lodging. Applications on or before the 22nd instant.

HENLEY UNION—Medical Officer for the Caversham District. Salary, £75 per annum, and fees. Applications to be made on or before January 9th.

HOSPITAL FOR WOMEN and CHILDREN and LYING-IN INSTITUTION, Brighton—Honorary Surgeon. Applications to be made on or before the 17th instant.

KINGSCLEERE UNION—Medical Officer for the Workhouse and Kingscleere District.

LINCOLN UNION—Medical Officer for the Eighth District.

MANCHESTER PROVIDENT DISPENSARIES' ASSOCIATION—Resident Medical Officer. Salary, £120 per annum, and private practice allowed.

MIDDLESEX THIRD COUNTY LUNATIC ASYLUM—Senior Assistant Medical Officer; Second Assistant Medical Officer; Junior Assistant Medical Officer. Salary of the Senior Assistant to commence at £200, that of the Second Assistant at £150, and that of the Junior Assistant at £120 per annum, and furnished apartments, board, washing, and attendance to each. Applications on or before January 16th.

NATIONAL DENTAL HOSPITAL—Assistant Dental Surgeon. Applications to the Treasurer, 149, Great Portland Street.

NATIONAL HOSPITAL FOR THE PARALYSED and EPILEPTIC—Resident Medical Officer and Registrar. Salary, £100 per annum, with board and lodging.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney—Assistant-Physician.

ROTHBURY UNION—Medical Officer for the Rothbury Eastern District.

TUNBRIDGE WELLS DISPENSARY and INFIRMARY—Resident House-Surgeon. Salary, £100 per annum, with board and lodging. Applications to be made on or before the 17th instant.

WIMBORNE and CRANBORNE UNION—Medical Officer.

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

***BATTERBURY**, R. L., M.B., elected Medical Officer to the Haverstock Hill and Malden Road Provident Dispensary, *vice* M. L. Heelas, M.R.C.S., deceased.

BROWN, John, M.R.C.S., appointed House-Surgeon to the Western Ophthalmic Hospital, *vice* W. W. Edwards, M.B., resigned.

***COOPER**, Frank W., L.R.C.S. Ed., of Leytonstone, appointed a Divisional Surgeon to the N Division of the Metropolitan Police.

HEELAS, James, M.B., elected Medical Officer to the Haverstock Hill and Malden Road Provident Dispensary, *vice* M. L. Heelas, M.R.C.S., deceased.

***MEDWIN**, A. George, M.D., late Assistant Surgeon, appointed Surgeon to the Dental Hospital of London, *vice* Thomas F. K. Underwood, M.R.C.S. Eng., resigned.

TAYLOR, H. E., M.R.C.S. Eng., appointed an Assistant Resident Medical Officer to the Leeds Public Dispensary.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 3s. 6d., which should be forwarded in stamps with the announcement.

BIRTH.

WHITMARSH.—On January 3rd, at 1, Clapton Square, Lower Clapton, the wife of J. Ll. Whitmarsh, L.R.C.P. Ed., of a son.

MARRIAGE.

PARSONS—**DOLMAN**.—On January 2nd, at the Parish Church, Dawlish, by the Rev. O. Manley, Vicar, assisted by the Rev. E. Fowleraker, Master of the Cathedral School, Exeter, Susan Charlotte, eldest daughter of Frederick Dolman, Esq., The Bartons, to Arthur Daniell Parsons, Esq., L.R.C.P., The Lawn, Dawlish.

DEATH.

GEORGE.—On December 30th, 1876, Alice, wife of Henry George, M.R.C.S., at North Thoresby, Louth, Lincolnshire, aged 47. No cards.

TESTIMONIAL TO MR. ARNOLD ROGERS.—A testimonial (in the form of a large handsome embossed silver bowl, mounted on an ebony stand) has been lately presented to Mr. Thomas Arnold Rogers, by the past and present students of the Dental Hospital of London, in appreciation of his untiring energy on their behalf during the period of his deanship at the London School of Dental Surgery.

OPERATION DAYS AT THE HOSPITALS.

MONDAY..... Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.

TUESDAY..... Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—National Orthopaedic, 2 P.M.

WEDNESDAY.. St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—King's College, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—St. Thomas's (Ophthalmic Department), 3 P.M.

FRIDAY..... Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.—Guy's, 1.30 P.M.

SATURDAY.... St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 A.M.—East London Hospital for Children, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 9.30 A.M. and 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. E. L. Hussey, "Case of Large Pendulous Tumour from the Cheek removed by Operation"; Mr. Gaskoin, "Case of Sclerema Adultorum"; Dr. John Harley, "Case of Sclerema Adultorum".

EDNESDAY.—Epidemiological Society, 8.30 P.M. Dr. Squire, "On the recent Epidemic of Measles in Fiji".

FRIDAY.—Clinical Society of London, 8.30 P.M. Mr. Brodhurst, "Cases of Subcutaneous Section of the Neck of the Thigh-bone"; Dr. Hermann Weber, "Cases illustrating the Treatment of Rheumatic Fever and other Febrile Diseases by Salicylic Acid and its Congeners"; Dr. Cavafy, "Case of Acute Rheumatism treated by Salicylate of Soda, Intercurrent Scarlatina, and peculiar Skin-eruption".

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the printer, Mr. Thomas Richards, 37, Great Queen Street, W.C.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with *Duplicate Copies*.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

COMMUNICATIONS respecting editorial matters, should be addressed to the Editor, 37, Great Queen Street, W.C.; those concerning business matters, non delivery of the JOURNAL, etc., should be addressed to the General Manager, at the Office, 36, Great Queen Street, W.C., London.

COTTAGE HOSPITALS.

SIR,—Will you favour me with your opinion on the following case? A. held the position of honorary surgeon to a cottage hospital, and performed the major operations for a number of years. B. was house-surgeon for almost five years; and, on his resignation of the office, was appointed by the committee honorary surgeon, their opinion being that it would be an advantage to have the services of two honorary surgeons connected with the institution. A. still claims the treatment of all surgical cases admitted, assigning only to B. the duty of assisting A. at operations, and of operating in A.'s absence. B. claims the treatment of the surgical cases admitted every alternate week or month, and to perform the operations necessary on all patients admitted on alternate weeks or months. What is hospital custom?—Yours truly,

RECTUS.

. The duties of the medical officers are determined by the committee. Each surgical or medical officer, with beds, is usually entrusted with the whole charge of the patients admitted under his care.

ROYAL NAVY.—The late Sir J. B. Gibson, Director-General, was admitted a member of the Royal College of Surgeons of England in 1826.

ABUSE OF TEA.

SIR,—Whilst your correspondent Mr. W. Cox is studying the abuse of tea, I should recommend him to try and report on the "Jeddo root", which is now used, as in China, with the decoction as usually taken. It improves the quality of the tea, and destroys the ill effects produced from drinking this invigorating domestic beverage. He can obtain by post, of Messrs. Laurie, Watts, and Co., 7, Lovell's Court, Paternoster Row, for 2s. 6d., a supply to answer his purpose. I am, etc.,

TATTA.

NOTICES of Births, Deaths, Marriages, and Appointments, intended for insertion in the BRITISH MEDICAL JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

PUBLIC VACCINATORS.

SIR,—For eight years I was public vaccinator in an extensive district, and was frequently applied to for lymph by medical men, near and far. These applications were a positive nuisance to me—occupying valuable time, imposing expense in the way of stamps on transit, or in the purchase of tubes and nibs; and not only so, but they involved me in responsibilities connected with the vaccinating arena of other practitioners that were at times annoying. The majority who apply to a public vaccinator for lymph can never hope to professionally reciprocate; and I consider it should be at once conceded that, for his services, outlay, and the responsibilities he cannot evade shouldering, a fee of 2s. 6d. at the least should be strictly professional, and for this a supply of two or three tubes or a dozen nibs would be fairly remunerative to all parties.—I am, etc.,

December 1876.

E. HOLLAND, M.D., M.R.C.P., etc.

SIR,—In your JOURNAL of this week, a Public Vaccinator says that he is frequently requested to supply lymph to medical men, and asks if it would be considered unprofessional to charge a fee of 2s. 6d. for three tubes in such cases. I beg to say that I conceive it would be *very* unprofessional; for I think we should do all we can to assist each other without any remuneration. I have myself been frequently requested to supply my medical brethren with vaccine lymph, and I may state that I have always done so with pleasure whenever I have been able.—I am, sir, yours truly,

December 23rd, 1876.

ANOTHER PUBLIC VACCINATOR.

SIR,—Seeing in to-day's MEDICAL JOURNAL the memorandum on the Supply of Lymph for Revaccination, I write to say I shall be glad to supply, as far as I am able, any member of the Association or other registered practitioner with lymph if he will be good enough to send a stamped envelope, enclosing points to be charged.—I am, sir, yours faithfully,

A PUBLIC VACCINATOR.

Upper Park House, Lindley, near Huddersfield, Dec. 23rd, 1876.

A MEMBER (Yeovil).—Cases of insanity associated with masturbation are treated in all lunatic asylums, and we know of none in which they are "especially treated". Our correspondent, therefore, has only to select one which is respectably conducted, and of which the terms accord with his patient's position and means.

INCUBATION OF SMALL-POX AND VACCINATION.

SIR,—In confirmation of Mr. Haynes's memorandum in last week's JOURNAL, I beg to forward the following. In the evening of November 7th, I was called to see a child six years old, vaccinated in infancy, suffering from very slight small-pox. There were only a few pustules over the body. I at once revaccinated the father, mother, and three other children, aged from eight to four years; but partly from want of vaccine matter and partly because I hardly thought it absolutely necessary, I did not vaccinate the youngest child, aged two years. The vaccinations all took in due course; but on the morning of the 20th I was again called, to find all the children (except the one who had it first) in bed with slight small-pox, the baby being the worst. All of them had slight bronchitis afterwards, but none of them were ever seriously ill. It seemed evident that the small-pox poison had lain dormant for the twelve days and a half which elapsed between the 7th and 20th; but that the revaccination, while it did not prevent the small-pox poison from acting, evidently protected the three eldest children to a certain extent, as the youngest child, which had been vaccinated within two years, and was probably better protected by that primary vaccination than those older, in whom a larger time had elapsed, was worse (not having been, as I have said, revaccinated) than even her eldest sister, who was. Such an instance may also point to the necessity, if not actually for the protection of life, yet for the suppression of the disease, of vaccinating every one, irrespective of age, in a house which small-pox has invaded. I may mention, that the father appeared to have brought the disease from Brixton, whither his business took him daily. Neither of the parents was attacked.

In conclusion, I would only say that, had the Prussian laws, making revaccination compulsory, been copied here five years ago, we would not now have to look forward to a series of epidemics, any one of which may, as in 1871, carry off its eight thousand victims in London alone, besides maiming and ultimately destroying many more.—I am, yours faithfully,

W. MUNRO.

Battersea Park Road, December 1876.

E. T.—Maraschino (marry Skey-no!) is a parody on the epigram of Luttrell on the illness of the Regent, afterwards George IV, viz.:

"The Regent, sir, is taken ill,
And all depends on Halford's skill.
'Pray what', inquired the sage physician,
Has brought him to this sad condition?
When Bloomfield ventured to pronounce,
'A little too much cherry bounce'.
The Regent, hearing what was said,
Raised from the couch his aching head,
And cried, 'No, Halford, 'tis not so!
Cure us, O Doctor—Curaçao'.

VOLUNTEER SURGEONS.

SIR,—Will you kindly raise the question in the JOURNAL as to what is the rank of a volunteer regimental surgeon? I have served as medical officer since shortly after the commencement of the volunteer movement, first as assistant-surgeon, and afterwards appointed surgeon to the regiment in 1861. Since 1861, I have worn the uniform of a major, fully believing that I ranked as such. I am now, however, informed by the adjutant that a volunteer medical officer can never reach higher rank than that of a captain. I shall be glad to know from you, or from some of the volunteer surgeons who are members of our Association, what rank should be taken as surgeon of a volunteer corps.—I am, sir, faithfully yours,

ROBERT MANNERS MANN, Surgeon 6th Lancashire Rifle Volunteers.

Manchester, Dec. 23rd, 1876.

CLINICAL THERMOMETERS.

SIR,—I see a letter in our JOURNAL complaining of the fragility of clinical thermometers. I think there is another thing about them quite as trying, and that is the difficulty of reading them. My eyes are as good as those of most people, but I find it frequently very difficult to read the marking of the mercury. Could not the column be made thicker, without impairing the usefulness of the instruments?—Yours faithfully,

A SUBSCRIBER.

December 30th, 1876.