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INDEX TO VOLUME I FOR 1878.

Anatomy, Surgical, Mr. J. Chiene's Lectures on, rev., 753
Anderson, Dr. McCall, Lectures on Clinical Medicine,

Abdomen, abscess in walls of, 55; diagnosis of tumours of, 437; tumour of, 566, 681, 823; car-cinoma of viscera of, 845; Mr. Spencer Wells on diagnosis and surgical treatment of tumours of, 853, 883, 925; tumours of, and the microphone, Dr. C. Dukes on, 894 C. Duess on, 594
Aberdeen, health of, 269
Aberlour succession case, 27
Abortion, causes of, 6; charge of procuring, 650;
Dr. R. Stanistreet on retention of placenta after, Abrath, Dr. G., and professional propriety, 495, 583, Accident insurance companies, post mortem examinations for, 25
Acetonæmia, Dr. B. Foster on, 78
Acland, Dr. H. W., statement of requirements of
University of Oxford, 169; address to General
Medical Council, 543
Acne, Mr. J. Startin on treatment of, 932
Action against a medical officer of health, 175;
against guardians of Limerick Union, 315; for
illegal practice,
Adam, Dr. James, inquest at Caterham Asylum, 117
Adams, Mr. W., treatment of hip-joint disease by extension with motion, 10, 215; contraction of the
fingers, 928
Addison's keloid, 70
Adenoid tumour of groin, 488 Accident insurance companies, post mortem examina-Addenoid tumour of groin, 488
Adulteration of milk, prosecutions for in Scotland,
30; friends of, 97; of gin, 134; in Glasgow, 202, 725; of workhouse food, 239; of drugs, 758; census or, 759
Advertisements of alleged prescriptions, 42; medical practitioners, 44, 882
Aërial germs, 497
Agriculture, science applied to, 874
Ague in children in London, Dr. Cheadle on, 521; scarlatinoid eruption in, Dr. Handfield Jones on, 520; Dr. Cheadle on, 673 allylic, action of, 720

benzoated, 939
Alcoholic paraplegia, Dr. J. Russell on a case of, 149; amaurosis, 645
Alcoholism, chronic, treatment of, 669
Alexander, Dr. R. G., Dr. Southey's trocar and cannula, 281
Allbutt, Mr. H. G., the population question, 178
Althaus, Dr. J., physicians' prescriptions and the Sale of Poisons Act, 150; Diseases of the Nervous System. rev. 789 Sate of Folsons Act, 100; Diseases of the Nervous System, rev., 789
Altitudes, high, respiration in, 613
Amatur prescribing, 43
Amaturosis after erysipelas of face, 371; alcoholic,

Ambulance work of order of St. John, 236; in Russo-

America, professional incomes in, 44; Dr. H. J. Bowditch on Public Hygiene in, rev., 825 Amnesia, case of, 297
Amputation of foot for tumour, 70; spontaneous, in uterus, 263; at hip-joint, 305; of thigh for ununited fracture, 464; at hip-joint, Mr. R. Davy on com-pression of iliac artery in, 704; of thigh for alveolar sarcoma, 737

Anæmia, progressive pernicious, 233, 547, 682; idiopathic, 531; estimated by the hæmacytometer,

Anæsthetics, Mr. R. M. Gunn on death from, 335;

death from, 729; treatment of threatened apnœa after, 773; in dental surgery, 852; action of on respiratory centre and cardiac ganglia, 872. See

Turkish war, 268 Ambulance-wagons, 266

Chloroform and Ether Analysts, reports of, 175

rev., 92 Anencephalous fœtus, Mr. T. W. Hubbard on an, 752 Aneurism, treatment of by iodide of potassium, 305; Mr. Maunder on morphia and a tell-tale as aids to compression, 750 compression, 750
———— of aorta, abdominal, 303; Dr. G. H. Philipson on, 331; diffused after distal compression, Dr. Skerritt on, 405 of aorta, thoracic, 302; Dr. H. Simpson on treatment of, 328; a minute, 464; Dr. J. Cockle on Surgical Treatment of, rev., 526; treated by electro-puncture, 645; Dr. Mahomed on diagnosis and treatment of, 816, 859; treated by distal ligature of arteries, 840 of axillary artery, cured by digital compression, 643 111, 043.

of cerebral arteries, 72, 159.

of dorsal artery of foot, Mr. Savory on, 75.

of femoral artery, diffused traumatic, 302.

of innominate artery, successful operation for, 227; case of, 303

of popliteal artery, 19 of pulmonary artery, 865
of right auricle of heart, 261 - of subclavian and axillary arteries treated by rest and restricted diet, 390 Mushet on, 12

Ankle, excision of, 41; tumour of, 463

Anklyosis of hip and knees, successfully treated,
Mr. Folker on, 227; of knee after fracture, 298;
Mr. Barwell on antiseptic osteotomy for, 705, 747

Anningson, Mr. J. W., fracture of os calcis by
muscular action, 128

Antiseptic, thymol as an, 535

Antiseptic osteotomy, Mr. Barwell on, 705, 747; remarks on, 939 of tibial artery, anterior, Dr. W. B. marks on, 939
Antiseptic surgery, Mr. S. M. Bradley on, 256, 451;
Dr. M. Thomas on, 336; in Germany, 342; Mr. J.
Duncan on failure of in empyema, 476; letter on, offic cases of, 863 Antiseptics, action of, 29; in ovariotomy, 419; puerperal, 467 Antivaccination statistics, 648 Antivivisection meeting, 59
Anus, imperforate, 72; plugged by retroverted uterus, 157 Aorta, abdominal, aneurism of, 303; Dr. Philipson corta, abdominal, aneurism of, 303; Dr. Philipson on cases of, 331; diffused after distal compression, Dr. Skerritt on, 405
— thoracic, aneurism of, case of, 302; iodide of potassium in, 305; Dr. H. Simpson on treatment of, 328; minute, 464; Dr. J. Cockle on Surgical Treatment of, rev., 526; electro-puncture in, 645; Dr. Mahomed on indications for diagnosis and treatment of, 816, 859; treated by distal ligature of arteries, 840

- disease of valves of, 13; rupture of valves of, 231; atheroma of, 303 Aphasia, Dr. D. Ferrier on cerebral localisation of, Aphasia, Dr. D. Ferrier on cerebral localisation of, 517

Apoplexy, proper treatment of, 39, 117

Apothecaries' Company versus Shepperley, letters on, 318, 434; versus Wiggins, 902; prizes of, Apothecary, definition of, 872

Appeal, 44, 73, 217. 249, 397, 441, 469, 553

Arbroath. water-supply of, 314, 724

Ardee, sanitary condition of, 725

Arm, injuries of, 305; osteoid cancer of, 738

Arms, Dr. G. Roper on treatment of upward displacement of, 255

Armstrong, Sir A., appointed a magistrate, 495

Army, American, pay of medical officers in, 684

— British, medical service of, successful candidates, 216; want of surgeons at the Cape, 236; new regulations for hospital corps, 246; Mr. Hardy's scheme, 272; surgeons in, and riding drill, 278; seheme, 272; surgeons in, and riding drill, 278; bealth of, and the Contagious Diseases Acts, 311; crisis in medical department of, 338, 421; Comcrisis in medical department of, 338, 421; Committee on, 339, 421; vacancies in medical department, 349; memorial of Royal College of Surgeons of Ireland, 345; statement of grievances, 346; clothor treiand, 345; statement of grievances, 346; clota-ing of and infectious diseases, 350; medical ser-vice of, proceedings in Parliament regarding, 351, 914; Report of Medical Department for 1876, rev., 373; remarks on medical department of, 454, 580, 650, 795; queries by Secretary for War, 460; proceedings of Council of Royal College of Surgeons in Ireland regarding, 498, 541, 581, 799; letters on medical service, 551, 695, 949; returns to General Medical Council, 573; reply of School of Physic in Ireland to Secretary of State's circular. 615; reply of King and Queen's College of Physicians, 799; reply of Catholic University, 1b.; servants of medical officers, 652; letter to Chairman of Parliamentary Bills Committee, 657; Dr. Oliver's equipment, 685; medical nomads, 792

French, M. Tollet on Reform of Barracks in, rev., 196; revaccination in, 721

medical school, closure of session, 210; Mr. Longmore's opening address, 507, 949; training at, 879

- Russian, sanitary state of, 651

— Russian, sanitary state of, 651
Arnica, treatment of boils by, 790
Arsenic, poisoning by in mining districts, 497; in violet powder, 795, 833
Arterioles, changes in, in Bright's disease, 493
Arteries, cerebral, aneurism of, 72, 159; superior mesenteric and femoral, plugging of, 232; subclavian and axillary, aneurism of treated by rest and restricted diet, 390; ligature of for aneurism of aorta, 840

Artery, axillary, aneurism of cured by digital compression, 643

dorsal of foot, Mr. Savory on aneurism of, 75
femoral, diffused traumatic aneurism of, 302
iliac, common, Mr. Davy on compression of in
amputation at the hip-joint, 704

innominate, aneurism of, successful operation for, 227; case of, 303

- internal maxillary, rupture of, 713 - obturator, abnormal, wound of in herniotomy,

popliteal, aneurism of, 19; Mr. Rivington on

318, 348, 392; discussion in special general meeting concerning, 500
— Hospital Out-patient Reform Committee, proceedings of, 658
— Joint Committee on State Medicine, memorial of, 907
— Medical Reform Committee, letters to General Medical Council, 567, 573, 577; circular letters to members of Association, 585, 623; letters on circular of, 586, 630; deputation to General Medical Council, 616; deputation to the Duke of Richmond, 767. See also Medical Acts
— Parliamentary Bills Committee, proceedings of, 242, 836

ceedings of, 242, 836

ceedings of, 242, 836

— Aberdeen, Banff, and Kincardine Branch, digital dilatation of os uteri as an aid to labour, 17; tetanus, 18, 302; scarlatina with diphtheria, 18; obstruction of bowels, 302; treatment of third stage of labour, 416; thrombosis of cerebral sinuses, 738; case of starvation, 739; calculi, 866; gangrene, ib.; fibroid polypus of uterus, ib.; tumour of head, ib.; chrysophanic acid in psoriasis, ib.

Bath and Bristol Branch, ordinary meet-

Bath and Bristol Branch, ordinary meetings, 274, 434, 486, 846; new members, 274, 434, 696; discussions, 274, 434, 845; papers, 695; habitual drunkards committee, ib.

— Birmingham and Midland Counties Branch, ordinary meetings, 65, 173, 434, 660; new members, 65, 173, 434, 660; annual meetings of Association, 65, 173, 434, 660; annual meetings of Association, 65; special meeting on provident dispenseries 242. special meeting on provident dispensaries, 242; obstructive jaundice and cancer of liver, 71;

myxoma of uterus, ib.: thymol, 738; ovariotomy.ib.; mysoma of uterus, ib.; thymol, 738; ovariotomy, ib.; loose cartilages in the knee, ib.; obstetric tractors, ib.; ring for fastening midwifery forceps, ib.; carbonised cotton-wool, ib.—Microscopical Section, granular kidney, 116; parasites, ib.; phthirius, ib.—Pathological and Clinical Section, prolapse of bowel, 17; skin-grafting, ib.; use of alcohol in disease, ib.; diffused traumatic aneurism, 902; thoracic aneurism ib. explic calculus 303; can

Lancashire and Cheshire Branch, intermediate meeting, 342, 388; address, 388; communications, ib.; exhibitions, ib.; dinner, ib.

Metropolitan Counties Branch, general

Metropolitan Counties Branch, general meetings, 386, 548, 910; provident dispensaries, 386, 548; Harvey tercentenary fund, 548; special general meeting, 761; new by-laws, ib.; amendment of Medical Acts, ib.; vaccination, 910

North of England Branch, spring meeting, 731; new members, ib.; habitual drunkards committee, ib.; Harvey tercentenary memorial, ib.; medical reform and petition to Parliament, ib.; papers, ib.; votes of thanks, ib.; dinner, ib.

North Wales Branch, intermediate meeting, 341; new members, ib.; Dental Practitioners' Bill, ib.; admission of ladies to Association, ib.; communications, ib.; the Secretary, ib.; dinner, ib.

dinner, ib.

dinner, ib.

South-Eastern Branch, East Kent District, poisoning by yew leaves, 18; forceps in midwifery, ib.; meetings, 34, 548, 800; Secretary, 34, 800; papers, 34, 548; dinners, 34, 548; hydrophobia, 739; diagnosis of stone in bladder, ib.; foreign body in female bladder, ib.; disrupture of leaves on the state of this ib.; chairman of meet. foreign body in remale bladder, ib.; distribute of lower epiphysis of tibia, ib.; chairman of meetings, 800; Ethical Committee, ib.; Dental Practitioners' Bill, ib.; places of meeting, ib.—West Kent District, ordinary meeting, 547; Secretary, ib.; meetings, ib.; new members, ib,; the late Mr. Fry, 548; Medico-Ethical Committee, ib.; balance of subscriptions, ib.; papers, ib.; dinner, ib.—East Surrey District, enlargement or inflammation of readjusting clands, 18. Sayre's plaster jacks, ib. Surrey District, enlargement or inflammation of mediastinal glands, 16; Sayre's plaster jacket, ib.; calomel as a medicine, ib.; meeting, 466; Secretary, ib.; communications, ib.; dinner, ib.; diarrheas from milk-supply, 681; electrolysis of scrofulous lymphatic glands, ib.; non-alcoholic treatment of post partum hæmorrhage, ib.; abdominal tumour, ib.; poisoning by opium, 682.—West Surrey District, ordinary meeting, 465; ladies as members of Association, ib.; Secretary, ib.; communications, ib.; dinner, ib.—East Sussex District, meetings, 660, 878; communications, 660, 878; communications, 660, 878; dinner, 660, 479; Harvey tercentenary memorial, 660; diffused melanotic cancer originating in mole, 739; relief of dropsical limbs, ib.; membranous dysmenorrhæa, ib.; orbital tumour, 866, hemiplegia and apoplexy from embolism, ib.; deaths of members, 879.—East and West Sussex conjoint district meeting, 301; lardaceous disease, ib.; lead-poisoning, ib.

ib.; lead-poisoning, ib.

South of Ireland Branch, meeting, 548

South of Ireland Branch, meeting, 548;
Secretary, ib.; admission of women to British
Medical Association, ib.

South Wales and Monmouthshire
Branch, spring meeting, 660; new members, ib.;
grants of money, ib.; Harvey tercentenary memorial fund, ib.; Branch subscriptions, ib.; representatives on General Council, 661; communications, ib.; British Medical Journal, ib.; appeal ib. visit to asylum, ib.

cations, ib.; British Medical Journal, ib.; appeal, ib.; visit to asylum, ib.

Staffordshire Branch, ordinary meetings, 211, 660, 911; new members, 211, 660, 911; pathological specimens, 211, 911; communications, 211, 660, 911; Dental Practitioners' Bill, 660; alteration of rules, 660; Medical Acts Amendment Bill, 911; Habitual Drunkards' Bill, ib.

Thames Valley Branch, meetings, 108, 465, 912; interesting, 108, 465, 912; interesting, 108, 465, 912; interesting, 108, 465, 912; interesting in an infant, 115; muco-enteritis, ib.; spinal lesion in a child, 465; laceration of scalp, ib.; paroxysmal hematuria, ib. hematuria, ib.

West Somerset Branch, spring meeting, 660; dinner, ib.; use of water in dressing wounds, ib.; communications, ib.; autumnal meeting, ib.; new members, ib.

Yorkshire Branch, spring meeting, 548;

communications, ib.; dinner, ib.; tumour of brain, 682; pill swallowed into left bronchus, ib.; pernicious anæmia, ib.; treatment of hydatid cysts, ib.; foreign body in eye, ib.; diphtheria, ib.; tumour of forearm, ib.; inversion of uterus, ib.; relaxation of orbits are not bring in the state of the sta

of forearm, ib.; inversion of uterus, ib.; relaxation of pubic symphysis, ib.
ssociation, Irish Medical, resolutions concerning Medical Act Amendment Bill, 726, 906; annual meeting, 837; meeting of Council, 875

Manchester Medico-Ethical, deputation to Lord President, 769

Medical Alliance, deputation to Lord President, 768

President 768 Medical Defence, and the Medical Bill, 741: deputation to Lord President, 768

Nursery, Metropolitan and National, 311 Poor-law Medical Officers', the case of

Mr. Buck, 394; annual meeting, 727
St. John's Ambulance, 653; resolutions, 724 Sanitary, Dublin, annual meeting, 906 Sanitary Protection, in Edinburgh, 165,

735 Assurance Society, the Aberdeen Mutual, 118 Asthma, iodide of potassium in, 273; Dr. Berkart on,

Aston manor, sanitary report of, 526

for Imbeciles at Clapton, entertainment at, 162

for Imbecile Children, Edinburgh, annual meeting, 343
Waterford, appointments in, 241, 798

Asylums, county, government of, 338; in Ireland, 377, 900, 941; annual report of, 905; entertainments at, 835

at, 835
Athetosis, 42
Atkins, Dr. R., localisation of motor functions of brain, 639, 675
Atkinson, Mr. E., stricture of the urethra, 360
Dr. F. P., vaccination and revaccination,

892
Atrophy, unilateral, 390; progressive muscular, 488
Atropia, opium poisoning successfully treated by, 267, 297, 824; Dr. Mackey on, 291; Dr. C. Elliott on, 366; Mr. J. S. Nairne on, 411; Dr. J. Harley on subcutaneous injection of, 317
Atthill, Dr. L., uterine hydatids treated by injection of hot water, 334; treatment of chronic endometritis, 779
Auditory ganels. See Fer.

Auditory canals. See Ear

Auricle of ear, supernumerary, 70

of heart. See Heart

Baby-farming, repression of, 203 Bacelli, Dr. G., 235

Bacteria and splenic fever, 579; in living animals,

Paildon and Sons' aperient lozenge, 336
Bain, Mr. J. A. P., the population question, 249
Balfour, Dr. J. H., portrait of, 343; illness of, 688
Ball, Dr. C. R., carbonic acid poisoning treated by inhalation of oxygen, 562
Bangor, sewerage of, 382
Bangor, sewerage of, 382

Bangor, sewerage of, 352
Bankart, Mr. James, fees of medical witnesses, 744
Barclay, Dr. J., insurance inquiries, 218
Barnes, Dr. Fancourt, molluscum contagiosum, 335
Barometer, reading the, 651
Bartholow, Dr. R., Practical Treatise on Materia
Medica and Therapeutics, rev., 21
Barrell W. B. Bartholow, for applyiosis

Medica and Therapeutics, rev., 21
Barwell, Mr. R., antiseptic osteotomy for ankylosis and deformity, 705, 747
Basford, sanitary report of, 928
Bastian, Dr. H. C., the bearing of experimental evidence on the germ-theory of disease, 49
Bath, Dr. A. B. Brabazon on thermal mineral waters of, 81, 287, 407
Bath, cold, Dr. A. T. H. Waters on hyperpyrexia treated by, 709
Batterbury, Mr. R. L., milk as a vehicle for quinine, 933

Battle-fields, disinfection of, 458
Becquerel, M., death of, 134
Beddoe, Dr. J., insurance offices and medical fees,

Beds for fever hospitals, 919

Beds for rever nospitals, 919
Beer, salt in, 98
Belfast, health of, 62, 136, 270, 499, 689, 836; smallpox in, 344, 383, 499; water-supply of, 459
Bell, Dr. Robert, diphtheria, 749
Belladonna, external use of in night-sweating, Dr.
J. S. Nairne on, 153
Bellini, Dr. R., death of, 164
Bengal Medical Regulations for British Troops,

Bennett, Dr. J. R., admission of women to the membership of the British Medical Association, 244

Bequest, Colquboun, for incurables, 904
Bequests, 33, 61, 322, 460, 614, 668, 806
Beresford, Mr., medical etiquette, 73, 290
Berkart, Dr. I. B., on Asthma, rev., 897
Bernard, Mr. A., unseaworthy seamen, 43; local application of iodoform, 294

———— Dr. Claude, death of, 239; funeral of, 269; memorial to, 384, 421; Dr. M. Foster on, 519, 559
Bernays, Mr. H. L., influence of marriage on epileptics, 43

Bianchi, Dr. L., treatment of professional dyscinesiæ,

Bigg, Mr. H. H., New Orthopraxy, rev., 93 Bile-ducts, ulceration of, 91; congenital obstruction of, 233

oi, 255
Billary calculus ulcerating into duodenum, 261
Billoth, Dr., medical education in universities, 271
Bindley, Dr. P., reduplication of the first sound of
the heart, 52

Binoxalate of potassium in scurvy, 177 Binz, Dr. C., Elements of Therapeutics, rev., 714 Birch, Mr. E. A., uncommon forms of dislocation,

632
Birmingham, provident dispensaries in, 172, 249;
sanitary report of, 439
Birt, Dr. T., detection of sugar in urine, 293, 828
Birth-rates, comparative, 686
Bismuth, oleate of, 513
Black, Dr. P., death of son of, 456
—— Mr. W. T., Italian medicine, 146
Black wash, Mr. C. H. Robinson on ptyalism produced by, 367
Bladder, Mr. W. Stamford on villous disease of, 12;
letters on, 117, 177; removal of portion of catheter from, 72; deformities of, with experiments, 263, 304; female, foreign body in, 739
Bleating in a child, 634
Bleeck, Mr. C., obituary notice of, 278
Blennorrhagic epididymitis, treatment by iodoform ointment, 20

ointment, 20 Blepharospasm ending in recovery, 733 Blind Asylum, Edinburgh, fire at, 424

Blood, proportion of red corpuscles in skin-diseases, 156

156
Blundell, Dr. James, death of, 97; will of, 279; obituary notice of, 351
Blyth, Dr. W., Prevention of Rabies in Dogs, rev., 55
Boarding out of pauper children, 340
Boards, county, 277
Boils, treatment of by arnica, 790
Bond, Dr. F. T., thymol and its allies, 411; ladymembers of the Association, 441

Bones, hyperostosis of, 69; sarcomatous tumours in, ib. Bone-setter, charge of manslaughter against a, 383 Books, spread of disease by, 131; illustrations in,

Books, spread of disease by, 151; inustrations in, 324
Book-keeping, medical, new system of, 41
Bose, Dr. B., New System of Medicine entitled Recognisant Medicine, rev., 825; Principles of Rational Therapeutics, rev., ib.
Botanical Garden at Edinburgh, report of, 614
Bourneville and Regnard, MM., Iconographic Photographique, rev., 23
Bovill, Dr. E., Complications of Epilepsy and Hystero-Epilepsy, rev., 23
Bowditch, Dr. H. J., Public Hygiene in America, rev., 825
Bowel. See Intestine
Bowles, Dr. R. L., croup, diphtheria, and tracheotomy, 595, 751, 822
Box, Dr. W. H., medical etiquette, 145, 324
Brabazon, Dr. A. B., Bath thermal mineral waters, 81, 287, 407
Bradley, Dr. D. S., twins and spontaneous evolution,

Bradley, Dr. D. S., twins and spontaneous evolution,

Bradley, Dr. D. S., twins and spontaneous evolution, 810

magnetic definition of the street of the s

Medical Defence Association and the new Medical Bill, 741

Brown, Mr. H., the British Medical Association, 326; lady members of the Association, 397, 469; Warburg's tincture, 920

- Dr. John, testimonial to, 314 - Mr. T. J. E., medical fees, 146; letter from,

554 Browne, Mr. Lennox, foreign bodies in the ear, 128; local application of iodoform in naso-pharyngeal disease, 193

Browne-Mason, Mr. J. T., anæsthetics in dental

surgery, 852
Brown-Sequard, Dr., and the College of France, 685 Bruce, Dr. J., suicide of, 760 Brumwell, Dr. G. M., inversion of the uterus, 672 Brush, urethral, 488

Brussels. See University of Brussels
Bryan, Dr. J. M., presentation to, 832
Buck, Mr., case of, 394, 467
Buildings, public, ventilation of, 340
Bullet extracted from sheath of a tendon, Mr. W. G.

Cresswell on, 788

Cresswell on, 788
Bunion, plantar, 663
Burdett, Mr. H. C., hospital finance, 319
Burges, Dr. R. E., sale of poisons, 282; midwifery engagements, 634
Burial societies, 238, 308
Burns, bicarbonate of soda in, 164, 280, 294; electric treatment of 292 treatment of, 228

Cacotrophia folliculorum, 679 Cæcum, significance of the, 289 Cæsarean section, cases of, 237, 843; theological aspects of, 940

wounds, 673
Calomel as a medicine, 16
Campbell, Dr. J. A., feeding versus fasting, 254
_______Dr. W. M., influence of marriage on epileptics, 74

Camphor, carbolated, in diphtheria, 372

Camphor, carbolated, in diphtheria, 372
Canal population, Acts concerning, 60
Cancer, new treatment of, 44; of liver, 71, 303, 487; colloid, of rectum, 158; Mr. J. Simon on points of science and practice concerning, 219; of breast, 231, 232, 865; of tongue, 261, 946; melanotic, 263; of uterus, 414, 732; relation of to lymphatic system, 627; osteoid, of arm, 738; diffused melanotic originating in a mole, 739; of tonsil, 841; of orbit, 864

Carbolic acid, treatment of whooping-cough by, 578;

poisoning by, 689, 744, 937 Carbolised cotton-wool, 738 Carbon, tetrachloride of in neuralgia, 778, 850

Carbonic acid, poisoning by, treated by inhalation of oxygen, Dr. C. R. Ball on, 562
Carcinomatous tumour between pharynx and larynx,

Carney, sanitary condition of, 315

Carpenter, Dr. A., alcoholic drinks, 699, 877

———— Mr. R. H. S., the repression of quacks,
245; the Medical Acts Amendment Bill, 912

246; the Medical Acts Amendment Bill, 912
Cartilages, loose, in knee, 738
Casca, tincture of, 490
Caskie, Mr., presentation to, 216
Cassells, Dr. J. P., removal of foreign bodies from ear, 281, 512; use of iodoform in ear-disease, 294
Casson, Mr. J. H., and Ghazi Mukhtar Pacha, 951 Casuals, treatment of in Glossop workhouse, 277 Cat, hydrophobia from bite of a, 651, 937

Cateract, extraction of by shallow lower flap, 71 Cateract, extraction of by shallow lower flap, 71 Caterrh. quinine in, 63 Catgut drainage, Mr. Chiene on, 322, 410; Mr. S. M. Bradley on, 334, 519, 710; Mr. P. M. Playfair

on, 452 _____ ligatures, Mr. S. M. Bradley on, 410, 710

ligatures, Mr. S. M. Bradley on, 410, 710; Mr. J. R. Lane on, 451
Catheter, removal of portion of from bladder, 72; Mr. R. Davy on new method of cleaning, 410; Mr. E. L. Hussey on, 452
Caustico di Londra, 42
Caustico, fluid, application of, 42
Cavafy, Dr. J., dialysed iron, 367, 634
Cay, Dr. C. V., Lac Noir, 852
Celery, action of on urine, Mr. W. T. Ramsden on, 524

Centenarians, 59, 62, 136, 175, 216, 238, 459 Cerebellum, Dr. J. Service on abscess of, 561; tumour

Cerebral. See Brain

Certificates of death and unqualified assistants, 354

Chailey, sanitary report of, 551
Chalmers, Mr. G. P., death of, 314
Chambers, Dr. T. K., teaching of medicine at Oxford,
140; the College of Physicians and medical women,

Sir T., and vaccination, 794
Champneys, Dr. F. H., Oxford and a medical school,

— Mr. H. M., reform of coroners' court, 32 Chantrelle, M., trial of, 688; remarks on case of, 718, 831; application for reprieve of, 794; execu-tion of, 835

Charbon, cases of, 863 Charcot, M., rhythmic hysterical chorea, 224, 251

Charitable institutions, income of, 431 Charity, organisation of in hospitals, 37, 174. See

Hospital Charley, Mr. W. T., appointed Common Serjeant, 581

Charley, Mr. T., appointed Common Serjeant, 581 Chavasse, Mr. T. F., disarticulation at the hip, 821 Cheadle, Dr. W. B., ague in young children in London, 521; scarlatinoid eruption in ague of children, 673

Chieren, 673 Cheek, nawvoid growth on, 526 Cheiro-pompholyx, Mr. Waren Tay on, 7; Mr. J. Hutchinson on, 54; Mr. Tweedy on, 113 Chemistry, institute of, 239

Chemists and druggists, and the Medical Acts Amendment Bill, 937 Chest, strapping the, in chronic pulmonary con-sumption, Dr. J. K. Spender on, 599 Chesterfield, fever at, 40 Chester-le-Street, sanitary state of, 336 Chiana Mr. J. categor drainage 392 410. Lectures

Chiene, Mr. J., catgut drainage, 322, 410; Lectures on Surgical Anatomy, rev., 753

Child, spinal lesion in a, 465; malignant disease of liver in a, 488; new-born, pneumothorax in a, 490; a small, 737; ovariotomy in a, 773; new-born, fracture of cranium in a, 843

Children Dr. Cheadla on agus in in London.

Children, Dr. Cheadle on ague in, in London, 521; scarlatinoid eruption in aguish disorders of, Dr. Handfield Jones on, 599; Dr. Cheadle on, 673 China, vaccination in. 881

Chloasma complicating ringworm, 800 Chloral-hydrate, treatment of tetanus by, 20; Mr. G. Miles on, 91; inquiry on action of, 112; in de-lirium tremens, Mr. J. Farrar on, 127; deaths from, 162

from, 162 Chloride of potassium, 790 Chloroform, deaths under, 162, 238, 309, 686, 729, 769, 797; subcutaneous injection of, 372; in labour, 611; in dentistry, 729 Cholecystotomy in dropsy of the gall-bladder, Dr. Marion Sims on, 811; Dr. F. H. Daly on, 862; note

on, 902; letter on, 919 Cholera in Asia, 58, 131, 265, 717; distribution of in Dublin in 1866, 867

Dublin in 1866, 867
Chorea, with epilepsy in adult male, 114; rhythmical hysteric, M. Charcot on, 224, 251; treatment of by Bath waters, 289; Dr. W. R. Gowers on clinical history of, 447, 479; and Whooping-Cough, Dr. O. Sturges on, rev., 754; treated by subcutaneous injection of curars, Dr. D. Drummond on, 857
Choreic movements with abnormal disposition to sleep, Dr. W. T. Gairdner on, 635
Christie, Mr. D., uterine hemorrhage, 808
Christies in London heavitals, 32

Christie, Mr. D., uterine hæmorrhage, 808
Christmas in London hespitals, 32
Chronometer, a surgical or pulse. 513, 634
Chrysophanic acid, psoriasis treated by ointment of, 230, 663, 746, 866; removal of stains of, 470, 951
Churchill, Dr. F., death of, 165, 204; obituary notice of, 247; resolution of Medical Society of College of Physicians of Ireland concerning, 666
Churton, Dr. T., materia medica examinations, 349, 634

Chylous discharge from leg, 946 Circulation, obstructed, 666; local, effect of position on, 845

Clivies, foreign, health of, 687 Clavicle, upward dislocation of sternal end of, Mr. Robson on, 481; treatment of fracture of, 716 Climate and circulation, 218

Climate and circulation, 218
Climates, hot, residence in, and life-assurance, Dr.
C. R. Francis on, 785
Clinical surgery at Oxford, 774; instruction at Belfast workhouse hospitals, 301, 906
Club, Edinburgh University, annual meeting, 268
Cobbold, Dr. T. S., mosquitoes and filarie, 366
Cochrane, Mr. J., conjoint examining boards, 851
Cockle, Dr. J., Surgical Treatment of Aortic Aneurism, rev., 526
Coffins, stone. discovery of. 269

Coffins, stone, discovery of, 269 Coghill, Dr. J. G. S., jaborandi in hydrophobia, 9, 153

Colan, Dr. s. G. S., jaborandi in hydrophobia, s., 155 Colan, Dr., 651 Cold, treatment of croupous pneumonia by, 897 Coleman, Mr. A., the Dental Practitioners' Bill, 435 Coles, Mr. G. C., Sayre's treatment of spinal curva-ture, 117; extirpation of the larynx, 178; books

and illustrations in them, 324; worms in œsopha-

and illustrations in them, 324; worms in Geophagus of dog, 744; vaccination in China, 881

College, Anderson's, annual meeting of trustees, 940

King and Queen's of Physicians in Ireland, scientific lectures at, 137, 204, 241, 315; pass-lists, 144, 323, 468, 696, 849, 950; vice-president of, 541; examination returns, 575; statement regarding preliminary education, 605; lady licentiates, 726; reply to Secretary of State for War, 799

Queen's, Galway, professorship of Materia

Medica, 382 Royal Medical Benevolent, elections at, 850,

Medica, 382

Royal Medical Benevolent, elections at, 850, 200

Royal, of Physicians of Edinburgh, passlists, 279, 742; examination returns, 575; petition against Medical Act Amendment Bill, 943

Royal, of Physicians of London, ordinary meetings, 209, 316, 431, 509, 585, 657; councillors, 209; regulations regarding students at foreign schools, 209; prize for essay on hydrophobia, ib.; pass-lists, 236, 323, 588, 667; admission of women to licence, 316, 431; Dr. Ferrier's Goulstonian lectures, 399, 443, 471, 515, 555, 591; and medical women, letter on, 436; the Medical Act Amendment Bill, 494, 509, 567, 942; the Harvey Tercentenary Memorial, 509, 585, 832; examination returns, 575; president, 585; statement regarding preliminary education, 604; new Fellows, 611, 742; Dr. Sanderson's Harveian oration, 931

Royal, of Surgeons of Edinburgh, passlists, 279, 742; examination returns, 575; petition against the Medical Act Amendment Bill, 944

Royal, of Surgeons of England, subjects of Mr. Parker's lectures, 236; pass-lists, 279, 511, 552, 588, 631, 667, 696, 742, 776, 806, 879, 950; triennial prize, 267; questions at examinations, 282, 633, 669, 777, 807; cessation of registration of students, 378; resolutions on Medical Act Amendment Bill, 546, 942; examination returns, 575; provincial representation in Council, 582; canvassing at elections for Council, 582; requisition to Mr. E. Lund, 585; letters on election of counciliors, 586, 630, 846, 877, 912; statement regarding preliminary education, 604; candidates for Council, 684, 728, 796, 918; statistics of arts examination, 606: analysis of examination, 806; Mr. Spencer Wells's lectures at, 833, 883, 925; Mr. Erasmus Wilson's endowment, 871; the Bristol Medical School, 873; results of examinations, 908

Royal, of Surgeons of Ireland, circular regarding Army Medical Service, 498, 541; examination returns, 575; letter to Under-Secretary for War, 578; physiological teaching in Dublin, 616; dection of examiners, 689; candidates for Council, 761; deputation to Duke of Richmon

757; anniversary of opening of, 901; admission of women to classes of, ib. Collie, Dr., on vaccination, 132

Colonial pretensions and British degrees, 685; registration of, provision in Medical Act Amendment Bill for, 426, 576
Commissions offered to addical men, 632

Confidences, professional, 903 Congenital umbilical hernia, Dr. W. Sneddon on, 54;

malformation of leg, 70

Congress, German surgical, 457, 612 Conline, action of, 872

Conjoint examination scheme for England, progress of, 378, 373

Ot. 375, 376.
Conjoint examining boards, clauses of Medical Act
Amendment Bill respecting, 427; discussion on in
Medical Council, 568, 570; letters on, 670, 743, 851;
resolution of Limerick Board of Guardians, 689

resolution of Limerick Board of Guardians, 689
Consultants, letters on, 67, 666, 694; etiquette of, 647
Contagious Diseases Acts, and the health of the
army, 310; and the navy, 312; working of, 581;
the Bill for repeal of, 806
Contagium vivum, Dr. Burdon Sanderson on, 179
Contracts with institutions, 720
Convict service, medical department of, 384, 394
Convicts, diseases of, and prison discipline, 163, 494
Convulsions, infantile, Mr. J. R. Parkinson on a case
of, 293; partial, Dr. A. Robertson on a case of,
707; puerperal, 733
Conyulsive seizures, relation of chorea to, 479
Cookery, lectures on to medical students, 165
Cooper, Dr. R. T., new ear-speculum, 374; aural
furnculi, 862
Cork, sanitary condition of, 136, 344; zymotic dis-

furnculi, 862
Cork, sanitary condition of, 136, 344; zymotic diseases in, 270, 689; improvement scheme for, 459
Cornea, tattooing the, 273; transverse calcareous film of, 661
Coroners' inquests, in Ireland, 62, 136; in England and Wales, 236, 722; remarks on a, 320, 683; without inquiry, 424; letter on, 919

Coroners' court, reform of, 31, 103, 163; suggestions by Mr. W. H. Michael, 31; by Dr. R. T. Wright, 4b; by Mr. H. M. Champneys, 32; Mr. J. H. Hill, 4b; by Dr. A. S. Taylor, 103; letters on, 174, 277 Coroners' court for city of London, 135 Cottle, Mr. W., iodoform as a local application, 190 Cotton, Dr. R. P., death of, 26 Cotton-wool, carbolised, 738 Courter practice, 379, 707 Counter practice, 379, 797
County boards, 277; Government Bill, conjoint committee on, 431; remarks on, 537
Coupland, Dr. S., and Morris, Mr. H., strictures of the intestine, 122 Coxe, Sir James, death of, 724 Cramp, writers', 87, 229 Cran, Dr. J., treatment of the hysterical paroxysm, 554 Cranium, compound fracture of, 195; malignant disease of, 369; fracture of in a new-born child, Cremation, 267

Cremation, 267
Creswell, Mr. W. G., extraction of a bullet from the sheath of a tendon, 788
Cretinism, sporadic, 492
Crewe, sanitary report of, 439
Crickhowell, sanitary report of, 637
Crocker, Dr. H. R., thymol in skin-diseases, 225
Crombie, Mr. J., the Aberdeen Mutual Assurance Society, 118
Crossman, Mr. E., physicians and practitioners, 322
Croton-oil, Dr. W. A., Jamieson on a ready mode of carrying and administering, 411
Croup treated by iced water, 42: and diphtheria.

Croup

Croup treated by iced water, 42; and diphtheria, Dr. Saundby on, 227; Dr. R. L. Bowles on, 595, 751, 822; Dr. R. H. Semple on, 642; Dr. G. Johnson on, 783; membranes from a case of, 463 Crowder, Mr. A. G., hospital reform, 432 Cruelty to Animals Act, proceedings in Parliament

regarding, 588
Crystalline lens, hereditary congenital dislocation of, 201

Cuckson, Mr. J., the Birmingham Provident Dispensary, 239
Cuffe, Mr. R., physicians' fees, 67
Cunningham, Dr. J., the Medical Act Amendment

Curara, action of, 29; subcutaneous injection of in chorea, Dr. D. Drummond on, 857
Curling, Mr. T. B., the Council of the Royal College of Surgeons, 586
Custance, Mr. H. W., hospital finance, 510
Cyanosis, congenital, Dr. G. Johnson on a case of, 333

Cystitis, ergot in, 790; in a female simulating stone

in bladder, 824
Cysts, dermoid, along branchial fissures, 158; of peritoneum, 260; of thyroid, ib.

D.
Dairies, inspection of in Glasgow, 797; suggestions for sanitary regulation of, 843
Ballinger, Rev. W. H., equivocal generation, 312
Daly, Dr. F. H., action of salicylate of soda, 87; cholecystotomy, 882
Dangerous employments, 459
Danval poisoning case, 720
Davies, Mr. Hugh, retention of placenta, 751
Davison, Mr. F., plugging the nose, 512
Davy, Mr. R., new method of cleaning catheters, 410; new method of compressing iliac artery in disarticulation at hip-joint, 704
Dawson, Mr. C., deaths from ether, 289
Dayman, Mr. H., pyloric disease, 12
Deaf and dumb, teaching of, 624
Dean, Mr. T. N., an appeal, 217
Death, certificates of, and unqualified assistants, 354;

Death, certificates of, and unqualified assistants, 354; unauthorised, 456

unauthorised, 456
Deaths in public institutions, 236; by misadventure,
237; violent, 720; sudden, inquiry in, 777
Death-watch, the, 882
Debout d'Estrées, Dr., Los Cau es de la Gravelle et
de la Pierre, rev, 20
De Grespigny, Dr. E., New London Flora, rev., 23
Deformatica and reformatorice, 60

De Crespigny, Dr. E., New London Flora, rec., 23 Deformities and reformatories, 60 Deformity, congenital, of lower extremity, 368 Degrees, medical, 698. See also Dector De la Marmora, General, bequests of, 59 De'irium tremens, Mr. J. Farrar on chloral-hydrate in, 127; Mr. C. S. Wills on treatment of, 153; Dr. D. T. Masson on treatment of, 259

D. T. Masson of treatment of, 200 Denbigh, the medical officer of health of, 667 Dental irritation, trismus from, 814 Dental Practitioners' Bill, Sir J. Lubbock's, 209; pro-ceedings of Parliam natary Bills Committee regard-ing, 242, 837; proceedings in Parliament regarding, 267, 273; remarks on 307, 340, 423; letters on, 435; petition in support of amendment of, 832; remarks

Dentists and surgeon-den ists, letter on, 276; registration of, clauses of Medical Act Amendment Bill,

428; proceedings of Medical Council regarding,

Dentistry, anæsthet cs in, 729, 852 Derby, sanitary report of, 916

Derby, sanitary report of, 916
Diabetes, lesions of pancreas in, 19; cases of, 91;
phosphatic, 158; disease of spinal cord in, 392;
relation to gout, 487; diet and medication in, 64½;
sudden death in, 827
Diabetic coma, Dr. B. Foster on, 78
Dialysed iron. See Iron
Diamond rock-boring, 725
Diaries and Almanacks, Messrs. Letts's, rev., 55
Diaries arrison, 925

Dietaries, prison, 935 Digest, Medical. See Medical Digests Digitaline, hypodermic injection of, 535 Digitalis, action and administration of, 624

Digittalis, action and administration of, 624
Diphtheria, with scarlatina, 18; letters on, 74, 118,
145; Mr. W. P. Thornton on, 153; contagiousness
of, 201; Dr. R. Saundby on, 227; carbolated
camphor in, 372; at Upper Clapton, 552; and
trachectomy, Dr. R. L. Bowles on, 595, 751; Dr. R.
H. Semple on, 642; Dr. G. Johnson on, 788; lactic
acid spray in, 644; cases of, 682; Dr. R. Bell on,
749; in Denbigh, 805; contagiousness of, 903
Diphtheritic exudations, 736
Disarticulation at the hip, 609; Mr. Davy on compression of iliac artery in, 704; Mr. T. F. Clarence
on, 821

non-alcoholic treatment of 830. See also Alcohol. Disinfectants, use of, 164; poisonous, 280; new, 613,

Disinfector, dry heat, 919
Dislocation of jaw, Mr. A. W. M. Robson on, 481;
letter on, 632

of spine, 72
of sternal end of clavicle upwards, Mr.
A. W. M. Robson, 481

Dispensaries, shilling, 33; provident, see Provident Dispensaries

Dispensary, Edinburgh New Town, annual meeting,

381

Glasgow Parochial Board, charge against managers of, 797

National, 384

Plymouth Public, change at, 876

Royal Public, of Edinburgh, report of,

Drink, the curse of, 272
Drink, the curse of, 272
Dropsy, pathology of, 199; relief of, 739
Drosera rotundifolia, 872
Drowning, verdicts of, 96; restoration after, 653, 723; death of a medical man from, 797
Drugs, adulterated, 758

Drugs, aduterated, 768
Drummond, Dr. D., chorea treated by subcutaneous injection of curara, 857
Drunkards, habitual, Commission on in Boston, 97;
Society for promoting legislation regarding, 874;
suggestions for treatment of, 942
Drysdale, Dr. C. R., and the population question, 145, 178

Dublin, health of, 62, 102, 615, 761, 905; quarterly report of health of, 137; annual report, 203; small-pox in, 241, 315, 498, 798; death-rate of, 554; new convalescent hospital for, 798; cholera in, in 1866,

867
Ducks, opium, 758
Duffey, Dr. G. F., a large heart 525
Dukes, Dr. C., treatment of obstinate vomiting of pregnancy, 259; abdominal tumours and the microphone, 894
Duncan, Mr. J., failure of antiseptic treatment in empyema, 476

Duncanson, Dr. J. J. K., the electric telephone as a test of bearing power, 335
Dupuytren's contraction, Mr. W. Adams on treat-

ment of, 928 Durham, Mr. A. E., internal urethrotomy by a new urethrotome, 358

Dyscinesiæ, professional, Dr. L. Bianchi on treatment of, 87

Dysentery, prevention of on board ship, 833 Dysidrosis, Mr. J. Tweedy on, 113; Dr. Tilbury Fox on, 748, 864 Dysmenorrhæa, membranous, 739, 843; Dr. Green-

halgh on treatment of by new elastic intra-uterine

Ear, foreign bodies in, Mr. II. Habgood on, 12; Dr. H. M. Jones on, 76; Mr. L. Browne on, 128; Dr. G. Gray on, 194: letters on, 281, 338, 512; Dr. F. M. Pierce on fatal caries of, 561, 631; Mr. G. P. Field on osseous tumour following removal of polypus of, 152; Dr. J. P. Cassells on iodoform in disease of, 294; new speculum for, 374; disease of, and life-assurance, 669; examination of the, 734; Dr. R. T. Cooper on furunculi of, 862 Eastes, Mr. G., the Harvey Tercentenary Memorial Fund, 391

Fund, 391 Eczema, Dr. J. K. Spender on treatment of, 286 Edinburgh, health of, 30, 135, 269, 797; botanical gardens at, 614 Effusion into peritoneal cavity, Dr. J. Smith on, 450

Elbow-joint, gunshot injury of, 2ei Electrical equipment of hospitals, 98; treatment of ulcers, 20; of burns and scalds, 229 Electrolytic treatment of epulis, 663; of scrofulous

lymphatic glands, 681 Electro-puncture of aortic aneurism, 645 Electro-the:apeutics, Mr. J. D. Maun on current measurements in, 404

Reastrements III, 402 Elephantiasis, treatment of by nerve-section, 342 Elliott, Dr. C., action of opium and atropia, 366 Ellis. Mr. T. S., the position of rest in fatigue and in pain, 84 Embalming, 177, 326, 513 Embalming, 177, 326, 513

Emphysema as an aid to operation, 724
Emphysema after pleuropneumonia in a child, Dr. W.
C. Wicks on, 151; chronic, 369; Mr. J. Duncan on
failure of antiseptic treatment in, 476; Dr. R. D.

Powell on, 524 Endarteritis, obliterative, 936 Endocarditis, scarlatinal, 737 Endometritis, chronic, Dr. L. Atthill on treatment

Enniscorthy union, salaries of medical officers of, 270 Epididymitis, blennorrhagic, iodoform ointment in,

Enteritis, case of, 668

Entertals, case of, 600 Epilepsy, and Hystero-Epilepsy, Dr. E. Bovill on Complications of, rev., 23; with chorea in adult male, 114; in idiots, 483; a curer of, 514; Jacksonian, Dr. A. Robertson on, 707; with vertige and diplopia, 753; with abnormalities of heart, Dr. G. J. Hearder on, 821 Epileptics, influence of marriage on, 43, 74

Epithelicum of eye, 228; degeneration of a mole into, 485; of uterus, cauterisation of, 566; of rectum, 734; of lip, 740, 842 Epping, sanitary report of, 551 Epulis, electrolytic treatment of, 663 Equivocal generation, 312 Ergot, polyuria successfully treated by, 535; in cystitis, 790

cystitis, 790
Ergotin, injection of in post partum hæmorrhage, 535
Error, an unfortunate, 499
Eruption after bromide of potassium. See Bromide
Erysipelas, of face, amaurosis after, 371; treatment

of by silicate of soda, 452; and vaccination, Mr. S. Ledge on, 891

Erythema, case of, 946 Erzeroum, our correspondent at, 951

Exercoun, our correspondent as, edge Eserine and pilocarpine in eye-disease, 827
Ether, Mr. C. Dawson on deaths from, 289; death during administration of, 729
Eucalyptus, oil of as an anæsthetic, 235
Eurydize, the, 652
Everett's Elementary Text-book of Physics, rev., 566
Everett's Elementary report of 40

Evesham, sanitary report of, 40 Evidence, conflicting, 540; medical, in courts of law,

Ewens, Mr. J., osteo-sarcoma of tibia, 192 Excision of ankle, 41

Excision of ankle, 41

— of hip-joint, 228, 464
— of lower jaw, restoration after, 737
— of knee, 70, 417
— of os calcis, subpriosteal, 300
— ot tongue, 731; by immediate ligatures, Mr.

* W. Fearnley on, 749; letter on, 882
— of wrist for cancer, Mr. J. H. Porter on, 893

Excreta, Dr. J. Dougall on disinfection of, 366

Exophthalmic gottre cured by galvanisation of sympathetic, 740 pathetic, 790

August 3, 1878.] Exostosis of lower jaw, 304; multiple, Mr. T. Jones Experiment, therapeutic results of, 941 Experts, medical, as witnesses, 899 Experts, medical, as witnesses, 899
Expulsion, spontaneous, of fectus, Mr. A. Ford on, 55
Extra-uterine pregnancy, remarks on, 15
Eye, epithelioma of, 228; influence of uterus on diseases of, 262, 553; use of magnet for removal of iron and steel from, 531, 644; foreign body in, 682; eserine and pilocarpine in disease of, 827; Dr. J. W. Hamili on avulsion of a muscle of, 891
Eyelid, restoration of, 262; nævus of, 737 mittee of Council, 348 Fallopian tube, retention of menstrual fluid in, Mr. Lawson Tait on, 677, 933; Dr. G. Harley on, 815 Famine in India, deaths during, 200; note on, 379 Farquharson, Dr. R., the action of chloral, 112; materia medica examinations, 320 Farrar, Mr. J., chloral-hydrate in delirium tremens, 127
Fasting girl at Market Harborough, Mr. T. Grant on, 152; Dr. J. M. Howie on, 194; in Wales, 200
Fearnley, Mr. W., excision of tongue by immediate ligation, 749, 919
Feeding persus fasting, Dr. J. A. Campbell on, 254
Fees, medical, letters on, 36, 67, 111, 141, 146, 173, 178, 214, 250, 321, 325, 397, 470, 513; remarks on, 56, 95, 197 197 of insurance officers, 808

at the medical schools, raising of, 456, 937

of medical witnesses, 744 — of medical witnesses, 744
— in sanitary prosecutions, 344
Femur, disease of, 70
— fracture of, treatment of, 42; ununited, cured by operation, Mr. R. Harrison on, 77; Dr. D. R. Alcock on treatment of by elastic perineal band, 226; impacted, 232; peculiar multiple, 465; intracapsular, 487; yielding of callus after, 525; compound, 863

- cerebro-spinal, 276 - enteric, and contaminated wells, 61; case of,

91; unsuspected, 157; from polluted milk, 101, 165, 270, 424; quinine in, 223; in Paisley, 270; at Ballynagh, 314; Mr. E. J. McGrath on turpentine in, 410; in Cookstown, 761; simulating hip-disease, 896; in Galashiels, 904; in Aberdeen, ib.
malarial, at Rome, Dr. L. Aitken on, 597

soptic and aseptic, 940
spirillum, in Bombay, 839
splenic, bacillus of, 181, 232; bacterioid relations of, 579

tons 01, 5/9
typhoid. See Fever. Enteric
typhus among Russian soldiers, 341; in Dowlais and Merthyr Tydfil, 650; in India, 680; at Leeds, 834

urethral, Mr. W. Stamford on an abortive attack of, 12

yellow, at Rio de Janeiro, 339; in Belgravia, 540; deaths from, 684; case of, 800; letter on, 847 Fibroid tumour of uterus, calcified, 15; large, Mr. Spencer Wells on successful extirpation of a, 674;

Field, Mr. G. P., osseous tumour following extraction of polypus of ear, 152
Filaria sanguinis hominis, intermediate host of, 904
Filters, 145, 177
Filth-diseases and sewer-communications, 683
Finant lean axishition in Chargow, 724

Fine art loan exhibition in Glasgow, 724

Fine art loan exhibition in Glasgow, 724
Fires, prevention of, 109
Fingers, Mr. W. Adams on contraction of, 928
Fisher, Mr. F. R., rotation of spine, 788
Fishula in Ano, Mr. C. F. Maunder on, rev., 23
Fleming, Dr. F., Injuries and Diseases of Genito-Urinary Organs, rev., 489
Flora, New London, Dr. E. De Crespigny, rev., 23
Flour, lead-poisoning by, 722, 834
Flowers in the sick-room, 697
Fochabers, water-supply of, 381
Fectus, general dropsy in, 15; medication of, 611; abnormalities of development of, 680; rupture of head of, 732; cystic disease of kidney in, ib.; an early, 736; anencephalous, Mr. Hubbard on, 752
Folker, Mr. W. H., ankylosis of hip- and knee-joints, 227

Follicles of hairs, malnutrition of, 679

Food and Drugs, the Act regarding sale of, 248, 696 Food, adulteration of. See Adulteration Food-warmer for infants, 452 Foot, amputation of for tumour, 70

Forceps for depilation, 828
— midwifery, use of, 18, 665; revolving, 463, 590; in partial dilatation of os uteri, 827; new tractors for, 934

Ford, Mr. A., spontaneous expulsion, 55; complete inversion of uterus, 787
Forearm, deformed, 72; fungating growth of, 129; swelling of, 711

swelling of, 711

Foreign bodies in ear, see Ear; in bronchus, 71, 682; in leg, 263; in eye, 682; in female bladder, 739

Foreign cities, health of, 202

Foreigners, proposed registration of without diplomas, 554, 697

Forfar, health of, 165

Fosbroke, Mr. G. H., uterine hæmorrhage, 882

Foster, Dr. B., diabetic coma and acetonæmia, 78

— Dr. M., Claude Bernard, 519, 559

Fox, Dr. Tilbury, dysidrosis and its morbid anatomy, 748

Dr. Wilson, admission of ladies to the meetings of the Association, 175, 210 Fracture of clavicle, treatment of, 716

of cranium, compound comminuted depressed, Dr. O. Will on, 195

pressed, Dr. O. Will on, 195

of femur, treatment of, 42; fittracapsular of neck, 72; ununited, cured by operation, Mr. R. Harrison on, 77; treated by elastic perineal band, Dr. D. R. Alcock on, 226; impacted, 232; peculiar multiple, 465; intracapsular, 487; yielding of cellus after, 515; compound, 863

centra atter, 515; compound, 365

— of ligum, compound, 395

— of leg (both bones), Mr. J. B. Richardson on treatment of, 710

— of os calcis by muscular action, Mr. J. W. Anningson on, 128

— of sphenoid bone, with rupture of artery, 713

of spine, after thirteen years, 488; cases of,

411, 634 Fraser, Dr. A., judicial post mortem examinations in Scotland, 250, 280 Freeland, Mr. J., bequest to Glasgow Western In-firmary, 61 Fright, death from, 541

Friockheim, water-supply and drainage of, 381 Fund, British Medical Benevolent, 201, 236 Fungating growth of forearm, 129

Gairdner, Dr. W. P., Lectures, rev., 196; medical reform, 586; case of abnormal disposition to sleep alternated with choreic movements, 635

Gall-bladder, cholecystotomy in dropsy of, Dr. M. Sims on, 811. See Cholecystotomy

Galvanisation of sympathetic, exophthalmic goitre

cured by, 790
Galway, workhouse of, 315
Gamgee, Mr. J. S., the Treatment of Wounds, rev.,
714

Gargene, spontaneous, of toes, 528
Gastralgia of smokers, 19
Gastric juice, 705
Gastrotomy, successful, 313; case of, 418
Gayton, Mr. W., death from carbolic acid poisoning, 744
Gazette Heblomadaire on the British Medical

Gazette Heblomadaire on the BRITISH MEDICAL JOURNAL, 31
Generation, spontaneous, 312, 457
Genito-Urinary Organs, Dr. C. Fleming on Injuries and Diseases of, rev., 489
Genu valgum. cases of, 269, 306, 539; subcutaneous osteotomy for, 758
Germ-theory, Dr. Bastian on bearing of experimental evidence on, 49; Dr. T. D. Maclagan on, 113; subcutaneous osteotomy for, 758
Germany, the Emperor of, 908
Gilruth, Mr. G. R., malposition of testis, 42
Gin, adulterated, 134
Ginger, Hay's preparations of, 263

Gin, adulterated, 134 Ginger, Hay's preparations of, 263 Gladstone, Mr., at the East London Hospital for Children, 796 Glanders in the human subject, 670

Glanders in the human subject, 670 Glands, mediastinal, enlargement or inflammation of, 16; axillary, hyperplasia of, 529 Glasgow, sewage of, 136, 314; health of, 203, 269, 905; air of, 343; milk-supply of, 498, 724; mor-tality statistics of, 653; fine art loan collection, 724 Glaucoma, question regarding, 397 Glossop workhouse, treatment of casuals in, 277

Glutæus maximus, rupture of tendon of, 487 Glycerine in internal hæmorrhoids, 790; Mr. Jalland

Glycerine in internal hæmorrhoids, 790; Mr. Jalland on, 933
Glycosuria, apparent, after administration of salicylic acid, Dr. Pye-Smith on, 293
Goa-powder in skin-diseases, 535
Gotter, case of, 734; exophthalmic, cured by galvanisation of sympathetic, 790; and the hæmorrhagic diathesis, Dr. R. B. Low on, 932
Goldsmid, Sir E. heupest to University College and

Goldsmid, Sir F., bequests to University College and Hospital, 757 Gordon, Dr. A., testimonial to, 166, 654

Gout, Dr. Brabazon on Bath waters in, 287; relation of diabetes to, 487; teeth in, 533; spinal, 793 Gowers, Dr. W. R., clinical history of chorea, 447,

Graham, Dr. C., death of, 241 Grant, Mr. F., the Market Harborough fasting girl, 152

Graphic, the donation to Westminster Union Schools, 793 Gravel, Dr. Debout d'Estrées on Causes of, rev., 20 Gray, Dr. G., removal of foreign bodies from the ear, 194, 398

Gray, Dr. G., removal of foreign bothes from the ear, 194, 398
Greene, Mr. John, animal vaccination, 889
Greene, Mr. John, animal vaccination, 889
Greenhalph, Dr. R., cure of dysmenorrhœa and other
affections by flexible intra-uterine stem, 781
Greeneock, sanitary report of, 38, 917; rain in, 61
Greenwood, Mr. F. R., musces volitantes, 633, 881
Grievance, a serious, 42
Griffith, Dr. G. de G., puerperal scarlatina and
puerperal septicæmia, 74
Griffiths, Dr. T. D., anteversion of liver simulating
enlargement, 89
Grigg, Dr. W. C., the proceedings of the Committee
of Council, 318, 348, 392; lying-in hospitals, 435
Guerin, M. and dressing of wounds, 559, 901
Gunn, Dr., death of, 61
— Mr. R. M., death from anæsthetics, 335
Gunshot injury of elbow-joint, 2:16
Gynæcology, Practical, Dr. Heywood Smith on, rev.,
566

Habgood, Mr. H., foreign bodies in the ear, 12 Hadden, Dr. D., death of, 314 Hadley, Mr. C., quadruple birth, 554 Hæmacytometer, anæmia estimated by the, 753 Hæmatinuria, paroxysmal, 465 Hæmophilia, pathology of, 772 Hæmorrhage, cerebral, in a young man, 91; trau-matic cerebral, 488

matic cerebral, 488

after operation for cleft-palate, 115

post partum, the pulse-rate in relation to, 157; turpentine in, Mr. James Pollard on, 259; Dr. J. G. Swayne on, 295; Dr. Tilt on, ib.; Mr. Ruddock on, 325; Mr. W. Clibborn on, 411; Mr. G. Weller on, 442; Mr. Sawdon on, 512; injection of hot water in, 262; arrest of by water-pressure, 463, 554, 808, 882; injection of ergotin in, 535; non-alcoholic treatment of, 681

Hæmorrhoids, internal, glycerine in, 790; Mr. W. H. Jalland on, 933; treatment of by forcible dilata-tion, 827

Hahnemann, Lord Cairns on, 58

пампенияни, Lord Cairns on, 58 Haldane, Dr., presentation to, 583 Halifax, sanitary report of, 742 Hall, Dr. F. de Havilland, Diseases of Larynx, Lungs, and Heart, rev., 716 Hamill, Dr. J. W., avulsion of a muscle of the eye-ball. 894

ball, 894 Hammer-toes, 663

Hammock-stretchers for invalid travelling, 939 Hammond, Dr. W. A., and the United States army, Hams, curing of and menstruation, 324, 470

Hams, curing of and menstruation, 324, 470
Hand, congenital malformation of, 371; the brain in congenital absence of, 772
Hardwicke, Earl of, accident to, 422
Hardy, Mr. H. N., the organisation of charity in hospitals. 174; the Metropolitan Counties Branch and Association voting, 877
Hare-lip, operation for, 525; and Cleft Palate, Mr. Mason on, rev., 790
Harley, Dr. George, On the Urine, French Translation of, rev., 20; the menstrual fluid, 815
—— Dr. John, subcutaneous injection of atropia, 317; a gross insult, 354
Harris, Mr. H., the Council of the Royal College of Surgeons, 777

Harris, Mr. H., the Council of the Royal College or Surgeons, 777
Harrison, Mr. R., ununited fracture of femur cured by operation, 77
Harvey, Dr. R. J., physiological teaching in Dublin, 510, 667
Harvey William and his contemporaries 35. Pro-

Harvey, William, and his contemporaries, 35; Professor Huxley on, 168; banquet in honour of, 422, 585, 832; Dr. Burdon Sanderson's oration on, 921

Hydatids, remarks on, 418, 682

```
Harvey tercentenary memorial fund, progress of, 279, 423, 455, 508, 547, 624, 657, 730, 838, 876; letter on, 394; list of subscribers, 547; votes of money, 548, 585, 731; general meeting of subscribers, 907 Harwich, small-pox at, 60, 132, 202, 237, 268, 311, 341, 270
 Hastings, sanitary report of, 741
Hatherley, Mr. H. R., the Apothecaries' Company v.
Shepperley, 434
Hawick, drainage of, 725
Hawick, drainage of, 725
Hay's preparations of ginger, 263
Head, injury of with anomalous symptoms, 71
Headache, letters on, 442, 513, 633
Hearder, Dr. G. J., abnormalities of the heart in an epileptic patient, 821
Hearing, Dr. J. J. K. Duncanson on the telephone as a means of testing, 335
Heart, stenosis of mitral valve, 13; disease of aortic valvae, ib. Dr. P. Bindley on redundation of first
           [eart, stenosis of mitral valve, 13; disease of aortic valves, is.; Dr. P. Bindley on reduplication of first sound of, 52; rupture of aortic valves, 231; malformation of, 261; imperfect septum of ventricles, is.; aneurism of right auricle, is.; dialation from old spinal disease, 391; large, 458, 525; congenital misplacement of, 533; abscess of, 645; disease of with fluctuating temperature, 712; effect of military drill on, 759; abnormalities of in an epileptic patient, Dr. Hearder on, 821; sudden arrest of action of, 851
     Heath, Mr. C., lateral curvature of the spine, 745
Helmholtz and Virchow on medical research, 24
  Helmholtz and Virchow on medical research, 24
Hemianæsthesia of special and general sensation,
Dr. W. A. Sturge on, 783
Hemichorea, Dr. Gowers on, 447, 479
Hemiplegia, temporary, 13; right, with cerebral
embolism, 14; with enlargement of paralysed
parts, 233; Dr. Brabazon on use of Bath waters
in, 238; Dr. Ferrier on localisation of, 471; and
apoplexy from embolism, 868
Hemming, Mr. W. D., proposed registration of
foreigners without diplomas, 554, 697
Henry, Dr. L., pilocarpin, 27; bloodless method of
trachectomy, 752
Hereditariness of madness, 27
  trachectomy, 752
Hereditariness of madness, 27
Hernia, congenital umbilical, Dr. W. Sneddon on, 54
— diaphragmatic, 158, 417
— femoral, operations for under mixed narcosis, 371; wound of anomalous obturator artery in operation for, 774
Hewitt, Dr. Graily, the mechanical system of uterine nathology 6
   Hewitt, Dr. Graily, the mechanical system of uterine pathology, 6
Hickinbotham, Dr. J., the uterine sound, 862
Hickis, Dr. J. B., puerperal scarlatina, 153
Hill, Mr. Berkeley, therapeutic use of iodoform, 127
Mr. J. Higham, reform of the coroners' court, 32
Mr. P. E., an appeal, 397, 512, 553
Dr. R. Gardiner, note on, 873; obituary notice
                  of. 879
     of, 879

Hip-joint, amputation at, 305, 609; Mr. Davy on compression of common iliac artery in, 704; Mr. T. F. Chavasse on, 921

——ankylosis of, Mr. W. H. Folker on, 227

——disease of, Mr. W. Adams on treatment of by extension with motion, 10, 215; lesions in, 72; Mr. Holmes on extension in, 142, 276; simulated by typhoid fever, 896

——excision of, 228, 464
       by typhoid fever, 596

— excision of, 228, 464
Hoggan, Mrs. F. E., admission of women to the British Medical Association, 275
Hole, Mr. T., medical men and intemperance, 669
Holland, Dr. E., muscæ volitantes, 697

— Dr. L., rhamnus frangula, 410
Hollingbourn guardians and outdoor medical relief, a70
       879
Holmes, Mr. T., out-patient departments of hospitals, 36; extension in hip-joint disease, 142, 276; provident dispensaries, 355; hospital finance, 550
Home, Sir E., and intravenous injection, 722, 835
Hope, Mr. S. W., glaucoma, 397; case of lardaceous disease, 600
      Hope, Mr. S. W., glaucoma, 397; case of lardaceous disease, 600

— Dr. W., lying-in hospitals, 435

Horsham, sanitary condition of, 268

Hospite of St. Gothard, 59

Hospital, Adelaide, changes in staff of, 166, 241, 726

— Belfast Royal, quarterly meetings, 344, 799

— Bethlehem, the superintendent of, 581

— Charing Cross, Christmas in, 32; changes in surgical staff, 279; note on, 423

— for Children, Aberdeen, report of, 725

— for Children, Belfast, new, 30, 726; annual meeting, 166
                     meeting, 165
for Children, in Dresden, new, 900
                                                        for Children at Kreuznach, 900
for Children, Manchester, enlargement of,
                      432
                                                         for Children, Victoria, report of, 832
Clinical, at Manchester, appointments, 581
for Consumption, National, annual meeting,
                      144
                                                            Convalescent, for Dublin, 798
```

Cottage, at Keith, 918 in Dublin, a new, 136 at Dumbarton, 688

```
Hospital, Fever, Cork Street, changes in staff, 166, 203, 541; annual report, 425; pressure on, 615

Fever, London, paying wards of, 238; re-
     port of, 612
                      Guy's, Christmas in, 33; biennial dinner, 723
for Incurables, West of Scotland, enlarge-
     Ment of, 104

King's College, Christmas in, 33

Lock, at Glasgow, annual report of, 135

London, increase of staff of, 132; administration of, 288, 432
     Lying in, Coombe, visit of Duchess of Marlborough to, 498
                       Lying-in, Montreal, report of, 415
Lying-in, Queen Charlotte's, effect of
     Lying-in, Queen Charlotte's, effect of changes in, 339

Lying-in, Rotunda, appointment in, 136

Maternity, Edinburgh Royal, annual meet-
      1119, 469

Meath, prizes at, 689

at Naples, international, 28

Ophthalmic, St. Mark's, bazaar, 62, 166, 615; appointments in, 459

Ophthalmic, Royal London, Reports of, rev.,
                         Orthopædic, Dublin, proposed enlargement
       of, 655
                        Provident, 903
Queef's, Birmingham, appointment in, 685
Rathdown, at Monkstown, annual meeting,
                         Royal Free, new wing of, 162; annual meet-
                         Royal Victoria, at Netley, Governor of, 143
      Royal Victoria, at Netley, Governor of, 143
St. Bartholomew's, small-pox cases in, 98
St. George's, changes in surgical staff, 279;
out-patients of, 838
St. Mary's, Christmas in, 33; changes in surgical staff, 378, 421, 559
St. Thomas's, the office of ophthalmic surgeon, 53', 583'; distribution of prizes, 918
Salford and Pendleton Royal, annual report
       of 33; appointments, 581
Samaritan, annual meeting, 423
Samaritan, Belfast, annual meeting, 270
Steevens's, changes in staff, 166, 382
       Surrey County, note on, 431
Sussex County, annual court, 431
for Throat-Diseases, proceedings at annual meeting, 237; letters on 280; special meeting, 342, 250
                          Ulster Eye, Ear, and Throat, annual meet-
        ing, 203
                       -University College, Sir F. Goldsmid's be-
       quest to, 757
Westminster, Christmas in, 33; lectureships,
                          for Women and Children, Leeds, annual re-
  or women and Uniteren, Leeds, annual report, 481
Hospital corps of army, regulations for, 246
Hospital Saturday in Birmingham, 496
Hospital Sunday in Liverpool, 98, 379; in Dublin, 102; in London, 133
Hospitals, Belfast workhouse, clinical instruction
                                conference of managers of, 646
       conference of managers of, 646
fever, beds for, 919
finance of, 319, 510, 550; suggestion for improvement of, 540
liping-in, letter on, 435
naval, government of, 234
organisation of charity in, 37, 174
out-patient department of, letters on, 36; remarks on, 649; proceedings of Committee of Association on, 658
in Paris, infectious disease in, 108; remarks on nursing and dressing in, 901
   varicella in an infant, 822
Hudson, Dr. A., appointed physician to the Queen in Ireland, 137; history and objects of British Medical Association, 187; the late Dr. D. Donovan, 318
Humphry, Dr. G. M., study of medicine and natural science at Cambridge, 244
Hussey, Mr. E. L., catgut-drains, 452
Hutchinson, Mr. Jonathan, cheiro-pompholyx, 54;
Illustrations of Clinical Surgery, rev., 93; prevention of hydrophobia, 142
     Hutton, Mr. G. A., yellow fever, 647
Huxley, Mr. T., on William Harvey, 168
Hydatids, uterine, treated by injection of hot water,
Dr. L. Atthill on, 334; of liver, 412
```

```
Hydramnios, case of, 415
Hydrarthrosis, intermittent, of knee, 827
Hydrocele of neck in a child, 526
Hydrogen, liquefaction of, 164
Hydrogen, liquefaction of, 164
Hydrophobia, Dr. J. G. S. Coghill on jaborandi in, 9,
153; cases of, 19, 65, 135, 169, 661, 739, 793, 937;
Committee of Association on, 65, 169, 421, 495; in
Cornwall, 65; prevention of, 142; proceedings in
Parliament regarding 215; treatment of, 281
Hygiene, Public, in America, Dr. H. I. Bowditch on,
 rev., 825; the Parkes museum of, 873
Hymen, unruptured, with pregnancy, Mr. H. Taylor
on, 862
  Hyoscyamia, Dr. Spender on action of, 285
Hyoscyamia, Jur. Spender on action of, 285
Hyperamia, mechanical, 303
Hyperpyrexia treated by cold bath, Dr. A. T. H.
Waters on, 709; Dr. Shrimpton on, 850; after
labour treated by Warburg's tincture, Dr. J. B.
Walker on, 822; Mr. H. Brown on, 920
Hyperostosis, general, with osteo-arthritis, 69; sar-
comatous tumours with, in.
Hypodermic injection of digitaline, 535; of quinine
in phthisis, 952
 in phthisis, 952

Hysteria, treatment of, 470, 554

Hysterical disorders of eyes, 535

Hysteritis, puerperal, after incision of uterus, Dr.

W. H. Wright on, 862
I.

Iced water, acute laryngo-tracheitis treated by, 42
Icenographic Photographique, MM. Bourneville and
Regnard, rev., 23
Idiocy, cases of, 482
Idiots, epilepsy in, 483
Iliac fossa, tumour in, 368
Ilium, compound fracture of, 895
Illegal practice, prosecutions for, 496, 872
Illott, Dr. H. J., sudden death after delivery from
thrombus and embolism. 54
Imbedile children, asylum for in Edinburgh, 343: re-
 thromous and embolism. 54
Imbecile children, asylum for in Edinburgh, 343; remarks on, 483; mortality of, 758, 794
Imbeciles, Stewart institution for, donation to, 343, 615; annual meeting, 459
Impetigo figurata, case of, 488
Incubation of scarlet fever and other diseases, 947
Incurable, Edinburgh Institution for Police of
  Impeago ingunta, case 01, 488
Incubation of scarlet fever and other diseases, 947
Incurables, Edinburgh Institution for Relief of, annual report of, 343
India, famine in, 200, 379; medical service of, contemplated changes in, 269
Indian guide, 42, 73, 118; quack pill, 44
Indigo, renal calculus containing, 392
Infant, intussusception in an, 115; Mr. T. W. Hubbard on varicella in an, 822; fatal purpura in an, 841; tolerance of opium by an, 897
Infants, twin, ovarian cysts in, 864; causes of mortality of, 938
Infection, origin of, 844
Infectious diseases in general hospitals, 108; charge of paupers suffering from, 695; propagation of by schools, 760, 938
Infective processes of disease, Dr. Burdon Sanderson on, 1, 45, 119, 179
Infirmaries in Glasgow, crowding of, 270
Infirmary, Aberdeen Royal, action against managers
     Infirmary, Aberdeen Royal, action against managers of, 240
            of, 240

Dundee Royal, annual report, 874

Edinburgh Royal, annual general meeting, 101; election of surgeon, 458; of assistant-surgeon, 541, 798; consulting medical officers, 798

Eye, at Glasgow, annual report, 164

Glamorganshire and Monmouthshire, annual meeting, 431

Glasgow Royal, resolution of directors, 407

Luyerness Worthern meeting of managers
                                                       Inverness Northern, meeting of managers,
                343
              Liverpool Royal, finances of, 838

Manchester Royal, resignation of Dr. H.
Brown, 339; resignation of Mr. T. Windsor, 458; proposed alteration in rules of, 583; Mr. Lund on Five Years' Surgery in, rev., 896

Northampton, physicianship of, 132
Radcliffe, facilities for clinical surgery in, 724, 803
                                                      Shropshire, changes in staff, 650
        Tyrone county, annual report of, 838
Inflammation, recent researches on, 453; mercury
      in, 741
Innerleithen, sanitary improvements at, 30
Inquest. See Coroner's Inquests
Insane, statistics of in Prussia, 612
Insanity, legal definitions of, 873
      Insanity, legal definitions of, 873
Insult, a gross, 354
Insurance companies, inquiries by, 218
Intemperance, Select Committee of House of Lords
on, 143; do medical men promote it? 550, 669
Intestines, prolapse of, Dr. T. Fairbank on, 12; Dr.
S. Coupland and Mr. H. Morris on strictures of,
122; obstructions of, 302, 418, 486, 525; inversion
of through umbilicus, 415; in lymphadenoma,
529; ulceration of, with granular kidney, 841
```

Intrathoracic tumour, 488 Intravenous injection of medicinal agents, 722, 835 Intravenous injection of medicinal agents, 722, 835
Intussusception in an infant, 115; cases of, 844
Iodide of potassium in asthma, 273; Dr. Philipson
on aneurism treated by, 331; fatal purpura after
use of in an infant, 841; absorption of by vaginal
mucous membrane, 897
Iodine, injection of in spina bifida, 154
Iodoform, ointment of in blennorrhagic epididymatis, 20; Mr. B. Hill on therapeutic uses of, 127;
Wyndham Cottle on, 190; Dr. Prosser James on,
193; Dr. E. Woakes on, ib.; Mr. L. Browne on. ib.;
Mr. A. Bernard on, 294; Dr. J. P. Cassells on, ib.;
Dr. D. M. Williams on, 367; removal of odour of,
610 610 Ipswich, small-pox at, 60 Ireland, Poor-law relief in, 137; lunatic asylums in, 377; quarterly report of health of, 726 Iron, perchloride of, effects on uterus, 157; Probyn Iron, perchloride of, effects on uterus, 157; Probyn and Co's preparations of, 336; dialysed, Dr. Cavafy on, 367; letters on, 512, 634, 668; dialysed, hypodermic injection of in chlorosis, 611; extraction of from eye by magnet, 664
Irvine, Mr. W., deported paupers, 218
Isle of Man, small-pox in, 176
Isle of Wight, sanitation in, 310
Italy, illness and death of King of, 106; medicine in, 146; medical journals in, 164; Mr. Spencer Wells on ovariotomy in, 363; vital statistics of, 613

J.

Jaborandi in hydrophobia, Dr. J. G. S. Coghill on, 9; Dr. L. Henry on active principle of, 127; Dr. Coghill on, 153; note on, 196

Jackson, Mr. George, voting for councillors of Royal College of Surgeors, 877, 912

— Mr. T. C., death of, 610

Jacob, Dr. A. H., the title of doctor, 629

Jago, Dr. F. W., retention of placenta, 810

Jall-birds, 341

Jalland, Mr. W. H., glycerine in internal hæmorrhoids, 933

James, Dr. Prosser, therapeutic uses of iodoform, 193; laryngoscopy, 353

— Mr. W. C., asphyxia treated by Dr. Howard's method, 751

Jamieson, Dr. W. A., mode of carrying and administering croton-oil, 411

tering croton-oil, 411

Japan, a voice from, 396
Jaundice, obstructive, and cancer of liver, 71
Jaw, lower, excision of, 228; exostosis of, 304; tumour of, 415; dislocation of, Mr. A. W. M. Robson on, 481; letter on, 632; restoration of after resection, 737

— upper, malignant disease of, 55; removal of without external incision, 71; necrosis of after

Jay, Dr. H. M., treatment of uterine hæmorrhage, 554
Jenner, Sir W., the action of chloral, 112 Jenner, Sir W., the action of chloral, 112 Jephson, Dr. H., death of, 719; obituary notice of,

Jessop, Mr. C. M., materia medica examinations, 349

Johnson, Dr. G., phthisical perforation of the pleura with pneumothorax, 263; case of congenital cyanosis, 333; minute anatomy of small red granular kidney, 746; diphtheria, croup, and tracheotomy, 788; the polyuria of granular kidney, 886 kidney, 886 Johnston, Mr. H. M., death of, 354

- Mr. T., testimonial to, 624 Jones, Dr. C. H., scarlatinal eruption in aguish disorders of children, 599

orders of children, 599

Dr. H. M., foreign bodies in the meatus, 76

Dr. Leslie, introduction of hand into uterus after delivery, 710

Mr. T., multiple exostoses, 709

Mr. W. M., pleuritic effusion, 821

Jordan, Mr. F., sponges as surgical dressings, 449

Journal, how to stop gracefully, 231; of Physiology, rev., 528; of Anatomy and Physiology, rev., 754

JOURNAL, BRITISH MEDICAL, Gazette Hebdomadaire on, 31; resolution of South Wales and Monmouthshire Branch concerning, 661; letter on, 669

Jury of matrons, 268 Jury of matrons, 268

Ketih, Dr. T., fifty cases of ovariotomy, 8 Keloid, Addison's, 70 Kensington, fever in, 341 Kerr, Dr. N., consultants, 694 Kiallmark, Mr. H. W., medical reports on official

kialimark, Mr. H. W., medical reports on official employées, 218
Kidney, granular, pathology of, 115; tubercular, 486, 680; changes of arterioles in Bright's disease of, 493; minute anatomy of, 626; fostal. cystic disease of, 732; microscopic examination of changes in, 734; horse-shoe, 740; small red granular, Dr. G. Johnson on minute anatomy of, 746; granular, ulceration of bowel in connection

with, 841; granular, polyuria of, Dr. R. Saundby with, 84; granular, polyuria of, Dion, 858; Dr. G. Johnson on, 886
King's Norton, sanitary report of, 917
Kingstown, sanitary condition of, 166
Kingzett, Mr. C. T., disinfection, 698
Kinkead, Dr., presentation to, 875
Kinkead, Dr., presentation to, 875
Kinkead, Dr., presentation to, 875

Kirkcaldy, proposed hospital for infectious diseases,

100

Knee-joint, chronic disease of, 55; excision of, 70, 417; Mr. W. H. Folker on operation for ankylosis of, 227; removal of loose bodies from, 228, 738; suppuration in, 260; ankylosis of after fracture, 298; cases of disease of, 643; splint for disease of, 737; intermittent hydrarthrosis of, 827 Knock-knee. See Genu Valgum Koroniko plant, Mr. J. A. Francis on, 753 Koumiss, treatment of obstinate vomiting by, Dr. Lowther on, 90; Dr. N. McCaskie on, 367; Dr. C. J. Workman on, 524; Dr. Ll. Thomas on use of, 193; letters on, 553, 633

193; letters on, 553, 633

Labio-glosso-laryngeal paralysis, 228 Labour, complicated by meningocele, 15; digital dislocations of os uteri as an aid to, 17; Mr. H. J. Hott on sudden death from thrombosis after, 54: liott on sudden death from thrombosis atter, 54; precipitate, followed by syncope, 487; chloroform in, 611; tubes for injecting uterus after, 664; protracted, forceps in, 665; divided plural, Mr. Lumby on, 227; treatment of third stage of, 416 Lac Noir in Switzerland, 852

Lactic acid spray in diphtheria, 644

Ladies, medical, admission of to meetings of British

Lardaceous disease, 301; Mr. S. W. Hope on a case

Laryngoscopy, Dr. Prosser James on, 326, 353

Laryngoscopy, Dr. Prosser James on, 326, 353
Laryngostroboscopy, 269
Laryngo-tracheitis, treatment of by iced water, 42
Larynx, excision of, 99, 178; Mr. W. P. Thornton on
thyrotomy for removal of growths from, 523;
paralysis of muscles of, 662; Dr. De H. Hall's
Synopsis of Diseases of, rev., 716
Lattey, Mr. W., death of, 135
Law, Mr. W., death of, 135

Law, Mr. W., dephalieria, 73, 149
Law, Mr. W., death of, 135
Laws, customs, and population, 40
Lead-poisoning, 301; by flour, 722, 834
Lectures, on infective processes of disease, Dr.
Burdon Sanderson, 1, 45, 119, 179; clinical, on
naso-pharyngeal polypus, Mr. Savory, 3; clinical,
on ovariotomy, Dr. Thorburn, 5; Harveian, on the
mechanical system of uterine pathology, Dr. G.
Hewitt, 6; clinical, on aneurism of the dorsal
artery of the foot, Mr. W. S. Savory, 75; on Clinical
Medicine, Dr. McCall Anderson's, rev., 92; scientific, at King and Queen's College of Physicians in
Ireland, 137, 204, 241, 271, 315, 383, 425; clinical,
on phlebitis, Mr. W. S. Savory, 147, 183; on
Medical Instruction, Dr. W. T. Gairdner, rev., 196;
rhythmical hysteric chorea, M. Charcot, 224, 251;
phthisical perforation of the pleura, with pneumophthisical perforation of the pleura, with pneumo-thorax, Dr. G. Johnson, 253; acute atrophy of the liver, Dr. R. S. Smith, 327; Disease of the Liver and Kidneys, Dr. Charcot, rev., 374; Goulstonian, and Kidneys, Dr. Charcot, rev., 374; Goulstonian, on the localisation of cerebral disease, Dr. Ferrier, 399, 443, 471, 515, 555, 591; clinical, on the varieties of phthisis, Dr. C. T. Williams, 403, 437; clinical, on failure in the antiseptic management of a case of empyema, Dr. J. Duncan, 476; on Claude Bernard, Dr. M. Foster, 519, 599; clinical, on myxcedema, Dr. Ord, 671; clinical, on amputation at the hip-joint, Mr. R. Davy, 704; clinical, on antiseptic osteotomy for ankylosis and deformity, 705, 747; Clinical, on the Treatment of Wounds. antiseptic osteotomy for ankylosis and deformity, 705, 747; Clinical, on the Treatment of Wounds, Mr. S. Gamgee, rev., 714; clinical, lateral curvature of the spine, Mr. C. Heath, 745; clinical, on treatment of chronic endocarditis, Dr. L. Atthill, 779; on Diseases of the Nervous System, Dr. S. Wilks, rev., 789; the use of the microphone in sounding for stone, Sir H. Thompson, 809; on the diagnosis and surgical treatment of abdominal tumours, Mr. Spencer Wells, 853, 883, 925 ee. Dr. H. G., vigorous midwifery, 442

Lee, Dr. H. G., vigorous midwifery, 442

— Dr. R. J., family history of syphilis, 819

Leeds, sanitary report of, 347, 495

Lees, Mr. F. A., tetrachloride and bisulphide of car-

Lees, Mr. F. A., tetrachorde and distribute of Carbon in neuralgia, 862

Leg, congenital malformation of, 70; sarcoma in muscle of, 222; extraction of foreign body from, 263; compound comminuted fracture of, 372; Mr. J. B. Richardson on treatment of fracture of, 710; confoliable pleaning of 740.

J. B. Richardson on treatment of tractur scrofulous ulceration of, 740 Leicester, prevention of small-pox in, 175 Leith, health of, 61, 381, 541 Leprosy in Spain, 311 Letts's Diaries and Almanacks, rev., 55 Leukæmia, discussion on, 461, 462, 529, 530 Levée, medical men presented at, 757 Lewis Dr. L. cleate of hismuth, 513

Lewis, Dr. L., cleate of bismuth, 513 Liebreich, Mr. R., on oil-paintings, 342; resignation at St. Thomas's Hospital, 422 Life-insurance and burial club murder, 308; and

ear-disease, 669; and residence in hot climates, Dr. C. R. Francis on, 785; medical fees, 808 Liffey, the river, 615, 726

Ligature, silk, for ovarian pedicle, Mr. J. K. Thornton on, 125; tendon, 231; catgut. See Catgut Lights, Silber oil and gas, 129
Lime-inica and security. 27

Lime-juice and scurvy, 27

Limerick, union of, action against guardians of, 315; small-pox in, 382, 499, 585, 615; election of medical officer, 761, 799, 941

Lincoln, sanitary report of, 357, 439 Lioness, tuberculosis in a, 487 Lip, epithelioma of, 740, 842

Lip-reading, 73
Lister, Mr. J., admission of ladies to meetings of
British Medical Association, 213
British Medical Association, 213
British Medical Association and the 231 Mr.

Lithotomy, prostatic tumours removed by, 231; Mr. C. Williams on removal of middle lobe of prostate

C. Williams on removal of middle lobe of prostate in, 857. See also Calculus
Liveing, Dr. R., maculæ atrophicæ, 83; study and diagnosis of skin-diseases, 283
Liver, cancer of, 71, 91, 487; Dr. T. D. Griffiths on anteversion of simulating enlargement, 89; melanotic, 261; Dr. Shingleton Smith on acute atrophy of, 327; tabera circumscripta of, 461; traumatic abscess of, 483; displacement of by dilated sigmoid flexure, 566; syphilitic, 737; glycogenic function of, 869
Liverpool, sailors' home at, 202
Liverpool, sailors' home at, 202
Livingstone memorial, the, 165

Livingstone memorial, the, 165 Local Government Board and combined sanitary districts, 307; report of medical officer of, 316 Lock hospitals and pictures, 396 Locomotor ataxy, Dr. Brabazon on Bath waters in,

Locum tenens, 325, 354 Lodge, Mr. S., erysipelas and vaccination, 891 London, small-pox in. 902 Longmore, Mr. T., introductory address at Army Medical School, 507, 949 Loose bodies removed from knee-joint, 228 Low, Dr. R. B., goitre and the hamorrhagic ten-dency. 932

dency, 932
Lowndes, Dr. T. M., teaching of materia medica, 442
Lowther, Dr. R., treatment of obstinate vomiting by
koumiss, 90

Lozenge, Baildon and Son's aperient, 336 Lumbago, Dr. Brabazon on Bath waters in, 289 Lumby, Mr. J. R. H., divided plural labour, 227

Luminous sensation, 872 Lunacy Commission, report of, 540

Lunatic, pauper, treatment of a, 315; fee for certifying a, 499, 542

Lunatics in workhouses, 116; treatment of, 312; settlement of, 381; post mortem examinations of, 805; in Irish district asylums, 941. See also Asylums Lund, Mr. E., and the Council of the Royal College

of Surgeons of England, 585, see also College; Five Years' Surgical Work in Manchester Royal In-

firmary, rev., 896 Lungs, pathology of, 736; amphoric resonance in solidification of, 740; pathological traces of hæ-morrhage from, 773

morrhage from, 772 Lupus of face treated by linear scarification of and erasion, 114; cases of, 370; hypertrophic, 392 Lush, Dr. W. V., sore nipples, 250 Lymphadenoma, discussion on, 461, 462, 529, 627, 628 Lymphatic glands, scrofulous, electrolysis of, 681 Lymphatic system, diseases of, 461, 529, 627; rela-tions of cancer to, 627

McCaskie, Mr. N., koumiss in obstinate vomiting, 367 McDonald, Mr. W., treatment of burns and scalds by carbonate of soda, 294

McGill. Mr. A. F., weight extension in disease of hip.

Z/6 McGuire, Dr., charge against, 905 McKendrick, Dr. J. G., the microphone and telephone in auscultation, 856 Mckenzie, Dr. J. I., congenitally impervious pres-

sure, 335

- Dr. S., treatment of ascites by abdominal compression, 563

Medical students, meetings of on the war, 236, 248,

V111 Mackenzie, Dr. W. M., death of, 583
McKeown, Dr. W., use of magnet to remove iron and
steel from eye, 614
Mac ey, Dr. E., opium and atropine, 294
Ma laran, Dr. T. J., bearing of experimental evidence on the germ-theory of disease, 113; cerebrospinal lever, 276
Macu e atrophice, Dr. R. Liveing on, 83
Macu e atrophice, Dr. 80, 277 Ma dess, bereditariness of, 27 Madras, fever in, 235 Machas, fever in, 235
Machas, ee, 109
Manet, u e of to remove iron and steel chips from eye, 331
Machael Pr. F. A., diagnosis and treatment of aortic aneurism, 816, 859
Malformations, 117
Malformations, 117
Malformations, 118
Malformations, mahon, Mr. H. W., death of, 882
Mahon, Mr. A. R., incubation of mumps, 642
Mr. F., the Royal Medical Benevolent College, 920 Manchester, water-supply of, 26
Mann, Dr. J. D., current measurements in electrotherapeutics, 404 Manslaughter, charge of against a midwife, 311; against a bone-setter, 383

Manson, Dr. D., obituary notice of, 849

Mapother, Dr. E. D., teaching of physiology in Dublin, 551

Markhay, Dr. W. O. lady members of the Associa on, rev., 21; teaching and examinations in, 320, 349, 442, 634 Maternal and foetal medication, 611

Matrons, jury of, 268
Maunder, Mr. C. F., Fistula in Ano, rev., 23
Maunsell, Dr. J., croup treated by application of iced water, 42; diphtheria, 145
Maurin, Dr., laws, customs, and population, 40
Maxilla. See Jaw
Maxwell, the late Sir W. S., 393
May, Dr. G. P., urinary test-tube, 44
Meadows, Dr. A., special service at St. Paul's Cathedral, 777
Measles in Edinburgh, 240; and vaccination, 499; in Ireland, 584, 654; in Glasgow, 688; microscopical characters of tissues in, 841; Dr. A. Ransome on, 862 Maternal and feetal medication, 611 scopical characters of tissues in, 811; Dr. A. Ransome on, 862

Meat, diseased, resolution of corporation of Dublin concerning, 102; curing of, influence of menstruation on, 324, 353, 470, 514, 553, 590, 633

Meatus auditorius. See Ear

Me ial of British Medical Association, presentation Metatus auditorius. See Ear
Me tal of British Medical Association, presentation
of, 64, 170
Metals of Medical Society of Loudon, 339
Medical Act Amendment Bill, Duke of Richmond's,
remarks on, 419, 579, 942; proceedings in Parliament regarding, 437, 557, 805; copy of, 426; College of Physicians of London on, 494, 942; proceedings of Medical Reform Committee of Association, 509, 623, 728; petition against, 509, 623, 728;
proceedings in Medical Council regarding, 544, 567,
568, 575, 62 et seg.; memorandum of Royal College of Surgeons of England regarding, 545;
memorandum of Royal College of Physicians of
Loudon on, 567; correspondence between Chairman of Medical Reform Committee and Medical
Council regarding, 567, 573, 577, 603; petition of
University of Glasgow regarding, 575; deputation
of Medical Council to Lord President, 576; Society
of Apothecaries on, 578; letter of Chairman of
Medical Council to Lord President, 576; society
of Medical Reform Committee regarding, 585; deputation of Medical Reform Committee to Medical
Council regarding, 603, 616; the University of
London on, 606; deputations to Duke of Richmond, from Medical Reform Committee, 767; from
University of London, 768; from Royal College of
Surgeons of Ireland, ib.; from Medical Defence
Association, ib.; from Medical Alliance Association, ib.; from Manchester Medico-Ethical Association, 58; how the surgeons of England, 942; statement of Universities of Scotland regarding, 943;
petition of Royal College of Physicians of Edinburgh against, 943; petition of Royal College of
Surgeons of Edinburgh, 944 of, 64, 170

Medical Act Amendment Bill (No. 2), remarks on, 868; letter on, 912; proceedings in Parliament regarding, 916, 948; petitions for, 944

Act Amendment Bill, Dr. Lush's, 209, 245; proceedings of Parliamentary Bills Committee concerning, 242 Acts, Bills for amendment of, meeting of Metropolitan Counties Branch on, 761; remarks on, 898

Act, application of penalties under, 200, 429
advertisements, 882, 882
assistants, letters on duties of, 43; unqualified, and death-certificates, 354; unqualified, resolution of Medical Council on, 604; remarks on, 648; letters on, 743, 807, 882; bonds with, 851

Benevolent Fund, British, annual meeting, 201, 236; suggestion regarding, 317 Benevolent Fund, British, annual meeting, 201, 236; suggestion regarding, 317

book-keeping, 41

charitable institutions, income of, 431

Council, session of, 543, 567, 601; president's address, 543; committees, 544; the Medical Acts Amendment Bill, 544, 576, 577, 602 et seq.; new members, 597; order of business, ib.; the Royal College of Surgeons and the Medical Acts Amendment Bill, ib.; Royal College of Physicians and the Medical Acts Amendment Bill, ib.; the Medical Reform Committee of the British Medical Association and the Medical Acts Amendment Bill, 567, 573, 577, 603; conjoint examining boards, 568, 570. Reform Committee of the British Medical Association and the Medical Acts Amendment Bill, 567, 573, 577, 603; conjoint examining boards, 568, 570, 573; returns from the Army Medical Department, 573; the conjoint scheme for England, 573; powers and duties of the Medical Council, 574; the Obstetrical Society, 575, 601; returns from licensing bodies, 575; the University of Glasgow and the Medical Acts Amendment Bill, 575; registration of dentists, 576; deputation to the Lord President, ib.; Executive Committee, 577; restoration of a name to the Register, 578; the Society of Apothecaries and the Medical Acts Amendment Bill, 578; army surgeons, ib.; removal of names from Register, 602; disposal of trust moneys, 603; unqualified assistants, 604; report of Finance Committee, ib.; preliminary education and examination of medical students, ib.; the University of London and the Medical Acts Amendment Bill, 606; deferred communications, ib.; votes of thanks, ib.; summary of proceedings, ib.; interview with Medical Reform Committee of British Medical Association, 616

— Council, representation of medical profession in, remarks on, 492, 536, 608, 609, 755, 792, 898; interview of Medical Reform Committee with Medical Council regarding, 616; discussion in Metropolitan Counties Branch on, 761; letter on, 802; Council of Irish Medical Association on, 906

— defence, 311 defence, 311 department of convict service, 384 Digest, Dr. Neale's, rev., 92; note on, 145 education in Oxford and Cambridge, 209, 214; in Oxford, 214, 244; Dr. Billroth on, 271; memorial on, 460; at Cambridge, Board of Medical ntentorist on, 400; at campringe, board of Medical Studies on, 546; meeting of Senate on, 693; letter on, 775. See also University of Oxford — etiquette, 73, 145, 280, 315, 553, 589, 611, 632, 777 — evidence in courts of law, 612 experts as witnesses, 899 fees. See Fees Institute, the Midland, 309 Institution, Liverpool, office-bearers, 100; letter on, 349 on, 349 journals, notes concerning, 26; Italian, 164 magistrates, 34 men, attendance on families of, 469, 554, 590, officer of health, action against a, 175 officers of health, questions regarding, 74, 215 organisation in Paris, 29 practice, Petrarch on, 43 practices, purchase of, 777, 851 practitioner, good fortune of a, 27; charge against a, 30, 62, 459 privileges, reciprocity of, 902 puffs, 669 reform, 492, 536, 608, 690, 755, 792, 898; letter on, 587. See Medical Act Register, application for restoration of a name to, 162; clauses of Duke of Richmond's Bill concerning, 426; restoration of a name to, 578; removal of names from, 602 Regulations (Bengal) for British Troops, rev., 93
remuneration, 470
reports on official employés, 218
research, Helmholtz and Virchow on, 24
school, a lost, 34, 94, 130, 159, 422; letters on, 31, 66, 109, 110, 138, 213, 274, 350, 393. See also University of Oxford
School, Army, closure of session, 210
Schools, teaching of Natural Science in, 319; London, raising of fees of, 456, 937
services at St. Paul's Cathedral, 834
services, war. See War
student, suicide of a, 217;

Medical students, meetings of on the war, 236, 248, 309

— teaching in universities, 655, 692; metropolitan, university influence on, 791, 829
— testimonials to quack medicines, 952
— titles, 178, 466, 629, 755, 919
— witnesses, 669; fees of, 744
Medication, maternal and foctal, 611
Medicine, Ziemssen's Cyclopsedia of, rev., 23; preventive, Dr. W. Ogle on, 86; Clinical, Dr. McCall Anderson's Lectures on, rev., 92; in Montenegro, 133; Recognisant, Dr. B. Bose on, rev., 825
Medicines, Dr. J. K. Spender on action of, 285
Medicines, Dr. J. K. Spender on action of, 285
Medicine Parliamentary, intemperance, 143; the medical profession, 176; small-pox in the Isle of Man, to; hydrophobia, 215; medical officers of health, to; the medical students and the war, 248; the Sale of Food and Drugs Act, 248, 696; army surgeons at the Cape, 278; Her Majesty's ship Unduanted, to;; army medical department, 278, 351; Dental Practitioners' Bill, 278, 742; Russian prisoners, 278; Factories and Workshops Bill, 350; army clothing and infectious diseases, to.; Public Health (Ireland) Bill, 351; cattle-disease at Alford, 395; vivisection, to; vaccination Law Penalties Bill, 510; Medical Acts Amendment Bill, 10uke of Richmond's), 437, 587, 805; Public Health Act Amendment Bill, 742; Contagious Diseases Acts Repeal Bill, 805; the Rev. Mr. Dodwell, to: post mortem examinations on lunatics, to; the army medical service, 915, 917; Medical Act Amendment (No. 2) Bill, 916, 918
Melanotic cancer originating in a mole, 739
Meningitis, cerebro-spinal, 740
Meningocele complicating labour, 15
Menstrual secretion, retention of in Fallopian tube, Mr. L. Tait on, 677, 933; Dr. G. Harley on, 815
Menstruation and curing of meat, 321, 353, 590, 633; Dr. Putnam-Jacobi on Rest during, rev., 527
Menzel, Dr., death of 747
Mercury, Dr. J. K. Spender on use of, 286; use of in inflammation, 741
Merthyr Tydfil, distress at, relation to life, 56; sanitary report on, 439
Methylated spirit, poisouing by, 134
Michael, Mr. W. H., reform of coroner's court, 31; nominate Midwife, alleged manslaughter by a, 311
Midwifery, forceps for, see Forceps; vigorous, 442;
engagements, 634, 670
Midwives, education of, 341
Miles, Mr. G., treatment of tetanus by chloral, 91
Militiary drill, effect on heart, 759
Milk, standards of purity of, 97: diffusion of enteric
fever by, 101, 165, 270, 429; supply of in Glasgow,
240, 498, 724; fallacies of analyses of, 240; a
vehicle for quinine, Mr. R. L. Batterbury on,
933 933 Milk-fever, 464 Milk-fever, 464
Mind, rev., 528
Mining districts, arsenical poisoning in, 497
Mole, degeneration of into epithelioma, 485; melanotic cancer originating in a, 739
Mölluscum contagiosum, Dr. F. Barnes on, 335
Monoplegia from partial lesion, Dr. Ferrier on, 474; crural, 475; brachio-crural, 515; brachial, ib; brachio-facial, 516; facial, ib.
Monospasm, crural, 555; brachial, 556; facial, 557
Montenegro, medicine in, 133
Morgan, Mr. E. R., the BRITISH MEDICAL JOURNAL, 669: naralysis after amplication of plaster to neck. 669; paralysis after application of plaster to neck, Mr. H. M., certifying factory surgeons, 663; new tractors for midwifery forceps, 934 Mr. W. L., clinical surgery at Oxford, 774, 803
Morgue, medico-legal lectures at, 135
Morphia as an aid to compression in aneurism, Mr.
Maunder on, 750
Morris, Mr. H., and Coupland, Dr., strictures of the
intestine, 122
Morton, Dr. R., presentation to, 849
Mosquitoes and filaria, 340, 904; Dr. T. S. Cobbold
on, 366 on, 366 Motor regions of brain, Dr. Ferrier on lesions of, 471, 515, 555; destructive lesions of, 471; general lesions, ib.; partial lesions with hemiplegia, 473; with monoplegia, 474, 515; irritative lesions of, 555; functions of brain, Dr. R. Atkins on localisation of 630, 675 tion of, 639, 675 Muco-enteritis, 115
Mullen, Mr. and the army medical service, 235
Mumps, Mr. A. R. Manby on incubation of, 642
Mungall, Dr. R., death of, 314
Munro, Dr. A. B., sore nipples, 177
Murad, the Sultan, insanity of, 28

Murder, suspected, 100; burial club, 308; trials for in Scotland, 835

Murphy, Mr. G. W., address to, 511

Dr. James, sore nipples, 250; divided uterus

and vagina, 407 Muscæ volitantes, 633, 697, 881 Muscle, gluteus maximus, rupture of tendon of, 487; of eyeball, Dr. J. W. Hamill on avulsion of a, 894

Muscles, posterior crico-arytenoid, paralysis of, 661; anomalies of, 845

anomalies of, 845
Muscular atrophy, progressive, 488
Museum of hygiene, 873
Mushet, Dr. W. B., aneurism of anterior tibial
artery, 12; rupture of uterus, 751
Myelitis, central, Dr. J. Russell on case of, 149
Myomata, uterine, removed by abdominal section, 15
Myxodema, Dr. W. M. Ord on, 626, 671
Myxoma of uterus, 71

Nævoid growth on cheek, 526 Nævus of forearm, 711; palpebral, 737 Nairn, drainage of, 874 Nairn, drainage of, 8/4
Nairne, Mr. J. S., external use of belladonna in night-sweating, 153; facial paralysis after extraction of a molar tooth, 335; infantile convulsions treated with atropine, 411

Napier, Mr. W. D., detection of stone in the bladder, 512; the Dental Practitioners' Bill, 876
Naso-pharyngeal disease, Mr. L. Browne on iodoform in, 193

form in, 193
Naso-pharyngeal polypus, Mr. W. S. Savory on, 3
Navy, administration of medical establishments in, 96, 234; health of, 171; contagious diseases in, 312; the medical service of, 650,694
Neale, Dr. R., the Medical Digest, rev., 92; medical references, 351
Neck, hydrocele of, 526
Negrosis of radius 552; of upper in a free counting

Necrosis of radius, 525; of upper jaw after eruptive

fevers, 844 Needle for nævus, 737 Negligence, venia¹, 540

Negligence, venia¹, 540
Nerves, spinal accessory, paralysis of, 20; facial and trigeminal, effect of pressure on, 368; sympathetic, exophthalmic goftre cured by galvanisation of, 790
Nervous system, note on diseases of, 645; secondary arthritic lesions in, 753; Dr. Wilks on Diseases of, rev., 789; Dr. J. Althaus on Diseases of, rev., ib.
Neuralgia of upper extremity, 129
Neuritis, ascending, 939
Newbiggin, sanitary report of, 439
Night-sweating, Mr. J. S. Nairne on external use of belladonna in, 153
Nipples, sore, treatment of, 145, 177, 250

belladonna in, 153
Nipples, sore, treatment of, 145, 177, 250
Nomads, army medical, 792
Non-combatants, 456
Nose, Dr. Thudichum on Polypus in, rev., 55;
broken, treatment of, 301; restoration of, 895
Nostrils, plugging the, 441, 512, 634
Noverre. Mr. A., death of, 610
Nurses for sick poor of Belfast, 654: institution for, visit of Crown Princess of Germany to, 793
Nursing Association, Metropolitan and National, 311

O.
Obituary, Dr. William Stokes, 63; M. Raspail, 109; M. Regnault, 134; M. Becquerel, ib.; Mr. C. M. Thompson, 144; Dr. J. Lang, ib.; Dr. Bellini, 164; Dr. Peaslee, 200; Dr. F. Churchill, 217; Mr. C. Bleeck, 278; Dr. R. Mungall, 311; Mr. H. M. Johnston, 344; Dr. J. Blundell, 351; Mr. H. W. Mahon, 382; Dr. J. Roberts, 511; Mr. T. C. Jackson, 610; Mr. Noverre, ib.: Mr. W. B. Stott, 667; Sir James Coxe, 724; Dr. H. Jephson, 775; Dr. J. M. Cunningham, 849; Dr. D. Manson, ib.; Dr. R. G. Hill, 879
Obligation, professional. 178

G. Hill, 879
Obligation, professional, 178
Esophagotomy, case of, 947
Esophagus, stricture of, 70; gastrotomy for, 418; spontaneous rupture of, 865
Official employés, medical reports on, 218
Ogle, Dr. W., preventive medicine in ordinary medical practice, 86, 321
O'Hare, Dr. O., charge against, 30, 62, 101, 459
O'Neill, Dr. W., the coroner's court, 174
Ophthalmia in schools, 496, 652
Ophthalmoplegia interna, 627; externa, 661
Opium, poisoning by, treated by atropine, 267, 224, 207, 411, 824; and atropia, action of, 366; alkaloids of, 644; poisoning by, 682; green tea an atidote to, 740; tolerance of by an infant, 897
Opium-ducks, 758
Orbit, scirrhous's umour of, 305; carcinoma of, 864;

Orbit, scirrhous tumour of, 305; carcinoma of, 864;

Orbit, scirrious tumour of, 305; carcinoma of, 602; tumour of, 866
Ord, Dr. W. M., medical teaching at Oxford, 213; myxcedema, 628, 671
Orsborn, Dr. J., presentation to, 323
Orthopraxy, New, Mr. Heather Bigg on, rev., 93
Os calcis, fracture of by muscular action, Mr. J. W. Anningson on, 128; subperiosteal excision of, 300

Osteitis deformans, 69; chronic, in scrofula, 740 Osteoid cancer of arm, 738

Osteo-sarcoma of tibia, recurrent, Mr. J. Ewens on,

Osteotomy, subcutaneous, 228; antiseptic, for ankylosis and deformity, Mr. R. Barwell on, 705, 747; losis and deformity, Mr. R. Barwell on, 705, 747; subcutaneous for genu valgum. See Genu valgum Ovariotomy Dr. J. Thorburn on, 5; Dr. T. Keith on fifty cases of, 8; cases of in Ireland, 102, 459, 498, 654; in America, 238; in Italy, Mr. Spencer Wells on, 383; unsuccessful, 415; the antiseptic method in, 419, 582; case of, 738; in a child, 773
Ovary, tumour of, 260, 304, 306, 487; tumour of complicated with pregnancy, 412; tumour complicated with uterine outgrowths, 566; simulated by collection of fluid in Fallopian tube, Mr. Lawson Tait on, 677; cysts of from twin infants, 864; suppuration of tumour of, 895
Ovum, an early, 463

Ovum, an early, 463 Oxford. See University of Oxford Oxygen, Dr. C. R. Be'l on carbonic acid poisoning treated by inhalation of, 562

Palate, cleft, hæmorrhage after operation for, 115; soft, ulcer of, 129
Palmer, Mr. J. F., medical uses of the telephone,

Mr. T. A., a voice from Japan, 396

Pancreas, lesions of in diabetes, 19 Paracentesis of tympanic membrane, results of, 486

Paracentesis of tyinpanic memorane, results of, 486
Paraffin splints, 306
Paralysis of right spinal accessory nerve, 20; atrophic, Dr. James Russell on, 120; agitans, 158; labio-glosso pharyngeal, 223; alternate, 233; facial, 303; facial after extraction of a tooth, Mr. J. S. Nairne on, 335; following epilepsy in an idiot, 483; cortical, diagnosis of, 518; reflex, from phimosis and adherent prepuce, 716; after application of a plaster to the neck, Mr. E. R. Morgan on, 750

Paraplegia, alcoholic, Dr. James Russell on, 149; Dr. Brabazon on Bath waters in, 288; reflex, 305 Parasites, 115

Parasites, 115
Paris, medical organisation in, 29; special correspondence from, 108, 272, 432, 624, 770
Park, a public, 793
Parker, Mr. Rushton, prostatic calculus removed by recto-urethral lithotomy, 85
Parker, the lets Dr. powrsit of, 248, museum of

Parkes, the late Dr., portrait of, 248; museum of hygiene, 873
Parkinson, Mr. J. R., severe infantile convulsions,

Parsons, Mr. F. H., the Medical Benevolent Fund,

Parsonstown union, 315

Parsonstown union, 315
Pasteur, M., influence of his discoveries, 497
Pathological specimens, Dr. R. E. Thompson on preservation of, 294
Paupers, deported, 102, 218
Payne, Dr. J. F., medical teaching and the Oxford University, 198
Peaslee, Dr. E. R., death of, 200
Peculiar people, 873
Peddie, Dr. A., testimonial to, 314
Pelly, Dr., resolution concerning, 270
Penal servitude, commission on, 423
Penis, removal of, 737
Peringeum, complete runture of, 15; congenital tu-

Perinæum, complete rupture of, 15; congenital tu-mour of, 368; ruptured, early operation for, 528 Peritoneum, cysts of, 260; effusion of blood into,

812
Perityphilitis, case of, 369
Petrarch on medical practice, 43
Pharmacy, school of in Edinburgh, 689
Philbs, Mr. R. F., alcohol as food, 894
Philipson, Dr. G. H., ancurism of the abdominal aorta, 331

Horizonsis, reflex paralysis from, 716
Phlebitis, Mr. W. S. Savory on, 147, 183
Phosphorus, acute poisoning by, Mr. W. T. Martin
on, 478; Mr. F. W. Willmore on, 564; case of, 760

Phthirius, 155 Phthisis, tubercular, with hemiplegia from embolism, 14; Dr. C. T. Williams on varieties of, 403, 637; catarrhal, 403; fibroid, 488, 637; Report on Provalence of in Victoria, rev., 489; Dr. J. K. Spender on strapping chest in, 599; French millstone makers', 864; hypodermic injection of quining in 952.

nine in, 952

nine in, 952
Physician, who is a? 951
Physician's fees, See Fees; rewards, 652
Physiological physics, 874
Physiology, teaching of in Dublin, 453, 495 615;
memorial of Board of Trinity College, 499; letters

on, 510, 551, 667
Pictures for lock hospitals, 396
Pierce, Dr. F. M., fatal caries of external meatus, 561, 631

Pill, an Indian quack, 44; swallowed into bronchus,

Pilocarpin, Dr. L. Henry on, 127; Dr. J. G. S. Coghill on, 143; as a myotic, 272; in eye-disease, 827 Pinkerton, Dr. J., death of, 240 Pipe, magic, 109 Pistol-shot, fatal, without perforation of skin, 372

Placenta, hypertrophy of in dropsy of fœus, 15; retention of, 645; Dr. Lede Jones on removal of retention of, 35; 7H. each some of temporal of six weeks after delivery (74); Dr. R. Stanistreet on retention of after abort on, 71; Mr. H. Davies on retention of, 751; the P. W. P. Jago on retention of after miscarriage, 810

Plague, and cholera, 58; and typhus fever in India,

Plaster of Paris jackets in spinal diseases. See Spine

Plasters, Scabury and Johnson's, 263 Playfair, Mr. P. M., catcur drains, 4-2 Playgrounds and open spaces, 133 Pleura, Dr. G. Johnson over one of phthisical per-

foration of, 253
Pleurisy, temperature in, 77
Pleuritic effusion, cases of, on, 821 5 2 · Mr. W. M. Jones

on, 821
Pleuropneumonia supercessor, on diffused bronchial catarrh, 711; chronic, 817
Plica Polonica, 418
Pneumonia and epidemic area e. 440; anomalous case of, 485; croupous, to ared by cold, 897
Pneumothorax in a new born child, 490
Paisoning controlled and all 490

Pneumothorax in a now been child, 490
Poisoning, acute alcoholic. 42

— by are enic, in mining districts, 497; trial
for in Paris, 720; in violet powder, 795, 833, 941

— by carbolic acid, 689, 744, 937

— by carbonic acid, treated by oxygen inhalation, Dr. C. R. Bell on, 562

— by lead, 301; in flour, 723, 834

— by methylated spirit, 134

— by mitrate of potash, 135; Dr. J. A. Thompson on a case of, 402

— by opium, treated by atropia, 267, 294,
297, 411, \$24; case of, 682; green ten an antidote
to, 740

to, 740

by phosphorus, Dr. W. T. Martin on, 578; Mr. F. W. Willmore on, 561; case of, 760

by strychnia, 835

by ycw-leaves, 18

Poisons, sale of, and physicians' prescriptions, Dr. Althaus on, 151; remarks on, 282

Pollard, Mr. James, post partum hæmorrhage, 259

Pollock, Mr. G., the Council of the Royal College of Surgeons, 630

Polymicroscope, 872

Surgeons, 630
Polymicroscope, 872
Polynesia, depopulation of, 423
Polyne, multiple, in uterus, 464; cancerous, removal during pregnancy, 732

Mr. W. S. Source, 2

during pregnancy, 732
Polypus, na-o pharyngeal, Mr. W. S. Savory on, 3;
Na-al, Dr. Thudichum on Treatment of, ret., 55;
fibrous, of uterus, 262; of nose and autrum, 865
Polyuria treated by ergot of rye, 5535; of granu ar
kidney, Dr. Saundby on, 858; Dr. G. Johnson on,
886

poor law, proper treatment of apoplexy, 39; post martem examination in workhouses, 25, 39; deported paupers, 102; lunatics in workhouses, 116, 120, the Removal marginary of the poor law of t ported papers, 102; means in workloades, 10, 439; the Bromyard guardians and medical officers, 116, 143, 667; appointments, 176, 216, 324, 395; trealment of casua's in Glossop workhou-e, 277, 22; Mr. Buck and the Saffron Walden Board of

Hollingbourne guardians and out-door relief, 879

— Ireland, superannuation allowances, 62,
542; elections of dist ensary medical officers, 30,
101, 136, 165–203, 314–382, 584, 614, 689, 760–835,
875, 905; relief in 1877, 187; medical officers of
Enniscorthy union, 270; increased salaries, 314;
an irregularity, 315; Parsonstown union, \$\theta\$; (farway workhoure \$\theta\$b\$, it reatment of a pauper lunatic,
\$\theta\$b\$; action against guardians of Limerick union,
\$\theta\$b\$; (fartheta) included charge against medical officer,
499; fee for certifying a lunatic, 499, 512, 911; refusal of superannuation, 542; the Limerick guardians and Dr. Mechan, 761, 799, 875; superannuation, 875; payment of medical substitutes, 905,
941

Scotland, annual report of Board of Super-

vision 61; necessity for legislation, 511
Pope Pius IX, health of 99, 164; death of, 238
Popliteal space, tumour in, 55
Population question, and Dr. Drysdale, 145, 178,

Porter, Mr. F. T., Medical Acts Amendment Bill, 469 - Mr. J. H., excision of wrist-joint for caries,

893

Port-wine mark, removal of, 865
Post mortem examinations for accident insurance

companies, 25, 39; judicial, in Scetland, 199, 250, 280; mistake in, 498, 542; legality of, 613
Potash, nitrate of, Dr. J. A. Thompson on accidental poisoning with, 402
Poulain, Dr. V., rhamnus frangula, 554
Powell, Dr. R. D., Mr. John Duncan's case of emparements 524

pyema. 524

pyema. 524
Practices, medical, purchases of, 777, 851
Pregnancy, extra-uterine, 15, 167; vomiting of, treated by Dr. Copeman's method, 252; tubal, 533; complicated with malignant growths, 843; with unruptured hymen, Mr. H. Taylor on, 862
Preliminary education and examination, communications to Medical Council, 604
Prepuce, congenitally impervious, Mr. J. I. Mackenzie on, 335; case of, 442
Prescriptions, right of, 345
Prescriptions, physicians, and the sale of poisons Act. Dr, Althaus on, 150
Pressure on nerves, result of, 368

Act. Dr. Althaus on, 150
Pressure on nerves, result of, 368
Prevention of disease, 200
Pridham, Mr. C., application of fluid caustic, 74
Princess of Wales, health of, 200
Prisoners in Russia, 278
Prisons, description of, and diseases of convicts, 163; 494; convict, management of, letter on, 394; silent system in, 496; Scotch, report on, 875; dietaries of, 935
Prizes of Academy of Sciences in Paris, 200, 710

163; 494; convict, management of, letter on, 394; silent system in, 496; Scotch, report on, 875; dietaries of, 935
Prizes of Academy of Sciences in Paris, 200, 719
Probyn and Co.'s preparations of iron, 336
Professional confidences, 903
Prostate, Mr. C. Williams on removal of lobe during lithotomy, 857
Provident dispensaries in Birmingham, 58, 237, 249; Prymouth, 65; Mr. T. Holmes on, 355; discussion in Metropolitan Counties Branch, 386, 548; at Twickenham, 432; note on, 834, 876; City, 876
Provident lospital, a metropolitan, 903
Prussia, insane in, 612
Provident lospital, a metropolitan, 903
Prussia, insane in, 612
Psoriasis, oil of stavesacre in, 74; chrysophanic acid in, 230, 663, 746, 866; rare form of, 392
Provinum and syphilinum, 59
Ptyalism. See Salivatism
Pubic symphysis, relaxation of, 682
Public buildings, ventilation of, 340
Public health, reports of medical officers of health, Alcester, 11; St. George's, Hanover Square, 39; Evesham, 40; Whitechapel, 40, 439; Bristol, 40; Chester-le-Street, 336; Leeds, 347; Merthyr Tydfil, 439; Lincoln, ib.; Crewe, ib.; Wandsworth, ib.; Newbiggin, ib.; Birmingham, ib.; Lambeth, 485; Chaily, 551; Epping, ib.; Crickhowell, 637; Weardale, 726; Hastings, 741; Watford, ib.; Redditch, ib.; Stretford, ib.; Ryde, ib.; Halifax, 742; Draydon, 818; King's Newton, 917; Derby, ib.; Scarborogh, ib.; weekly reports, 28, 61, 100, 134, 163, 687, 902; medical appointments, 40, 97, 216, 323, 551; letters regarding appointments, 74; action against a medical officer of health, 175, 216; county boards, 277; the Local Government Board and combined sanitary districts, 307; Registrar-General's quarterly return, 496; preparation for medical service, 600; administration in Denbigh, 667; Darlington rural sanitary authority, 695; beath and sewage of towns, 796; the Royston

various towns Ireland, the Public Health Act, 241.

See also Dublin, Ireland, and various towns
Puerperal scarlatina and septicæmia, 74: antiseptics,
467; hyperpyrexia treated by cold Daylor. 467; hyperpyrexia treated by cold, Dr. Wiltshire on, 708

Puffs, professional, 669

Pulls, professional, 669
Pulmonary stenosis, 712
Pulse-rate in relation to post partum hemorrhage, 157
Punch on the antivaccinators, 633
Purpura, fatal, after iodide of potassium, 841
Putnam-Jacobi, Dr. M., Rest for Women during
Menstruation, rev., 527

Putrefaction and antiputrescents, 306

Pyæmia. 71

Pye-Smith, Dr. P. H., apparent glycosuria after use of salicylic acid, 293

Pylorus, Mr. H. Dayman on disease of, 12

Quackery in Liverpool, 133

Quack medicines, medical testimonials to, 952 Quack medicines, medical testimonials to, 952 Quacks, repression of, 235, 245; registered, 394 Quadruple birth, 554 Quinine in catarrh, 43; in enteric fever, 228; Mr. R. L. Batterbury on milk as a vehicle for, 933; hypodermic injection of in phthisis, 952

Rabbits, malformation of teeth in, 737
Rabies, Prevention of in Dogs, Dr. W. Blyth on, rev., 55; proposed experiments on, 778. See Hydrophobia

Radcliffe, Dr., suicide of, 99

Radius, necrosis of, 525 Rags as disseminators of disease, 686

Railway case, a, 108
Ramsden, Dr. W. T., action of celery on urine, 524
Ransome, Dr. A., microscopic organisms in measles
and other diseases, 862

Ranula, excessive salivation stopped by curing a, 525 Ranvier, M., his lectures, 161 Rash, anomalous mottled, 679. See Eruption Raspail, M., death of, 60, 108

Rathfarnham, water-supply of, 344 Ravenhill, Mrs. F. M., flowers in the sick-room, 697

Ravotte, Dr., death of, 413 Recognisant Medicine, Dr. Bholanoth Bose on, rev.,

Rectum, disordered function of in uterine disease, 6; colloid capeer of, 158; excision of lower end of, 300; epithelioms of, 734
Red Cross ambulances, 268
Redditch, sanitary report on, 741
Reformatories and deformities, 60
Registration of foreigners without diplomas, 554, 697
Registrant Gonemia, procedure needly votumes of, 61

Registrar-General, remarks on weekly returns of, 61 Regnault, M., death of, 134 Reid, Dr. J. C., koumiss, 553 Reliquer, M., on the urinary organs, 624

Retinitis hæmorrhagica and its connection with gout

and venous thrombosis, 532 Revaccination in French army, 721; immunity conferred by, 834. See Vaccination

Rhamnus framon, 554, 670 frangula, Dr. L. Holland on, 410; letters

Rheumatism, acute, salicylic acid in, 13, 91; Dr. J.

Rio de Janeiro, yellow fever at, 339, 455

Rio de Janeiro, yenow lever as, oco, see Rioting, results of, 379 Rivington, Mr. W., rupture of popliteal artery, 47 Roberts, Dr. J., obituary notice of, 511 Robertson, Dr. A., partial convulsions, and percussion of skull, 707

Robinson, Mr. C. H., black wash producing ptyalism

Robson, Mr. A. W., uncommon forms of dislocation

Rogers, Mr. C. E. H., the title of doctor, 178 Rome, Dr. L. Aitken on malarial fever in, 597 Rome, Dr. L. Aitken on malarial fever in, 597
Roper, Dr. G., treatment of upward displacement of
arms in head-last delivery, 255
Roth, Dr. B. Sayre's treatment of spinal disease, 215
Rothwell, Mr. C., rhamnus frangula, 6:0
Rouband, M. death of, 624
Rowell, Dr. T. J., appointment of, 161
Royston sanitary authority and Mr. Balding, 804
Ruesta, Dr. C., the late Sir W. Maxwell, 398
Ruddock, Mr. R. B., turpentine in post partum hæmorrhage, 325
Ruhmkorff, Herr, death of, 58
Russell, Dr. James, localisation in spinal disease, 120, 149

120, 149 Mr. John, application of fluid caustics, 42
Dr. W. treatment of bromide of potassium

eruption, 367 Russia, society for sick and wounded, 58; disease in,

Ryde, sanitary report on, 741

Saffron Walden Guardians and Mr. Buck, 322, 394, Sailors' Home in Liverpool, 202

Sailors' Home in Liverpool, 202
St. George, Hanover Square, sanitary report of, 39
St. Gotbard, hospice of, 59
St. John's Ambulance Association, 653, 724
St. Paul's Cathedral, special service at, 777, 834
Salicylate of soda, Dr. F. H. Daly on action of, 87
Salicylic acid in acute rheumatism, 13, 81; Dr. Pye-

Smith on apparent glycosuria after, 293
Salicin in rheumatic fever Dr. J. Martin on, 368
Salivation, produced by black wash, Mr. C. H.
Robinson on, 367; excessive, stopped by curing a ranula, 525

Salt and Son's dial-indicators, 534; dressing-case 934

Sanderson, Dr. Burdon, infective processes of disease, 1, 45, 119, 179; Harveian oration, 921 Sanitary Protection Association in Edinburgh, 165, 735; teaching, 240; prosecutions, fees in, 341;

science, examinations in, 470; authorities, liabities of, 688; results, 949
sanitation in Isle of Wight, 310

Sanitation in Isle of Wight, 310
Sarcomata, with hyperostosis, 69; multiple, in a boy, 128, 280; of eye, 463
Saundby, Dr. R., polyuria of granular kidney, 858
Savory, Mr. W. S., naso-pharyngeal polypus, 3; aneurism of dorsal artery of foot, 75; phlebites, 147, 183; teaching of natural science in medical schools, 319
Sawdon, Mr. F. J., turpentine in post partum hæmorphaga 512

rhage, 512 Saws for amputation and excision, 488

Saws for amputation and excision, 488
Sayre, Dr. L., his treatment of spinal curvature, 13, 16, 117, 211, 215; Spinal Diseases, rev., 754
Scalp, laceration of, 465
Scalping, case of, 71
Scapula, tumour of, 55
Scarborough, sanitary report on, 917
Scarlatina with diphtheria, 18; puerperal, 74; Dr. Braxton Hicks on, 153. case followed by rheumatism and urticaria, 154; incubation of, 947
Scarlatinal endocarditis, 737
School, medical. See Medical School
——of Medicine in Edinburgh, summer session, 688
Schools, ophthalmia in, 496, 652; propagation of infectious diseases by, 760, 338
Sciatica, Dr. Brabazon on Bath waters in, 288
Science, division of labour in, 43; natural, teaching

Science, division of labour in, 43; natural, teaching of in medical schools, 319; applied to agriculture,

Scientific endowment of British Medical Association, 271

Scissors, removal of tongue by, 195

Scissors, removal of tongue by, 195
Scleroma, simple atrophic, 156
Scotland, judicial post mortem examinations in, 199, 250, 280; Registrar-General's returns, 343, 381, 724, 760; precognitions and murder trials in, 835; prisons in, 875
Scrofula, chronic osteitis in, 740

Scrotune, enlarged lymphatics of, 391 Scurvy and lime-juice, 27; treatment of, 146, 177;

Scurvy and lime-juice, 27; treatment of, 146, 177; prevention of, 687
Seabury and Johnson's plaisters, 263
Seamen, unseaworthy, 43
Seaton, Dr. E. C., the working of the vaccination laws, 887
Sedgwick, Dr. L. W., undertakers' bribes, 442
Self-supporting medical society, 384
Semple, Dr. B. H., diphtheria, 118; croup, diphtheria, and tracheotomy, 642
Septicæmia, etiology of, 1; pathology of, 45, 119; puerperal, 74, 157
Service, Dr. J., cerobellar abscess, 561
Sewage of Glasgow, 314, 905 of Dublin, 425
Sewer-communications and filth-diseases, 683
Sewer-gas, effects of, 341

Sewer-gas, effects of, 341 Sheen, Dr. A., medical book-keeping, 41; midwifery

engagements, 670 Ships, French hospital transport, prevention of

Ships, French hospital transport, prevention of dysentery in, 833 Shoulder, obscure injury of, 260; disease of, 734 Shrimpton, Dr. C., the antiseptic treatment, 666; treatment of puerperal hyperpyrexia by cold, 852 Sibley, Mr. S. W., the Dental Practitioners' Bill, 435 Sick, conveyance of the, 653 Sickness, obstinate, Dr. R. Lowther on treatment of by kouriss. 90

Sickness, obstante, Jr. R. Lowther on treatment of by koumiss, 90 Sieveking, Dr. E. H., Harvey and his contem-poraries, 35 Silber oil and gas lights, 129 Silent system in prisons, 496 Silk lightway in corporators, Mr. I. K. Thornton on

Silk ligature in ovariotomy, Mr. J. K. Thornton on,

125
Simon, Mr. J., points of science and practice concerning cancer, 219; testimonial to, 539
Simpson, Dr. H. treatment of acrtic aneurism, 328
Sims, Dr. Marion, cholecystotomy in diseases of the gall-bladder, 811

Sims, Dr. Marion, cholecystotomy in diseases of the gall-bladder, 811
Sinuses, cerebral, thromboses of, 738
Skerritt, Dr. E. M., case of abdominal aneurism, 405; spontaneous rupture of spleen, 641
Skin, Dr. H. R. Crocker on thymol in diseases of, 225; Dr. Liveing on study and diagnosis of diseases of, 283; ⊈condition of in tinea tonsurans, 486; goapowder in diseases of, 555; cancerous ulcer of, 842
Skin-grafting, 17
Skin, percussion of, 707
Sleep, theory of, 490; Dr. W. T. Gairdner on a case of abnormal disposition to, 635
Sligo, water-supply of, 166
Sloan, Mr. S., treatment of sore nipples, 177
Small-pox, anomalous, 15; Dr. H. Tomkins on statistics of, 90; infant mortality from and vaccination, 794; unreported, 797; prompt removal of patients, 799; isolation of cases on board ship, 803; illegal exposure of a patient, 806; epidemic of, 913; in Harwich, 60, 98, 132, 237, 268, 311, 341, 378; in Ireland, 136, 654, 689; in Dublin, 137, 241, 315, 344, 382, 425, 498, 542, 655, 689, 798, 913; in Leicester, prevention of, 175; at Howth, 241; in Limerick, 314, 499, 585, 615; in Belfast, 344, 383, 499, 584, 941;

in London, 380, 902; in Rathdown, 584, 725, 760; in Kensington, 34, 937; in Liverpool, 903 Smith, Mr. H. Spencer, proposed testimonial to, 610

Dr. Heywood, practical gynæcology, rev., 566 Dr. J., effusion into peritoneal cavity, 450 Dr. R. Shingleton, acute atrophy of liver, 327

Smoker's gastralgia, 19 Sneddon, Dr. W., congenital umbilical hernia, 54 Society, Birmingham Medical Benevolent, annual

sneddon, Dr. W., congenital umbilical hernia, 54 Society, Birmingham Medical Benevolent, annual meeting, 833

— Clinical of London, officers and Council, 99; lupus of face treated by linear scarification and erasion, 114; chorea with epilepsy in adult male, ib.; hæmorrhage after operation for cleft palate, 115; spina bifida treated by injection of iodine, 154; Sayre's plaster jackets, 211; erythema multiforme, 212; psoriasis treated by prolonged daily immersions, 230; by ointment of chrysophanic acid, 230, 663; eruption from bromide and iodide of potassium, ib.; cancer of breast, 231; tendon ligatures, ib.; treatment of transverse fracture of patella, 298; laryngo-tracheotomy for papillomatous growth in larynx, ib.: subperiosteal excision of os calcis, 300; excision of lower end of rectum, ib.; unilateral atrophy with muscular spasm, 390; aneurism of left subclavian and axillary artery, ib.; application of magnets for removal of iron and steel chips from eye, 531; retinitis hæmorrhagica and its connection with gout and venous thrombosis, 532; bilateral paralysis of posterior crico-arytenoid muscles, 662; electrolytic treatment of epulis, 663; hammer-toes and plantar bunjon, ib.; annomalous mottled rash, 679; cacotrophia follicu-

osis, 532; Dilateral paralysis of posterior cricoarytenoid muscles, 662; electrolytic treatment of
epulis, 663; hammer-toes and plantar bunion, ib.;
anomalous mottled rash, 679; cacotrophia folliculorum, ib.; ovariotomy in a child, 773; operation
for strangulated femoral hernia, 774; ringworm
complicated by choasma, 800; yellow fever, ib.;
lupus exedens, 802; imperfect right hemiplegia
with double optic neuritis, ib.

Epidemiological, variolæ anomalæ, 15;
plague and typhus fever in India, 680; origin of
infection, 814; epidemics of small-pox, 913

French of Hygiene, 29

Harveian of Lendon, Harveian lecture at,
6; annual meeting, 59; puerperal septicæmia, 15;
runsuspected typhold fever, ib.; retroverted uterus
in anal orifice, ib.; pulse-rate in relation to post
partum hæmorrhage, ib.; gunshot injury of elbowjoint, 261; drainage of west-end houses and
zymotic diseases, 262; hydramnios, 416; thymol,
462; treatment of syphilitic disease of brain and
nervous system, ib.; insuccessful ovariotomy, ib.;
tubercular kidney, 486, 680; intestinal obstruction,
486; relations of diabetes to gout, 487; precipit ab tupercular kindey, 486, 680; intestinal obstruction, 486; relations of diabetes to gout, 487; precipitate labour followed by syncope, ib.; diagnosis of abdominal tumours, ib.; congenital malplacement of heart, 533; gouty teeth, ib.; early diagnosis of stone in bladder, ib.; the late Mr. T. C. Jackson, 680; abnormalities of feetal development, ib.; caries of cervical vertebra, 773; blepharospasm, ib.; epithelioma of rectum, 734; fibroid tumour of uterus treated by sclerotic acid, ib.; tumour of left cerebral hemisphere, 845; effects of position on local circulation, ib.

Hunterian, officers, 342

Liverpool Medical Missionary, annual meet-

ing, 274 Manchester Medico-Ethical, annual meet-

ing, 267

- Medical of Cardiff, annual meeting, 200;

Medical of Carain, amusi according, officers and Council, ib.
Medical of College of Physicians of Ireland, alternate paralysis, 233; facial paralysis, 303; fatal typhus, with hyperpyrexia, 304; the late Drs. Stokes and Churchill, 666; obstructed circulation, ib.; cholera in Dublin in 1866 and its relation to geological formation of district, 867; small-pox in Dublin, 913

in Dublin, 913 Medical, Liverpool, officers, 100

nose by forcible straightening and use of retentive apparatus, 301; annual dinner, 381; medals, ib.; officers and Council, ib.; annual oration, 687, 699; port-wine mark, 865

— Medical of Manchester, removal of metatarsal bone of great toe, 233; salivary calculus, ib.; progressive pernicious anæmia, ib.; hemiplegia, with enlargement of paralysed parts, ib.; pseudo-hypertrophic paralysis, ib.; plica Polonica, 418; gastrostomy for stricture of œsophagus, ib.; localisation of cerebral disease, ib.; removal of tongue, ib.; cerebral tumour with aphasia, ib.; progressive muscular atrophy, 488; fibroid phthisis, ib.; intrathoracic tumour, ib.; impetigo figurata, ib.; urethral brush, ib.; malignant disphthisis, ib.; intrathoracic tumour, ib.; impetigo figurata, ib.; urethral brush, ib.; malignant disease (?) of liver in a boy, ib.; restoration of lower jaw after resection, 737; amputation of thigh, ib.; splint for knee-disease, ib.; suture-needle, ib.; lamp for mercurial fumigation, ib.; small child, ib.; tumour of cerebellum, ib.; palpebral navus, ib.; scarlatinal endocarditis, ib.; symphilitic liver, ib.; contributions to the pathology of brain, ib.; removal of penis, ib.; osteoid cancer of arm, 738

Society, Medical Microscopical, final meeting, 164 Medical of Worcestershire, annual meeting

Medico-Chirurgical of Edinburgh, excision of knee, 70; disease of femur, ib.; amputation of foot for tumour, ib.; congenital malformation of leg, ib.; Addison's keloid, ib.; malposition of testes, ib.; supernumerary auricle, ib.; stricture of osophagus, ib.; treatment of ununited fracture, 71; injury of head with anomalous symptoms, ib.; tendon reflex, 305; amputation at hip-joint, ib.; reflex paraplegia, ib.; injuries of the arm, ib.; scirrhous tumour of orbit, ib.; tumours, ib.; penetration of orbit by knitting-needle, ib.; salivary calculus, ib.; aneurism, ib.; gottre, 734: excision of tongue, ib.; disease of shoulder-joint, ib.; examination of ear, ib.; diseases of kidney, ib.; Sanitary Association, 735

— Medico-Chirurgical of Glasgow, popliteal aneurism, 19; hydrophobia, ib.; obstruction of bowels, 418; hydatids, ib.; midwifery forceps, 463; arrest of uterine hæmorrhage, ib.; treatment of acute rheumatism, 680; Pott's disease of spine, 736 Medico Chirurgical of Edinburgh, excision

Medico-Chirurgical, Leeds and West Riding, annual meeting, 833
——— Medico-Chirurgical, Sheffield, removal of

Medico-Chirurgical, Sheffield, removal of upper jaw without external incision, 71; extraction of cataract by shallow lower flap, urinary test-case, ib.; piece of glass in bronchus, ib.; pyæmia, 71, 72; case of scalping, 71; removal of porrion of silver catheter from bladder, 72; deformed forearm and hand, ib.; calculus removed from urethra, ib.; intracapsular fracture of neck of femur, ib.; imperforate anus, ib.; rupture of uterus in third month of pregnancy, ib.

Medico-Chirurgical, West Kent, meetings, 323, 460, 806; mercury in inflammation, 741

Medecorological, winter climate of English seaside health-resorts, 341

Northumberland and Durham Medical, pre-

Nutual Dissection, 381

Northumberland and Durham Medical, prevalent diseases of district, 19, 488; pathological specimens, 19; papers, 19, 488; traumatic cerebral hæmorrhage, 488; adenoid tumour removed from groin, ib.; extreme example of conical stump, ib.; mass of calculous fragments, ib.; fractured spine, it is consequenced in while it.

ib.; empyema in child, ib.

Obstetrical of Dublin, fibrous polypus, 262; influence of uterus in eye-diseases, ib.; treatment of post partum hæmorrhage, ib.; milk fever, 464; horse-shoe kidney, 740; cerebro-spinal meningitis, ib.; amphoric resonance in solidification of lung, ib.; scrofulous ulceration of leg, ib.; effect of chronic osteitis in scrofula, ib.; double ureters, 741—Obstetrical of London, calcified fibroid tumour of uterus, 15; secondary puerperal hæmorrhage, ib.; general dropsy in fectus with hypertrophy of placenta, ib.; complete rupture of perinæum, ib.; meningocele complicating labour, ib.: double vagina and uterus, ib.; extra-uterine pregnancy, 15, 157; removal of large uterine myomata by abdominal section, 15; rupture of uterus, 157; effect of perchloride of iron on uterus, ib.; malignant uterine disease, 158; cancer of uterus, 414, 732; epithelial cancer of uterus, 414, 14, reported with uterus, ib.; inversion of intestine through umbilicus, 415; report of University Lying-in Hospital, Montreal, ib.; deputation to General Medical Council, 601; new metrotome, 664; fibro-cystic disease of uterus, ib.; tubes for injecting uterus after parturition, ib.; unicorned uterus, ib.: traction by lower jaw in headlast cases, ib.: protracted labour, 665; rupture of (fetal head, 732; cancerous polypi removed during pregnancy, ib.; cystic disease of fetal kidney, ib.; congenital syphilis, ib.: rupture of uterus, ib.; repair of female bladder and urethra, ib.; rupture of uterus, 73; puerperal convulsions, ib.; effusion of blood into peritoneal cavity, 842; uterus during menstrustion, 843; fracture of cranium in newinfluence of uterus in eye-diseases, ib.; treatment of post partum hæmorrhage, ib.; milk fever, 464; or uterus, 733; puerperal convulsions, tb.; effusion of blood into peritoneal cavity, 482; uterus during menstruation, 843; fracture of cranium in newborn child, tb.; Cæsarean section, tb.; pregnancy complicated with malignant growth in vagina and rectum, tb.; membranous dysmenorrhæa, tb.; treatment of chronic inversion of uterus, tb.

— Pathological of Dublin, dislocation of spine, 72. secrellar aneurisms (Vironam) tb. lesions in

Pathological of Dublin, dislocation of spine, 72; saccular aneurisms (Virchow), ib.; lesions in morbus coxæ, ib.; the late Dr. W. Stokes, 137; spontaneous amputation, 263; melanotic carcinoma, ib.; atheroma of aorta, 303; cure of thoracic aneurism, ib.; vast abdominal aneurism, ib.; diaphragmatic hernia, 417; disease of kneejoint, 465; peculiar multiple fracture of femur, ib.; carcinoma of liver, ib.; tuberculosis in a lioness, ib.; enteritis fatal on eleventh day, 666; "black quarter" in call, ib.; chronic pleuropneumonia, atheromatous degeneration, 845; musc.lar anomalies, ib.; carcinoma of abdominal viscera, ib.

viscera, ib.

Pathological and Clinical of Glasgow,

ovarian tumour, 306; genu valgum, ib.; paraffin ovarian tumour, 300; genu vaguin, 101; patama splints, 161.; intrathoracic aneurism, 161.; putre-faction and antiputrescents, 161.; officers and Council, 309; tumour of ankle, 463; urethral cal-Council, 309; tumour of ankle, 463; urethral calculus weighing six ounces, ib; calculus encysted near root of penis, ib; early ovum, ib; rotary lateral curvature of spine, ib; case of croup, ib; sarcoma of eye, ib; acute tuberculosis, 736; early feetus, ib; diphtheritic exudation, ib; pathology of lungs, ib; malposition of teeth in rabbits, 737

of lungs, ib.; malposition of teeth in rabbits, 737 (737). Society, Pathological of London, annual meeting, 64; officers, ib.; bromide of potassium cruption, 68; general hyperostosis, with osteo-arthritis, 69; osteitis deformans, ib.; sarcomatous tumours in bones, with hyperostosis, ic.; dermoid cysts along branchial fissures, 158; paralysis agitans, ib.; colloid cancer of rectum, ib.; diaphragmatic hernia, ib.; phosphatic diabetes, ib.; aneurism of cerebral arteries, 159; rupture of aortic valves, 231; prostatic tumours removed by lithotomy, ib.; impacted fracture of shaft of femur, 532: bacillus of splenic fever, ib.; cancer of throat, 232, 261, 841; recurrent sarcoma, 232; plugging of superior mesenteric and femoral arteries, ib.; caries of spine, ib.; sarcoma in muscle of leg, ib.; congenital obstruction of common bile-duct, 233; tumour of ovaries, 260; cysts from peritoneum, ib.; cystic disease of thyroid, ib.; malformation of heart, 261; imperfect muscular development of septum ventriculorum, ib.; thrombosis of vena cava and portal vein, ib.; aneurism of right auricle, ib.; melanotic liver, ib.; ulceration of large biliary calculus from gall-bladder into duodenum, ib.; diatation of heart and aorta from old spinal disease, 391; lymph-scrotum, ib.; worms in heart and cosophagus of dog, 392; rare form of psoriasis, ib.; nævus complicated with molluscum, ib.; disease of spinal cord in diabetes, ib.; hypertrophic lupus, ib.; renal calculus containing indigo, ib.; honorary members, 455; diseases of lymphathe system, 461, 529; leukæmic viscera, 461, 530; lymphadenoma, 529; hyperplasia of axillary glands with leukæmia, ib.; intestines from case of lymphadenoma, ib.; splenic leukæmia with carcinoma, ib.; diopathic anæmia, 531; ulceration of bowel in connection with granular kidney, 841; renal calculus of mixed carbonate and phosphate of lime, ib.; spontaneous disintegration of calculi in bladder, ib.; microscopical characters in tissues affected by measles, ib.; epithelioma of female lip, 842; cancerous ulcer of s Society, Pathological of London, annual meeting, 64; tegration of calcul in binadier, m_i increasing a characters in tissues affected by measles, ib, epithelioma of female lip, 842; cancerous ulcer of skin, ib, French millistone makers' phthisis, 864; carcinoma of orbit, ib, ; tumour of sclerotic, ib, ; cerebral embolism, ib; anatomy of dysidrosis, ib, ; elongated avity in spinal cord, ib, ; oversian ib.; elongated cavity in spinal cord, ib.; ovariance cysts from bodies of twin infants, ib.; spontaneous rupture of esophagus, 865; aneurism of pulmonary artery, ib.; filarious disease, ib.; elephantiasis of clitoris, ib.; polypus from nose, antrum, and orbit, ib.; colloid cancer of breast, ib.
— Pharmaceutical of Ireland, election of pre-

sident, 726

for Relief of Widows and Orphans of Medical Men, quarterly meeting of directors, 99; annual

meeting, 686

Royal, nomination of fellows, 581

Royal Medical Benevolent Fund of Ireland,

Royal Medical Benevolent Fund of Ireland, annual meeting of Belfast Branch, 241; officers, 270; annual meeting, 835

Royal Medical and Chirurgical, microscopic anatomy of chronic inflammation of surface of tongue, 67; maternal impressions, ib.; favus, 68; rodent ulcer, 155; proportion of red corpuscles in the blood in some skin-diseases, 156; simple atrophic sclerema, ib.; writer's cramp, 229; amnesia, 297; ankylosis of knee-joints, with shortening of femora. 298; officers and Council, 309; award of Marshall Hall memorial prize, 339, 346; annual meeting, 345; report of President and 309; award of Marshall Hall memorial prize, 339, 346; annual meeting, 345; report of President and Council, ib.; change of time of meeting, 346; president's address, ib.; stone in bladder of ma'e adult, 389; skin in tinea tonsurans, 486; paracentesis of tympanic membrane, ib.; myxœdema, 626; anatomy of kidneys and urinary casts, ib.; ophthalmoplegia interna, 627; ophthalmoplegia externa, 661; transverse calcareous film of cornea, ib.; arterial hæmorrhage from wounds of face and neck, ib.; resuscitation of the apparently drowned, 723; pathology of hæmophilia, 772; pathologi 723; pathology of hemophila, 772; pathological traces of pulmonary hemorrhage, ib.; brain in congenital absence of one hand, ib.; abscess within congenital absence of one hand, ib.; abscess within thorax, ib.; anatomical remedy against respiratory obstructions 772; spirillum fever of Bombay, 839; aneurism of aorta and innominate, subclavian, and carotid arteries, treated by double distal ligature, 840; intussusception, ib.; fatal purpura after administration of iodide of potassium, 841

— Surgical Aid, remarks on 379, 424, 902

— Surgical of Ireland, restoration of cyclid after excision for intractable ulceration, 262; ex-

traction of foreign body from left leg, 263; deformities of bladder, with experiments, ib; the late Dr. Stokes, 304; exostosis of the lower jaw, ib; displacement of ulna backwards with Tib.; displacement of ulna backwards with T-shaped fracture of humerus extending into elbow-joint, ib.; ovarian cyst, ib.; supposed fracture of great trochanter, ib.; deformities of bladder, ib.; excision of knee-joint, 417; ways in which fever begins, 418; araputation of thigh for ununited fracture, 464; minute aneurism of aorta, ib.; multiple polypi in uterus. ib.; Farre's tubera circumscripta of liver, ib.; excision of hip, ib.; rupture of tendon of gluteus maximus, 487; fracture of spine, 740; green teas as an antidote in poisoning.

of spine, 740; green tea as an antidote in poisoning by opium, ib.; epitholioma of lip, ib.

Sussex Medical Friendly, annual report, 457

Bods, bicarbonate of, treatment of burns by, 280, 294

salicylate of, Dr. F. H. Daly on, 87; in acute

rheumatism, 388
—— silicate of, treatment of erysipelas by, 452
Soldiers, attendance on wives and children of,

Sophoria, 872

Sound uterine, Dr. J. Hickinbotham on passing the,

Southam, Mr. F. A., opium-poisoning treated by

atropia, 824
Southey's trecar and cannula, 281
Spain, leprosy in, 311
Speculum for ear, a new, 374

Spelling reform, \$32, 881

Spender, Mr. E., death of, 873

— Dr. J. K., action of medicines, 283; strapping the chest in pulmonary consumption, 599 Sphenoid bone, compound comminuted fracture of,

Spina bifida treated by injection of iodine, 154
Spinal cord, disease of, Dr. J. Russell on localisation
in, 120, 149: disease of in diabetes, 392; lesion of
in a child, 465; elongated cavity in, 864
Spine, caries of, 232

pune, carnes of, 232
— curvature of, Sayre's method of treating, 13, 16, 117, 211, 215, 736; rotary lateral, 463; lateral, Mr. C. Heath on, 754; Dr. Sayre on, rev., 754; Mr. F. R. Fisher on, 788
— dislocation of, 72
— fracture of, 488, 740

Spleen, Dr. Merritt on spontaneous rupture of, 641 Spleen fever, bactenoid relations of, 579; leukæmia

with carcinoma, 529
Splenotomy, Dr. A. Martin on a successful case of,

Splints, paraffin, 306; for knee-disease, 737

Sponges as surgical dressings, Mr. F. Jordan on, 449 Spontaneous expulsion of fœtus, Mr. A. Ford on, 55; amputation, 263
Squire, Mr. B., removal of chrysophanic acid stains

from linen, 398

Messrs., antiseptic thymol gauze, 336
Stamford, Mr. W., villous disease of bladder, 12, 177
Stanger, Mr. G. E., an appeal, 348 Stanistreet, Mr. T. D., proper treatment of apoplexy,

tion, 711; testimonial to, 918
Startin, Mr. J., the treatment of acne, 932
Starvation, deaths from in London, 612; case of, 739

Stavesacre, oil of in psoriasis, 74 Stem, elastic intra-uterine, Dr. Greenhalgh on, 781

Sterno-mastoid muscle, tumour of, 525
Stewart, Mr. A., dentists and surgeon dentists, 276
— Dr. A. P., the Proceedings of the Committee
of Council, 318; the Joint Committee on State
medicine, 466
Stimulants, milder disease of, 458

Stimulants, milder disease of, 458
Stokes, Dr. William, biography of, 63; funeral of, 101; Deutsche Medicinische Wochenschrift on, 132; note on portrait of, 169; resolution of Surgical Society of Ireland, 304; resolution of Medical Society of College of Physicians in Ireland, 663
Stomatoplasty, 47
Stone. See Calculus
Story, Mr. W., muscæ volitantes, 881
Stott, Mr. W. B., obituary notice of, 667
Stowers, Dr. J. H., congenitally impervious prepuce, 442

Stretford, sanitary report of, 741

Struma with lymphadenoma, 628
Strychnia, poisoning by 835
Students. See Medical Students
Sturge, Dr. W. A., bemianæsthesia of special and general sensation, 783

Sturges, Dr. O., Chorea and Whooping-Cough, rev.,

Succus conii, Dr. J. K. Spender on, 285 Sugar, detection of in urine, Dr. T. Birt on, 293, 828 Suicide of a medical man, 99 Sultan, the, and the Stafford House Committee, 686

Superamuation. See Poor-law Superstition, surgical, 281 Surgeon, title of, 235; gallant conduct of a, 540 Surgery, Clinical, Mr. Hutchinson's Illustrations of,

rev., 93; antiseptic, see Antiseptic Surgery; influence of M. Pasteur's discoveries on, 497 Surgical Anatomy, Mr. J. Chiene on, rev., 753; Work in the Manchester Infirmary, Mr. E. Lund on, rev.,

Suture-needle, 737 Swayne, Dr. J. G., turpentine in post partum hæmor-rhage, 295 Sykes, Mr. W., the examination of lady-doctors, 778 Synovitis, chronic, 2:0

Synbilinum and psorinum, 59
Syphilinum and psorinum, 59
Syphilis, discussion on, 534; congenital, 732; Dr. R.
J. Lee on family history of, 819
Syphilitic disease of brain and nervous system, treatment of, 462; liver, 737

Tabes dorsalis, early symptoms of, 645 Tait, Mr. Lawson, ovarian tumour, succulated by retention of fluid in Fallopian tube, 677, 933

Tampering with a patient, 457 Tapeworm in Sweden, 901

Tay, Mr. Waren, cheiro-pompholyx, 7
Tayler, Dr. W. H., treatment of scurvy, 146, 177
Taylor, Dr. A. S., memorandum on the appointment of coroners, 103 - Mr. H., pregnancy with unruptured hymen,

Tea, green, an antidote to opium-poisoning, 740

nea, green, an annuote to opium-poisoning, 440
Teeth, gouty, 533; malposition of in rabbits, 737
Teevan, Mr. W. F., internal urethrotomy, 361
Telephone, the, as a means of testing the hearing
rower, Dr. J. J. K. Duncanson on, 335; as an
electric reagent, 423; medical uses of, 686, 807, 856
Temperance lectures, 239; mediæval exhortation to,
951

Tendon, Mr. W. G. Creswell on extraction of bullet from sheathing, 788 Tendon-ligatures, 231

Tendon reflex, 305

Terebene as a surgical agent, Mr. F. Jordan on, 449

Terebene as a surgical agent, Mr. F. Jordan on, 449
Test-tube, urinary, 44
Test-case, urinary, 71
Testes, malposition of, 70
Testimonial to Dr. A. Gordon, 166, 644; Mr Caskie, 216; Dr. J. Orsborn, 323; Dr. J. B. Richardson, 352; Mr. R. Thompson, 4b; Mr. J. Simon, 539; Dr. Haldane, 583; Mr. Spencer Smith, 610; Mr. Johnston, 624; Dr. J. M. Bryan, 832; Dr. Martin, 849; Dr. Kinkead, 875
Testis. malposition of, 42

Testis, malposition of, 42

Tetanus, cases of, 15; treated by chloral-hydrate, 20; Mr. G. Miles on, 91; morbid anatomy of, 723 Therapeutics, Rational, Dr. Bose on New System of,

Thigh, amputation of for ununited fracture, 464; abscess of, 711; amputation for alveolar sarcoma, 737

Thomas, Dr. Ll., koumiss as a therapeutic agent,

Thompson, Mr. C. M., obituary notice of, 144

Sir H., five hundred cases of operation for stone, 389; use of the microscope in sounding for stone, 809

ior stone, 809

Dr. J. A., admission of ladies to the meetings of the Association, 326; poisoning by nitrate of potash, 402

Mr. R., presentation to, 952

Dr. H. E., hardening and preservation of pathological specimens, 291

Throat, cancer of, 232; treatment of hæmorrhage from wounds of, 661

Thrombosis of pelvic veins, Mr. H. J. Ilott on death from, 54; of vena cava, 263; diffused, 412; of cerebral sinuses, 738

Thudichum, Dr., Polypus on the Nose, rev., 55 Thymol in skin diseases, Dr. H. R. Crocker on, 225; antiseptic gauze, 336; and its allies, Dr. F. T. Bond on, 411; use of as an antiseptic, 535; history of, 651

of, 651
Thyroid body, cystic disorder of, 260
Thyrotomy, Mr. W. P. Thornton on, 523
Tibbits, Dr. E. L. lady members of the Association, 353
Tibbia, swelling on, 128; Mr. J. Ewens on osteosarcoma of, 192; compound fracture of, 526; from a
case of lymphadenoma, 628; disruption of lower

epiphysis of, 739 ilt, Dr. E. J., turpentine in post partum hæmor-rhage, 295

linea tonsurans, case of, 370; the skin in, 486; treatment of, 698

Toe, great, removal of metatarsal bone of, 233 Toes, spontaneous gangrene of, 526; hammer, 663 Tollet, M., la Reforme du Casernement dans l'Armée Française, rev., 196

Tomes, Mr. J., the Dental Practitioners Bill, 876 Tomkins, Dr. H., statistics of small pox, 90

Tomkins, Dr. H., statistics of small-pox, 90 Tongue, microscopic anatomy of chronic inflamma-tion of, 67; removal of with scissors, 195; cancer of, 261, 946; sucking the, 396; excision of, 734; excision of by ligation, Mr. W. Fearnley on, 749, 919; letter on, 882

919; letter on, 882
Tonsil, cancer of, 841
Towns, health and sewage of, 796
Trachea and bronchi, relative calibre of, 827
Tracheotomy. See Croup and Diphtheria; Dr. L.
Henry on a bloodless method of performing, 752
Traction by lower jaw in head-last cases, 664
Tractors, obstetric, 738
Tralee board of guardians, 459
Trismus from dental irritation, 844
Trocar and cannula, Dr. Southey's, 281
Trochanter great, supposed fracture of, 304 Trochanter great supposed fracture of, 304 Tubal gestation, 533

Trochanter great supposed fracture of, 304
Tubal gestation, 533
Tubercle of kidney, 486, 680; with lymphadenoma, 628; remarks on, 752
Tuberculosis in a lioness, 487; acute, 736
Tumour, fibroid, of uterus, 15, 565; in popliteal space, 55; of scapula, ib.; osseous, following extraction of polypus of ear, Mr G. P. Field on, 152; carcinomatous between pharynx and larynx, 154; of upper jaw, 260; scirnhous, of orbit, 305, 866; congenital of perinæum, 363; in iliac fossa, ib.; cornected with uterus, 414; of lower jaw, 415; cerobral, with aphasia, 418; of ankle, 463; intractionacic, 488; adenoid, of groin, ib.; of sternomastoid, 525; abdominal, 566, 823; ovarian, simulated by retention of fluid in Fallopian tube, Mr. L. Tait on, 677, 933; of brain, 682, 845, 896; of cerebellum, 787; of head, 866
Tumours, sarcomatous, in bones with hyperostosis, 69; prostatic, removed by lithotomy, 231; transient, 281; ovarian, 304, 487, 566; abdominal, diagnosis of, 487; abdominal, Mr. Spencer Wells on diagnosis and surgical treatment of, 653, 883, 905; abdominal, Dr. C. Dukes on use of micropine of the state of the s

phone in, 894 Tupelo-tents, 828, 934

Tupelo-tents, 828, 934
Turpentine in post partum hæmorrhage, Mr. J. Pollard on, 259; Dr. J. G. Swayne on, 295; Dr. Tilt on, ib.; Mr. Ruddock, 325; Mr. W. Clebborn on, 411; Mr. G. Weller on, 412; Mr. Sawdon on, 512; in enteric fever, Mr. E. J. McGrath on, 410
Tweedy, Mr. John, dysidrosis and cheiro-pompholyx,

Twins and spontaneous evolution, Dr. D. S. Bradley

Tympanic membrane, results of paracentesis of, 486

Ulcer of soft palate, 129; rodent, 155; scrofulous, of leg, 740; cancerous, of skin, 842
Ulcers, continuous current in treatment of, 20

Ulna displaced backwards, 304; removal of, 734 Universities of Scotland, report of Royal Commission on, 466; statement regarding Medical Acts Amendment Bill, 943

Universities, medical teaching in, 655, 692; examina-

Universities, medical reaching ..., tions of, 851
University of Aberdeen, examination returns, 575;
preliminary education of medical students, 605;
graduates of, 653; protest regarding clinical examination, 654, 692
_______ of Amsterdam, 162
______ of Brussels, the degree in medicine of,

397, 442, 514

397, 442, 514

of Cambridge, questions in Natural Science Tripos, 39; study of medicine and Natural Science at, 244; report of Board of Medical Studies, 546; discussion on, 693; examination returns, 575; preliminary education of medical students, 605; medical education at, 775

— Catholic, of Ireland, reply to War Office regarding Army Medical Service, 799

of Dublin, examiner in Ophthalmic Surgery, 165; the Regius professorship of Physic, 166; 241; pass-lists, 395, 440; pctition of medical graduates respecting teaching of physiology, 499; examination returns, 575; preliminary education of medical students, 606

of Durham, examination returns, 575;

examination returns, 5/3; preliminary education of medical students, 606

— of Durham, examination returns, 575; preliminary education of medical students, 605; the M.D. degree of, 630

— of Edinburgh, matriculation returns, 101; meetings of University Court, 135, 313, 583; endowment of, 240; examination returns, 575; preliminary education of medical students, 605

— of Glasgow, Chancellorship of, 424, 654; preposed sale of coins in Hunterian museum, 539; rare books in library, ib.; examination returns, 575; petition concerning Medical Acts Amendment Bill, 575; preliminary education of medical students, 605; graduates of, 688

— of Göttingen, appointment in, 413

— of Halle, rectorship of, 684

— of London, new charter, 97, 107, 729; meetings of convocation, 107, 138, 729; examina-

tion returns, 575; preliminary education of medical students, 695; report on Medical Acts Amendment Bill, 696; deputation to Lord President of Privy Council, 768; annual committee, 770; influence on medical teaching, 791, 829

of Oxford, letters on medical school of, 34, 66, 109, 138, 140, 213, 244, 274, 350, 393, 693, 846; remarks on, 94, 130, 159; Dr. Acland's statement of requirements of, 169; the examination papers of, 238; Dr. Billroth on the medical school of, 271; memorial on medical teaching in, 460; examination returns, 575; preliminary education of medical students, 605; notice from Regius professor of Medicine, 908

ressor of Medicine, suc —— Queen's, in Ireland, examiners in, 421; examination returns, 575; vacancy in Senate, 725 —— of St. Andrew's, degree of LL.D., 240; examination returns, 575; preliminary education of medical students, 605; graduates in, 614; bequest to, ib.

University facilities in Scotland, 100

University facilities in Scotland, 100
Ureter, double, 741
Urethra, calculus in, see Calculus; traumatic stricture of, 484, 711; transplantation of to perinæum, 645; stricture of, 823; see also Urethrotomy
Urethrotomy, internal, Mr. A. E. Durham on, 358; Mr. E. Atkinson on, 380; Mr. W. F. Toevan on, 361
Urinary organs, Dr. Reliquet on, 624
Urine, detection of sugar in, 203, 829; action of celery on, Mr. W. T. Ramsden on, 524
Uterus, Dr. Gnaily Hewitt on mechanical system of pathology of, 6; calcified fibroid tumour of, 15; my omata of removed by abdominal section, 15, 71; double, th.; digital dilatation of os in labour, 17; double, ib.; digital dilatation of os in labour, 17 rupture of, 157, 732; effect of chloride of iron on rupture of, 157, 732; effect of chloride of iron on, ib.; malignant disease of body of, 15s; influence of on eye-diseases, 202; hydatids of, heated by injection of hot water, Dr. L. Atthill on, 334; divided, Dr. J. Murphy on, 407; causes of, 414, 732; tumour connected with, 414; arrest of hemorrhage from, 463, 808, 882; multiple polypi in, 404; fibroid tamour of, 565; polypus of, 565; cauterisation of epitheloma of, 566; fibro-cystic disease of, 664; instrument for injection after labour it various productions. epitholoma of, 566; fibro-cystic disease of, 631; instrument for injecting after labour, ib.; unicorned, ib.; Dr. G. M. Brumwell on reduction of complete inversion of, 672; Mr. Spencer Wells on removal of a large solid fibroma from, 671; fibroid tumour of impacted in pelvis, 678; large tumours of, ib.; inversion of, 683; Dr. Leslie Jones on introduction of hand into, 710; surgical treatment of submucous fibroids of, 716; Dr. W. B. Mushet on rupture of, 751; Dr. Athill on treatment of chronic inflammation of, 779; Mr. A. Ford on reduction of complete inversion of, 787; use of forceps in partial dislocation of os, 827; during menstruation, 843; treatment of chronic inversion of, ib.; complete inversion of followed by hysteritis, Dr. W. H. Wright on, 862.

V.

Vaccination, grants for, 144, 335, 467, 511, 551, 695; animal, 177, 291; Sir T. Watson on, 833; Mr. J. Green on, 889; special regulations regarding in Scotland, 392; neglect of, 497; and measles, 499; Penalties Bill, proceedings in Parliament regarding, 510; the opponents of, 633; defaulters in, 616, 654, 689; statistics of opponents of, 648; Mr. John Bright on, 719, 778, 882; and infant mortality, 720, 794; Sir T. Chambers on, 794; in China, 881; Dr. E. C. Senton on working of laws of, 887; and erysipelas, Mr. S. Lodge on, 891; revaccination, Dr. F. P. Atkinson on, 892; small-pox, 993; discussions in Metropolitan Counties Branch on, 910

Vacher, Mr. F., revolving midwifery forceps, 590;

Vacher, Mr. F., revolving midwifery forceps, 590; beds for fever hospitals, 919

Vagina and uterus, double, 15; malignant growth Vagina and uterus, double, 15; malignant growth in, complicating prognancy, 813; absorption of iodide of potassium by mucous membrane of, 887 Varicella in an infant, Mr. T. W. Hubbard on, 822 Varicocele, Mr. S. M. Bradley on a new mode of treating, 383 Variola. See Small-pox Vegetables, preserved, 313; effect of diet of, 612 Vein, popliteal, Mr. Rivington on rupture of, 47 Veins, air in, 826

Venna cava, thrombosis of, 261
Vene cava, thrombosis of, 261
Venereal sores, Mr. A. Bernard on iodoform as a local application to, 294; Diseases among European Troops in India, Report on, rev., 715
Ventilation of public buildings, 340; vital and physical aspects of 375, report of substantial to the superconduction of th sical aspects of, 375; report of subcommittee on,

Vertebræ, cervical, caries of, 733 Vertigo, stomachic and labyrinthine, Dr. E. Woakes on, 364

Victor Emmanuel, King, illness and death of, 106 Victoria, Report on Prevalence of Phthisis, rev., 489 Violent deaths, 720

Violet-powder, poisonous, 760, 795, 833, 911 Virchow on medical research, 21

Viscera, leukemic, 530 Visits, compound, charges for, 326 Vivisection, proceedings in Parliament regarding,

Voillemier, Dr., death of, 269

Volunteer surgeons, examinations of, 325, 805, 819; circular of army medical department, 686 Vomiting of pregnancy, Dr. C. Dukes on treatment

of, 259

ot, 259 Vomiting, obstinate, Mr. N. McCaskie on koumiss in, 367; Dr. C. J. Workman on, 521; letter on, 336 Von Glehn and Sons, Messrs., dialysed iron, 512, 668 Voting in the Association, 520, 577

W. Wade, Dr. W. F., the Medical Act Amendment Bill,

Wales. Prince of, indisposition of, 793 Princess of, bealth of, 200

South, distress in, 162
Walker, Dr. J. B., high temperature after parturition treated with Warburg's tincture, 822, 920
Wallace, Sir R., proposed memorial fountain of in

Wallroth, Mr., society proposed by, 118
Wallroth, Mr., society proposed by, 118
Wandsworth, sanitary report of, 439
War hospitals, alleged firing on, 59; medical services, 268

War, meeting of students on. Sec Medical Students Warburg's tincture, Mr. J. B. Walker on use of, 822; letter on, 920

Warning, a, 136

Warning, å, 136
Wasting palsy, Bath waters in, 288
Water, supply to Manchester, 26; London, 135;
Sligo, 166; sea-side resorts, 313; Waterford, 315;
Ruthfarnlam, 341; Fochabers, 381; Rothesay, ib.;
Belfast, 459; Downpatrick, 585; Arbreath, 724;
Bathgate, 875; metropolitan, composition and quality of, 73, 231, 540, 881; intermittent services of, 176; improved analysis of, 581; effect of deprivation of, 730; in rural districts, 730
Waterford, water-supply of, 315
Waters, Bath thermal mineral, Dr. Brabazon on, 81, 287

Waters, Dr. A. T. H., the Liverpool Medical Institution, 349; hyperpyrexia treated by cold bath, 709

Dr. Edward, the circular of the Medical Re-

form Committee, 630
Watford, sanitary report of, 741
Wathen, Mr. J. H., treatment of neuralgia by tetra-chloride of carbon, 778

Watson, Mr. J. F., lady-members of the Association, 353

Sir Thomas, small-pox and compulsory vac-

654
Wicks, Dr. W. C., empyems following pleuropneumonia in a child, 151
Wilks, Dr. S., Lectures on Diseases of the Nervous
System, per., 789
Will, Dr. J. C. O., compound comminuted fracture
of cranium, 105
Williams, Dr. A. W., weight-extension in disease of
the hip 276

the hip, 276

the hip, 276

Mr. C., accidental removal of enlarged lobe of prostate during lithotomy, 857

Dr. C. T., the varieties of phthisis, 403, 637

Dr. D. M., therapeutic use of iodoform, 367

Mr. P. M., I'. Pierce and a late inquest at Dathin 110 Ruthin, 919

Dr. W. Rhys, appointed a commissioner in

lunacy, 581 nuncy, 581
Willmore, Mr. F. W., poisoning by phosphorus, 534
Wills, Mr. C. S., treatment of deirium tremons, 153
sore nipples, 177
Wilson, Mr. E., his professional endowment in the
College of Surgeons, 871

College of Surgeons, 871
Wiltshire, Dr. A., treatment of puerperal hyper-pyrexis with cold, 708
Witnesses, medical, 669, 744; medical experts as, 899
Woakes, Dr. E., iodoformed wool, 193; connection between stomachic and labyrinthine vertigo, 364
Women, proposed admission to College of Physi-cians, 421, 436. See Ladies, and University of London

London

Wood-pavement near hospitals, 655 Wood-pavement near nospitals, (83) Woodroffe, Mr., and Trinity College, 62 Woods, Mr. A. E., chrysophanic acid stains, 951 Wood, iodoformed, Dr. E. Woakes on, 193 Workhouses, post mortem examinations in, 39 Workman, Dr. C. J., koumiss in obstinate vomiting, 521

Worms in heart and esophagus of a dog, 392, 741 Wounded, succour of, 874 Wounds, Mr. Callendor on the treatment of, 673;

note on treatment of, 901

Wrist-joint, excision of for caries, Mr. J. H. Porter

Writers' cramp, 229
Wyld, Dr. G., vaccination from the calf, 281
Wyness, Dr. J. D., judicial post mortem examinations in Scotland, 325

Yeovil guardians and Mr. Garland, 804

Yew-leaves, poisoning by, 18

Z.

Zeal, too much, 457 Ziemssen's Cyclopædia of Medicine, rev., 23 Zymotic diseases, extension of, 137

ILLUSTRATIONS.

Dr. Sayre's Hip-Joint Splints (Mr. W. Adams)—Two Figures	11	Large Uterine Tumour (Mr. Spencer Wells)	67.
British Medical Association Medal for Distinguished Merit-Two Figures	170		70
Microscopic Organisms in Splenic Fever (Dr. Burdon Sanderson)—Four Figures	181	Operations for Ankylosis and Deformity (Mr. R. Barwell)—Six Figures 706-7, 8	ž 74
Sayre's Apparatus for Spinal Disease (Mr. Berkeley Hill)	211	Diagrams illustrating Curvature of Spine (Mr. C. Heath)—Two Figures	76
Rhythmical Hysteric Chorea (M. Charcot)-Two Figures	224	Arteries from Healthy and Granular Kidney (Dr. G. Johnson)	74
Apparatus for Detection of Sugar in Urine (Dr. T. Birt) 293, and 8	828	Metrotome (Dr. Greenhalgh)	79
Urethrotome (Mr. A. E. Durham)—Five Figures	358	Intra-uterine Stem (Dr. Greenhalgh)	ib
Urethrotome, etc. (Mr. E. Atkinson)-Three Figures	362	Pessaries (Mr. A. Ford)	78
Divided Uterus and Vagina (Dr. James Murphy)	407	Sphygmograms from Aortic Aneurism, etc. (Dr. Mahomed)—Seventeen Figures	
Brush for Cleaning Catheters (Mr. R. Davy)	410	817-19, and 8	59-6
Lateral View of Human Brain (Dr. Ferrier)	444	Improved Forceps for Depilation	82
Lateral View of Monkey's Brain (Dr. Ferrier)	445	Abdomen containing Fluid (Mr. Spencer Wells)—Two Figures	85
Relations of Skull and Brain (Dr. Ferrier)	ib.	Instrument for Obliterating Port-wine Mark (Mr. B. Squire)	86
Illustrations of Dr. Harlow's case of the Passage of an Iron Bar through the		Cells, etc., from Ovarian Cysts (Mr. Spencer Wells)—Ten Figures 8	83-8
Head (Dr. Ferrier) Three Figures	ib.	Diseased Bones of Wrist (Mr. J. H. Porter)	89.
Grout's Infant Food-Warmer	452	Contraction of the Fingers (Mr. W. Adams)—Eight Figures 9	29-3
Lesions of Motor Area of Brain (Dr. Ferrier) - Fifteen Figures 473-76; 515-17, &	556	Small Knives for Dividing Contraction (Mr. W. Adams)—Two Figures	93
Lesions of Sensory Regions of Brain (Dr. Ferrier)—Five Figures 557-58; and	592	New Tractors for Midwifery Forceps (Mr. H. M. Morgan)	93
Apparatus for Rendering Impure Air Respirable (Dr. C. R. Ball)-Two Figures	562	Salt's Dressing Case	il
Lesions of Motor Regions of Brain (Dr. Ringrose Atkins)—Six Figs. 640-41; & 676			

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

THE following Reports have been published in the present volume.

The Antagonism of Aconite and Digitalis. By Dr. J. M. Fothergill. In JOURNAL of May 4th.

The Physiological Action of the Chinoline and Pyridine Series of Compounds. By Dr. J. G. McKendrick. In JOURNAL of May 4th.

careful employment. He deprecated the delay as well as the alarm caused to the patient and her friends by calling in further advice, or by making much ceremony about the application. He believed that obstetric practitioners are now much more than formerly in the practice of using the forceps; and his object in bringing the subject before the meeting was to instil more confidence in its employment.—Dr. Lewis thought that the use of the forceps once in fifteen cases was unnecessary, and that the interference was excessive.—Dr. Bowles was of opinion that the forceps was more frequently used at the present day than it was a few years ago; and that this earlier and increased use of the forceps was justified by experience. The general feeling of the meeting coincided with this view.

GLASGOW MEDICO-CHIRURGICAL SOCIETY. FRIDAY, DECEMBER 7TH, 1877.

EBEN WATSON, M.D., President, in the Chair.

Popliteal Aneurism.—Dr. PATTERSON read notes of a case of popliteal aneurism, which recurred three days after ligature of the superficial femoral. As pressure over the artery in Hunter's canal caused all pulsation in the aneurism to cease, the vessel was ligatured in that region twenty days after the first operation with the result of completely curing the disease.—The PRESIDENT related a case of his in which pulsation returned after ligature of the superficial femoral, and in which he also tied the vessel in Hunter's canal with no effect, and consequently he was led to tie the external iliac, which cured the aneurism; but gangrene of the limb ensued, necessitating amputation.

—Dr. G. H. B. MACLEOD mentioned a case of multiple aneurisms over the whole body, in which, at the earnest entreaty of the patient, he amputated one thigh, in which there were three aneurisms, the result being a permanent cure of all the others. He also detailed the case of a sailor with a popliteal aneurism, who, without consulting any surgeon, bent his leg to ease the pain; after keeping it so for two days, he found that all pain had ceased, and the large swelling at the back of his leg was quite firm. This case was interesting with reference to the treatment of such cases suggested by Mr. Ernest Hart. Dr. Macleod doubted the advisability of taking Dr. Patterson's case as a precedent for ligaturing in Hunter's canal after failure of operation at apex of Scarpa's triangle, as by so doing no additional vessel was commanded, and he could only account for the success of Dr. Patterson's case by an unusual arrangement of the vessels. - Dr. A. M. BUCHANAN stated that, in an anatomical point of view, he agreed with Dr. Macleod, and he would rather have recommended ligature of the internal iliac. -Dr. HECTOR CAMERON thought that in a similar case, he would be inclined to adopt Dr. Patterson's line of treatment, as the fact that pressure in Hunter's canal caused cessation of pulsation was sufficient indication that ligature would be successful.—Dr. WATSON stated that, as in his case, pressure causing absence of pulsation was not a certain sign that ligature would be successful.-Mr. REID asked if the first ligature, which was catgut, could not have slipped.—Dr. PATTERSON did not think this possible, as there was no pulsation in the femoral at the site of the first operation. - Dr. RENTON showed a sphygmographic tracing of the aneurism.

Hydrophobia.—Dr. Perry read notes of a case of hydrophobia, the symptoms of which commenced ten months after the patient—a female—had received a bite on the hand from a dog. The patient died twenty-four hours after the symptoms manifested themselves. Dr. Foulis made a post mortem examination of the body, and the organs were recommended to be sent to the Committee at present investigating the subject.—A discussion took place, in which Drs. J. Coats, MacLeod, and Charters took part. [The above case is the first which has happened in Glasgow for many months, due, in all probability, to the vigorous efforts which the sanitary authorities have made to destroy all stray or suspicious dogs.]

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY. THURSDAY, DECEMBER 13TH, 1877.

G. B. MORGAN, Esq., President, in the Chair.

Prevalent Diseases of the District.—Mr. H. E. Armstrong (Medical Officer of Health for Newcastle-on-Tyne) presented a report of the cases admitted to the Fever Hospital during the month of November, and stated that the town was healthy.—Mr. Spear (Medical Officer of Health for South Shields, Jarrow, and Hebburn) stated that scarlet fever was epidemic at South Shields. In several cases, the disease had been propagated by children being sent to school while still convalescent.—A committee, consisting of the President, Mr. Spear, Mr. H. E.

Armstrong, and Dr. Byrom Bramwell, was appointed to consider the subject and to report to the Society.

Pathological Specimens.—Dr. Anderson showed three calculi removed by lithotomy. The first patient was a boy aged 4½, the second a man aged 32, the third the boy mentioned as Case I. Symptoms of stone returned in eight months, and the second operation was performed nine months after the first. All three operations had done well.—Dr. Page showed two Salivary Calculi removed from Wharton's duct by a free incision. Dr. Page also showed an Urethral Calculus, which had become lodged behind a stricture. The stricture was split up by Holt's dilator, and the stone was then expelled with the urine.—Dr. Arnison showed two Calculi removed by lithotomy from the same patient, a child aged 3, at an interval of a year. After the first operation, the bladder was carefully examined and found to be empty.—Mr. Hopgood showed a recent specimen of Placenta Prævia. The gestation had advanced to the fourth month, when severe flooding came on. The case had done well.—Mr. Morgan showed a specimen of Encephaloid Disease of the Femur.—Dr. Embleton showed several Photographs of Monstrosities.

Exhibition of Patients.—Dr. Byrom Bramwell showed a case of Congenital Microphalmos of the left eye.—Dr. Heath showed a case

of Hypertrophy of the Tongue.

Papers.—Dr. EMBLETON read the notes of a case of Empyema treated by a free incision under antiseptic precautions. The patient, a boy aged 16, recovered well.—Dr. MURPHY read the notes of cases of Chlorodyne-poisoning.—Dr. D. DRUMMOND read the notes of a very interesting case of Paralysis of the Pharynx occurring in a child aged fourteen months, and suggested that the paralysis was due either to lead-poisoning or to diphtheria. The child was in the habit of sucking a leaden bottle, and there was a history of ulcerated sore-throat.—Dr. Byrom Bramwell continued his paper on Intracranial Tumours, relating three additional cases.

SELECTIONS FROM JOURNALS.

MEDICINE.

SMOKERS' GASTRALGIA.-M. Révillout reports in the Gazette des Hôpitaux two cases of gastralgia attributed to the use of tobacco. The first case occurred in a man aged 52, in M. Vulpian's wards. He had always been moderate in everything except the use of tobacco, had never undergone any privation, had always been able to choose his food, and had been careful in his diet. On six different occasions, he had been seized with extremely acute attacks of pain in the stomach, not extending to the back, and coming on more or less quickly after every meal, bringing on also vomiting of the food. In the intervals of these attacks, of which the average duration was about six weeks, his health seemed tolerably good, with the exception of some vertigo, dazzling of the sight, and weakness of the legs. These troubles were more marked when the patient felt better and smoked than when, suffering with gastric troubles, he had no appetite for anything and temporarily left off tobacco. M. Révillout also reports a case in which a gentleman in good circumstances, following an excellent hygienic system, found his digestive functions gradually failing, whilst his strength diminished. Later on, he was attacked with vertigo, staggering whilst walking, and spasms and prickings in the limbs. After every meal, severe pain was felt in the epigastric region; the face was pale, the speech gasping, the heart-beats uncertain, and the body generally discoloured. This patient smoked from twelve to fifteen cigars daily. Under advice, he reduced this number to two, and immediately a considerable improvement took place. He again took to excessive smoking; but, as the original symptoms returned, he was again obliged to abstain from tobacco. Under medical advice, he washed the tobacco of which he made his cigarettes in a coffee-percolator, by first throwing on it ammoniacal water, then repeated baths of hot water. The nicotine was thus partly dissolved out of, or mechanically removed by, the warm water. The tobacco, when washed, was spread out in the sun to dry on paper, and thus modified satisfied the patient, who from that time was not troubled with dyspepsia or vertigo.

LESION OF THE PANCREAS IN CERTAIN FORMS OF DIABETES.—At a recent meeting of the Paris Academy of Medicine, M. Lancereaux showed some pathological specimens of lesion of the pancreas in patients who had died of diabetes, and gave the history of the cases. He said that the cases and the specimens showed that diabetes mellitus is, at least in some cases, accompanied by a serious change in the pancreas. A similar change has been met with in many other cases of diabetes; and in these cases, as in those noted by M. Lancereaux, the

disease, of which the course has been comparatively rapid, has shown itself by excessive appetite and thirst, great emaciation, profuse glycosuria—in a word, by all the characteristics of diuretic wasting. the other hand, animals the pancreas of which is extirpated or destroyed become voracious, are rapidly emaciated, and succumb very Taking, therefore, into consideration the special characters of diabetes in cases of disease of the pancreas, and the phenomena in animals following the destruction of this organ, M. Lancereaux thinks it may fairly be concluded that there exists a causal relation between serious changes in the pancreas and the diabetes mellitus in question. This form of diabetes is distinguished by the comparatively sudden appearance of emaciation, with polydipsia and excessive appetite, and peculiar characteristics of the alvine excreta. The prognosis of this form of diabetes is very unfavourable. The indications of treatment consist in prohibiting the use of articles of food which are digested by the pancreatic juice, and nourishing the patient with that class of food which is digested in the stomach.—La France Médicale, November 17th.

PARALYSIS OF THE RIGHT SPINAL ACCESSORY NERVE. -- In a dissertation (Berlin, 1877), B. Holz describes the case of a man who, previously in good health, was suddenly seized, after exposure to cold, with weakness of the right arm. On the same day, he also began to suffer from difficulty in swallowing. The right shoulder was lower than the left, and could be only slightly raised. The right trapezius and sterno-cleido-mastoid muscles felt flabby, although they reacted well to the electric current. The angle of the right scapula lay nearer the spine than that of the left; the upper part of the bone, however, stood further out. The left half of the palate appeared narrower and more arched than the right; the uvula deviated to the right; the left half of the palate alone moved; the right, even during rest, was farther from the pharynx than the left. The speech was not nasal, although there was difficulty in swallowing. The sensibility of the pharynx was normal, as was also the motor power of the right side of the face. The right vocal chord was paralysed; the sensibility of the laryngeal mucous membrane was increased; the voice was not hoarse. pulse was persistently accelerated, though but slightly. Iodide of potassium and faradisation greatly improved the patient's condition. In Holz's opinion, there was rheumatic paresis of the accessory nerve, the seat of the lesion being in the trunk of the nerve a short distance beyond its exit from the skull. - Centralblatt für die Medicin. Wissenschaften.

THERAPEUTICS.

TREATMENT OF BLENORRHAGIC EPIDIDYMITIS WITH IODOFORM OINTMENT.-Dr. Alvares of Palma (Majorca) has treated four cases of epididymitis with iodoform ointment, and from his experience draws the following conclusions. I. Iodoform calms the pain of blennorrhagic orchitis better than any other application; this result is obtained at the end of one or two hours. 2. Iodoform exerts a very manifest resolvent action, and has the advantage over the usually employed mercurial ointment of causing no trouble when absorbed. 3. The iodoform treatment shortens very appreciably the duration of the orchitis, and prevents any consecutive induration of the organ. 4. It is necessary to employ an ointment containing, according to the intensity of the inflammation, from one to two grammes of iodoform to thirty grammes of lard. - New York Medical Record, October 13th, 1877.

TREATMENT OF TETANUS BY CHLORAL HYDRATE. - Dr. Roberts. in the American Journal of Medical Sciences, October 1877, discusses this treatment. He says that, the prognosis of the disease being most unfavourable according to the best authors, "it must be acknowledged that to a remedy under which several successive cases recover there must be accorded a certain modicum of honour". Dr. J. B. Beck has collected thirty-six cases of traumatic tetanus treated essentially by chloral, in which twenty-one recovered. Dr. H. C. Wood has tabulated eighteen additional cases, with nine recoveries. Dr. Macnamara, in the Practitioner, November 1872, reports twenty successive cases of (? idiopathic) tetanus in India, of which seventeen recovered, all being treated by large doses (30 to 40 grains) of chloral. Verneuil reports instances of cure where 100 grains, and even 245 grains, were given daily. One patient recovered, having taken six ounces of chloral in thirty days. Dr. Roberts now records nineteen cases of traumatic tetanus treated in four years at the Pennsylvania Hospital, of which only three were treated essentially with chloral, and these three recovered. The others were treated with morphia, atropia, cannabis Indica, calomel, conium, etc. A case is also reported, in the Boston Medical and Surgical Journal of October 4th, as having occurred in the practice of Dr. G. W. Gay at the Boston City Hospital. The

patient was a young woman aged 21, who had a cystic tumour of the left cheek treated by excision and slight counterirritation with nitric acid on May 14th. Everything went on well, and the patient was discharged in ten days with the wound nearly healed and the sac obliterated. In less than a fortnight after leaving the hospital, she began to notice a little difficulty in opening her mouth. The stiffness of the jaws gradually increased till June 25th, when she had three spasms in rapid succession, and was readmitted. Her mouth was firmly closed. Sixty grains of chloral were given her in divided doses, and the next morning she could open her mouth three-fourths of an inch. The pupils were widely dilated, and the patient was very drowsy. Half a drachm of the bromide of potassium every three hours was ordered in place of the chloral. At the end of forty-eight hours, she was scarcely able to separate the jaws. Chloral was added to the bromide of potassium in quantities sufficient to keep her drowsy, and was administered for ten days. On being allowed to come from under the influence of the drugs, she had another spasm, the last one of her illness. Chloral was given at intervals in scruple-doses for a week, when all medicines were discontinued. The patient received from forty to one hundred and sixty grains of chloral daily, and towards the last she became very delirious at night. There was no failure of the heart's action at any time. The disease gradually wore away, and in forty days the patient left the hospital, free from pain, able to open her mouth an inch, and to chew soft food.

CONTINUOUS CURRENTS IN THE TREATMENT OF ULCERS, AND PARTICULARLY ATONIC ULCERS.—The following cases are published by M. Staes-Brame in the Bulletin Médical du Nord. The first is that of a man aged 30. He had suffered for two years from large atonic ulcers on the legs. M. Staes-Brame had entirely cured one of the ulcers and greatly ameliorated the other by prolonged rest, compression, and tonics. That of the right leg, which formerly measured four inches by three-quarters of an inch, was reduced to a small wound less than two-fifths of an inch in diameter covered by a cicatricial pellicle, when, by some unknown cause, in twenty-four hours the whole of the former surface of the ulcer became denuded and discharged bloody serum. M. Staes-Brame determined to apply the constant current. He covered the wound with a plaque of metal, which he put into communication with the negative electrode, the positive pole being applied to the skin of the thigh. In ten minutes, the wound became pale; the next day, it had diminished by one-half; reapplication of the current for ten minutes, and the following day the cure was complete. The subject of the second observation was a workman who had been burnt on the foot by a quantity of concentrated sulphuric acid. The eschar left a deep ulcer, which defied treatment. M. Staes-Brame tried the continuous current in the same manner as before. After eleven applications of ten minutes each, the wound had completely cicatrised.

REVIEWS AND NOTICES.

LES CAUSES DE LA GRAVELLE ET DE LA PIERRE. Par le Dr. DE-BOUT L'ESTRÉES.

DE L'URINE, ET DE SES ALTÉRATIONS PATHOLOGIQUES. Par le Dr. GEORGE HARLEY, F.R.S. Traduit de l'Anglais par le Dr. F. L. HAHN. Paris. 1877.

MEDICAL works issuing from the pens of eminent French physicians and surgeons are, as a rule, well known to the profession on this side of the Channel; and it may be said that the works of Civiale and Leroy d'Étiolles on renal affections are as highly appreciated in Britain as they are in France. But, almost with the exception of these writers, little can be said to have been done by Frenchmen (in proportion to what has been done by Englishmen) since the days of the great Rayer, either in increasing our knowledge of the pathology, or of adding to our store of information in the therapeutics, of urinary affections.

True it is, that France has given to us a host of volumes on the treatment of kidney-disease; but they have emanated from the pens of medical advisers at mineral springs, and can scarcely be said to embody much new scientific matter. The work which ve are now about to review is also from the pen of a medical man attached to a mineral spring. It consists of 135 pages, and, without being in the least degree pretentious, gives a very fair résumé of the pathology of gravel and stone from a French point of view.

Although we dare not venture to say that it contains anything either very startling or novel, yet its author has made a judicious use of the literature on the subject, and placed the data he has collected before

his readers in a pleasing and instructive form.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the Freemasons' Tavern, Great Queen Street, Lincoln's Inn Fields, London, on Wednesday, the 9th day of January next, at Two o'clock in the afternoon. FRANCIS FOWKE,

General Secretary. 36, Great Queen Street, London, W.C., December 22nd, 1877.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE next meeting will be held in the Examination Hall of the Queen's College, on Thursday, January 10th, 1878. The Chair will be taken by the President, SAMPSON GAMGEE, Esq., at Three o'clock P.M.

Mr. Gamgee will exhibit a new form of Sayre's Apparatus for the Treatment of Spinal Disease.

The following papers are promised.

1. Dr. A. H. Carter: On the Determination of Sugar in Urine.

2. Dr. Foster: On Sudden Death in Diabetes Mellitus.

JAMES SAWYER, M.D., EDWARD MALINS, M.D., Hon. Secretaries.

Birmingham, January 2nd, 1878.

BATH AND BRISTOL BRANCH.

THE third ordinary meeting of the Branch will be held at the York House, Bath, on Wednesday evening, January 30th, at a quarter past Seven o'clock: H. MARSHALL, M.D., President.

The evening will be devoted to the discussion of Hospitalism, which will be opened by R. W. Tibbits, M.B.

R. S. FOWLER, Honorary Secretaries. E. C. BOARD,

Bath, December 31st, 1877.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEETING.

THE second ordinary meeting was held at the library of the County Hospital, Canterbury, on Thursday, November 22nd, at three o'clock. There were present, Mr. RIGDEN in the Chair, and nineteen members.

Resignation of Honorary Secretary.—Mr. THURSTON, the Honorary Secretary, tendered his resignation, and stated that pressure of work, caused by increasing practice and the lamented death of his partner, compelled him reluctantly to take this step.

Mr. REID proposed the following resolution, which was seconded and carried unanimously: "This meeting, on behalf of the East Kent District of the South-Eastern Branch of the British Medical Association, while expressing deep regret at the circumstances which have compelled Mr. Thurston, though greater demand on his valuable time, to resign the secretaryship of the district, desire to tender him the cordial thanks of the members for the kind, zealous, and business like manner in which he has uniformly carried out the duties of the office, and also for the material improvement he has effected in the character and strength of the meetings."

Election of Secretary.—Mr. W. Knight Treves of Margate was elected to succeed Mr. Thurston.

Papers.—Mr. T. WHITEHEAD REID read a case of Poisoning by Yew-Leaves (reported in the JOURNAL for September 29th, at p. 442).
Mr. Tyson read a case of Poisoning by Phosphorus.

Mr. RIGDEN read a report of two hundred Forceps Cases which had occurred in his practice during the last eighteen years.

Interesting discussions followed each of these papers, in which Dr. Lochée, Dr. Parsons, Dr. Lewis, Dr. Bowles, Mr. Garraway, Mr. Hayward, Mr. Thurston, and other members, took part.

The Next Meeting will take place at Dover; Dr. Robinson in the Chair.

Dinner was served at the Fleur-de-lys Hotel.

DR. EDWARD JONES of Caerffynnon, Dolgelley, qualified as a magistrate for the county of Merioneth on the 1st instant.

CORRESPONDENCE.

A LOST MEDICAL SCHOOL.

SIR,—Two Commissions are now sitting, whose duty it is to make better provision for teaching and research in the Universities of Oxford and Cambridge. No one who looks back into the old history of those Universities can doubt that there exists in both Universities a great need for very considerable changes in respect to both teaching and research, and especially in the department of medical teaching and biological research.

In the middle of the seventeenth century, the most important advances in medical knowledge were made in Oxford at the hands of members of the University, who became the founders or early promoters of the Royal Society. It was there that Willis, as Professor of Anatomy, worked out his anatomy of the brain, having as his assistant and demonstrator the young mathematician Christopher Wren, who subsequently became the architect of St. Paul's Cathedral. Wren drew the plates of Willis's work: he was the first to perform a series of important experiments on living animals by injection of fluids into the veins, on which ultimately was based the practice of transsusion. These experiments were done in Oxford.

The close association of the study of medicine with Oxford will be at once recalled to mind, without entering into archæological details, by mentioning the name of Radcliffe, the great physician who founded the Infirmary, who was physician to three sovereigns, and by whose benefaction the Radcliffe Library and the Radcliffe Travelling Fellowships were established. The Regius Chair of Medicine in the University dates from the reign of Henry the Eighth, who was its founder; and to this a Chair of Clinical Medicine was subsequently added. The illustrious Harvey was warden of Merton College, and much of his work was done at Oxford.

It would be idle now, in the present state of the decadence of medical study and biological research at Oxford, to think of finding parallels in University position for such men as Radcliffe and Harvey. As a medical school, Oxford has, within the last twenty-five years, ceased to exist; and it is important, therefore, at this juncture, to notice the steps by which it has been crushed into nothingness, and to protest against the studied neglect by which the Oxford Medical School has been wiped out. There exist now neither lectures on medicine, anatomy, or physiology, properly so-called, or in any sense which can affect the progress of medical science. Prior to the appointment of the present Regius Professor of Medicine, who must be held responsible to the profession for the degradation of the Oxford School, and for the conversion of his office into a sinecure, there were still a few medical students lingering in Oxford. Dr. Acland must be held responsible for having extinguished the genus, of which there no longer remains even a typical specimen to set alongside of the dodo in the Ashmolean Museum. There are no lectures to fatigue the energies of the Regius Professor; and, notwithstanding the delusive notices which from time to time appear in the University Gazette, there is no attempt to fulfil the duties of the Regius Professorship of Medicine otherwise than by pocketing its stipend. If the Regius Professor, in the terms of these notices, ever really attends at the Museum to meet the ghosts of the imaginary medical students whom he solemnly cites in print to confer with him on their studies, it would be interesting to know in what soliloquies he indulges, or by what arguments he justifies a course which has led to vacuity and annihilation where once medicine flourished and science found its home.

The Chair of Physiology, founded by the late Commissioners of 1854, has been equally diverted from the service of medical science and of physiology proper. Founded on the remains of the old Chair of Human Anatomy, the present holder, Professor Rolleston, occupies himself and his pupils with any variety of collateral subject, provided that it has no relation to human anatomy and physiology, and cannot

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

NATURAL SCIENCES TRIPOS.—The following are the questions in Human Anatomy which were set in the recent examination for the Natural Sciences Tripos at Cambridge. The examination extended over five days.

Natural Sciences Tripos at Cambridge. The examination extended over five days.

Describe the temporo-maxillary joint in man and the movements which take place in it. How does it differ from the corresponding joint in the lion? Describe the iliocacal valve in man, and its mode of action. What special purposes does it serve at this part of the alimentary canal? Give an account of the development and descent of the testicle. With what parts in the female do its parts severally correspond? What are the peculiar features of the dorsal part of the spinal column in man (the features in which it differs from the cervical and lumbar parts), and what are the purposes served by those peculiarities? Give the structure and development of the choroid and of the choroidal epithelium in the human eye. Describe the pectoralis major muscle in man, including the disposition of its fibres. What is its action? What relation has the clavicle to its action, and what is its action in animals, as the horse, in which there is no clavicle? Describe briefly the muscles on the anterior or extensor aspect of the leg and foot, and compare them severally with the muscles on the extensor aspect of the forearm and hand. Describe the arch of the aorta in man. What circumstances account for the special liability of this part to overdistension? How is the occipital bone connected with the several surrounding bones? How is it developed? and what reasons are there for regarding it to be serially homologous with the vertebrae or not? What are the differences sobservable by the naked eye in the mucous membrane of the several parts of the alimentary canal, below the pharynx, of man? How do you associate those differences with the functions of the parts? What changes take place in the human brain after birth? Can any reason be assigned for its large size in proportion to other parts of the body at birth? How are the several teeth of the second dentition in man developed? How do they differ from the teeth of the orang? and what relation have those differ

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

THE PROPER TREATMENT OF APOPLEXY.

SURELY bumbledom is drifting to the bad, or such a case as that recorded in the Western Mail of December 17th as occurring at a recent meeting of the Bridgend and Cowbridge Board of Guardians could not have taken place. It would appear that Dr. Bates (who passed his examination thirty-four years ago, is a L.R.C.P., and holds the appointment of district medical officer in the above-named union), was called, in his private capacity as a general practitioner, to attend a man of the name of Guildford, who, it would appear, subsequently died of apoplexy, and who, it was alleged, had not been properly treated by Dr. Bates. This imputation originated with the assistant (whether qualified or not does not appear) of a Mr. Phillips, a general practitioner at Cowbridge, and was brought before the Board by the Chairman at the instance of a Mr. Stacey, who is probably ex officio, a member, judging from the fact that it was his first appearance at a Board meeting, and from the pretentious address accorded him in the journal from which we quote. For some time, against the evident feeling of the Board, who clearly sympathised with their medical officer, the Chairman struggled to commit the Guardians to going into the case. In this course, he was backed most strenuously by Mr. Stacey, who, whilst deprecating any personal feeling against Dr. Bates, urged that "he was of opinion that a certain amount of neglect had been shown by the doctor. The question was not one mode of practice as against another; but he would ask them which was the proper treatment of a patient in apoplexy, to do anything or to do nothing? Chairman hereupon observed that the Board had not decided whether they would hear the case or not; whereupon the doughty Mr. Stacey said, "I will move that Dr. Bates is not a fit person, if you like"; to which Dr. Bates rejoined that he would grant that "if the charge were true, he was not fit to be their medical officer, but he would have the matter ventilated to the utmost". Ultimately, after a lengthened wrangle, it was decided, on the advice of the Clerk, that the matter was one which did not come legally under the cognisance of the Board, Mr. Stacey returning again and again to the charge; and, whilst reiterating that he had no desire to injure Dr. Bates, doing his utmost to damage his reputation in every way.

Though it was manifest that Dr. Bates had the support of the majority of the Guardians present, yet we feel he is entitled to the sympathy of his professional brethren in this unworthy attempt to blast his character; and we trust that an opportunity will be afforded him of bringing

his would-be defamers to book.

It is time that "outsiders", as Mr. Stacey styled himself, and, for the matter of that, insiders too—who, we assume, are the elected Guardians—should be taught that their position does not warrant them in assailing the reputation of a medical gentleman who may have the doubtful fortune of being one of their medical officers; and we take leave of this subject by quoting the advice of several of the Board, that they hoped the Doctor would "pitch into" his traducers, though, of course, only in a strictly legal way.

POST MORTEM EXAMINATIONS IN WORKHOUSES.

THE following copy of a letter from the Local Government Board has been forwarded to us for publication.

"Local Government Board, Whitehall, S.W., "January 1st, 1878.

"SIR,—I am directed by the Local Government Board to acknowledge the receipt of your letter of the 14th November last, in which, on behalf of the Council of the Poor-law Medical Officers' Association, you bring under their consideration the question of allowing the medical officers of workhouses to make post mortem examinations of the bodies of paupers who die in workhouses.

"I am directed to state that the Board have communicated with their medical officer, and have carefully reconsidered the subject, and they see no reason to alter the views which have already on former occasions been expressed by them upon it. The Board are of opinion that a post mortem examination should not be made of the body of a workhouse inmate, except by the direction of a coroner when holding an inquest, or the direction of the Board of Guardians for any especial, urgent, and particular reason which they may deem of sufficient importance to render such an examination necessary, or at the request of the relatives of the deceased.

"The Board also direct me to state that they think that a Board of Guardians would hardly be justified in directing in any particular case that a post mortem examination should take place, if the nearest relative of the deceased objected clearly and decidedly to that course.

"The Board, under these circumstances, are not prepared to take the proceedings suggested by the Poor-law Medical Officers' Association, or to issue any minute or regulation on the subject.—I am, sir, your obedient servant,

H. OWEN, junior, Assistant Secretary."

"J. W. Barnes, Esq., Honorary Secretary,
"Medical Officers' Association, 3, Bolt Court, Fleet Street, E.C.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

ST. GEORGE'S, HANOVER SQUARE.-Dr. Corfield estimated the population at 90,833 persons; and, as the number of births registered was 2,174, and of deaths (corrected) 1,657, the birth-rate would be 23.88 and the death-rate 18.2 per 1,000 population, which are lower than usual. The death-rate of this parish is generally rather considerably below that of all London, as it has the largest proportion of servants to population (about 10 per cent.) of any of the metropolitan parishes. The variations in the death-rates of the subdistricts depend to a great extent on this cause, as in Mayfair it was only 13.06, in Hanover Square 17.97, and in Belgravia 19.46 per 1,000. The deathrate of children under one year was 15.09 per cent. of the registered births, and of persons of all ages from the seven chief zymotic diseases 9.3 per cent. of the total deaths. There were only 2 deaths from small-pox, besides those in hospitals, not returned; but 45 from pertussis, and 47 from diarrhoea. There is not any table of deaths from other diseases, as Dr. Corfield was not supplied with copies of the registrars' returns by his vestry. Dr. Corfield remarks that he received information of 2 only out of the 22 deaths from scarlet fever, and I out of the 33 deaths from fever, "showing again the absolute necessity of being provided with the returns of deaths from infectious." diseases". The nuisance returns are for the year ending March 31st, 1877, and contain the following singular item: "Inspection of houses after small-pox, 102." How is this to be made to agree with the 2 deaths from small-pox in the district, and 25 cases removed to hospitals? The number of nuisances removed was only 69, against 311

the reception of the newly born, by which he believes that France would gain 30,000 citizens a year, especially as in great cities about fifty per cent. of the children are sent out to nurse, and a large number die for want of supervision of the nurses. He also strongly advises that mothers and those in charge of children should be taught the value of hygiene, and that as many crèches as possible should be established. The injury to health caused by the employment of children between six and eight years of age is dwelt upon, as well as the vices developed in young men who emigrate from the country into large cities.

The length to which this notice has already extended prevents us from making many remarks; but we would observe that the popula-tion of England and Wales doubled itself in seventy, instead of sixty years as stated, and that the birth-rate assigned to England—viz., 3.68 per 100 population, is somewhat too high. The address, if widely distributed, is likely to be useful, not only in France, but, if translated, in this country also, as it is to be feared that luxury and display are causing here, although to a comparatively small extent, some of the evils discussed by Dr. Maurin.

MEDICAL NEWS.

APOTHECARIES' HALL. The following gentlemen passed their examination in the science and practice of medicine, and received certi-

Ashworth, John Wallwork, Heaton Manor, Stockport Cawley, Thomas, Glenely, South Australia Clowes, Joseph Smith, Metropolitan Free Hospital Gaze, William Henry, Thames Ditton Hetherington, George Haynes, Female Lock Hospital Meacham, John James, Harpurhey, Manchester Reid, William Gladstone, Grove Road, Acton Wartenberg, Victor Adolph, Lytham, Lancashire

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

Diessional examination.

Burnie, William Gilchrist, St. Bartholomew's Hospital
Costerton, Donald Sinclair, Westminster Hospital
Culling, William Robert, Charing Cross Hospital
Haycroft, Charles Henry, Guy's Hospital
Hitch, Frederick, Guy's Hospital
Hitch, Frederick, Guy's Hospital
Hoskyns, Edward John H.; Queen's Hospital, Birmingham
Lambert, John Speare, St. Bartholomew's Hospital
Phillips, Stephen Thomas, Charing Cross Hospital
Priest, James Damer, St. Bartholomew's Hospital

MEDICAL VACANCIES.

THE following vacancies are announced:-

CENTRAL LONDON SICK ASYLUM DISTRICT-Assistant Medical Officer. Salary, £100 per annum, with board and residence. Applications to be made on

CENTRAL LONDON SICK ASYLUM DISTRICT—Assistant Medical Officer. Salary, £100 per annum, with board and residence. Applications to be made on or before the 7th instant.

ESSEX LUNATIC ASYLUM—Second Assistant Medical Officer. Applications to be made on or before the 1th instant.

HAILSHAM UNION—Medical Officer for the Parish of Heathfield. Salary, £60 per annum, and fees. Applications to be made on or before the 7th instant.

HANTS COUNTY LUNATIC ASYLUM—Second Assistant Medical Officer. Salary, £100 per annum, with board, lodging, washing, and attendance. Applications to be made on or before the 9th instant.

KINGTON RURAL SANITARY AUTHORITY—Two Medical Officers of Health. Applications to be made on or before the 7th instant.

NEWCASTLE-UPON-TYNE INFIRMARY—Senior House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to be made on or before February 4th.

NORTHAMPTON GENERAL INFIRMARY—Physician. Applications to be made on or before the 9th instant.

SUDBURY UNION—Medical Officer for No. 1 District. Salary, £55 per annum, and fees. Applications to be made on or before the 1th instant.

SUNDERLAND and BISHOPWEARMOUTH INFIRMARY—Senior House-Surgeon. Salary to commence at £80 per annum, with board and residence. Applications to be made on or before the 24th instant.

WARMINSTER UNION—Medical Officer for the Longbridge Deverill District. Salary, £80 per annum. Applications to be made on or before the 14th instant.

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association. *Burd, Edward, M.D., appointed Consulting Physician to the Salop County Prison vice *H. Johnson, M.D., resigned.

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.

KILIAN.—On December 30th, 1877, at 49, Harscampstrasse, Aix-Ja-Chapelle, the wife of *Paul Kilian, M.D., of a daughter.

DAVIES, William Abel, M.R.C.S.Eng., at his residence, Castle House, Llanidloes, aged 45, on December 19th, 1877.

OPERATION DAYS AT THE HOSPITALS.

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.—Royal Orthopædic, 2 P.M.—London, 3 P.M. MONDAY.....

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 Orthopædic, 2 P.M. TUESDAY

London, 3 P.M.—National Orthopædic, 2 P.M.—Middlesex, 1
P.M.—University College, 2 P.M.—King's College, 1.70 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.—Royal Westminster
Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.
THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing
Cross, 2 P.M.—Royal London Ophthalmic, 1 P.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), 4 P.M.—London, 3 P.M.
FRIDAY.... Royal Westminster Ophthalmic,
1.30 P.M.—Royal Westminster Ophthalmic,
1.30 P.M.—Royal Westminster Ophthalmic,
1.30 P.M.—Royal London Ophthalmic

Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South FRIDAY 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.—Royal London Ophthalmic, 11 A.M.—East London Hospital for Children, 2 P.M.—Royal Westminster Ophthalmic, 11.30 P.M.—St. Thomas's, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.—London, 2.15 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Lettsomian Lecture by Francis Mason, F.R.C.S.; subject, "The Surgery of the Face".

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. H. T. Butlin, "On the Microscopic Anatomy of the Smooth Tongue (chronic superficial glossitis)"; Mr. W. Sedgwick, "On Maternal Impressions".

WEDNESDAY.—Hunterian Society. 7.30 P.M.: Council Meeting. 8 P.M.: Mr. Jacobson, "On Supracondyloid Amputation of the Thigh by the method of Stokes".

FRIDAY.—Clinical Society of London, 8.30 P.M. Annual General Meeting. Dr. Althaus, "A Case of Chorea in the Adult Male, complicated with Epilepsy"; Mr. Howard Marsh, "A Case of Severe Hæmorrhage after Operation for Cleft-palate, arrested by plugging the Posterior Palatine Canal"; Mr. Holmes, "Sequel to a Case of Excision of the Os Calcis, reported in vol. viii of the Society's Transactions"; also, "A Case of Excision of the Lower Part of the Rectum".

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.

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.

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

Excision of the Ankle.

Mr. John Croft writes, stating that, in our report of the meeting of the Clinical Society on December 14th, he is reported as having said that he had not made lateral incisions, but had reflected the soft parts from before backwards. He remarks that he stated that he had used lateral incisions in the three cases to which he referred, and that he had not found it necessary, in order to saw off the ends of the tibia and fibula, to thrust them through either inside or outside wound and that he had sawn them eff by means of a parrow-bladed saw worked from ends of the tibia and fibula, to thrust them through either inside or outside wound; and that he had sawn them off by means of a narrow-bladed saw worked from before backwards. He is aware that some modern surgeons have successfully practised the operation under discussion by the anterior incision, and he does not doubt that method enables the operator to expose and examine the interior of the joint very thoroughly. By the lateral method, the joint may be exposed sufficiently well, and the objections which attend the anterior incision cannot be raised against the lateral incisions. He does not wish to be represented as speaking in condemnation of a method of operating concerning which he has reason to speak highly highly.

MR. W. H. PLAISTER.-Your letter has been forwarded to Professor Oscar Liebreich.

A NEW SYSTEM OF MEDICAL BOOK-KEEPING. A New System of Medical Book-keeping.

SIR,—Will you kindly allow me to correct an error in your review of this publication, which appeared in the Journal of the 15th instant? The "chief advantages" of it are, that you only have to enter once during a month the name and address of each patient in the day-book; that every necessary entry respecting each patient (except the prescription) appears on one line, for the month, opposite the patient's name; that the ledger may be much smaller than usual, may easily be posted at any time, and may be entirely a private book, if so desired.—Yours, etc., Cardiff, December 19th, 1877.

Alfred Sheen, M.D.

MEDICAL REGISTRATION IN GREAT BRITAIN.

MEDICAL REGISTRATION IN GREAT BRITAIN.

It would appear from a recent legal interpretation of the letter of the Medical Act regarding medical registration in Great Britain, that the system is by no means perfect. In a recent case of flagrant quackery, based upon a bogus American diploma, it was impossible to convict the defendant, because it was not distinctly stated in the wording of the Act that any one whose name did not appear on the Medical Register was not legally qualified to practise medicine or surgery. The requisite amendment is now strongly urged, upon the plea that the public have a right to be protected from fraud. The object of the Medical Act was principally to create this Register of well qualified practitioners, thereby offering to the public a ready means of discrimination between those who had undergone a regular course of instruction and those who, without any real ground, bassed themselves off as of instruction and those who, without any real ground, passed themselves off as qualified medical men. The Medical Council is the court of arbitration, and has qualined medical men. The Medical Council is the court of arbitration, and has certain discretionary powers, which do not, however, extend to the acceptance of colonial degrees. In the proposed amendment, it is suggested that cognisance be taken of such degrees, with a view of showing fair play to all well educated foreigners who may wish to settle in Great Britain. This is a liberality of opinion in keeping with the spirit of the age, and should be emulated by all civilised courties. Thus far, thanks to the bogus diploma traffic in this and other American cities, the very name of the American medical diploma is associated in the English courts with the worst of frauds.—New York Medical Record.

cities, the very name of the American medical diploma is associated in the English courts with the worst of frauds.—New York Medical Record.

An Indian Quack Pill.

A Correspondent has sent us a copy of a handbill which was given to him some time ago in Bombay. It is headed "Bapoorow Raghoonath Nagpoorker's Pure Drug made Tonic Pills. Do not dissolve if boiled in milk or water for a number of days". The bill states that "These pills are prepared from a mixture of various drugs. Their curative effects are various and wonderful. They purify and produce blood, increase strength, promote disgestion and circulation of the blood, improve the appetite, speedily restore health, render the complexion florid, and keep the mind always cheerful. They are also a powerful and speedy remedy against Liver-complaint, Rheumatism, Giddiness, Headache, Shivering of the hands and the body, weakness of the joints, spitting of blood, consumption, General debility, impaired nutrition, female complaints and the diseases of children. Women in confinement" (i.e., the Zenana) "using these Pills are protected from Rheumatism, and are freed from Menhorgia or (Fleur Albus). To newly delivered women these Pills are very useful. . . If either men or children are affected with Dismiosis seminis these Pills cure it without fail", etc. The pills are to be used for forty days according to the following directions. "Every day the Pill with the silken covering should be boiled in Milk with a little quantity of almond kernels, till half the quantity of the Milk is boiled away. The Milk is then ready for use. The Pill should be taken out of the Milk, washed in cold water, exposed to the air till it dries and assumes its original hardness, and then securely kept for future use. The Milk thus prepared is to be drunk after supper, but about an hour before going to bed. A little sugar may be added to the milk at the time of drinking it." The pills are sold in three varieties, at prices of five, ten, and twenty rupees each; and are also lent on trust for a

URINARY TEST-TUBE. SIR,—Dr. Batten's invention of an urinary test-case, to which practical effect has been given by Messrs. Salt of Birmingham, is at once elegant and ingenious. The want of a testing apparatus, easily and safely portable, has long been experienced, and Dr. Batten has, to a great extent, supplied this want. It has struck me that its efficiency might be much increased by the addition to the case of a small spiritlamp. Dr. Batten mentions in his letter of October 18th, that a candle or ordinary term much acaded in the case of a small spiritlamp. lamp. Dr. Batten mentions in his letter of October 18th, that a candle or ordinary lamp may be employed in heating the tube containing the urine, care being taken that it is inserted in the blue flame. Now, it is not always that a blue flame can be discerned on a candle, and with the utmost care the test-glass is apt to be blackened. I suggested the above addition to Messrs. Salt, who kindly adopted it, and have manufactured for me a case with this improvement. The only objection that could be urged to this addition is a small increase in the length of the case, necessitating its being carried in the inside pocket of the coat instead of that of the waistcoat. I think the advantage of the combination with the test-apparatus of a smokeless lamp more than commensurate with the questionable inconvenience of a transfer from the smaller pocket to the larger.—I am, sir, yours, etc.,

Maldon, Dec. 12th, 1877.

AN ADVANCEMENTS.

AN ADVERTISEMENT.

AN ADVERTISEMENT.

THE Auckland Times of December 14th has the following singular advertisement:—
"Dr. Arnold (for many years assistant with the late Dr. Canney) having removed to 13. Low Tenters, takes this opportunity to state that he will give advice free every morning (Sundays excepted) from nine to ten o'clock to the poorer classes in the town, and on Thursdays and Saturdays from 2 to 5 P.M. to country people. Those in the town who are unable to attend the surgery through illness will be visited free of charge. Medicines and surgical appliances, where required, will be supplied at the lowest possible charges."

A NEW TREATMENT OF CANCER.

SIR,—The enclosed advertisement I have cut from a local religious periodical. The advertiser's name appears in the *Medical Register*. Surely this new method of treating "cancer and tumours" ought to be known.—Yours, etc., 109, Bury New Road, Bolton, Dec. 13th, 1877.

"Cancer and Tumours Cured by an entirely new and Painless Process, without the knife. Totally different to any treatment at present adopted. Pamplet 12 stamps. Particulars, stamped envelope. Edwin W. Alabone, M.D., M.R.C.S. Eng., Lynton House, Mildmay Road, London, N., Physician to the Home for Reclaimed Females, the Clapton Orphan Asylum, etc. Under this treatment, many cases pronounced hopeless have recovered."

PROFESSIONAL INCOMES IN AMERICA.

To pass the examination required to enter the army or navy demands a very thorough professional, and also an extended general, education; and yet the salaries of medical officers are hardly adequate to support a very economical family in a manner corresponding to the social position of a professional man. Outside of the army, in the rural districts and country towns, it is a decidedly desirable practice that yields three thousand dollars a year in actual money; and, so far as our observation goes,

it must be a very exceptional country locality where a physician can collect over five thousand a year. The work such a practice entails will task him to the uttermost. In cities, it is of course otherwise. There are physicians in all our large cities who take in ten thousand and fifteen thousand dollars a year: we could name a few in this city and New York who are popularly credited with practices returning twenty-five thousand to thirty thousand dollars a year. One year with another, there are exceedingly few in the United States who exceed this. Some eminent surgeons may possibly do so, but they could be counted on the fingers of one hand. But these are the rare prizes. The vast majority of city practitioners fare no better than those in the country; and it, as a rule, requires much longer to get to the point where they "make a living", because living is costlier and competition closer. Many physicians have some outside business in which they are interested; others have a patrimony which helps them out. Without these resources they would starve.—Philadelphia Medical and Surgical Yournal.

An Appeal.

AN APPEAL

MR. SCARNELL wishes gratefully to acknowledge the receipt of the following amounts sent in answer to his appeal, which appeared in last week's JOHRNALL 8 Friend, £5; A Friend (of Birkenhead), £2: Dr. Ranking, £1; W. D., £1; Anonymous, 10s.; Dr. Cassell, 5s.; B., 5s.—1, Frederick Place, Penton Place, S.E.

SIR,—Permit me to express a hope that Mr. Howard Marsh will publish in bookform his admirable Lectures on Hip-Disease in Children.—Yours, etc.,
Cashel, Ireland.
THOMAS LAFFAN.

Student.-The recommendation that candidates for diplomas should be required STUDENT:—The recommendation that candidates for diplomas should be required to produce evidence of having attended class-examinations from time to time, does not appear in the present code of recommendations of the General Medical Council. We believe, however, that the omission does not arise from any change of opinion on the part of the Council as to the value of such examinations, but from the matter being one of detail belonging to the regulations of the examining boards.

matter being one of detail belonging to the regulations of the examining boards.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Birmingham Daily Post; The Durham Chronicle; The Harrogate Herald; The Sunderland Times; The Lincolnshire Chronicle; The Bromsgrove Weekly Messenger; The Manchester Courier; The Broad Arrow; The Cork Examiner; The Cork Daily Herald; The Rotherham and Masbro' Advertiser; The Liverpool Daily Courier; The York Herald; The North Wales Chronicle; The Sheffield Daily Telegraph; The Blyth Weekly News; The Glasgow Herald; The Nottingham Journal; The Eastbourne Standard; The Scarborough Daily Post; The Isle of Wight Observer; The Sussex Daily News; The Metropolitan; The Leeds Mercury; The Belfast News Letter; The Scotsman; The Cork Constitution; The Freeman's Journal; The Hampshire Post; The Somersetshire Herald; The Isle of Man Times; The Sussex Advertiser; The Herts Advertiser; The Manchester Guardian; The Evesham Journal; The Devonport Independent; The St. Pancras Gazette; The Bath Herald; The Western Morning News; The Hull News; The Redditch Indicator; The Derby Mercury; The Preston Guardian; The Scarborough Express; The Jewish World; The Yorkshire Post; The Coventry Herald; The Wisbech Advertiser; The West Britton and Cornwall Advertiser; etc.

*** We shall be greatly obliged if correspondents forwarding newspapers will

. We shall be greatly obliged if correspondents forwarding newspapers will kindly mark the passages to which it is desired to direct attention.

COMMUNICATIONS, LETTERS, etc., have been received from :-

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BOOKS, ETC., RECEIVED.

A New System of Medicine, entitled Recognisant Medicine, or the State of the Sick.

By Bholanoth Bose, M.D. London: J. and A. Churchill. 1877.

Principles of Rational Therapeutics. By Bholanoth Bose, M.D. London: J. and A. Churchill. 1877.