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INDEX TO VOLUME II FOR 1893.

A.

- Abdomen, the regional subdivision of the, 679
- Abdominal section for intestinal obstruction, two cases of, 373
- Abelin, Dr. H. A., obituary notice of, 817
- Aberdeen, the fresh air fortnight scheme at, 11; the local authority of and the removal of a case of small-pox, 716
- Abortion, self-administration of diachylon to procure, 9
- Abraham, Dr. P., M. Sabouraud's cultivations, 470; tinea of the nails, 471; dermatological instruments, 475; the etiology and treatment of psoriasis, 935; excision of lupus, 940; alopecia areata, 1052; the treatment of ringworm, 1159
- Abscess, tropical, of the liver, bacteriological notes on a case of, 114; pelvic, 981; mediastinal in connection with the œsophagus, three cases of, 1377
- Absinthe epilepsy, the seat of origin and paths of conduction of the fits in, 1097
- Abuse of medical charities, 198, 281, 344, 397, 442, 487, 554, 605, 919
- Academy of Medicine, Spanish, religious ceremony at, 1125
- of Medicine, New York, the Bill of, 1351
- Royal, of Medicine in Ireland, annual meeting and list of officers, 1071
- Royal, of Medicine in Ireland, Section of Obstetrics, exhibits, 1328; president's address, *ib.*; ventral hernia, *ib.*
- Royal, of Medicine in Ireland, Section of Pathology, president's address, 1105; spina bifida occulta, *ib.*; specimens, *ib.*; hydrocephalus, 1329; urinary organs from a case of cystitis with surgical kidney, *ib.*; apoplexy of mesentery, *ib.*; dilatation of the stomach and ptosis of the transverse colon, *ib.*
- Royal, of Medicine in Ireland, Section of Surgery, president's address, 1277; tumour of the brain, *ib.*; the treatment of urinary fistula, *ib.*; the operative treatment of enlarged prostate, 1427; laminectomy in spinal injuries, *ib.*
- Accident assurance policies, 663
- Accounts, the Uniform System of, Mr. H. C. Burdett, *rev.*, 1216
- Accuracy and thoroughness, 791
- Acetanilide, ill-effects following administration of, 119
- Acid lemonades, 663
- Acland, Dr. T. D., St. Thomas's Hospital Reports, *rev.*, 1109
- Acromegaly and hypertrophic pulmonary osteoarthropathy, 14; in a giantess, 849; *post-mortem* examination in a case of, 983; case of, 1107; case of treated by operation, 1421
- Act, the Apothecaries in the Colonies, 855
- Births and Deaths, amendment of, 96, 152
- Housing of the Working Classes, closing orders under, 1444
- the Mortmain and medical charities, 1346
- Notification of Infectious Disease, the working of, 212, 607, 700, 715, 716, 872; proceedings under, 1457
- Public Health, London, the amendment of, 99
- a "ridiculous," 1070
- Universities (Scotland), draft ordinances under, 100
- Acts, Medical, proposed amendment of the penal clauses of the, 1221, 1449
- Adam, Dr. J., lymphangioma circumscriptum, 1212
- Adams, Dr. J. D., presentation to, 1044
- Dr. J. H., History of the Life of Dr. Hayes Agnew, M.D., LL.D., *rev.*, 896
- Addinsell, Dr., effects of the influenza poison upon the lying-in woman, 183
- Address, presidential at the annual meeting of the British Medical Association by Dr. G. H. Philipson, 293, 325, 331; in Medicine at the annual meeting of the British Medical Association by Dr. D. Drummond, 297, 328, 331; in Surgery at the annual meeting of the British Medical Association by Dr. G. H. Hume, 302; at the opening of the Section of Anatomy and Physiology by Dr. T. Oliver, 306; at the opening of the Section of Pathology by Professor C. S. Roy, 310; at the opening of the Section of Ophthalmology by Mr. G. E. Williamson, 313; at the opening of the Section of Otology by Mr. H. Bendelack Hewetson, 314; in Obstetrics and Gynaecology by Dr. C. J. Cullingworth, 353, 380, 383; at the opening of the Section of Psychology by Dr. T. W. McDowall, 358; at the opening of the Section of Obstetric Medicine and Gynaecology by Dr. J. Murphy, 453; at the opening of the Section of Dermatology by Dr. W. A. Jamieson, 455; of congratulation to the Queen, 744
- change of, 1007
- Adhesions, pyloric, 891, 910, 970; a cause of visceral disability, 1407
- Adler, Dr., sanitation as taught by the Mosaic law, 1069
- Adulteration, insufficient fines for, 1187
- "Ether puriss" (absolute), 1382
- Affleck, Mr. J., income tax assessments, 771
- Africa, Guide to Health in, Surgeon-Major T. H. Parke, *rev.*, 184
- Agnew, Dr. D. H., History of the Life of, Dr. J. H. Adams, *rev.*, 896
- Agra, extension of bacteriological laboratory at, 1085
- Agreements with assistants, 1408
- Ague, on the Medway, 1036; opium as a preventive of, 1196, 1405
- Air passages and thorax in children, surgery of the, 105, 174, 231
- space in rural cottages, 289
- Aitchison, Mr. R. S., A Medical Handbook, *rev.*, 235
- Alcohol, and Public Health, Dr. J. J. Ridge, *rev.*, 236; 600 Dutch doctors on, 451; the revenue from, 591; the physiological actions of, 954; mortality from, 1139
- Alcoholism, or strychnine poisoning, deaths from, 195; certificates of death and, 451
- Alder-Smith, Dr., on ringworm, 469; notification fees in public schools, 1413
- Ale, non-intoxicating hop, 848
- Alexander, Brigadier-Surgeon W., carbolic acid as a germicide, 104
- Dr. W., trephining in epilepsy in doubtful cases, 1149
- Algiers, the Practical Guide to, Mr. G. W. Harris, *rev.*, 1381
- Aliens, filthy, the importation of, 716
- Aliwal, North, as a health resort, 1347
- Allabone v. Morton, remarks on, 135, 191; the Home Secretary on, 199; Apothecaries' Society, *v.*, 1006
- Allbutt, Professor T. C., tubercle as a local disease, 739; opening address at Yorkshire College, 812; concussion of the spine, 1096; the treatment of enlarged cervical glands, 1141; adhesions a cause of visceral disability, 1407
- Allen, Professor F. J., contre coup, 1379
- Dr. H., A Handbook of Local Therapeutics, *rev.*, 1156
- Allfrey, Dr. C. H., diphtheria and defective drainage, 1405
- Allgemeine Zeitschrift für Psychiatrie, 50th anniversary of, 956
- Alliance, General Practitioners'. See Association.
- Allinson, v. General Medical Council, 42
- Allochiria, 1053
- Alopecia areata, 1052
- Alston, Mr. H., chlorosis, 65, 1453; the treatment of ringworm, a suggestion, 876
- Alte Erfahrungen im Lichte der neuen Zeit und ihrer Anschauungen ueber die Entstehung von Krankheiten, Dr. C. Wenzel, *rev.*, 534
- Althorp, Mr. C. F. M., tumour in muscle, 1215
- Alum, purification of water by, 918
- Alvarenga prize, the, 1088
- Amadeo, Dr. A. J., puerperal septicæmia, 900
- Amaurosis, double, following concussion, recovery, 843
- Amblyopia, reflex, during pregnancy, 731, 824
- Ambulance, a first-aid book for lectures on, 875; and first-aid organisation, in France, 1352; and bread cart, 1412
- carriage, a new, 1382
- St. John. See Association
- Volunteer. See Volunteer
- America. See United States
- Amphioxus, The, and its Development, Dr. B. Hatschek, *rev.*, 896
- Anæmia, the causation of, 10, 672; treatment of, 119
- Anæsthesia, gases of the blood during, 683; due to cortical lesions, 687; for operations on the throat and nose, 707; operations without, 1100
- Anæsthetics, Dr. Vallas on, 160; and dental surgery, 451; size of the radial artery under, 1304
- Anatomy, methods of study of, 879; the study of, 1079
- Anderson, Dr. D. E., malarial hæmatozoa in Mauritius, 771
- Mr. E. G., puerperal septicæmia, 628; duration of diabetes, 777
- Dr. J. A., poisoning by chloride of zinc, recovery, 578
- Mr. W., the regional subdivision of the abdomen, 679, 680; Heath's Practical Anatomy, *rev.*, 794
- Andriezen, Dr. W. L., the neuroglia elements in the human brain, 227; the pathology of the thyroid gland, 678; the sensory motor functions of the central convolutions of the cortex cerebri, 686
- Aneurysm of right common carotid artery, 580; of the thoracic aorta opening into the œsophagus, 1272; hæmatoma after, 1273
- Aneurysms, the pathology of, with special reference to atheroma as a cause, 456, 669
- Angioma of the scapular region, 1051
- Animal life, the physiology of some forms of, 1178
- Animals, live, should experiments on be prohibited by law? 749; predaceous, in India, 1296

Anleitung zur aseptischen Wundbehandlung, Dr. C. Schimmelbusch, *rev.*, 847
Annandale, Mr. T., on hare-lip and cleft palate, 1196
Annual of the Universal Medical Sciences, Dr. C. E. Sajous, *rev.*, 950
Anthrax, the prophylaxis of, 953; at Guy's Hospital, 1068, 1082; in man, 1413
"Antidiphtherin," 1070
Antipyrin, rash caused by taking, 944, 1087
Antivivisection at Nottingham, 1396
Antrum, drainage of the, 930; impaction of foreign body in the, 1213
Aorta, thoracic, opening of aneurysm of into oesophagus, 1272
Aphasia, case of, 948
Apoplexy of ovum, 12; of mesentery, 1329
Apothecaries' Hall, Dublin, regulations as to licence, etc., of, 522; the licence of, 871
— Hall, Dublin, and Royal College of Surgeons in Ireland, Conjoint Board of. *See* Colleges
— Society of London, pass lists, 45, 158, 285, 494, 768, 871, 975, 1185, 1456; list of examiners, 101; regulations as to examinations of, 515; v. Alabone, 1006; the physic garden of, 1008
Appendicitis and Perityphilitis, Dr. C. Talamon, *rev.*, 949; recurrent, 1106
Appleyard, Dr. J., presidential address to Bradford Medico-Chirurgical Society, 845
Arachnoid space, traumatic hemorrhage from with symptoms on the same side as the lesion, 1101
Archæologia Medica, 1166
Archer, Mr. E. G., antipyrin rash, 1087
Ardamont shooting case, medical witnesses at, 1310; the trial, 1447
Argentine Republic, medical practice in, 503, 611; quarantine regulations in, 859
Armstrong, Dr. H. E., on precautions against cholera, 314
Army, British, the vote on the medical staff of, 28, 45; the examining board of, 31, 605; promotions and appointments in the medical staff of, 41, 98, 155, 209, 282, 345, 398, 444, 492, 557, 605, 656, 711, 766, 815, 870, 920, 970, 1028, 1080, 1132, 1184, 1252, 1359, 1409; retirement, 42, 210, 493; the titles question, 42, 97, 156, 345, 493, 711, 816, 922, 1029, 1133, 1455; orderly duty, 42; the difficulties of the medical department of, 79, 210, 1252, 1307, 1455; the medical officers of and civil practice, 103; promotions and appointments in the medical reserve of, 155, 209, 398, 444, 557, 606, 766, 815, 921, 970, 1028, 1184, 1252; changes of station, 156, 444, 656, 921, 1133, 1409; the regulations, 157; sick leave, *ib.*; the income tax on pensions, *ib.*; education of M.P.'s, *ib.*; unready for war, 282; desiderata and the deputations, 293; notes on the estimates, *ib.*; pay warrant perplexities, *ib.*; successful candidates for admission to medical staff of, 398, 556; the health of, 481; omitted again, 493; sanitary recommendations, *ib.*; regulations for admission to the medical staff of, 544; reply of the Secretary of State for War to the deputation as to the grievances of medical officers of, 550, 589, 641, 656, 748, 921, 1187; papers on chemistry, etc., for examination for admission to, 605; non-combatants as general staff and executive officers, 606; the casual newspaper reporter, *ib.*; the reorganisation of the commissariat, 712; sanitary engineering, *ib.*; the medical department of at the autumn manoeuvres, 765; the western military district, 767; extension of new military titles, 907; unpreparedness for war, 921; the Scottish district, *ib.*; transport of the medical service in war, 970; shall we compromise with the War Office? 971; dress regulations, 1029; mixed boards, 1184; muddling medical news, *ib.*; titles of officers liable to recall, *ib.*; the title of surgeon-general, *ib.*; War Office committee on physical examination of candidates for commissions in, 1290; a libel on military surgeons and its punishment, 1410; study time, 1455; Farke memorial fund, *ib.*
— Indian, promotions and appointments on the medical staff of, 41, 155, 209, 282, 345, 398, 444, 492, 555, 605, 656, 711, 766, 815, 870, 921, 970, 1028, 1080, 1132, 1184; the medical staff in, 42, 97; the principal medical officer in, 97, 345; the medical service of, 97, 156, 210; patronage in, 157; successful candidates for admission to medical staff of, 338, 493, 556; the six years' tour in, 493, 552, 816; regulations for admission to the medical staff of, 545; the medical officers and the lower standard examination, 557; total abstinence in the, 610; pay in the, 711; physical fitness for, 719; new colours for the, 870, 1029; financial extension of warrants

to, 921; the reorganisation of, 1067; "language leave" in, 1119; principal medical officer, Madras, 1133; field hospitals in, 1410
Army, Salvation. *See* Salvation
— United States, medical titles in, 210
Arnison, Dr., demonstrations at the Royal Infirmary, Newcastle-on-Tyne, 427
Arsenic, peripheral neuritis from, 996
Arterio-sclerosis, books on, 1139
Artery, common carotid, wound of, 1051
Arthrectomy of elbow- and ankle-joints, 1323
Ascaris lumbricoides causing marked constitutional disturbance, 116, 612; and tenia medicamentosa, simultaneous expulsion of, 1375
Ashbourne, the outbreak of cholera at, 908
Ashby, Dr. A., the condemnation of unsound meat, 819
— Dr. H., The Diseases of Children, Medical and Surgical, *rev.*, 15
Ashdown, Dr. H., death of, 911; obituary notice of, 975
Askin, Mr. T. C., case of sunstroke, 476
Asphyxia, physiological action of oxygen in, 914
Assistants, unqualified, employment of, 216; unqualified, assignments to, 1415
Association, American Climatological, Transactions of, 897
— American Medical, annual meeting of, 21
— American Medical Editors', annual meeting of, 19, 31
— British, for the Advancement of Science, the meeting of, 692
— British Dental, annual conference of Western branch of, 189; meeting of Irish branch of, 590
ASSOCIATION, BRITISH MEDICAL, the Sections at the annual meeting of and general practitioners, 40, 95, 152, 216; the mode of election of officers of Branches of, 40, 96, 152; programme of 61st annual meeting, 90, 131, 202, 241; annual museum, 93, 333, 421; first general meeting, 321; retirement of president, *ib.*; installation of new president, *ib.*; the marriage of the Duke of York, address of congratulation to the Queen, *ib.*; vote of thanks to retiring president, *ib.*; election of the Marquis of Londonderry as an honorary member, 322; removal of member from the roll of the Association, *ib.*; vote of thanks to the treasurer, *ib.*; re-election of Mr. Butlin as treasurer, 323; adjourned general meeting, 324; addition to and alteration of by-laws, 326; inspection of accounts of, 327; remuneration of members of council, *ib.*; second general meeting, *ib.*; new president of council, *ib.*; vote of thanks to retiring president of council, *ib.*; alteration of by-law 1, 328; model by-laws, *ib.*; leading article on the Newcastle meeting, 330, 379; summary of the proceedings at Newcastle, 332 *et seq.*; conversation at Newcastle, 329; third general meeting, 387; vote of thanks to the Dean of Durham and the University of Durham, *ib.*; a personal explanation, *ib.*; the Stewart prize, *ib.*; address in surgery, 388; Public Medicine Section, *ib.*; concluding general meeting, *ib.*; address in obstetrics, *ib.*; control of nurses, 389; votes of thanks, *ib.*; public dinner, 390; members present at the annual meeting, 416; excursions from Newcastle, 435; list of authors and others who have presented books to library of, 758; the annual meeting at Bristol, 1224; and the Journal, 1894, 1227; the library and reading room of, 1231; a new colonial Branch of, 1234; programme of 62nd annual meeting, 1243
— Council, proceedings of, 240, 439, 1124; report of, 266, 321; remuneration of members of, 327
— Anæsthetics Committee, preliminary report of, 277, 328
— Hypnotism Committee on, report of, 177, 324
— Inebriates Legislation Committee, report of, 273, 325; appeal of to clergy, etc., 1173, 1384
— Medical Charities Committee, report of, 274, 326
— Parliamentary Bills Committee, report to on the extension of sanitary powers to county councils, 123, 187, 246, 1281; report of, 268, 323; payment of travelling expenses of, 328; the work of the, 1114; report to on opium in India, 1175, 1223, 1283, 1399; meeting of, 1221, 1281; the proposed amendment of the penal clauses of the Medical Acts, 1221, 1281, 1285; the sale of proprietary medicines containing poisons, 1281, 1283; District and Parish Councils Bill, 1282; small-pox and notification of infectious diseases, 1283; cho-

lera at the Hardwar and other Indian fairs, *ib.*; costs incurred by port sanitary authorities, *ib.*; physical and mental condition of school children, *ib.*; report to on compulsory notification of England and Wales in 1892, 1332, 1383, 1430
ASSOCIATION, BRITISH MEDICAL, Railway Servants' Eyesight (Efficient Control of) Committee, report of, 276, 326
— School Children (Physical and Mental Condition of) Committee, report of, 276, 326
— Scientific Grants Committee, report of, 270, 323; report to on immunity against cholera, 572
— Therapeutic Committee, report of, 278, 324; meeting of and names of reporters to, 1400
— Aberdeen, Banff, and Kincardine Branch, annual meeting of, 1023; report of council, *ib.*; treasurer's balance sheet, *ib.*; election of officers, *ib.*; summer meeting, 1894, *ib.*; conjoint meeting, 1023, 1178; communications, 1023, 1178; vote of thanks, 1023, 1178; hospital visit, 1023; annual dinner, *ib.*; meeting of, 1178; confirmation of minutes, *ib.*; new members, *ib.*; the president elect, *ib.*
— Bath and Bristol Branch, annual meeting of, 147; new members, 147, 1305; installation of new president, 147; report of council, *ib.*; election of officers, 148; votes of thanks, *ib.*; proposal to admit women to membership, *ib.*; dinner, *ib.*; meeting of, 1023, 1305; communications, 1023, 1305
— Birmingham and Midland Counties Branch, annual meeting of, 37; new members, 37, 965, 1178; medical charities and the wage limit, 37; election of officers, *ib.*; annual dinner, 38; meeting of, 965; payment of travelling expenses, *ib.*; hour of meeting, *ib.*; sick headache, *ib.*; cases, 1106, 1154, 1378; specimens, 1106, 1154, 1379; contre coup, 1379
— Border Counties Branch, annual meeting, 343; new members, *ib.*; mode of election of officers, *ib.*; guests, *ib.*; medical evidence of cause of death, *ib.*; the British Institute of Preventive Medicine, *ib.*; report of council, *ib.*; letter of condolence, *ib.*; election of officers, *ib.*; vote of thanks, *ib.*; autumn meeting, *ib.*; retiring president, *ib.*; president's address, *ib.*; dinner, *ib.*
— British Guiana Branch, meeting of, 603; British Institute of Preventive Medicine, *ib.*; auditor's report, *ib.*; etiology and treatment of pneumonia, *ib.*
— B u r m a h Branch, meeting of, 1076
— Cambridge and Huntingdon Branch, meeting of, 864; new members, *ib.*; communications, *ib.*
— Dorset and West Hants Branch, meeting of, 200, 917; new members, 200, 917; discussion, 200; communications, 200, 917; next meeting, 200, 917; dinner, 200, 917; election of officers, 917; deletion of officers, 917; delegates to the International Medical Congress, *ib.*; British Medical Benevolent Fund, *ib.*; discussion, *ib.*
— East Anglian Branch, jubilee meeting of, 201; meeting of council of, *ib.*; new members, *ib.*; congratulation to president, *ib.*; mode of election of branch officers, *ib.*; election of secretary for Essex district, *ib.*; proposed by-laws, *ib.*; communications, *ib.*; luncheon, 202; president's address, *ib.*; further communications, *ib.*; afternoon tea, *ib.*
— Edinburgh Branch, conjoint meeting of with Stirling, Kinross, and Clackmannan Branch, 119, 148; phenazone, acetanilide, and phenacetin, 119; minutes, 148; drive, *ib.*; dinner, *ib.*
— Glasgow and West of Scotland Branch, meeting of, 201; president's address, *ib.*
— Gloucestershire Branch, meeting of, 1305; presidential address, *ib.*; supper, *ib.*
— Grahamstown and Eastern Province Branch, meeting of, 1234, 1243; rules and by-laws, 1243; election of officers, *ib.*; papers and communications, *ib.*; votes of thanks, *ib.*
— Halifax (Nova Scotia) Branch, annual meeting of, 706; officers and council, *ib.*; meeting of, 864, 1023, 1243, 1350; communications, 864, 1024; supper, 1024; cases, 1243; paper, 1350; dinner, *ib.*

ASSOCIATION, BRITISH MEDICAL, Lancashire and Cheshire Branch, annual meeting of, 88; minutes, *ib.*; installation of new president, *ib.*; president's address, *ib.*; report of council, *ib.*; financial statement, 89; next annual meeting, *ib.*; officers and council, *ib.*; the intercommunication of Branches, *ib.*; communications, 89, 1402; notices of motion, 89; vote of thanks, *ib.*; luncheon, *ib.*; dinner, 89, 1402; meeting of, 1402; new members, *ib.*; visit to brine baths, *ib.*; presentation to Dr. Glascott, *ib.*

Malta and Mediterranean Branch, meeting of, 89; Mediterranean fever, *ib.*; Branch representative, 90; new members, *ib.*; naval secretary, *ib.*; vote of thanks, *ib.*

Melbourne and Victoria Branch, meeting of, 654; Dr. Gresswell and the Board of Works, *ib.*; treatment of rheumatoid arthritis, *ib.*; epidemic of measles, *ib.*; bacteriological demonstration, *ib.*; operation for vaginal fistula, *ib.*; the late Dr. Graham, *ib.*

Metropolitan Counties Branch, annual meeting of, 37; new members, *ib.*; report of council, *ib.*; election of officers, *ib.*; treasurer's report, *ib.*; draft of new laws, *ib.*; votes of thanks, *ib.*; presidential address, *ib.*

Metropolitan Counties Branch, North London District, meeting of, 1349; treatment of enlarged prostate, *ib.*; clinical cases, *ib.*; votes of thanks, *ib.*

North of England Branch, meeting of, 201, 917; presidential address, 201; new members, *ib.*; payment of travelling expenses, *ib.*; election of representatives, *ib.*; president's dinner, *ib.*

North of Ireland Branch, annual meeting of, 238; death of Professor Dill, *ib.*; report of council and financial statement, *ib.*; election of office bearers, *ib.*; communications, 238, 1024; luncheon, 238; new members, 238, 1024; meeting of, 1024; confirmation of minutes, *ib.*; the late Professor Dill, *ib.*; president's address, *ib.*; resignation of Dr. Byers, *ib.*; appointment of new secretary, *ib.*

Northern Counties of Scotland Branch, meeting of, 38; election of officers and council, *ib.*; new members, *ib.*; president's address, *ib.*; death certificates, 39.

North Wales Branch, annual meeting of, 239; special service, *ib.*; luncheon, *ib.*; president-elect, *ib.*; new members, *ib.*; report of district council, *ib.*; the president, *ib.*; future meetings, *ib.*; election of officers, *ib.*; the late Dr. E. Williams, *ib.*; the late Dr. Eytton-Jones, *ib.*; letters of condolence, *ib.*; papers, *ib.*; specimens, 240; dinner, *ib.*

Oxford and District Branch, annual meeting of, 200; installation of president, *ib.*; minutes, 200, 1024; address, *ib.*; new members, 200, 1024; election of officers, *ib.*; report of council, *ib.*; meeting of, 1024; communications, *ib.*; medical aid associations, *ib.*

Perthshire Branch, meeting of, 201; county medical officers and private practice, *ib.*; death registration, *ib.*; new members, 201, 1305; proposed Dundee and District Branch, 201; annual meeting of, 1305; confirmation of minutes, *ib.*; election of officers, *ib.*; report of council, *ib.*; the late Dr. Irvine, *ib.*; treasurer's accounts, *ib.*; report of representative on Council, *ib.*; summer meeting, *ib.*; dinner, *ib.*

Reading and Upper Thames Branch, annual meeting of, 396; election of officers, *ib.*; luncheon, *ib.*

Shropshire and Mid Wales Branch, annual meeting of, 90; the late Mr. Francis Whitwell, *ib.*; election of office bearers, *ib.*; new members, *ib.*; communications, *ib.*; dinner, *ib.*

Southern Branch, Isle of Wight District, meeting of, 233; laceration of perineum, 239; some modern antipyretics and analgesics, *ib.*

Southern Branch, South-East Hants District, election of honorary secretary and treasurer, 1278; cases, *ib.*; pathological specimen, *ib.*; paper, *ib.*

South-Eastern Branch, East Kent District, the annual meeting of, 40; meeting of, 810, 1305; chairman of Canterbury meeting, 810; communications,

810, 1305; a county bacteriologist, 510; cases, *ib.*; next meeting, 1305

ASSOCIATION, BRITISH MEDICAL, South-Eastern Branch, East Sussex District, meeting of, 1349; prevention of spread of phthisis, 1350; communications, *ib.*

South-Eastern Branch, West Kent District, meeting of, 1075; confirmation of minutes, *ib.*; next meeting, *ib.*; objectionable advertisements, *ib.*; Epsom College, *ib.*; communications, *ib.*; dinner, *ib.*

South Midland Branch, meeting of, 864; sewage purification, *ib.*; new members, *ib.*; votes of thanks, *ib.*

South Wales and Monmouthshire Branch, annual meeting, 238; vote of thanks, *ib.*; report of council, *ib.*; donation, *ib.*; election of officers, *ib.*; new members, 238, 1076; alteration of rules, 238; future meetings, *ib.*; president's address, *ib.*; cases and specimens, *ib.*; dinner, *ib.*; meeting of, 1076; papers, etc., *ib.*

South Western Branch, annual meeting, 1075; report of council, *ib.*; election of officers, *ib.*; vote of thanks, *ib.*; next annual meeting, *ib.*; the resignation of the hon. secretary, *ib.*; vote of thanks to retiring secretary, *ib.*; dinner, *ib.*; meeting of, 1123; new member, *ib.*; communications, *ib.*

Stirling, Kinross, and Clackmannan Branch, annual meeting, 38; minutes, 38, 148, 1076; report of council, 38; alteration of by-laws, *ib.*; financial statement, *ib.*; office-bearers, *ib.*; new members, *ib.*; meeting at Cupar, *ib.*; the Parliamentary Bills Committee, *ib.*; Therapeutic Committee, *ib.*; next meeting, *ib.*; presidential address, *ib.*; exhibition of instruments, *ib.*; dinner, 38, 148; conjoint meeting of with Edinburgh Branch, 119, 148; phenazone, acetanilide, and phenacetin, 119; drive, 148; cases and specimens, 1076; vote of thanks, *ib.*

Sydney and New South Wales Branch, meeting of, 36, 147, 596, 489, 864, 1243, 1350, 1002; the new president, 36; minutes, 36, 147, 346, 864, 1243, 1402; new members, 36, 147, 346, 489, 864, 1350, 1402; delegate to annual meeting of the Association, 36; president's address, *ib.*; vote of thanks, 37; officers and council, *ib.*; communications, 147, 346, 489, 864, 1243, 1350, 1402; confirmation of minutes, 1350; notice of motion, *ib.*; proposed medical library, 1402; discussion, *ib.*; unprofessional advertising, *ib.*

West Somerset Branch, annual meeting of, 38; vote of thanks to retiring president, *ib.*; minutes, etc., *ib.*; report of council, *ib.*; treasurer's accounts, *ib.*; next annual meeting and president-elect, *ib.*; intermediate meetings, *ib.*; election of officers, *ib.*; president's address, *ib.*; vote of thanks, *ib.*; luncheon and excursion, *ib.*; meeting of, 1076; new members, *ib.*; the late Dr. Currie, *ib.*; letters from the hon. secretaries of the Bath and Bristol and of the South-Western Branches, *ib.*; treatment of myxœdema, *ib.*; dinner and vote of thanks, *ib.*

Yorkshire Branch, meeting of, 1123; communications, *ib.*

Association, British Medical Temperance, annual meeting of Irish branch of, 30

British Postal Medical Officers', annual dinner of, 501

Brussels Medical Graduates', list of officers, 213

County Medical Officers', formation of, 289

of Fellows of the Royal College of Surgeons, meeting of committee of, 23, 250, 1073, 1257; annual meeting of, 23; report on alteration in College by-laws, 1073

Forfarshire Medical, annual meeting of, 113

French Medical Mutual, 1459

the Hausa, 612

Irish Medical Schools' and Graduates', annual dinner of, 964

of Medical Officers of Life Assurance Societies, formation of, 198, 1136

Medical Practitioners', annual meeting of, 350

Médicale Mutuelle of the Seine Department, results of, 1306

Médico-Psychological of Great Britain, pass-lists, 313, 1458; annual meeting, 343; the certificate, etc., of, 543; programme of meeting of, 1085; special meeting of, 1294

Metropolitan Police Surgeons', annual meeting of, 1304

Association, Midwives' Registration, circular letter re, 1357, 1406

New Zealand Medical, annual congress of, 706

for the Oral Instruction of the Deaf and Dumb, annual meeting of, 160

Police Surgeons, proposed formation of, 189

Royal British Nurses, the charter of, 40, 94, 138, 150; regulations as to advertisements, etc., 1137

St. Andrews Graduates, annual meeting of, 402

St. John Ambulance and the royal procession, 161, 313; week under canvas of, 358; and its doctors, 764, 868, 931, 970, 1452; at Manchester, 1077

Sanitary of Scotland, examination of, 101

of Scotch Medical Schools and Graduates, proposed formation of, 344

Spanish Medical, formation of, 115

Associations medical aid, covenants (not to practise) with, 43, 663; "covering" and, 503; circulars from, 822; and the interests of the general practitioner, 1224, 1250

Assurance companies, bonesetters and, 291

Asylum for idiots, 979

Banstead, annual report of, 926

Cane Hill, annual report of, 926

Claybury, proposed appointment of pathologist, 197; the pathological laboratory at, 1170

Colney Hatch, visit of inspection to, 160; annual report of, 1033

Cork District Lunatic, additional accommodation at, 198

Dorset County, annual report of, 501

Hanwell, annual report of, 1033

for Idiots, Earlswood, annual festival of, 101

Limerick Lunatic, overcrowding in, 501

new metropolitan site for, 195

Richmond District Lunatic, Dublin, annual report of, 926

Royal Albert, quinquennial festival of, 927

Royal, Edinburgh, annual report of, 289

Royal Hants County, instruction at, 535

Asylums, effect of change in county government on, 358, 460; and detached hospitals, 404; of the county of London, 500; of the city of Birmingham, 501; public, dietary in, 861

State and lunacy boards, 1390

Ataxy, Friedreich's, 1053

Atkin, Mr. C., earache in children, 1052

Atkins, Brigade-Surgeon-Lieutenant Colonel, farewell dinner to, 209

Atkinson, Mr. G., death of, 1411

Mr. T. R., is blood poisoning an accident? 491

Atlas of Clinical Medicine, Dr. B. Bramwell, rev. 949

Atropine, the discomforts of, 980

Attendance, medical, on urgent cases, 872

Atthill, Dr. L., the College of Surgeons, Ireland, and Apothecaries' Hall, Dublin, Conjoint Board of, 41, 1358

Auditory meatus, external, epidermic masses plugging, 104

Auld, Dr. A. G., the pathology of aneurysms, with special reference to atheroma as a cause, 456, 669, 670; the pathology of fibroid degeneration of the heart, 669

Aural. See Ear

Auscultation and Percussion, Dr. S. Gee, rev., 950

Aust-Lawrence, Dr. A. E., post-partum ovariectomy, 622; lithotomy on the female bladder, 623; puerperal septicaemia, 628; the treatment of retroversion of the gravid uterus, 630

Australia, medical clubs and friendly societies in, 85; the voyage to, 152; substitute for the Poor-law in, 855

Automatic writing, 1015, 1225, 1338, 1382

B. Baber, Mr. C., aural snare, 1110

Bacilli, effect of electrical currents on, 215; of cholera, exhibition of at New York forbidden, 431; two in spirits, 1140

Bacillus, new anaërobic, of malignant œdema, 849

Bacteria, the recognition of, 1311

Bacteriology in India, 717; teaching of in England, 611

Bacterioscopy in clinical medicine, 262

Bagill, enteric fever at, 1084

- Bailey, Mr. R. J., Chemistry for All, *rev.*, 236
Bakehouses, the sanitary condition of, 99; West End, 259; of London, 1084
Baker, Surgeon-Captain G. H., vesico-vaginal lithotomy, 1212
— Surgeon-Lieutenant-Colonel O., malaria on shipboard, 920
Baking powders and the Food and Drugs Act, 1408
Ballance, Mr. C. A., thrombosis of lateral sinus, 1274
Balneology, works on, 404
Bandage, improved plaster-of-paris, 951
Bangor, opening of provident dispensary at, 954
Bankrupt patients, 103
Banks, Dr. W. M., radical cure of hernia, 1041
Bantry, the drainage of, 478
Barber's shop, hygiene of the, 699
Barff, Mr. F. S., An Introduction to Scientific Chemistry, *rev.*, 584
Barford, Mr. J. G., death of, 1131
Barker, Mr. A. E., the prevention of prolapse after inguinal colotomy, 154
— Mr. C., continued pyrexia without apparent cause, 234
— Christopher, the plea of insanity in the case of, 193, 259, 279
— Mr. W. J. T., two attacks of scarlatina in three months, 843
Barling, Mr. A. S., on taking the oath, 1452
Barlow, Dr. T., abdominal tuberculosis in children, 740; the treatment of enlarged cervical glands, 1144; heart disease in children, 1148
Barnes, Dr. E. G., the mode of election of Branch officers, 96
— Dr. F., the conservative treatment of diseases of the uterine appendages, 620; lithotomy in the female bladder, 623
— Dr. H., the pathology and distribution of atrophic paralyses, 728; concussion of the spine, 1097
— Dr. R., on puerperal septicæmia, 623; corrosive sublimate in puerperal septicæmia, 967
Barr, Dr. J., a case of typhoid fever followed by perforation and recovery, 297
Barrême, outbreak of diarrhoea at, 918
Bartholomæus, Dr. O., removal of foreign bodies from the ear, 1460
Barton, Mr. J. K., avoidance of shock, 491
Bateman, Dr. A. G., bogus M.D.'s, 1307
Bath, death in a, 697
Bathers' cramp, 765
Battams, Mr. J. S., pulsus paradoxus in acute laryngitis, 154
Battery, Bottini's new accumulator, 237
Baxter, Dr. P. C., death of, 1131
Bayliss, Mr. R. A., diphtheria, tracheotomy, recovery, followed by scarlatina, nephritis mastoiditis, complete recovery, 1322
Bazaar, a monster, 1231
Beables, Mr. C. F., gall stones in the insane, 452; gall stones and cancer, 555; lymphadenomatous growths of heart, 1051
Beale, Dr. A. G., railway spine, 1460
— Dr. L., medical etiquette, 1248
— Mr. E. C., the abuse of medical charities, 281; the advantages and disadvantages of making mistakes, 798
Beard, Mr. F. C., death of, 447
Beauty, the gentle art of, 1397
Beck, Mr. M., proposed memorial to, 33
Beddingfield, Mrs., on the registration of midwives, 128
Bedford, Surgeon-Captain C. H., The History, Causation, and Prevention of Enteric Fever in India, *rev.*, 1000
Bed-rest, the "Core," 237
Beds (no), 1292
Beef, essence of, 1428
Beefstea, nutritiousness of, 1035
Beer, milk *v.*, 1119; stout and, 1170; in asylums for the insane, 1230; adulteration of, 1233; what is? 1415
Beever, Dr. C. E., syphilitic tumours of spinal cord with symptoms simulating syringomyelia, 1102; syringomyelia, 1273
— Sir H., obliteration of superior vena cava, 1273
Behrend, Mr. H., Cattle Tuberculosis and Tuberculous Meat, *rev.*, 1053
Behrendt, Dr. M. R. J., incubation period of measles, 1374
Beiträge zur Kenntniss der Metastasenbildung maligner Tumoren, Dr. Max Müller, *rev.*, 378
Belfast, the students' union of, 594, 1256; correspondence from, 1178; new water supply for, 1179; entrances at the medical school of, 1229
Belgium, precautions against cholera in, 650
Bell, Mr. G. C., report on cases of poisoning at Forest Gate district school, 87
— Dr. J., valedictory address to Edinburgh Medico-Chirurgical Society, 1053
— Dr. R., the conservative treatment of diseases of the uterine appendages, 621; post-partum ovariotomy, 622; flexions of the uterus, 623; under- or over-dose of chloroform, 869; uterine curette, 1158
Belladonna, pilocarpin in poisoning by, 12; opium and conium poisoning by, 116
Benedicts, medical, 291
Bengal, medical relief in, 716; diabetes mellitus in, 906; charitable dispensaries in, 1254
Benjamin, Mr. J. K. K., prescribing chemists, 968
Benzole in influenza, 1425
Benzoyl-pseudo-tropeine as a local anæsthetic in ophthalmic surgery, 1105
Bequests, 45, 49, 73, 101, 148, 278, 768, 829, 926, 967, 990, 1109, 1187, 1188, 1241
Beresford House, opening of, 1361
Berger, Monograph on Dermatology, *rev.*, 67
Bergmann, Professor V., decoration of, 1008
Berkart, Dr. J. B., diphtheria and defective drainage, 1181, 1405
Berlin, correspondence from, 39, 761, 967, 1024; municipal hospitals and clinical instruction at, 39; cholera and typhoid fever in, 761; sick clubs and the lady doctor question in, *ib.*; the hospital for infectious diseases at, 904; new clinics in, 967; the cholera and the water supply of, 1024; reforms at the Charité, *ib.*; boycotting of a hospital at, *ib.*; industrial exhibition at, *ib.*
Bernheim, Professor, named Knight of Legion of Honour, 1183
Berry, Mr. G. A., Diseases of the Eye, *rev.*, 585; atrophy of the optic nerve as a symptom of chronic disease of the central nervous system, 783
— Mr. J., bullet wound of heart, 1051; wound of the common carotid artery, *ib.*
Bevan, Mr. R., wasp sting with rash and constitutional disturbance, 352
Beverley, Dr. M., the mode of election of Branch officers, 96
Bibliographie der klinischen Helminthologie, Dr. J. Ch. Huber, *rev.*, 584
Bibliotheca Medica, issue of, 350
Bicycle record, the, 259
Bicycling, heart disease due to, 115
Bidwell, Mr. L. A., the surgical treatment of lupus, 938; focal epilepsy, 988; gastric jejunostomy, 994; rodent ulcer, 1272
Bilharzia, recurrent hæmaturia due to, 1325
Bilirubin, crystals of from hydatid cysts of the liver, 1051
Bill, Employers' Liability, in Parliament, 1122
— the Home Rule, professional civil servants and, 193
— Isolation Hospitals, remarks on, 696; passes Committee stage in House of Commons, 1342
— the Merchant Shipping, 589
— the Parish and District Councils, 1115; and Scottish medical officers, 1450
— the Plumbers Registration, not to be further proceeded with, 337
Billiard ball impacted in the pharynx, 1051
Billings, Dr. J. S. Ventilation and Heat, *rev.*, 1108
Bimeconate of morphine, 555, 832
Binder, a new obstetric, 123
Binet, M. A., the chess memory, 86
Biniodide of mercury in chronic ringworm, 664
Biology, the origin of, and its relation to other branches of natural science, 613, 642; and ethics, 784
Birmingham, correspondence from, 279, 918, 1078, 1247; cessation of small-pox at, 279; the new infectious hospital at, 279, 288; the asylums of, 501; small-pox at, 918, 1247; Hospital Sunday at, 1078; the influenza epidemic at, 1247
Birth-rate and milk supply, apparent relation between, 1452
Births and deaths, 792
Bishop, Mr. E. S., radical cure of hernia, 1040; hydatids of omentum, 1107
Bishop Auckland, the water supply of, 658
Bishops, medical, 1066; two English, and English science, 1288
Bite from a horse on the pudenda, 612
Black, Dr. D. C., abuse of medical charities, 344
— Mr. W. G., the treatment of enlarged cervical glands, 1144
Blackier, Dr. A. B., the action of electric light, 344; "sun" treatment, 451
Blackham, Mr. R. J., an Association of the Scotch Medical Schools and Graduates, 344; chloralose, 490
Blackman, Dr. J. G., ophthalmic signs, 875
Blackpool, bazaar in aid of new hospital at, 660, 873
Bladder, the pathology of cystic tumours connected with the, 218; urinary rupture of the, 1107; hydatid cyst of the, 1274, 1416
— douche, improved, 1331
Blanc, Monograph on Dermatology, *rev.*, 67
— Dr. E., death of, 385
Blandy, Mr. H., the powers of the General Medical Council, 39
Bleeder, wanted a, 927
Blind, the, at the last census, 594
Blindness, statistics of in England and Wales, 804; in Russia, 1126
Blomfield Retreat, action against committee of, 30, 81
— Mr. J. E., spleen feeding in lymphadenoma, 889
Blood, changes produced in by uric acid, 10, 672; method of determining coagulability of, 223; gases of the during anæsthesia, 683; The Chemistry of the, Dr. L. C. Wooldridge, *rev.*, 795
Blot on the Brain (The), Dr. W. W. Ireland, *rev.*, 1216
Blyth, Mr. A. W., Lectures on Sanitary Law, *rev.*, 583; the connection between sanitary conditions and diphtheria, 1187
Board, the Local Government, and the isolation of infectious diseases in London, 26; the annual report of the medical officer to, 487; report to on influenza, 488; and vaccine lymph, 498; the cholera order for Grimsby, 602
— Local Government for Ireland, annual report of, 500
— Metropolitan Asylums, fortnightly return of, 288, 401; and sites for fever hospitals, 384; instruction at the hospitals of, 533; the accommodation provided by, 800, 857; unfavourable report as to the hospitals of, 1232
Boards of Guardians and Nurses, Miss C. J. Wood, *rev.*, 1109
Bocquillon-Limousin, M. H., Formulaire des Médicaments Nouveaux et des Médications Nouvelles, *rev.*, 378
Body, custody of the, 1006
Bogus M.D.'s, 1307
Bokenham, Mr. T. J., the pathological effects of certain substances derived from the spleen in cases of scarlatina, 405; benzoyl-pseudo-tropeine as a local anæsthetic in ophthalmic surgery, 1105
Bond, Mr. C. J., treatment of the pedicle in nephrectomy, 580
Bonesetters, 104; and assurance companies, 291
Bonnet, Herr R., Ergebnisse der Anatomie und Entwicklungsgeschichte, *rev.*, 999
Boon, Dr. E. G., southern health resorts, 1460
Boot warmer, a new, 428
Booth-Clarkson, Dr. J., practice in California, 215
Boston, special correspondence from, 1305, 1350; the City Hospital of, 1350; street accident service in, *ib.*; "modified milk" supply in, 1351; importation of small-pox in an English ship, *ib.*; the bacteriological diagnosis of diphtheria, *ib.*
Bott, Dr. H., on the registration of midwives, 72
Bottini's new accumulator battery for galvanocauterisation and light, 237
Bourquelot, Dr. E., Les Fermentations, *rev.*, 186
Bouveret, M. L., Traité des Maladies de l'Estomac, *rev.*, 895
Bowen, Mr. T. A., obituary notice of, 400
— Dr. C., a new disease of the West Indies, 850
Bowlby, Mr., disease of many joints, probably of syphilitic origin, 946
Boxall, Dr. R., the London and Counties Medical Protection Society, 207, 344; puerperal septicæmia, 627; the relation of external meteorological conditions to the incidence of febrile illness in childbed, 845; corrosive sublimate poisoning in septicæmia, 1180; dislocation of the heart into the left pleural cavity, 1274; Midwives Registration Association, 1406
Boyce, Professor R., aneurysm and atheroma, 670; atrophy of left ventricle, 676; the sensory motor functions of the central convolutions of the cortex cerebri, 886; changes following removal of one cerebral hemisphere, 888; the nature of vaccine immunity, 989; the seat of origin and paths of conduction of the fits in absinthie epilepsy, 1097
Boyd, Mr. S., on the proposed university for London, 82
Brackebusch filter, the, 1381
Braddon, Mr. W. L., Dochnia or Beri-beri, *rev.*, 895
Bradford, scarlatina at, 143
Bradley, Mr. W., death of, 660
Bradshaw, Surgeon-Lieutenant-Colonel, memorial to Surgeon-Major Parke, 823
Braidwood, Dr. D. G., presentation to, 501
— Dr. P. M., the prevention of accidental poisoning, 1459
Brailley, Dr. W. A., failure of central vision, 1377
Brain, human, the neuroglia elements in, 227; hyperpyrexia in injury to, 234; the sensory motor functions of the central convolutions

- of the cortex of, 685; anæsthesia due to lesions of the cortex of, 687; changes following removal of one hemisphere of, 688; diagrams of, 1001; tumour of the, 1277; treatment of tumours of the, 1365
- Bramwell, Dr. B., thyroid feeding in skin affections, 474; the treatment of psoriasis by the internal administration of thyroid extract, 933, 938; *Atlas of Clinical Medicine*, *rev.*, 949; concussion of the spine, more especially in its relationship with railway accidents and injuries, 1089, 1097
- Brand, Dr. T. A. Pocket Casebook for Practitioners and Students, *rev.*, 122
- Brandy, French, what it is, 719
- Braye, Mr. J., women and sanitary work, 1026
- Brazil, yellow fever in, 448, 486
- Dr. W. H., torsion of the spermatic cord, 13
- Bread cart and ambulance, 1412
- Breast, Thomas's operation for benign tumours of, 1209
- Brent, the pollution of the, 1361
- Brewis, Dr., the conservative treatment of diseases of the uterine appendages, 621
- Bright, Dr. J. M., the duties of coroners and doctors, 281
- Bright's disease. *See* Disease
- Briscoe, Mr. J. E., the fallacy of the vertical footpiece, 1212
- Bristowe, Dr. H. C., a case of general paralysis of the insane at the time of puberty, 1099
- Dr. J. S., presentation to, 801
- British Guiana Medical Annual and Hospital Reports, *rev.*, 1054
- Broadbent, Sir W. H., baronetcy conferred on, 81; presentation to, 750; British Medical Benevolent Fund, 1079; on dilatation of the stomach, 1122, 1193, 1268
- Brodie, Mr. C. G., Dissections Illustrated, *rev.*, 895
- Dr. T. G., a new method of studying the elasticity of muscle, 678; intravascular clotting, 682
- Bromides, eruptions from, 1208
- Bronchiectasis of both lungs, 996
- Bronchitis ketles, 1158
- Bronner, Dr. A., septic infection of the lateral sinus, 562; chronic suppuration of the middle ear, 567; 60 cases of disease of the mastoid process in which the antrum was opened, 569; pilocarpin in aural affections, 570; Eustachian synechia, 572; the abuse of hospitals, 1416
- Dr. H., myxœdema, 845
- Bronson, Monograph on Dermatology, *rev.*, 67
- Brooke, Dr., on ringworm, 473; rodent ulcer, 838
- Brookhouse, Dr. J. O., concussion of the spine, 1005
- Brooks, Dr. St. J., regional subdivision of the abdomen, 680; the morphology of the peroneal group of muscles in the monotremata, 681
- Brown, Dr. Sanger, illness of, 1449
- Mr. W. H., traumatic cyst of the pancreas, 1106
- Brown's South Africa, *rev.*, 897
- Browne, Sir J. C., biology and ethics, 734
- Dr. J. W., a case of foreign body in the mastoid cells, 572
- Mr. L., new tonsil knife, 1110
- Brown-Séguard, La Méthode de, Dr. C. H. Eloy, *rev.*, 1217; locomotor ataxy treated by the method of, 1425
- Bruce, Surgeon-Captain D., on Malta fever, 59
- Mr. J., some cholera cases at Grimsby, 1073
- Bruswick, U.S.A., outbreak of yellow fever at, 914
- Brunton, Dr. J., new tonsil knife, 898
- Dr. T. L., study and progress in pharmacology, 799; certain forms of diarrhoea, 948
- Buck, Dr., death of, 977
- Buckingham Palace, the drainage of, 501
- Builders and by-laws, 903
- Bullet wound of heart, 1051
- Burdett, Mr. H. C., layman or medical man, 216; The Uniform System of Accounts, Audit and Tenders for Hospitals and Institutions, *rev.*, 1216
- Burges, Dr. R. E., amendment of the Births and Deaths Act, 152; practice in Spanish America, 291; practice in the Argentine Republic, 611
- Burial, the right to, 44; of paupers, 141; liability of hospitals for, 291; alive, 482
- Burmah, the opium traffic in, 1053
- Burner, gas-boiling, 1382
- Burnes, Dr. R. A. C., prosecution of a chemist (a correction), 772
- Burns, Mr. J., labourer's death roll, 1176
- Burnup, Mr. J. M., chloralose, 490
- Bush, Mr. P., radical cure of hernia, 1040
- Buszard, Dr., stricture of pylorus, Loretta's operation, 65
- Butter, cholera and, 663
- Butlin, Mr. H. T., radical cure of hernia, 1040
- Buxton, its Baths and Climate, Dr. S. Hyde, *rev.*, 1381
- Buzzard, Dr. T., atrophy of the optic nerve as a symptom of chronic disease of the central nervous system, 779, 784; concussion of the spine, 1096
- Byers, Dr. J. W., puerperal septicæmia, 628; heart disease in children, 1148
- C.
- Cade, Dr. H. L., Teneriffe, 875
- Cæsarean section, case of, 8, 1216
- Cagney, Dr. D., death of, 806
- Cairo and Damietta, infant mortality in, 599, 636, 903, 1165
- Calcanæa, simultaneous and uncomplicated fracture of both, 993
- Calcium salts in hæmophilia, 223
- Calculi of the Bladder, Introduction to the Catalogue of the Collection of Sir H. Thompson, *rev.*, 846
- California, practice in, 215
- Calomel, the antipyretic action of, 954
- Cameron, Sir C., on diphtheria, 412
- Dr. M., the conservative treatment of diseases of the uterine appendages, 621
- Campbell, Mr. C., general practitioners and the Sections at the annual meeting, 40
- Dr. H., claustrophobia, 463
- Dr. J. A., the alleged increase of insanity, 461, 462
- Mr. J. M., poisoning by opium and belladonna, good effects of pilocarpin, 12
- Campbell-Bannerman, Mr., reply to deputation as to medical officers' grievances, 550
- Canals, foul London, 260, 1120
- Canary Islands, health resorts of the, Dr. J. C. Taylor, *rev.*, 1158
- Cancer, more cures for, 434; gall stones and, 490, 555, 605; and chronic irritation of the living tissues, 830; of cervix, 996; diffusion of, 1077; and inebriety, 1312; excision of the larynx, hyoid bone, and five rings of the trachea for, 1423; the question of the increase of, 1450
- Cant, Mr. W. J., effect of correcting errors of refraction in epileptics, 733
- Cantharidinate of potassium in phthisis, 706
- Cape Colony, public health administration in, 1411
- Carbolic acid as a germicide, 104; poisoning by, 1291, 1341, 1415, 1446, 1447
- Carbonic acid in air, easy method of determining amount of, 338
- Carbuncle, excision of, 1320
- Carcinoma, the cell enclosures met with in, 837; of duodenum, 1272
- Cardiac. *See* Heart
- Cardiff, cholera panic at, 82
- Carlebad, A Medico-Practical Guide, Dr. E. Kleen, *rev.*, 18
- Carriage, a new ambulance, 1382
- Carlsaw, Mr. C. J., Transactions of the Glasgow Pathological and Clinical Society, *rev.*, 1109
- Carter, Mr. E. C., transposition of viscera, 180
- Dr. G., acute axial rotation of a dermoid cyst, 1426
- Dr. R. W., the administration of chloroform, 1321
- Casebook (A Pocket) for Practitioners and Students, Dr. T. Brand, *rev.*, 122
- Cash, Professor, some of the present aspects of therapeutics, 1293; The Physiological Action of the Nitrates of the Paraffin Series, *rev.*, 1428
- Cashbook, improved medical practitioners', 1036
- Castration in enlargement of the prostate, 575, 655, 708, 765, 823, 1099
- Casualties at hospitals, 197
- Catalepsy, a case of, 1213
- Cataract, case presenting unusual appearances after extraction of, 947
- Cathcart, Dr. C. W., Edinburgh Hospital Reports, *rev.*, 895
- Catheter, lobster tail, 898; new self-retaining, *ib.*; a bangle-tipped, 1001
- Caton, Dr. R., case of acromegaly treated by operation, 1421
- Cats, and diphtheria, 1013; in London, 1017
- Cattle, communicability of foot and mouth disease from to man, 115, 352; Tuberculosis and Tuberculous Meat, Mr. H. Behrend, *rev.*, 1053
- Cattle, Dr. C. H., do parasites exist in cancerous tumours? 179; the cell enclosures met with in carcinoma, 837
- Cautley, Dr. E., heart disease due to bicycling, 115
- Cawston, Mr. A., A Comprehensive Scheme for Street Improvement in London, *rev.*, 949
- Census returns of the medical profession, etc., 552
- Centenarian, a, 213, 1153; a plus-quam, 830
- Centenarians in Russia, 1256
- Cerebellum, experimental investigations into the functions of the, 600
- Cerebral and Cerebrum. *See* Brain
- Cerna, Dr. D., the physiological actions of alcohol, 954
- Certificate, a doctor's, 140; of death, an extraordinary, 1280
- Certificates, of freedom from infection, 48; medical, of death, insurance companies, 215; medical and industrial insurance, 346; of death and alcoholism, 451; incapacity, 932; false medical, 1118; school for pauper-children, 1255
- Chambers, Mr. T., The Victorian Tourists' Railway Guide, *rev.*, 122
- Champetier de Ribes's bag, a modification of, 1280
- Chance, Mr. A., the operative treatment of enlarged prostate, 1427
- Chapels, infectious diseases in, 925
- Chapman, Dr. P. M., on the successful treatment of empyema, 178
- Charcot, M., death of, 423; and hypnotism, 479, 792; obituary notice of, 495; Dr. Seguin on, 1014
- Charities, medical, abuse of, 118, 281, 344, 397, 442, 489, 554, 605, 918; medical and the Mortmain Act, 1346
- Chart block and case, improved clinical, 1280
- Chemist, prosecution of (a correction), 772
- Chemistry for All, Messrs. W. J. Harrison and R. J. Bailey, *rev.*, 236; Scientific, An Introduction to, Mr. F. S. Barff, *rev.*, 584
- Chemists, prescribing, 888, 918, 961, 968, 980, 1027, 1127; doctors and, 930; prescribing and the practice of medicine, 1439
- Cheque, a complimentary, 1259
- Chess memory, the, 86
- Chesterfield, Dr., the letters of to his son on medicine as a medical career, 760, 813
- Cheyne, Mr. W. W., an exploratory laparotomy, 14; an instrument for delicate dissections, 123; skin grafting for lupus, 1274
- Chicago, welcome to British medical guests in, 128; the water supply of, 142; special correspondence from, 1245, 1448; drugs at the exhibition at, 1363; influenza and the health of the World's Fair, 1448
- Chicken, Mr. R. C., radical cure of hernia, 1040
- Child, a costly, 654; rapidly growing sarcoma of both orbits in a, 947; alleged starvation of a, 967
- Childbed, influence of external meteorological conditions on puerperal fever in, 844
- Childe, Dr. C. P., rash caused by taking antipyrin, 944; two attacks of scarlatina in four months, 1050
- Childhood, fecal incontinence in, 215; abdominal tuberculosis in and its treatment, 734
- Children, The Diseases of, Medical and Surgical, Dr. H. Ashby and Mr. G. A. Wright, *rev.*, 15; surgery of the air passages and thorax in, 105, 174, 231; who show deficiency and the education estimates, 337; young and the diet of, 416; stillborn, post-mortem examination of, 550; blind and deaf, elementary education of, 709; school, eyesight of, 867; feeble-minded, epileptic, and exceptional, 906; earache in, 1052; the insurance of, 1065; heart disease in, 1146; pauper, school certificates for, 1255; van. *ib.*; suggestions in the interest of the eyesight of, 1378; tuberculous, 1403; in quarantine, 1443, 1453
- China, vaccination in, 931
- Chipping Norton, meat poisoning case at, 33
- Chiretta, fluid preparation of, 845
- Chloralose, poisoning by, 233; effects of, 490
- Chloride of calcium in pneumonia, 1374
- Chloride of zinc, poisoning by, recovery, 578
- Chlorodyne, the sale of, 77
- Chloroform, deaths under, 33, 143, 151, 280, 384, 483, 592, 655, 804, 856, 910, 1119, 1170, 1254; dangers of artificial respiration in accidents from, 708, 868; "horror" and imperfect anæsthesia from, 814; under- or overdose of, 869, 1451; the administration of, 1321
- Chlorosis, causation of, 65, 670; treatment of, 119; rest in, 753, 1453
- Chocolate, reviviscant, 1382
- Cholera, where it comes from and how it is propagated, 1; filtration of public water supplies in relation to, 24; and its prevention, 29; in the Tyne, 32, 33, 72; precautions against, 34, 72, 342, 395, 872; in France, 35, 72, 130, 437, 650, 653, 704, 756, 809, 860, 915, 1402; in Russia, 25, 72, 130, 437, 478, 602, 704, 756, 809, 860, 915, 956, 1008, 1073, 1286; a criticism of Koch's bacteriological diagnosis of, 39; lectures on, *ib.*; caused by a fly (?) 65; in Austria-Hungary, 72, 395, 437, 478, 602, 650, 704, 756, 809, 860, 915, 955

4008; in Algeria, 72; in Mecca and Jeddah, 72, 200, 222, 263, 489, 915; in Spain, 72, 130, 704, 756; 809, 860, 915, 956, 1008; quarantine restrictions on, 72, 603; and Indian water supplies, 104; the spread of, 129, 199, 252, 342, 395, 437, 478, 1123, 1177; in England, 130, 437, 478, 587, 600, 647, 755, 809, 860, 915, 956, 1008, 1073; trained nurses for cases of, 130; and the importation of rags, 134, 386, 553, 705; in Turkey, 200, 809, 915, 956, 1008; in Mecca and quarantine in Egypt, 222; at Gravesend, 252; examination of discharges of, 255; the concealment and diffusion of, 258; at Mecca, and Ottoman administration, 263; the nurseries of and their suppression, 317; and panic in Egypt, 336; discussion at Newcastle, 364, *et seq.*; resolution as to precautions against passed at Newcastle, 370; the floods in Kashmir and Srinagar, a new focus of, 396; in Italy, 437, 478, 602, 650, 704, 756, 809, 860, 915, 956, 1008, 1073; in Holland, 437, 601, 650, 704, 756, 809, 860, 915, 956; in Roumania, 437, 478, 603, 1008; in New York, 437; in Germany, 478, 601, 650, 704, 756, 809, 860, 915, 956, 1008, 1073; in Malta, 478, 602, 860, 915; and cholera munitours, 553; on "immunity" against, 572; at Grimsby, 600, 648, 704, 792, 955, 1073; at Hull, 600, 648, 704; in Belgium, 602; in America, 602; the notification of, 604; the vibrios of, 640; sporadic outbreaks of in England, 647, 704, 755, at Rotherham, 648, 1052; at Leicester, 649; in London, 649, 704; early recognition of in Boston, 697; and the Sultan, 706; and ice creams, 756; the lay press on the treatment of, 771; causation and prevention of, *ib.*; at Santa Cruz, Tenerife, 803; in Sweden, 860; in Persia, 860, 1073; Epidemic of in 1892 in the Russian Empire, Dr. F. Clemow, *rev.*, 894; and cholera nostras, 912; inoculation for, 925, 1067; in Tunis, 956, 1008; the Government and precautions against, 1068; a sporadic case of, 1161; specimens from cases of, 1216; the, abroad, 1242, 1333, 1448; Asiatica, its History, Pathology, and Modern Treatment, Dr. A. J. Wall, *rev.*, 1379; the diagnosis of, 1397; and the Powers, 1398; and filth in India, 1457
Cholera, *arriving water*, a sample of, 120
Cholera, *nostras*, the bacteriology of, 630; in Ireland, 860; cholera and, 912
Christmas in hospitals, 1446
Christmas, and New Year Publications, *rev.*, 1417
Chrysophanic ointment, a substitute for, 889
Church, Dr., death of Sir Andrew Clark, 1100, 1111
Churches, infectious diseases in, 925
Churchill, Dr. F., A Handbook of Obstetrical and Gynaecological Nursing, *rev.*, 796
Cinchona, cultivation of in India, 925
City, the proposed cholera hospital in the, 33, 112; the deep wells in the, 160
Clamp with uniform pressure for enterectomy, 1331
Clark, Sir A., illness of, 907, 963, 1012; obituary notice of, 1055; arrangements for the funeral of, 1066; the funeral of, 1111; portrait of, 1118; place of education of, 1135; the late, 1170; German opinion on, 1259; proposed memorial to, 1312; the will of, 1394
Dr. C., detached hospitals and asylums, 465; State aid for poor private insane patients, 466; insanity from the use of Indian hemp, 639
Dr. F. W., the duties and difficulties of port medical inspectors, 367
Mr. H. E., case of ovariectomy in a woman of 71, 551
Clarke, Dr. A. P., surgical treatment for chronic prostatic uteri, 900
Mr. J. J., psoriasis and malignant disease, 702; phase of coccidium oviforme, 1051, 1182
Mr. R. H., the action of electric light, 847
Mr. T. K., ligature of the broad ligament, 64; presidential address to Leeds and West Riding Medico-Chirurgical Society, 948
Clausrophobia, 463
Clavicle, dislocation of the sternal end of, 67
Clay, Mr. C., obituary notice of, 712
Mr. J., presentation to, 1413
Cleaton, Mr. J. D., retirement of, 1335
Cleaver, Dr. W. J., ergotin in epistaxis, 1277
Cleveland, Professor, the relations of incisors to compound teeth, 682
Clemow, Dr. F., The Cholera Epidemic of 1892 in the Russian Empire, *rev.*, 894
Clergy, the and legislation for inebriates, 1173, 1364; patent medicines, quacks and the, 1406
Climo, Brigade-Surgeon Lieutenant-Colonel, the floods in Kashmir and Srinagar, a new focus of endemic cholera, 396
Clotting, intravascular, 652, 927

Clouston, Dr. T. S., The Neuroses of Development, *rev.*, 120; the mental effects of myxedema and the effect on them of the thyroid treatment, 463; detached hospitals in connection with asylums, 464; State aid to poor private insane patients, 466
Club patients and confinement fees, 1363
tariffs, 1311, 1415
Club, Edinburgh University, Manchester, dinner of, 866
Clutton, Mr. H. H., malformation of the lower lip, 891; chronic inflammation of tibia, 1051; encysted hydrocele of the broad ligament, 1153; arthrectomy of elbow- and ankle-joints, 1223
Coagulation, intravascular and pulmonary thrombosis, 165, 682
tubes, 875
Coats, Dr. J., the pathology of aneurysms, with special reference to atheroma as a cause, 456
Cobra poison in mother's milk, 1229
Coca champagne, sugar free, 1219
Cocaine, the manufacture of, 1312
jelly, (compound), 1220
Coccidium oviforme, phase of, 1051, 1182
Cochin China, Pasteurism in, 1267
Cockey, Mr. E., presentation to, 1136
Coffee, the adulteration of, 141
Coffin, a private, 141
Coldrey, Mr. R., death of, 820
Coleman, Dr., night terrors, 1052
Mr. A., prescribing chemists, 969
Coley, Dr., the pathology and distribution of atrophic paralyses, 727; heart disease in children, 1146
College, Anderson's, Glasgow, instruction at, 530
Firth, Sheffield, the school of medicine of, 527; renovation of buildings of, 655; opening address at, 789, 811
Grant Medical, Bombay, foundation of
Reay lectureship at, 716; female students at, 1457
King's, London, the medical faculty of, 523; fees at, 532; changes in staff of, 543; annual dinner, 807; entrance scholarships at, 916
Marischal, Aberdeen, extension of, 923
Mason, Birmingham, the medical faculty of, 526; fees at, 532; instruction in dentistry at, 548; opening of session at, 918
Medical, for Women, Edinburgh, instruction at, 529
of Medicine, University of Durham, appointments and scholarships at, 527; fees at, 532
Owens, Manchester, the medical department of, 527; fees at, 532; instruction in dentistry at, 549; opening of session, etc., at, 811; entries at, 896, 918, 1029; new buildings at, 118; new chemical laboratories at, 1078; annual dinner of students of, 1247
Queen Margaret, Glasgow, instruction at, 529; and the University of Glasgow, 1025
Queen's, Belfast, instruction at, 530; the chair of midwifery at, 854; the Dunville chair of physiology at, 908; the chair of anatomy at, *ib.*; new professors at, 1066; opening of winter session at, 1072
Queen's, Cork, instruction at, 530; entries, etc., at, 908
Queen's Galway, instruction at, 531
Royal, Medical, Benevolent, Epsom, founders' day at, 431
Royal, of Physicians of Edinburgh, regulations as to diplomas, 518
Royal, of Physicians in Ireland, regulations as to licences, etc., 521; annual meeting and list of officers, 975
Royal, of Physicians of London, the diplomas of, 103; comitia of, 190, 254, 956, 1294; extra-metropolitan examiners at, 253; pass lists, 348, 1080; regulations as to diplomas, 515; the presidency of, 1119, 1230; election of president, 1294
Royal, of Surgeons of Edinburgh, pass lists, 377, 1083; regulations as to diplomas, 518; regulations for licence in dental surgery, 547
Royal, of Surgeons of England, exhibition of Hunterian relics at, 74; exhibition of additions to museum of, 75; the jubilee of the Fellowship of, 76; council election, 77; meeting of Council of, 128, 253, 1134; pass lists, 158, 447, 923, 1134, 1185, 1411; and the court of examiners, 430; regulations as to diplomas, 515; regulations as to licences in dental surgery, 547; the calendar of, 746; and dentists, 814; the committee of management of, 923; annual report of, 1018; annual meeting of, *ib.*; arrangements for Fellowship examination, 1134
Royal, of Surgeons in Ireland, election

of examiners, 45; the financial condition of, 337; regulations as to examinations of, 521; regulations for licence in dentistry, 548; presentation of prizes at, 1083; lecture arrangements, 1083; pass lists, 1411, 1456
College, Royal, of Surgeons in Ireland and Apothecaries' Hall Dublin, the conjoint board of the examinations of, 41, 1358; regulations as to examinations of, 520; pass list, 1308
Rush Medical, new laboratory at, 1449
St. Mungo's Glasgow, instruction at, 530
University, Bristol, the medical department of, 526; fees at, 532; distribution of prizes at, 961; annual dinner of, 977
University, Dundee, instruction at, 530; opening of session at, 862
University, Liverpool, the medical faculty of, 527; fees at, 532; instruction in dentistry at, 549; arrangements for the winter session at, 782
University, London, the medical faculty of, 525; fees at, 532; opening address at, 791; annual dinner, 809; the pathological department of, 857
University, of South Wales and Monmouthshire the medical department of, 527, 552; opening of session at, 913; report of council of, 914
Yorkshire, Leeds, the medical department of, 527; fees at, 532; opening of session, etc., at, 812; the new buildings of, 1230
Colleges, Royal of Physicians of London and Surgeons of England, Conjoint Board of, pass lists, 101, 158, 347, 375, 923, 974; regulations as to medical and surgical diplomas, 514; institutions from which certificates are accepted by, 536; regulations as to diplomas in public health at, 540; books for D.P.H. examination of, 719
Royal of Physicians and Surgeons of Edinburgh and Faculty of Physicians and Surgeons, Glasgow Conjoint Examining Board of, pass lists, 283, 377, 1083; regulations as to examinations of, 517; regulations as to diplomas in public health at, 541; the D.P.H. examination of, 1087
Royal of Physicians and Surgeons in Ireland, Conjoint Board of, pass lists, 447; regulations as to examinations of, 520; regulations as to diploma in public health at, 542
University, parliamentary grants to, 1062
Collingwood, Mr. F. W., the title of "Dr.," 876
Collins, Mr. E. T., epithelial pearl tumour in the iris following implantation of eyelash in the anterior chamber, 118; some unusual forms of intraocular neoplasms, 1377
Mr. H. B., the prevention of diphtheria, 715
Colman, Dr. W. S., distribution of tubercle in tuberculosis, 740
Colon, congenital (?) dilatation and hypertrophy of, 230, 351; transverse, ptosis of, 1329
Colonial medical services, regulations for admission to, 546
Colorado, the climate of, 103
Colotomy, inguinal, prevention of prolapse of the intestine after, 65, 154, 208, 281
Colour blindness, is it a product of civilisation? 195; in the mercantile marine, 594
vision, examination for in the mercantile marine, 755
Colquhoun, Dr., heart disease in children, 1148
Coma, diabetic, its etiology and suggestions as to treatment, 666
Comby, Dr. J., Traité des Maladies de l'Enfance, *rev.*, 15
Commission, Indian Hemp Drugs, proposed method of inquiry of, 593
on Leprosy, the report of, 136
Royal, on Opium, members of, 481, 554; meeting of, 590; proceedings of, 637, 690; plan of operation of, 925, 1012; meeting of in India, 1172, 1176, 1233, 1290, 1342, 1394; and another, 1443
Royal on Tuberculosis, delay in publishing the report of, 1232
Royal on Vaccination, meeting of, 259, 1342; effects of the delay of the report of, 384, 814
Royal on the Water Supply of the Metropolis, report of, 702, 1342
on University Education in London, decides against second university, 30; the report of, 1065, 1232
Committee, Select, on the Certification of Deaths, the report of, 431, 553, 596, 639, 693; the evidence taken before, 885
Select, on the Registration of Midwives, proceedings of, 71, 127; report of, 194, 383, 435

- "Compactum," midwifery case, the, 1429
 Company, Clerical, Medical, and General Assurance, annual meeting of, 1257
 Compensation to workmen in injurious trades, 1122
 Concussion, double amaurosis following, 843
 Congress, Bacteriological, date and place of meeting of, 1341
 — of the French Association for the Advancement of Science, meeting of, 653
 — the Eighth International of Hygiene and Demography, arrangements for, 553; the Seventh, the winding up of, 1068; formation of tropical section at, 1136
 — International Medical at Rome, England at, 163; arrangements for, 290; postponement of, 386; date, etc., of, 1169; additional section at, 1188; papers at and fares to, 1256, 1443
 — International Medico-Legal, meeting of at Chicago, 661, 1136
 — International Pharmaceutical, the meeting of at Chicago, 637
 — International Temperance, date and place of meeting of, etc., 352
 — of Mental Diseases, subjects of discussion at, 604
 — Pan-American at Washington, regulations, means of access, etc., 595; meeting of, 701; address of Dr. Pepper at, 806; the scientific work of and papers read at, 849, 899, 954, 1071; echoes of the, etc., 1240
 — of quacks, 1233
 — South African Medical, circular letter, *re*, 1073
 — Surgical, at Rome, 1136
 Constant, Mr. T. E., the medical and dental professions, 969, 1452
 Consultant and general practitioner, 1238, 1303
 Consulting room, warming, a, 1191
 Consumptives, indigent, help for, 1352
 Contagion and infection, 1311; at funerals, 1361
 Contractor, the, again, 383
 Contre coup, 1379
 Convention, International Sanitary, the signature of, 195
 Cooking by gas, 1241, 1437
 — bench, charcoal stove, 351
 Cooper, Sir A., and his surgical work, 1313
 — Mr. P. R., a few facts concerning psorospores, 834
 Copaiba capsules, 1220
 Corbett, Dr., presentation to, 717
 Cord, spermatic, torsion of the, 13; strangulation of the testicle due to axial rotation of, 1102; spinal syphilitic tumours of simulating syringomyelia, 1102
 Cordwenter, Dr. G., when may syphilitics marry? 944; diphtheria and defective drainage, 1181
 Cork, the sanitary state of, 697, 801; hospital Saturday at, 873
 Cornea, conical, optical treatment of, 933
 Corner, Dr. M., obituary notice of, 1411
 Coroners and medical evidence, 208; and doctors, the duties of, 281; increase in salaries of, 977
 Corpora quadrigemina, disease of the, 1102
 Corrie, Fleet-Surgeon A. T., ascariis lumbricoides causing marked constitutional disturbance, 116
 Corrosive sublimate solution, blue, the preparation of for disinfection, 18; in puerperal septicæmia, 932, 967, 1028, 1180; in obstetric practice, 1129
 Corset, Domet belt, 1158
 Cortex. *See* Brain
 Cosmetics, poisonous, 480, 553
 Cottages, rural air space in, 289
 Cotter, Dr., old ununited fracture of the patella treated by wire suture, 120
 Cough, Mr. H., diagnosis of scarlet fever and influenza, 1108
 Couldrey, Mr. J., chloride of calcium in pneumonia, 1374
 County Council of London, the asylums of, 500; and candidates for appointments, 926
 — Councils, extension of sanitary powers to, 123, 187, 207, 246, 400; and technical instruction, 599
 "Coup de Corday," the, 195
 Courtesies, international, 27
 Cousins, Dr. J. Ward, new ophthalmic tabloids and tabloid holder, 729; new dial for testing colour vision, 730; radical cure of hernia, 1039; the treatment of intestinal obstruction, 1371
 "Covering" unqualified medical practitioners 1120, 1132
 Cow-pox and small-pox, 1270
 Cox, Mr. F. A., obituary notice of, 286
 Cramp, bathers', 765
 Crawford, Surgeon-Captain D. G., cholera and Indian water supplies, 104
 Crawford, Rev. J. H., patent medicines, quacks, and the clergy, 1408
 Creameries and enteric fever, 638
 Creed, Dr., medical clubs and friendly societies in Australia, 85
 Cremation, the Law of, Mr. A. Richardson, *rev.*, 185; at the Church Congress, 853, 859; of Lady R. Northcote, 1085; and drainage, 1167; the progress of, 1290; and earth-to-earth burial, 1445
 Crespi, Mr. A. J. G., the St. John Ambulance Association and its doctors, 970
 Cretinism, sporadic, 1273; treated by thyroid extract, *ib.*
 Crocker, Dr. H. R., on ringworm, 472; Diseases of the Skin, *rev.*, 583; the etiology and treatment of psoriasis, 935; eruptions from bromides and iodides, 1208
 Cross, Mr. F. R., epithelial pearl tumour in the iris following implantation of eyelash in the anterior chamber, 118
 Crothers, Dr. T. D., The Disease of Inebriety, *rev.*, 17; The Relation of Life Insurance to Inebriety, *rev.*, 1278
 Crowner's quest law, 805
 Croydon, evening opening of Ophthalmic Hospital, 1088
 Cuba, glands in, 926
 Cuboid bone, dislocation of the, 1153
 Cuffe, Surgeon-Colonel, the notification of measles, 413
 Cullingworth, Dr. C. J., on pelvic peritonitis in the female, and the pathological importance of the Fallopian tubes in connection therewith, 353; the conservative treatment of diseases of the uterine appendages, 621; puerperal septicæmia, 627, 1249; pelvic abscess, 981
 Cummins, Dr. W. E. A., the treatment of enlarged cervical glands, 1143
 Cunningham, Dr. D. J., Manual of Practical Anatomy, *rev.*, 1427
 Curette, uterine, 1158
 Curettes, uterine, 1331
 Curetting and plastic operations on the cervix, vagina, and perineum, 181
 Curnow, Dr. J., diphtheria and defective drainage, 1355
 Currents. *See* Electric
 Currier, Dr. C. G., Outlines of Practical Hygiene, *rev.*, 1279
 Custody of the body, 1006
 Cynanche, contagious, 154
 Cyst, pedunculated hydatid, simulating a pedunculated broad ligament cyst, 13; traumatic of the pancreas, 1106; hydatid of bladder, 1274; parovarian, acute axial rotation of, 1277; dermoid, acute axial rotation of, 1426
 Cystitis, urinary organs from a case of, with surgical kidneys, 1329
 Cystotomy, suprapubic, 1277
 D.
 Dabbs, Dr. G. H. R., incontinence of urine, 351
 Da Gama, Mr. A., Clinical Lectures on Certain Diseases of the Eye, *rev.*, 1109
 Dainty Dishes for the Sick and Convalescent, *rev.*, 18
 Dalby, Sir W. B., Dr. Chesterfield's letters to his son on medicine as a career, 813; Diseases and Injuries of the Ear, *rev.*, 845
 Damiatta and Cairo, infant mortality in, 599, 636, 903, 1165
 Dandruff, removal of, 822
 Dannatt, Miss A., How to Become a Hospital Nurse, 1329
 Datura poisoning, hyperpyrexia in, 139
 Davey, Dr. N. F., nocturnal incontinence of urine, 1087
 Davies, Dr. A. T., thyroid feeding in skin affections, 474; thyroid feeding in myxœdema and skin disease, 1275
 — Dr. D. L., fracture of both bones of forearm by indirect violence, 944
 — Dr. S., the causes of the increase of diphtheria in urban districts, 410, 412; district medical officers as medical officers of health, 415; the diet of infants and young children, 416; a warning, 771; insanity in Egypt, 920, 1027; diphtheria and defective drainage, 1127
 Davis, Mr. J. R. A., An Elementary Textbook of Biology, *rev.*, 1108
 Dead, disposal of the, 853, 859; robbing the, 1460
 Deaf and dumb, the, at the last census, 594
 Death of, Mr. J. Potts, 48; Mr. W. W. Spencer, *ib.*; Mr. R. C. Heslop, *ib.*; Mr. J. Paxton, 160; Mr. H. Hicks, 174; Dr. E. P. Thwing, 213; Mr. J. Whitaker, 286; Dr. E. Blanc, 385; Dr. J. Young, 400; a lunatic of the Cork District Asylum, 402; M. Charcot, 433; Rev. G. Henry, 447; Dr. A. Wattie, *ib.*; Mr. F. C. Beard, *ib.*; M. Vignal, 485; Dr. G. Hewitt, 552; Mr. W. Bradley, 660; Dr. S. H. Hobley, *ib.*; Mr. G. St. G. Fyner, *ib.*; Dr. A. R. Mackinnon, 600; in a bath, 691; under ether, 697, 1441; L. J. F. Hartland, 713; Mr. G. C. Rigden, *ib.*; Dr. D. Russell, *ib.*; Dr. E. C. H. Van Buren, *ib.*; Dr. C. R. Prance, *ib.*; Mr. J. Molony, *ib.*; Mr. T. Hawksley, 768; Dr. D. Cagney, 806; Mr. C. W. Heaton, 820; Mr. R. Coldrey, *ib.*; Mr. H. Ashdown, 911; Mr. W. F. Lucas, *ib.*; Dr. W. S. Irvine, 923; Mr. W. Williams, 976; Dr. L. Le Fort, *ib.*; Dr. Buck, 977; Mr. G. Fitzhenry, *ib.*; Mr. S. H. Webb, 1012; Mr. C. Jenner, 1033; Dr. P. C. Baxter, 1131; Mr. J. G. Barford, *ib.*; Mr. J. Elmes, 1158; Mr. Bailey Denton, 1169; Dr. C. W. MacDowell, 1186; Mr. G. F. Knipe, 1256; Mr. J. Whitehouse, *ib.*; Mr. J. Heywood, *ib.*; Professor Tyndall, 1292; Dr. T. G. Wollaston, 1309; Dr. E. Minich, *ib.*; Dr. F. W. Greene, 1411; Mr. G. Atkinson, *ib.*; Dr. S. Guttman, 1442; Dr. C. W. Earle, 1448
 Death certification, 639, 693, 706, 763, 814; dangerous facilities for, 1232
 — rates, the correction of, 1032
 — roll of labour, 1176
 Deaths under chloroform, 33, 143, 151, 280, 384, 483, 592, 655, 804, 856, 910, 1119, 1170, 1254; in the profession abroad, 49, 77, 161, 364, 449, 501, 600, 660, 717, 820, 923, 977, 1029, 1131, 1186, 1256, 1411; from alcoholism, 196; and births, 292; from drowning, 719, 875; of infants from suffocation, 1390; in prison, 1398
 Defamation of professional character, 345
 Degrees, American dental, 261
 De la Brosse, Guy, reparation to, 1294
 De Lacerda, Dr. J. B., the cause of yellow fever, 850
 De la Harpe, Dr. E., Louèche-les-Bains, *rev.*, 896
 Delépine, Dr. S., on the value of experimental tuberculosis in diagnosis, 665; atrophy of left ventricle, 676; a few facts concerning psorospores or gregarinosis, 834; disinfection of tuberculously-infected houses, 990
 Delorme, M. E., Traité de Chirurgie de Guerre, *rev.*, 582
 Delves, Pharmaceutical Society v., 1081
 Dentist, action against a, 346
 Dentists and the College of Surgeons, 814
 Dentistry, radical and conservative, 1414
 Denton, Mr. Bailey, death of, 1169
 Derby, trade interests and sanitary needs at, 646
 Dermatology, Selected Monographs on Unna, Nielsen, Dühring, Bronson, Blanc, Berger, Prince Morrow, *rev.*, 67; the growth of, 455; compulsory instruction in, 467
 Dermoid, tooth-containing, from the face, 1375
 Derry Hill, diphtheria at, 401
 Desquamation after scarlet fever, 1139
 De Valcourt, Dr., Mecca and the cholera, 460
 Devonport, the sewage bath at, 1172
 Diabetes Mellitus auf Grundlage zahlreicher Beobachtungen dargestellt, Dr. J. Segen, *rev.*, 185; in Bengal, 906
 Diabetics, foods for, 1220
 Diachylon, poisoning by, 9
 Diagnosis, Physical, Lessons in, Dr. A. Loomis, *rev.*, 236; value of experimental tuberculosis in, 665
 Diagnostik der Bakterien des Wassers, Professor A. Lustig, *rev.*, 69; der Harnkrankheiten, Dr. C. Posner, *rev.*, 1379
 Diagrams of the Mouth, Fauces, and Larynx, *rev.*, 18, 103
 Dial, new, for testing colour vision, 730, 797
 Diaries and Pocketbooks, *rev.*, 1219, 1380
 Diarrhoea, summer, in Manchester, 212; epidemic, 263; summer in Preston, 349; mortality from in English seaports, 602; the outbreak of at Greenwich, 909, 1012, 1134, 1172, 1230, 1388; outbreak of at Barrême, 918; certain forms of, 948; salol in, 1278
 Dickinson, Dr. W. L., crystals of bilirubin from hydatid cysts of the liver, 1051
 Diet in schools, 81; of infants and young children, 416
 Dietary in public asylums, 861
 Dill, Dr. R. F., obituary notice of, 286
 Diphtheria at Derry Hill, 401; and specific throat infections, 409; the causes of the increase in urban districts, 410; the prevention of, 715; increase of in London, 751; in large English towns, 855, 1022; at Usk, 953; sublimed sulphur as a local application in, 992; cats and, 1013; how to spread, 1032; the epidemic of in London, 1118, 1172; and defective drainage, 1126, 1181, 1187, 1191, 1247, 1354, 1404; epidemic of at Halstead, 1135; tracheotomy for, recovery, followed by scarlatina, nephritis, complete recovery, 1322; of stomach, 1375
 Diplegia, peripheral facial, 1206
 Dipsomania, home for a, 351

- Disclaimer, a, 404, 1415
Discs. ophthalmic, a hint, 612
Disease, causal relations in, 297
— Bright's, chronic form of, 849
— foot and mouth, communicability of from cattle to man, 115, 352
— infectious, half timers and, 1335
— Graves's, pathological appearances in 3 fatal cases of, 678; some less well known factors in, 892; the sympathetic in, 970
— Menière's, cured by salicylate of sodium, 579
Diseases, Infectious. Popular Information concerning, Mr. H. Sworder, *rev.*, 70; Nervous and Mental. A Treatise on, Dr. L. C. Gray, *rev.*, 184; of the Urinary Apparatus, Dr. J. S. W. Gouley, *rev.*, 847; of the Lungs and Pleura including Consumption, Dr. R. D. Powell, *rev.*, 893; infectious, treatment of by vaccines, 985; puerperal, a further contribution to the clinical knowledge of, 1104; of the Male Organs of Generation, Mr. W. H. Jacobson, *rev.*, 1155; contagious, and the food supply, 1330
Disinfectants and Antiseptics. How to Use Them, Mr. E. T. Wilson, *rev.*, 186
Disinfecting purposes, preparation of blue sublimate solution for, 18
Disinfection of tuberculous houses, 990
Dispensaries, provident and otherwise, 1173, 1406
Dispensary doctors, the Irish, holidays for, 31, 552, 854; substitutes for, 259, 903; deputation to Mr. Morley on grievances of, 1021; and compulsory education in Ireland, 1120; and the "red ticket," 1395
Dissecting as a gentle art, 911
Dissections, delicate, an instrument for, 123; Illustrated, Mr. C. G. Brodie, *rev.*, 895
Dixon, Dr. C. J. W., presentation to, 1188
Dobson, Surgeon-Major E., Indian helminthology, 807
Dochmia or Beri-beri, Mr. W. L. Braddon, *rev.*, 895
Doctorless community, a, 555, 720
Doctors, and coroners, the duties of, 231; and chemists, 930; remuneration of, 1229
— Irish Dispensary. See Dispensary
Dodd, Mr. H. W., 100 consecutive cases of epilepsy, their refraction and treatment by glasses, 946
D'Odiardi, Mr. E. S., Medical Electricity, *rev.*, 585
Dogs in London, 1017
Doidge, Mr. M. J., scarlet fever recurring in a short time, 1322
Donaldson, Dr. E., foreign body in the nose, 1459
— Dr. T. C., concealed accidental hæmorrhage, 1270
Donations, 49, 160, 313, 358, 987, 1183, 1253, 1310, 1327, 1390, 1434
Donnelly, Dr. J., dinner to, 49
Donovan, Dr. W., army medical staff examinations, 605
Doran, Mr. A., cases of tuberculous disease of the uterine appendages and peritoneum, 887
Douglas, Dr. C., wasp sting with rash and constitutional disturbance, 352
— Dr. C. E., presentation to, 873
— Dr. J. G. D., obituary notice of, 1029
Dowson, Dr. W., the local lesion of scarlet fever, 1153
"Dr." the title of, 203, 663, 719, 823, 876, 931, 967, 1037
Drainage, cremation and, 1167; defective, and diphtheria, 1181, 1187, 1191, 1217, 1354, 1404
Drain pipes, juggling with, 1255
Drains in the region of the unknown, 1065
Drake-Brockman, Brigade-Surgeon-Lieutenant-Colonel E. F., double proptosis, 728; reflex amblyopia during pregnancy, 732; the effect of correcting errors of refraction in epileptics, 733
— Surgeon-Captain H. E., a case of ectopia vesicæ treated by Trendelenburg's operation, 890
Dredger, uterine, a new form of, 848, 1001
Drennan, Dr. J. S., obituary notice of, 1185
Dreschfeld, Dr. J., a case of polioencephalomyelitis without any anatomical lesions, 178; acromegaly, 1107; an electioneering card, 1253
Dresden, the parliamentary papers as to the convention at, 699
Drink or adulteration, 1455
Dropsy, Epidemic, Dr. K. McLeod, *rev.*, 1053
Drought, the, and urban water supplies, 78, 652; the, and throat diseases, 140; of 1893, the, 1135
Drowning, deaths from, 719, 875
Drugs, made from hemp, 882; spurious, 1035; absorption of through the skin, 1191
Drummond, Dr. D., causal relations in disease, 297; demonstrations at the Royal Infirmary Newcastle, 426
Drysdale, Dr. C. R., the pathology and distribution of atrophic paralyses, 728; over-refinement in diagnosis in glycosuria, 777
Dublin, the sanitation of, 30, 83; epidemic hospital in, 259; typhoid fever in, 432, 1308, 1336; the water supply of, 590, 643, 697, 750, 854, 1013; the slaughterhouses of, 590, 607; the sanitary state of, 1291; the health of, 1457
Duckworth, Sir D., chronic glycosuria in middle and advanced life, 773, 779
Dührssen, Dr. A., Gynäkologisches Vade Mecum für Studirende und Aerzte, *rev.*, 796
Dühring, Monograph on Dermatology, *rev.*, 67
Duke, Dr. A., uterine dredger, 1001
Dunn, Mr. P., the relative healthiness of London and the country, 1445
Dunstan, Professor W. R., The Physiological Action of the Nitrites of the Paraffin Series, *rev.*, 1428
Duodenum, perforating ulcer of, 1272; carcinoma of, *ib.*
Dupuy, Dr. E., Le Mouvement et les Exercices Physiques, *rev.*, 238; the sensory motor functions of the central convolutions of the cortex cerebri, 686
Dupuytren's contraction, operation for, 1274
Durlam, Dr. A. E., obituary notice of, 417
Dust destructors, 85
Dutt, Mr. A. C., fracture of both bones of the forearm by indirect violence, 889
Dutton, Dr. T., treatment of sea sickness, 504
Dwellings, insanitary, duties of medical officers of health as to, 607; dilapidated, county magistrates and, 953
Dysentery, sulphate of magnesia in, 818; severe, iron in, 1050

E.
Eales, Mr. H., episcleritis, 996
Eames, Mr. C. F., minute cardiac pathology, 1276
— Surgeon W., epidermic masses plugging the external auditory meatus, 104
— Inspector-General W. J., dislocation of the sternal end of the clavicle, 67
Ear, middle, treatment of chronic suppuration of by excision of the auditory ossicles, 563; pilocarpin in affections of, 570; implication of by disease of the nose and naso-pharynx, 571; The Practitioner's Handbook of Diseases of, Dr. H. Macnaghton-Jones, *rev.*, 583; Diseases and Injuries of the, Sir W. Dalby, *rev.*, 845; removal of foreign bodies from the, 1460
Earache in children, 1052
Earle, Dr. C. W., death of, 1448
Eastes, Mr. G., on diphtheria, 412
Eastwood, Dr. J. W., the alleged increase of insanity, 461; psychology and mental diseases, 463
Ebers papyrus, notes on the, 477
Eccles, Dr. A. S., thyroid feeding in skin affections, 474; massage in diseases of the skin, 475
Ectopia vesicæ treated by Trendelenburg's operation, 890
Ectropion, congenital, of the uvea, 731
Eczema, chronic scaly, 930; tuberculous, 933, 940; treatment of, 1259
Eddison, Dr. J. E., concussion of the spine, 1097
Eddowes, Dr. A., on ringworm, 469; the etiology and treatment of psoriasis, 937; tuberculous eczema, 939, 940
Edinburgh, appointment of assistant meat inspector at, 212; Hospital Reports, Dr. G. A. Gibson, C. W. Cathcart, J. Thomson, and D. Berry Hart, *rev.*, 895; the medical schools of, 962; the MacEwan hall at, 1233; special correspondence from, 1403
Edington, Dr. A., appointed principal medical officer of Cape Colony, 1310
Edis, Dr. A. W., treatment of pruritus ani, 822; humanised milk, *ib.*; obituary notice of, 1358
Edmuds, Mr. W., exsion of malignant tumour from large intestine, 892
Education, estimates and children who show deficiency, 337; medical, cost of, a, 506, 537; medical, and medical practice, 789
— Department, the, and defective sight, 803
Edwards, Mr. F. S., a new bladder douche, 1331
Egypt, quarantine in and cholera at Mecca, 222; the "Wakfs" administration in, 289; cholera and panic in, 338; the index of the liability of to cholera, 382; statistical report of the sanitary department of, 498; insanity in, 920, 969, 1027, 1452; ancient, the climatology of, 1122; ministerial "crisis" in, 1170; local government in, 1230; vacant sanitary appointments in, 1257; sanitation in, 1435
Ehrlich's test for enteric fever urine in, 1333
Election, an Irish, 1120
Electric currents of high frequency, physiological effects of, 164; effects of on bacilli, 215; employment of for medical purposes, 1163, 1358
— light, a group of symptoms caused by, 231; the action of, 344
Electrical treatment, a novel mode of, 194
Electricity, Medical, Mr. E. S. D'Odiardi, *rev.*, 585
Electrolysis, obliteration of enlarged vessels on the face by, 1274
Ellis, Mr. H., The Nationalisation of Health, *rev.*, 377
— Mr. R., chronic suppuration of the middle ear, 567; pilocarpin in aural affections, 571
— Mr. W. McD., a modification of Champetier de Ribes's bag, 1280
Elmes, Mr. J., death of, 1153
Eloy, Dr. C. H., La Méthode de Brown-Séquard, *rev.*, 1217
Elsner, Dr. F., Die Praxis der Chemikers, *rev.*, 185
El Tor, breakdown of quarantine regulations at, 756, 797
Embryology, Vertebrate, Dr. A. M. Marshall, *rev.*, 235
Emerson, Mr., unusual sequelæ of typhoid fever, 1426
Emin Pasha, reported death of, 610
Emmerson, Dr. J., on the registration of midwives, 71
Empyema, the successful treatment of, 178; pleural, opening at umbilicus, 180; as a sequel to influenza, 1099; simple treatment of, 1139; in a man with complete and permanent collapse of lung, 1325
Enemata, rectal, 664
Enterostomy without plates, 477
Epidemiology, history of in England, 1276
Epilepsy, focal, a case of, 225, 988; 100 consecutive cases of, 946; absinth, the seat of origin and paths of conduction of the fits in, 1097; trephining in in doubtful cases, 1149
Epileptics, home for, 103; effect of correcting errors of refraction in, 732; colony for, 1363, 1394
Epiphyses, injuries to and their results, 53, 1417
Episcleritis, case of, 996
Epistaxis, ergotin in, 1277
Erect posture, influence of on the development of the human body and especially the brain, 617
Ergebnisse der Anatomie und Entwicklungsgeschichte, Herren F. Merkel und R. Bonnet, *rev.*, 999
Ergotin in epistaxis, 1277
Eruptions from bromides and iodides, 1208
Erysipelas, hereditary tendency to, 771; increase of, 1084
Erythema induratum of the scrofulous, 940
Esset's fluid, 848
Essex, annual report to the county council of, 150
Ether, death under, 697, 1444
Ethics, and biology, 784; medical and medical remuneration, 1345
Ethyl chloride spray, 1429
Etiquette, medical, Mr. Ernest Hart on, 883, 1071, 1130; medical, the decadence of, 1235; medical, 1248
Eustace, Dr. M., "horror" and imperfect chloroform anæsthesia, 814
Evans, Dr. R. E., neurasthenia treated by hypodermic injections of nerve extract, 1321
Everitt, Lieutenant-Colonel H., homes for unmarried women, 451
Evictions from insanitary houses, 647
Ewald, Dr. C. A., Klinik der Verdauungskrankheiten, *rev.*, 633; the Magenkrankheiten of, 655, 762, 1028, 1080
Examination system, the present, 1160, 1419
Exostoses, multiple pediculated, 11
Eye, Diseases of the, Mr. G. A. Berry, *rev.*, 585; autochromatic plates in photography of the, 947; Clinical Lectures on Certain Diseases of the, Mr. A. Da Gama, *rev.*, 1109
Eyeball rupture of and impaction of foreign body in the, 1213
Eyelash, implantation of in the anterior chamber, epithelial pearl tumour in the iris following, 118
Eyes, extreme hyperæmia of both, with corneal abscess in right eye occurring as a sequela of small-pox, 1105
Eyesight of school children, 867; of children, suggestions in the interest of, 1378

F.
Faculty of Physicians and Surgeons of Glasgow, regulations as to diplomas, 519; regulations for licence in dentistry, 518; the presidency of, 1025
Face, tooth containing dermoid from the, 1375

- Fæces, incontinence of in childhood, 215
 Fair Isle, medical assistance in, 555, 720
 Faith as a therapeutic agent, 389
 Fannin and Co., Messrs., uterine curettes, 1331
 Fast, a prolonged, 753
 Favell, Mr. R., the prevention of puerperal septicæmia, 996; presentation to, 1067, 1126; acute axial rotation of a parovarian cyst, 1277
 Fayer, Sir J., on intravascular coagulation and pulmonary thrombosis, 165, 682; on the Indian opium question, 1195
 — Surgeon-Captain J., aneurysm of right common carotid artery, 580
 Fee for post-mortem examination, 1007
 Fees to medical witnesses, 43, 98, 280, 817, 1007, 1014, 1453; under the Infectious Disease (Notification) Act, 44, 100, 160, 558, 817, 925, 962, 1360; consultants, 209, 1357; for death certificates to insurance companies, 215; for medical attendance on native chiefs, 755, 768; midwifery, 817; special surgery in Poor-law cases, 872, 1032; for pauper lunacy certificates, 1135; confinement and club patients, 1363; for police attendances, 1408; for notification in public schools, 1413; and midwifery engagements, 1454
 Felce, Dr. S., the Society for the Relief of the Widows and Orphans of Medical Men, 1415
 Felixstowe, an infectious hospital for, 43
 Femur, sarcoma of, 996
 Fenn, Dr. E., large congenital meningocele, 1211
 Fenwick, Mr. E. H., hydatid cyst of the bladder, 1274, 1416
 — Dr. W. S., the pathological effects of certain substances derived from the spleen in cases of scarlatina, 405; diphtheria of the stomach, 1375
 Ferguson, Dr. J., an electioneering card, 1253
 Fermentations (Les), Dr. E. Bourquelot, *rev.*, 186
 Ferments, digestive, 797
 Ferrier, Dr. D., the pathology and distribution of atrophic paralysis, 721; atrophy of the optic nerve as a symptom of chronic disease of the central nervous system, 784
 Fever, water filtration and, 386; influence of on hepatic glycogen, 682; the future of in London, 1121; the isolation of in London, 1397
 — enteric, followed by perforation and recovery, 62, 207, 491; at Worthing, 140, 259, 262, 284, 433, 962; waterborne, 289, 1187; in Johnstone, 49; in Dublin, 432, 1308, 1396; at Stockport, 434, 837; in Ryedale, 448; creameries and, 698; at Gracborough, 812; the diagnosis and treatment of, 845; at Grimsby and Hull, 863; in India, the History, Causation, and Prevention of, Surgeon-Captain C. H. Bedford, *rev.*, 1000; and water supplies, 1021, 1032; at Bagillt, 1084; in Mid-Lanarkshire, 1134; gangrene occurring during an attack of, 1192; Ehrlich's test for the urine in, 1363; in the Royal Family, *ib.*; an epidemic of from polluted water, 1373; the discharge of patients suffering from, 1413; unusual sequelæ of, 1426
 — Malta, the bacteriology of, 59; its behaviour at Malta, 61; complications of, 62
 — puerperal in the Garw Valley, 607; in fluence of external meteorological conditions on in childhood, 844
 — scarlet, at Bradford, 143; concurrent with measles, 291; the pathological effect of certain substances derived from the spleen in, 405; at Harrow school, 433; in public schools, 484; in a man aged 79, 578; influence of isolation hospitals on the spread of, 644; two attacks of in three months, 843, 1050; at Christ's Hospital, 960; desquamation after, 1139; the local lesion of, 1153; relapse on the seventeenth day in, 1322; recurring in a short time, *ib.*
 — Texas, Investigation into Causation of, Dr. T. Smith, and Mr. F. L. Kilborne, *rev.*, 584
 — typhus in New York, 246; at Lille, 1362
 — yellow, outbreak of at Santos, 194; in Brazil, 448, 486; the cause of, 850; outbreak of in Brunswick, U.S.A., 914
 Ffrench, Dr. D. P., cholera nostras in Ireland, 860
 Fibrosis, disseminated, of kidney, 1214
 Fieberthorien (Die Modernen), Dr. A. Rabe, *rev.*, 950
 Field, Mr. F. A., acromegaly and hypertrophic pulmonary osteoarthropathy, 14
 Figure Culture, The Art of, Miss A. Leffler-Arnim, *rev.*, 1157
 Filaria sanguinis hominis, 1256
 File (The Insurance), *rev.*, 1156
 Filter, clean, what is a? 754; the Brackebus *ib.*, 1381
 Filtration of public water supplies in relation to cholera, 24
 Fingers, the money value of, 1112
 Finland, leprosy in, 594
 Finlay, Dr. W. A., ruptured kidney, 119
 Finlayson, Dr. J., was John Hunter a student of the University of Glasgow? 73
 Fisher, Dr., the late, 560
 Fistula, urinary, treatment of, 1277
 Fitzhenry, Mr. G., death of, 977
 Fleabites, to prevent, 1035
 Fletcher, Russell, and Co., Messrs., warming a consulting room, 1191
 Flies and the diffusion of pathogenic bacteria, 1236
 Florence, the sanitary state of, 1216
 Flour, whole wheat, 123
 Flushing water in London, 99
 Fly, cholera caused by a (?) 65
 Flynn, Mr. E. F., poisoning by essence of pennyroyal, 1270
 Fœtus, anencephalous, symmetrical talipes dorsalis in a, 1419
 Fogs, in the British Isles, 404
 Fonctionnement de la Maison d'Accouchements Baudelocque, Dr. G. Lepage, *rev.*, 18
 Food, unsound, bringing into court, 100; doctored, 434; unsound, the condemnation of, 642; books on the inspection of, 659; nutritious farinaceous for infants and invalids, 1220; adulteration of made easy, 1289; the supply of and contagious diseases, 1360
 — poisons, 264
 Foods for diabetics, 1220
 Foot and mouth disease. *See* Disease.
 Footpiece vertical, fallacy of the, 1048, 1212
 Foot, Surgeon, G. H., varicocele as a disqualification for the navy, 1364
 Forbes, Dr. C., malaria on shipboard, 1152
 Forbes-Ross, Dr. F. W., prescribing chemists, 1129
 Forceps, Dr. M. Cameron's, 1110
 Forearm, fracture of both bones of by indirect violence, 889, 944
 Foresters' Courts and their medical officers, 611
 Forest Gate, poisoning at district school at, 87, 485
 Forfar, proposed hospital extension in, 714, 923, 1187
 Formulaire des Médicaments Nouveaux et des Médications Nouvelles, M. H. Bocquillon Limousin, *rev.*, 378
 Foster, Professor M., A Textbook of Physiology, *rev.*, 1000
 Foulerton, Mr. A. G. R., the London and Counties Medical Protection Society, 207, 314
 Founders' shares, medical men and, 333; and puffing, 1066; paid-up, liability for, 1031
 Fowler, Dr. T., the spread of infectious disease by tramps, 413; district medical officers as medical officers of health, 414, 415; the diet of infants and young children, 416
 Fox, Mr. J. A., health resorts and sickness returns, 349
 — Dr. T. C., the treatment of chronic ringworm of the scalp, 467, 473; excision of lupus, 939; treatment of lupus by scraping, 940; erythema induratum of the scrofulous, *ib.*
 France, the medical curriculum in, 246; new pharmacy law in, *ib.*; honours to medical men in, 654; State contributions to scientific education in, 660; new law as to medical relief in, 706; the medical profession in, 716; foreign pharmacists in, 811; medical men and the sale of drugs in, *ib.*; army surgeons and private practice in, *ib.*; notification of infectious disease in, 966; the new medical law in, 1012, 1236; doctors of medicine in, 1187
 Francis, Surgeon-General C. R., cholera caused by a fly (?) 65
 Franco-English, 611
 Frankland, Dr. P. F., a sample of cholera-bearing water, 250; the Brackebusch filter, 1381
 Fraser, Mr. R. C., fatal case of snake bite in South Wales, 114
 Frazer, Dr. F. F., sublimed sulphur as a local application in diphtheria, 992
 Frederick, Mr. H. J., a disclaimer, 404
 Freeland, Mr. E. H., a group of symptoms caused by the electric light, 234; hyperpyrexia due to sun's rays, 579
 Freeman, Surgeon-Captain E. C., a case of hydrophobia, 945
 Freer, Surgeon-Major E. L., the St. John Ambulance Association and its doctors, 1452
 Frere, Mr. A. H., general practitioners and the Sections at the annual meeting, 152
 Friedreich's ataxy, 1053
 Fund, a new medical, 772, 875
 — British Medical Benevolent, appeal for funds for, 1079; the secretaryship of, 1191
 — Countess of Dufferin's, annual meeting of United Kingdom branch of, 160
 Fund, Denholm testimonial, subscriptions to? 52, 190, 504; disposal of, 1088
 — the Fisher, subscriptions to, 823, 1363
 — Hospital Saturday, amount of, 194, 1413
 — Hospital Sunday, amount of, 30, 194, 1050
 — the Soden, subscriptions to, 1035
 Funerals, contagion at, 1361
 G.
 Gabriel, Dr. W., notification of infectious diseases by unqualified persons, 319
 Gairdner, Dr. W. T., glycosuria for thirty years, 776; appointed member of General Medical Council, 1169
 Gall stone, intestinal obstruction from, 1426
 Gall stones in the insane, 452; and cancer, 490, 555, 605
 Gallop rhythm in cardiac disease, 1155
 Galloway, Dr. W., obituary notice of, 1185
 Galton, Sir D., co-operation among sanitary authorities, 83
 Galvanised iron water pipes, 215, 219
 Game, high, food poison and, 1343
 Gangrene occurring during an attack of typhoid, 1192
 Garland, Dr. A. L., hypertrophic elongation of the cervix as a cause of obstructed labour, 560
 Garratt, Miss L., on the registration of midwives, 127
 Garrigues, Dr. H. J., symphysiotomy, 900
 Garw valley, puerperal fever in the, 607
 Gas, cooking and heating by, 1241, 1437
 — stoves, 720
 Gas-boiling burner, 1382
 Gases of the blood during anaesthesia, 683
 Gastroenterostomy, notes on cases of, with specimens, 1143
 Gastrojejunostomy, pregnancy after, 943; case of, 994
 Gray, Mr. J., Menière's disease cured by salicylate of sodium, 579
 Gee, Dr. S., Auscultation and Percussion, *rev.*, 950
 Germany, current opinions on psychological questions in, 462; teaching of hygiene in, 643; precautions against cholera in, 650; psychological medicine in, 857; medical students in, 927; medical legislators in, 928; medical students in, 1225; small-pox in, 1255
 Germs by post, 216
 Gestation, tubal, embryological studies of, 684
 Giantess, acromegaly in a, 849
 Gibson, Dr. G. A., atrophy of left ventricle in consequence of stenosis of coronary artery, 676; pathological appearances in 3 cases of Graves's disease, *ib.*; Edinburgh Hospital Reports, *rev.*, 895
 Giles, Dr. A. E., etiology of the sickness of pregnancy, 183
 Girls at puberty, treatment of ophthalmia in, 1036
 Glanders, in Cuba, 926; in man and its prevention, 1011; fine for exposing horse suffering from, 1034; case of, 1276
 Glands, enlarged cervical, treatment of, 1141; scrofulous, operative treatment of, 1280
 Glascock, Dr. C. E., presentation to, 1402
 Glasgow, vaccination and small-pox in, 819; correspondence from, 1025, 1306; opening of medical schools of, 1025; proposed registration of ice-cream vendors in, 1032; prosecution under the Pharmacy Act in, 1032; the hospitals of, 1444; doctors' shops in, 1446
 Glaucoma, simple, in a young patient, 733
 Glycerine of pepsin, 1087
 Glycogen, hepatic, influence of fever on, 682
 Glycosuria, chronic, in middle and advanced life, 773
 Glynn, Mr. T. R., excessive mental excitement and some of its consequences, 865
 Godfrey, Mr. A. E., acute rheumatism, hyperpyrexia, death, 993
 Godlee, Mr. R. J., the position of the patient during excision of tumours of the rectum, 64; radical cure of hernia, 1040; the treatment of enlarged cervical glands, 1143
 Godson, Dr. C., corrosive sublimate in obstetric practice, 1129
 Godstone, the rural sanitary authority of and the Surrey County Council, 486
 Goitre, exophthalmic, thyroid feeding in, 1211
 Goldsmith, Surgeon-Major S. J., on a method of rendering milk diet digestible by a weak stomach, 12
 Goodall, Dr. E., transient motor and sensory disturbances following trephining in general paralysis of the insane, 117; trephining followed by drainage of the subarachnoid space in general paralysis of the insane, 462
 Gordon, Miss G., the Royal British Nurses' Association, 150

- Gordon, Dr. W., atrophy of the optic nerve as a symptom of chronic disease of the central nervous system, 784; concussion of the spine, 1097
- Gorham, Mr. J., Tooth Extraction, *rev.*, 796
- Gouge, angular, applicability of to the surgery of the skull, 1050
- Gouley, Dr. J. W. S., Diseases of the Urinary Apparatus, *rev.*, 847
- Government, the, and cholera precautions, 1063
- Gowers, Dr., presentation of Marshall Hall prize to, 946
- Graham, Dr. G., obituary notice of, 211
- Grant, Dr. D., nitrous oxide anaesthesia for the removal of tonsils and adenoids, 443
- Dr. O., on diphtheria, 412
- Dr. R., presentation to, 660
- Granules, effervescence, 329
- Grattan, Dr. N., osteoclasia, 120
- Graves's disease. *See* Disease
- Gray, Mr. E., chronic scaly eczema, 930
- Dr. L. C., A Treatise on Nervous and Mental Diseases, *rev.*, 184
- Greasborough, enteric fever at, 812
- Greene, Dr. F. W., death of, 1411
- Pasha, the quality of Nile water, 96
- Greenfield, Dr. W. S., diseases of the thyroid gland, 1261
- Greenwich, the outbreak of diarrhoea at, 903, 1012, 1134, 1172, 1230, 1388
- Greenwood, Dr. M., covenants (not to practise) with medical aid associations, 43; a doctorless community, 555; the notification of cholera, 604
- Dr. T. P., puerperal septicæmia, 1356
- Gregarinosus, a few facts on, 834
- Grenfell, Dr., supposed death of, 1033
- Griffith, Mr. F. L., some notes on the Ebers papyrus, 477
- Dr. G. de G., medical missionaries, 1026
- Griffiths, Dr. J., congenital (?) dilatation and hypertrophy of the colon, 230; castration in enlargement of the prostate, 765; symmetrical talipes dorsalis in an anencephalous fetus, 1419
- Grimsby, cholera at, 600, 648, 704, 792; the Local Government Board order for, 602; enteric fever at, 863; some cholera cases at, 955; the expenditure on cholera prevention at, 1453
- Grip and splint, automatic, 899
- Grocer, prosecution of a for selling poisons, 643
- Gross, Dr., the memorial to, 683
- Groves, Dr., on diphtheria, 412; the spread of infectious disease by tramps, 413
- Grundriss der speciellen Pathologie und Therapie, Dr. J. Schwalbe, *rev.*, 17
- Guardia, Dr. H., the clinical study of the disease known as "la buba," 850
- Guardian, a foolish, 1118; and medical officer, 1187
- Gubb, Dr. A. S., Le Placenta dans la Grossesse Extra-utérine et sa Croissance après la Mort du Fœtus, *rev.*, 897; prescribing chemists, 1128
- Guicciardi, absorption of drugs through the skin, 1191
- Guillelard, Dr. B. L., Aliwal North as a health resort, 1347
- Gull, Sir W., the grave of, 1259
- Gunning prizes, award of, 31, 382
- Gunshot wounds, works on, 1363
- Gynaecology and Obstetrics, Selected Papers in, Guttman, Dr. S., death of, 1442
- Dr. D. B. Hart, *rev.*, 950
- Gynäkologisches Vade Mecum für Studierende und Aerzte, Dr. Dührssen, *rev.*, 796
- H. Haddon, Dr. J., work and worry, 1459
- Hæmatemesis, severe, recovery, 579
- Hæmatoma after aneurysm, 1273
- Hæmatozoa, malarial, in Mauritius, 771
- Hæmaturia, recurrent, due to bilharzia, 1325
- Hæmophilia, calcium salts in, 233
- Hæmorrhage from postnasal growths, 180; concealed accidental, 1270; severe, intravenous injections of saline fluid in, 1326
- Haffkine's method, 925, 1067, 1254
- Haig, Dr. A., the causation of anæmia and the blood changes produced by uric acid, 10, 672; lithiasis in debility from leucorrhœa and other causes, 490
- Haines, Surgeon-Captain H. A., iron in dysentery, 1050
- Hair, the human, works on, 404
- dressing antiseptic, 930
- Half-timers and infectious disease, 1395
- Hall, Dr. F. de H., the sympathetic in Graves's disease, 970
- Halliburton, Dr. W. D., a new method of studying the elasticity of muscle, 678; intravascular clotting, 682; the sensory motor functions of the central convolutions of the cortex cerebri, 686; The Essentials of Chemical Physiology, etc., *rev.*, 846
- Halstead, epidemic of diphtheria at, 1135
- Hamburg, the birth rate of, 617; establishment of hygienic institute at, 717; the water supply of, 761; the sanitation of, 860
- Hamilton, Mr. B., treatment of sea sickness, 452
- Professor D. J., on humoral pathology, 1121
- Surgeon-Colonel J. B., the new military hospital at Rome, 126
- Dr. J. R., the mode of election of Branch officers, 96
- Hammersmith, the vestry of and its medical officer, 288
- Handbook, a Medical, Mr. R. S. Aitchison, *rev.*, 235; of the Life Saving Society, *rev.*, 378; of Obstetric and Gynaecological Nursing, Drs. F. Churchill and T. M. Madden, *rev.*, 796; of Local Therapeutics, Dr. H. Allen, *rev.*, 1156
- Handfield-Jones, Dr. M., puerperal septicæmia, 1356
- Handford, Dr. H., foreign body in the nose for 21 years, 117; the pathology and treatment of atrophic paralyses, 727; glycosuria and diabetes, diet, 778; the gallop rhythm in cardiac diseases, 1155; recurrent venous thrombosis, 1324; endemic hæmaturia caused by bilharzia, 1325; diphtheria and defective drainage, 1354 (1415)
- Handkerchiefs, antiseptic, 951
- Hands, the money value of, 1442
- Hardie, Dr. D., Notes on Some of the More Common Diseases in Queensland, *rev.*, 1278
- Harding, Mr. W., Mental Nursing, *rev.*, 122
- Hardman, Dr. W., polio-encephalomyelitis, 452; proprietary mixtures, 708; reflex amblyopia, 824; parametritis, abscesses tracking to nates, 945; unconstricted thermometers, 1364
- Hardwick, Dr. W. W., gas stoves, 720
- Hardy, Mr. H. N., abuse of medical charities, 344, 443; death certification, 763; a case of cardiac failure successfully treated by inhalations of oxygen, 843
- Hare-lip and cleft palate, Mr. Annandale on, 1196
- Harford-Battersby, Dr. C. F., "medical missionaries," 707
- Harland, Miss, the profession of motherhood, 752
- Harley, Dr. V., diabetic coma, its etiology and suggestions as to treatment, 666
- Harness, Mr., and the newspaper press, 957; the prosecution of, 1183, 1253, 1308, 1359, 1407
- Harness's belts, etc., 135, 191, 1006, 1011, 1063, 1081, 1131
- Harnsäurediathese (Die), Dr. F. Levison, *rev.*, 897
- Harries, Dr. A. J., castration in enlargement of the prostate, 823
- Harris, Dr. G. W., The Practical Guide to Algiers, *rev.*, 1381
- Dr. T., india-rubber stamps for making clinical diagrams, 1159
- Harrison, Dr. A. J., the biniodide treatment of chronic ringworm, 664
- Dr. J., presentation to, 49
- Mr. R., castration in enlargement of the prostate, 703
- Mr. W. J., Chemistry for All, *rev.*, 236
- Harrison, Mr. D., radical cure of hernia, 1039; treatment of cerebral tumours, 1368
- Harrogate, Practical Observations on the Mineral Waters of, Drs. A. S. and J. A. Myrtle, *rev.*, 122; The Mineral Waters of, Dr. J. Liddell, *rev.*, 1001
- Harrow, scarlet fever at, 433
- Hart, Dr. D. B., Edinburgh Hospital Reports, *rev.*, 895; Selected Papers in Gynaecology and Obstetrics, *rev.*, 950
- Mr. Ernest, cholera, where it comes from and how it is propagated, 1; medical notes from America, 22; presentation of gold medal to, 30; extension of sanitary powers to county councils, 123, 187, 207, 246; English impressions of the medical profession in America, 146; cholera nurseries and their suppression, 317; the birthplace and diffusion of cholera, 370; the medical profession, the public, and medical etiquette, 883, 1071; quarantine, its merits, mischiefs, and mistakes, 956; on his visit to America, 1016; the proposed amendment of the penal clauses of the Medical Acts, 1221; the sale of poisons, 1283; amendments to Medical Act, 1858, 1285; compulsory notification in England and Wales in 1892, 1332, 1383, 1430
- Hartland, Dr. J. F., death of, 713
- Hartley, Dr. A. C., thyroid gland feeding in certain skin affections, 763
- Hartridge, Mr., congenital ectropion of the uvea, 731; effect of correcting errors of refraction in epileptics, 732
- Haslam, Mr. W. F., some points in the surgical treatment of ulcer of the stomach, 1044; treatment of intestinal obstruction, 1372
- Hat, an improved, 19
- Hatschek, Dr. B., The Amphioxus and its Development, *rev.*, 896
- Haughton, Dr., Riviera health resorts, 1416
- Hawksley, Mr. T., death of, 768
- Haycraft, Professor J. B., opening address to University College of South Wales, 913
- Hayem, M. G., Leçons de Thérapeutique, *rev.*, 1279
- Hayes, Surgeon-Major A., the army medical school at Netley, 867
- Head, Dr. H., atrophy of the optic nerve as a symptom of chronic disease of the central nervous system, 784
- Headache, sick, 965
- Healers, spiritual and physical, 1260
- Healey, Surgeon-Captain C. W. R., accidental syphilitic inoculation from a blow on the nose, 1425
- Health, a Homely Talk on, Miss F. Stacpoole, *rev.*, 1279
- resorts of the British Isles, 51; and sickness returns, 195, 349; the dangers of, 267; southern, 1311, 1416, 1460
- Heart, disease of due to bicycling, 115; the pathology of fibroid degeneration of the, 669; rest in disease of, 753; traumatic rupture of, consequent on fracture of the sternum, 843; failure of treated by inhalations of oxygen, 843; bullet wound of, 1051; lymphadenomatous growths of, 1051; disease of in children, 1146; the gallop rhythm in disease of the, 1155; dislocation of into the left pleural cavity, 1274
- Heat, the excessive, 432
- Heating by gas, 1241, 1347
- Heath's Practical Anatomy, Mr. W. Anderson, *rev.*, 794
- Heaton, Mr. C. W., death of, 820
- Hebb, Dr. R. G., The Westminster Hospital Reports, *rev.*, 1001
- Hodley, Brigade-Surgeon W. S., the employment of electric lighting currents for medical purposes, 1358
- Helme, Mr. G. E., fatal case of pyridine poisoning, 844
- Helmholtz, Professor v., accident to, 927, 967
- Helminthology, Indian, 807
- Hemp, drugs made from, 382; Indian, insanity from the abuse of, 630, 710, 813, 868, 920, 969, 1027, 1452
- Henoch, Professor, the resignation of, 49, 1135
- Henry, Dr. A., the late, 32; obituary notice of, 47
- Rev. G., death of, 447
- Hensman, Mr. A., obituary notice of, 1130
- Herman, Dr. G. E., puerperal septicæmia, 1249
- Hermite system, the electrical purification of sewage by, 1436
- Hern, Dr. J., effect of correcting errors of refraction in epileptics, 732; the effect of repeatedappings on hydrocephalus, 1046
- Hernia, radical cure of, 1037; in young infants, causation and treatment of, 1145; in infants, 1260; of ovary, 1272; ventral, 1328
- Herpes zoster, a case of, 992
- Herringham, Dr. W. P., bathers' cramp, 765
- Herz, Dr. C., the health of, 30, 916, 1231; the case of, 858, 864, 1069, 1125
- Heslop, Mr. R. C., death of, 48
- Hewetson, Mr. H. Bendelack, on the teaching of otology, 314
- Hewitt, Dr. W. M. G., death of, 552; obituary notice of, 585
- Heywood, Mr. J., death of, 1256
- Hicks, Mr. A. B., on the registration of midwives, 71, 127
- Mr. H., death of, 174
- Dr. J. B., a further contribution to the clinical knowledge of puerperal diseases, 1104; our knowledge of puerperal diseases, 1307
- Highgate, visits to the museum of sanitary appliances at, 402
- Hill, Dr. Alex., The Physiologist's Notebook, *rev.*, 795
- Dr. Alfred, on diphtheria, 412
- Dr. A. B., the disposal of the dead, 859
- Dr. E. T., extension of sanitary powers to county councils, 207
- Dr. J. E., diphtheria and specific throat affections, 409, 412; the notification of measles, 418
- Dr. W., treatment of chronic suppuration of the middle ear, 566; surgical treatment of mastoid disease, 569; pilocarpin in auricular affections, 570
- Hillis, Mr. J. D., the lepro question in the colonies, 281

- Hip-joint, treatment of angular deformities at the, 1198
 Histology, Practical, Outlines of, Dr. W. Stirling, *rev.*, 17
 Hoare, Dr. R. R., presentation to, 101
 Hobley, Dr. S. H., death of, 690
 Hodgson, Mr. J., presentation to, 1288
 Holidays, Catholic, 1136
 Holland, precautions against cholera in, 650
 Hollis, Dr. W. A., disseminated fibrosis of the kidney and malignant endocarditis and aortitis, 1214
 Holman, Dr. C., provision for sickness and old age, 867
 Holmes, Dr., alleged increase of insanity, 461
 — Sherlock, the method of, 1442
 Homburg Spa, Dr. A. Schetelig, *rev.*, 1330
 Home Secretary on Alabone v. Morton, 199
 Homes, consumptive, for Scotland, 1308
 Honeybourne, Dr., cholera, 1216
 Hong Kong, the A.M.S. mess at, 493
 Hood, Dr. D. W. C., on typhoid fever, 845; the danger of treating hyperpyrexia of rheumatic origin by the salicylates, 1129; case of glanders, 1276
 Hooper, Dr. H., dispensaries, 1406
 Horder, Mr. T. G., the mode of election of Branch officers, 40; the Sections at the annual meeting, 216; prescribing chemists, 918
 Horn, Dr. L., Über den Ausgang der cyanotischen Induration der Niere in Granulär-atrophie, *rev.*, 122
 Horne, Mr. A. J., history of medicine in Ireland, 1328
 Horrocks, Dr. P., intravenous injection of saline solution in cases of severe hæmorrhage, 1326
 — Mr. W. H., jun., excision of intestine, 1426
 "Horror" and imperfect chloroform anesthesia, 814
 Horse, the doctor's, 83
 Horsley, Professor V., surgical treatment of mastoid disease, 568; the pathology of the thyroid gland, 676, 678; the memorial to the late Professor John Marshall, 762; cause of death from bullet wounds in the cerebral hemisphere, 1078; treatment of cerebral tumours, 1365, 1369; the Cameron lecture, 1403
 Hospital, a floating, 414; infectious, medical charge of, 819
 — for Accidents, Poplar, opening of new wing of, 580
 — Addenbrooke's, Cambridge, improvements at, 1135
 — Charing Cross, presentation of prizes and annual report of medical school of, 78; the medical school of, 522; fees at, 532; entrance scholarships at, 820; annual dinner of, 977
 — for Children, East London, instruction at, 533
 — for Children, North-Eastern, instruction at, 533
 — for Children, Ulster, dinner of staff of, 1179
 — Christ's, scarlet fever in, 960; the sanitary state of, 1015, 1065, 1171
 — City of Dublin, instruction at, 531
 — for Consumption, Brompton, changes in staff of, 49; instruction at, 533
 — Coombe, Dublin, scandal at, 1174, 1256, 1290; the mastership of, 1394
 — Dental, Devon and Exeter, instruction at, 519
 — Dental, Edinburgh, instruction at, 549
 — Dental, London, conversazione and distribution of prizes at, 213; instruction at, 518
 — Dental, National, instruction at, 548
 — Devon and Exeter, instruction at, 534
 — for Diseases of the Chest, City of London, instruction at, 533
 — Eye and Ear, Bradford, instruction at, 534
 — Eye, Ear, and Throat, Cork, appeal for funds for, 289; subscriptions to funds of, 1135
 — Fever, London, appeal for funds for, 926
 — Forfar. *See* Forfar
 — Great Northern Central, instruction at, 532
 — Guy's, opening of new laboratories and dental school and distribution of prizes at, 190; the medical school of, 523; fees at, 532; instruction in dentistry at, 548; opening of Pupils' Physical Society at, 798; entrance scholarships at, 820; anthrax at, 1068, 1082; The Reports of, Dr. W. H. White and Mr. W. H. A. Jacobson, *rev.* 115
 Hospital, Infectious, Edinburgh, proposed extension of, 143
 — Jervis Street, Dublin, instruction at, 531
 — Jessop, Sheffield, instruction at, 534
 — Kent and Canterbury, instruction at, 535
 — Lincoln County, instruction at, 535
 — Liverpool Northern, instruction at, 534
 — London, the medical school of, 524; fees at, 532; entrance scholarships at, 862, 927
 — London Temperance instruction at, 532
 — Lourcine-Pascal, the service of M. Pozzi at, 180
 — Lying-in, Queen Charlotte's, instruction at, 533
 — Mater Misericordiae, Dublin, instruction at, 531
 — Meath, Dublin, opening of session at, 862
 — Middlesex, the medical school of, 524; fees at, 532; opening address at, 788; reopening of, 872
 — National for the Paralysed and Epileptic, annual dinner of, 49
 — Newcastle Infectious Diseases, instruction at, 534
 — Norfolk and Norwich, instruction at, 535
 — Nottingham, General, instruction at, 535
 — Rotherham, the children's ward at, 279
 — Rotunda, Dublin, instruction at, 531; the grant to, 961
 — Royal Albert, Devonport, instruction at, 535
 — Royal, Belfast, opening of winter session at, 1072
 — Royal Bethlem, instruction at, 533
 — Royal Ear, Frith Street, instruction at, 533
 — Royal, Edinburgh for Sick Children, changes in staff of, 320
 — Royal Eye, Manchester, instruction at, 534
 — Royal Free, appeal for funds for, 867; Christmas entertainment at, 1413
 — Royal for Incurables, annual meeting of, 1252
 — Royal London Ophthalmic, instruction at, 533
 — Royal Portsmouth, instruction at, 535
 — Royal Orthopædic, instruction at, 533
 — Royal for Sick Children, Glasgow, instruction at, 535
 — Royal South Hants, instruction at, 535
 — Royal Southern, Liverpool, instruction at, 534
 — Royal United, Bath, instruction at, 534
 — Royal Victoria, Montreal, description of, 1254
 — Royal Westminster Ophthalmic, instruction at, 533
 — St. Bartholomew's, distribution of prizes at, 45; changes in staff of, 259; the medical school of, 522; fees at, 532; new specimens in the museum of, 751; annual dinner, 808; entrance scholarships at, 862; honours at the University of London, 1394
 — St. Cross, Rugby, religious intolerance at, 591, 919
 — St. George's, the medical school of, 523; fees at, 532; opening address at, 790; annual dinner, 808; entrance scholarships at, 927
 — St. Katharine's, proposed reorganisation of, 1438
 — St. Mark's, festival dinner in aid of funds of, 101
 — St. Mary's, the medical school of, 524; fees at, 532; opening address at, 749; annual dinner of, 861; entrance scholarships at, 927
 — St. Mary's, Manchester, instruction at, 534
 — St. Peter's, for Stone, instruction at, 533
 — St. Thomas's, casualty patients at, 197; the out-patient mental department at, 466; the medical school of, 525; fees at, 532; changes in staff of, 558; entrance scholarships at, 820; the Reports of, Dr. T. D. Acland and Mr. B. Pitts, *rev.*, 1109
 — St. Vincent's, Dublin, instruction at, 531
 — Seamen's, Greenwich, instruction at, 533
 Hospital for Sick Children, Great Ormond Street, opening of new wing of, 49; instruction at, 533
 — for Sick Children, Newcastle, instruction at, 534
 — for Sick Children, Pendlebury, instruction at, 534
 — Sir Patrick Dun's, appointments at, 531
 — Southern, Manchester, annual meeting of, 1026
 — Steevens's, Dublin, instruction at, 531
 — Sussex County, instruction at, 534
 — Swansea, instruction at, 535
 — Taunton and Somerset, changes in staff of, 992
 — Throat and Ear, Central London, instruction at, 533
 — University College, changes in staff of, 381
 — Wolverhampton and Staffordshire General, instruction at, 536
 — Westminster, the medical school of, 525; fees at, 532; annual dinner, 809; entrance scholarships at, 862; The Reports of Dr. R. G. Hebb, *rev.*, 1001; annual students' dinner of, 1188
 — for Women, Chelsea, instruction at, 533
 — for Women, Soho Square, instruction at, 533
 Hospitals, casualties at, 197; small-pox, infection from, 448; for consumption and tuberculous dust, 633; isolation, influence of on the spread of scarlet fever, 644; for infectious disease, sites for, 871; infectious, the medical charge of, 872; isolation and private practitioners, *ib.*; inflammable, *ib.*; the surroundings of 50 years ago, 891, 912; telephonic communication with, 1135; infectious, proposals to Local Government Board for loans for, 1361; abuse of, 1416; Christmas in, 1446
 — Adelaide, medical and surgical, instruction at, 531
 — Richmond, Whitworth, and Hardwicke, instruction at, 531
 Hounslow, the fever hospital at, 805
 House of Commons, ventilation of, 140
 Houses, insanitary, evictions from, 647; tuberculous, disinfection of, 990; inspection of by medical officers of health, 1032
 Housing of public health officials, 803; of the poorer classes, 1236
 Howard, Mr. J. F., the will of, 237
 Howden, Dr., alleged increase of insanity, 461; detached hospitals and asylums, 465
 Howe, Dr., autochromatic plates in photography of the eye, 947
 Howie, Dr. A., scarlet fever in a man aged 79, 578
 Huber, Dr. J. Ch., Bibliographie der klinischen Helminthologie, *rev.*, 584
 Huchard, M. H., Traité Clinique des Maladies du Cœur et des Vaisseaux, *rev.*, 9-7
 Huddersfield, the water carriage system in, 1032
 Hudson, Mr. L., double ureter, 891
 Hughes, Surgeon-Captain M. L., on Malta fever, 61
 Hulke, Mr. J. W., inaugural address to Clinical Society, 891, 912
 Hull, enteric fever at, 863; builders and by-laws at, 909
 Hume, Dr. G. H., the evolution of surgical principles, 302; demonstrations at the Royal Infirmary, Newcastle, 476; the treatment of intestinal obstruction, 1371
 Humphreys, Mr. R., Midwives Registration Association, 1406
 Hungary, medical practitioners in, 820; the medical profession in, 1256
 Hunter, John, was he a student in the University of Glasgow? 73; exhibition of relics of at the Royal College of Surgeons of England, 74; as a cannibal, 84; the centenary of, 163, 790, 855, 876, 910
 — Mr. W., the comfort of the patient and practical hints thereon, 1107
 Hutchinson, Mr. J., the clinical museum of, 963, 1295; the treatment of intestinal obstruction, 1370
 — Mr. J., jun., injuries to the epiphyses and their results, 53, 1417
 — Dr. W., acromegaly in a giantess, 489
 Hydatids of omentum, 1107; of the urinary bladder, 1416
 Hyde, Dr. S., Buxton, its Baths and Climate, *rev.*, 1381
 Hydrocele in young infants, causation and treatment of, 1145; encysted, of the broad ligament, 1153

Hydrocephalus as a show, 150; the effect of repeated tappings on, 1046; case of, 1329
Hydrocephrosis, nephrectomy for, 1103; Movable and Intermittent, Dr. G. D. Knight, *rev.*, 1380
Hydrophobia, case of, 945; in Russia, 1256
Hygiene, university extension courses in, 501; teaching of in Germany, 643; Rural Essays on, Dr. G. V. Poore, *rev.*, 689; in Russia, 1136; Practical Outlines of, Dr. C. G. Currier, *rev.*, 1279; in Paris, 1304
Hymen, atresia of, and rupture during digital examination, 1321
Hyoid bone, excision of for cancer, 1423
Hyoscyamus in pregnancy, 719
Hyperpyrexia, in cerebral injury, 234; due to sun's rays, 579
Hypæmia, extreme of both eyes, 1105
Hypnotism, in Russia, 352, 930; Charcot and, 772; an enemy to, 1352. and its danger, 1407
Hypodermic case new aseptic, 797
Hysterectomy, vaginal, for fibrous tumours, 181; vaginal for pelvic suppuration or inflammatory lesions of the uterine appendages, *ib.*; abdominal, for fibrous tumours, 182; vaginal, 901
Hysteria simulating insular sclerosis, 1273
Hysteroptexia, abdominal or ventrofixation, 182, 838

I.
Ice cream and infection, 1032
— table, 762; in surgery, 1140
Identification, personal, 130
Illingworth, Dr. C. R., the abuse of medical charities, 281, 443, 489, 605; wasp stings, 664; corrosive sublimate in puerperal septicæmia, 932, 1028
Imbecile, home for, 1363
Incisors, the relation of to compound teeth, 682
Income tax, abatement of, 163; assessments to, 771; deductions from, 322; appeals against, 1259
India, anticholeraic inoculation in, 31, 1067, 1254; cholera and the water supplies of, 104; poisonous snakes in, 139; the sanitary rule of three in, 141; a new hill station in, 211; opium growing and smoking in, 337; residency surgeons at native courts of, 558, 647; medical stores in, 631; The English Baby in, Mrs. H. Kingscote, *rev.*, 631; sanitation in, 636; bacteriology in, 717; medical attendance in native States of, 755, 768; proposed Vivisection Act for, 935; proposed medical congress in, 977, 1066; army organisation in, 1067; use of opium in, 1175, 1195, 1223, 1348, 1399, 1449; mortality from wild animals in, 1254; snakes and predaceous animals in, 1286; filth and cholera in, 1457
Inebriates, the compulsory seclusion of, 260, 1395; does imprisonment cure? 485; report of inspector of retreats for, 591; retreats for, 720; legislation for and the clergy, 1173, 1396; deputations to Home Secretary on treatment of, 1303
Inebriety, the Disease of, Dr. T. D. Crothers, *rev.*, 17; Dr. Keeley's cure for, 142; alleged cures for, 592; treatment of in Ireland, 663; The Relation of Life Assurance to, Dr. T. D. Crothers, *rev.*, 1278; cancer and, 1312
Infant, sequel of tumour in an, 1273
Infanticide, statistics of, 1364
Infants, the diet of, 416; the "breaking-in" of, 432; mortality of in Cairo and Damietta, 599, 636, 903, 1165; the woes of, 803; young, the causation and treatment of hydrocele and hernia in, 1145; hernia in, 1260; deaths of from suffocation, 1390; the prevention of excessive mortality of, 1395
Infection, vagrants and, 34; certificates of freedom from, 48; liability for spreading, 1084; at the seaside, 1237; milk and, 1291; the Salvation Army and, 1292; and contagion, 1311
Infections, increase and decrease of the virulence of, 1192
Infirmary and nursing staffs, 500
Infirmary, County Wexford, action against the governors of, 98, 139
— Eye and Ear, Liverpool, instruction at, 534
— Glasgow Eye, instruction at, 535
— Glasgow Western, instruction at, 535
— Gloucester General, instruction at, 535
— Leeds General, changes in staff of, 279; accidental death at, 551; use of the ambulance of, 1353
— Liverpool, for Young Children, instruction at, 534
— Northampton General, instruction at, 535

Infirmary, North Cork, opening of new wing at, 697
— North Staffordshire, instruction at, 535
— Royal Derbyshire, offer as to completion of, 286; instruction at, 534
— Royal Edinburgh, and the clerical instruction of women, 199, 1012; lectures on skin diseases at, 213; instruction, etc., at, 523; the treasurership, etc., of, 1342
— Royal Glasgow, instruction in dentistry at, 549
— Royal Liverpool, donations to and annual cleaning at, 604
— Royal, Manchester, bequest, etc., to, 1318
— Royal, Newcastle-on-Tyne, demonstrations at, 426, 476
— Sheffield General, annual meeting of, 655; new skin department at, 1126
— Staffordshire General, instruction at, 535
— South Charitable, Cork, dress ball in aid of funds of, 896
— South Cork, appeal for funds for, 609
— West of England Eye, instruction at, 525
— and Dispensary, Bradford, instruction at, 534
— and Dispensary, Warrington, alterations and additions to, 78
Influenza, effects of the poison of upon the lying-in woman, 183; report to the Local Government Board on, 488; empyema as a sequel to, 1099; the epidemic of, 1118, 1172, 1233, 1290, 1346; fighting the, 1346; benzole in, 1425
Ingis, Lord Justice General, presentation of bust of to the University of Edinburgh, 82
Inoculation, anticholeraic, 1067
Inquests, metropolitan, 198
Insane, gall stone in the, 452
Insanity, suicide and, 41, 95; Traumatic, the Surgical Aspect of, Dr. H. Powell, *rev.*, 185; the plea of in the Lincoln murder, 193; the alleged increase of, 460, 551, 588, 747, 1161; "temporary," 484; from the abuse of Indian hemp, 630, 710, 813, 868, 920, 969, 1027, 1452; the "moral and spiritual" treatment of, 1081, 1359
Insect powders, 1087
Institut Pasteur, antirabic vaccinations at, 85; returns of, 364
Institute, Bacteriological, South African. the work of, 139
— British, of Public Health, the meeting of at Edinburgh, 142, 265, 337, 341; the Fellowship of, 1459
— of Chemistry, the new laboratory of, 1342
— Sanitary, lectures to sanitary officers at, 717; lectures on injurious trades, 911; result of examinations of, 1310; lectures for spring session, 1413
Institution, Medical, Liverpool, opening of session at, 865; annual dinner of, 927; meeting of, 1078
— Queen Victoria Nursing, Wolverhampton, report of committee of, 82
— Royal, lectures at, 1361
Instruction, technical, county councils and, 599; preliminary scientific, 1451
Instrument for delicate dissections, 123
Instruments, new dermatological, 951
Insurance of children, 1065
— companies and professional secrecy, 163
— File, The, *rev.*, 1156
Intelligence, literary, 72, 134, 338, 350, 438, 488, 599, 652, 703, 760, 862, 915, 1022, 1084, 1114. *See also* Literary Notes
Intestinal tract, malformations of, 891
Intestine, prevention of prolapse of after inguinal colotomy, 65, 151, 208, 281; large, excision of malignant tumour from, 892; a new and easy method of performing resection of, 1047; excision of, 1426
Intoxicants, crusade against, 382
Intussusception, laparotomy for, 1375
Inunction, antiseptic, in measles, 13, 103, 163
Inverkeithing, the medical officership of, 1119, 1291
Inverness, the sanitation of, 1445
Inverness-shire, the sanitary condition of, 99
Iodides, eruptions from, 1208
Ireland, vaccination in, 48; annual report of lunatic asylums in, 659; treatment of inebriety in, 663; increase of lunatics in, 698; cholera nostras in, 860; compulsory education in and Irish dispensary doctors, 1120; the treatment of lunatics in the workhouses of, 1293
Ireland, Dr. T., insanity from the abuse of Indian hemp, 630, 813

Ireland, Dr. W. W., the condemned man Barker, 279; trephining in general paralysis of the insane, 462; The Blot on the Brain, *rev.*, 1216
Iris, epithelial pearl tumour in the, following implantation of eyelash in the anterior chamber, 118; spindle-celled sarcoma of, 1204
Iron in severe dysentery, 1050
Irrigators, urethral, 19
Irritation, chronic, effect of on the living tissues, cancer and, 830
Irvine, Dr. W. S., death of, 923
Islington, housing of public health officials at, 843
Isolation, of infectious diseases in London, 26; of infectious patients, 212; of infectious paupers, 288; after small-pox, 289
Italy, vaccination in, 1412
Izal disinfectant, 796

J.
Jacob, Dr. E. H., the abuse of medical charities, 442, 554; comparative pathology, 1277
Jacobson, Mr. W. H. A., The Diseases of the Male Organs of Generation, *rev.*, 1155; Guy's Hospital Reports, *rev.*, 1157
Jamaica, the Mattei treatment of lepers in, 644
James, Dr. A., Friedreich's ataxia, 1053
— Mr. C. E., case of rupture of urethra, recovery without operation, 581; rupture of eyeball and impaction of foreign body in the antrum, 1213
— Mr. E. W., congenital absence of right kidney and suprarenal capsules, 579
— Mr. J. B., a Minister of Public Health, 452
— Mr. W. D., a substitute for chrysophanic ointment, 889
Jameson, Dr. L. S., the career of, 912
Jamieson, Dr. A. Thomas's operation for benign tumours of the female breast, 1209
— Dr. W. A., on the growth of dermatology, 455; on ringworm, 470, 473; on emol, 473; on dermatological instruments, 475
Japan, female medical practitioners in, 1361
Jardine, Dr. R., puerperal septicæmia, 1356
Jaw, lower, recurrent spindle-celled sarcoma of, 116
Jeffreys, Mr. R., the milk can, 663
Jenner, Mr. C., death of, 1033; the will of, 1256
— Dr. E., collection of relics of, 591, 763, 815, 1395; sale of relic of, 1013
— Mr. H., the Jenner collection, 763
— Sir W., Lectures and Essays on Fevers and Diphtheria, *rev.*, 742, 1078
Jennings, Mr. P. P., fatal case of snake bite in South Wales, 114
Jepson, Dr. E., the spread of infectious disease by tramps, 413
Jesett, Mr. F. B., a new form of uterine dredger, 848
Jessop, Mr. T., the prostate scissors of, 1280
Jeune, Lady, Ladies at Work, *rev.*, 1000
Jewett, Dr. C., induction of labour and accouchement forced, 899
Jex-Blake, Dr. S., unqualified medical missionaries, 1129
Johnson, Sir G., diphtheria and defective drainage, 1126, 1354
— Surgeon-Lieutenant H. P., scarlet fever, relapse on the seventeenth day, 1322
Johnston, Dr. W., Six Months Medical Evidence in the Coroner's Court of Montreal, *rev.*, 897
Johnston-Lavis, Dr. H. J., England at the International Medical Congress at Rome, 163
Johnstone, epidemic of typhoid fever in, 349
Joints, disease of, probably of syphilitic origin, 946
Jones, Mr. B., latent pleurisy, 771
— Dr. E. L., on the causes of chlorosis, 670
— Mr. G. T., the condition of the London streets, 451
— Mr. H., presentation to, 647
— Mr. H. E., septic infection of the lateral sinus, 563; surgical treatment of mastoid disease, 568; Eustachian synechia, 572
— Dr. H. L., employment of electric lighting currents for medical purposes, 1163
— Mr. H. R., the perils and protection of infant life, 1395
— Mr. J. T., treatment of psoriasis by thyroid extract, 1424
— Mr. T., rupture of urinary bladder, 1107
Jottings, American, 50, 928, 1137, 1189, 1458
Joule, Dr., memorial to, 1403
Jowers, Mr., the late, 103
Juggling with drain pipes, 1255

K.
Kaltenbach, Dr. R., obituary notice of, 1411
Kanthack, Dr. A. A., "immunity" against cholera, 572; streptococcus pneumoniae, 1154

- Kaposi, Professor, decoration of, 77
 Kashmir, the floods in, a new focus of cholera, 396
 Kauffmann, Dr., bronchiectasis, 996
 Keadue Dispensary, the medical officership of, 1257
 Keeley, Dr., the cure of inebriety, 142; *v. Wakley*, 157
 Keen, Dr. W. W., Operation Blanks, *rev.*, 950
 Keetley, Mr. C. B., operations without anaesthesia, 1100
 Keith, Mr. S., a case of Cæsarean section, 8
 Kekulé, Professor, decoration of, 56
 Kenealy, Miss A., The Care of the Sick, Notes on Home Nursing, *rev.*, 69
 Kenwood, Mr. H. R., Public Health Laboratory Work, *rev.*, 15
 Keratinoids, plastic pills and perles, 329
 Kerr, Dr. J., pulmonary hypertrophic osteoarthropathy, 1215
 — Dr. N., hypnotism and its dangers, 1407
 Kettles, bronchitis, 1158
 Kidney, Cyanotic Induration of, Drs. H. Schmaus and L. Horn, *rev.*, 122; operations on the, 182; right and suprarenal capsule, congenital absence of, 579; the nature of the work of the as shown by the influence of atropine and morphine on the secretion of urine, 681; disseminated fibrosis of, 1214
 Kilborne, Mr. F. L., Investigations into Causation, etc., of Texas or Southern Cattle Fever, *rev.*, 584
 Kilgour, Dr., unveiling of bust of, 910
 Killkenny county, outbreak of small-pox in, 448
 Kingscote, Mrs. H., The English Baby in India, *rev.*, 631
 King's Lynn, the water supply of, 592, 802, 962, 1120
 Kirk, Dr. R., death under chloroform, 151, 280; dangers of artificial respiration in chloroform accidents, 708
 Kirker, Staff-Surgeon G., an easy and quick method of determining the amount of carbonic acid in air for hygienic purposes, 338; infant mortality at Cairo and Damietta, 903
 Kissing the Book. *See* Oath
 Kitching, Dr. C. M., South African Medical Congress, 1073
 Kleen, Dr. E., Carlsbad, a Medico-practical Guide, *rev.*, 18
 Klinik der Verdauungskrankheiten, Dr. C. Ewald, *rev.*, 633
 Knaggs, Mr. R. L., reflex amblyopia in pregnancy, 731; tuberculous ascites, 739
 Knee-jerk, experimental note on the, 685
 Knee-joint, congenital dislocation of, 1099; loose bodies in, 1207
 Knife, new tonsil, 1110
 Knight, Dr. G. D., Movable and Intermittent Hydronephrosis, *rev.*, 1380
 Knipe, Mr. G. F., death of, 1256
 Koch's bacteriological diagnosis of cholera, a criticism of, 39
 Koenig, Dr. F., Lehrbuch der speciellen Chirurgie, *rev.*, 17
 Kolb, Dr. G., Physiology of Sport, *rev.*, 1156
 "Kosher" and other meat, 1393
 Koumiss, poisoning by, 717
 Kramer, Dr. S. B., the nature of vaccine immunity, 989
 Kundt, Professor, decoration of, 56
 Kutnow's trade mark, 491
- L.
- Labour, obstructed, hypertrophic elongation of the cervix as a cause of, 560; the mechanism of, 899; induction of and accouchement forcé, 899
 Labour's death roll, 1176
 La Buba, the clinical study of, 850
 Lacquer medicine boxes and doctors' swords, 1396
 Ladies at work, Lady Jeune, *rev.*, 1000
 Lady firewomen, 52
 Lambe, Dr. W., presentation to, 1320
 Laminectomy in spinal injuries, 1427
 Lamp, matchbox throat, 1157
 Lanark, opening of convalescent home at, 213
 Lancashire, the coronership for the Amounderness division of, 1169, 1230
 Landolt, Dr., demonstration of ophthalmoscope, 947
 Lane, Mr. J. E., medical education and medical practice, 789
 — Mr. W. A., the symptoms and treatment of septic infection of the lateral sinus as illustrated by ten cases, 561; chronic suppuration of the middle ear, 567; the fallacy of the vertical footpiece, 1049; the applicability of the paring tool or angular gouge to the surgery of the skull, 1050; the causation and treatment of hydrocele and hernia in young infants, 1145; detached pieces of articular cartilage forming loose bodies in the knee-joint, 1207
 Lang, Dr. G. H., poisoning by chloralose, 233
 Langlois, M., births and deaths, 292
 Lanolin, the manufacture of, 1408
 Lanz, Dr. O., the nature of the muscular movements in cachexia thyreopriva in dogs, 676; rodent ulcer, 938; treatment of cerebral tumours, 1368
 Laparotomy, an exploratory, 14; for lesions of the appendages, 182; for intussusception, 1375
 Larkin, Mr. F. C., position of patient during excision of tumours of the rectum, 153
 Laryngitis, acute, pulsus paradoxus in, 154
 Larynx, intralaryngeal, removal of a cystic tumour from, in a woman 80 years of age, 889; Kerr to a case of anomalous tumour of, 1376; excision of for cancer, 1423
 Last, boot drying and warming, 951
 Latah, 143
 Lawrence, Rev F., cremation and earth-to-earth burial, 1445
 Lawrence-Hamilton, Mr. J., wasp stings, 504
 Lawrie, Surgeon-Lieutenant-Colonel E., clinical anæsthetic notes and remarks on a case of carbuncle treated by excision, 1320
 Laws, Dr. C. U., the sterilisation of cholera dejecta, 366
 Lead, in public water supplies, 964; peripheral neuritis from, 996
 — encephalopathy, clinical remarks on, 1202
 — miners and their diseases, 415
 — poisoning, industrial, 197, 1315, 1391, 1440; from drinking water, 260
 LEADING ARTICLES:—International courtesies, 27; the army medical note, 28; cholera and its prevention, 29; precautions against cholera in London, 79; the army medical department and its difficulties, *ib.*; diet in schools, 81; press notices and quack remedies, 135; the epidemic of small-pox in Warrington, *ib.*; the report of the Leprosy Commission in India, 136; a "list" of nurses, 138; treatment of perforated gastric ulcer, *ib.*; quack advertisements and the British press, 191; European quarantines, 192; the plea of insanity in the Lincoln murder, 193; professional civil servants and the Home Rule Bill, *ib.*; the examination of cholera discharges, 255; the dangers of "health" resorts, 257; quack advertisements in religious papers, *ib.*; the concealment and diffusion of cholera, 258; the Newcastle meeting, 330; the Address in Medicine, 331; the Address in Surgery, *ib.*; the sixty-first annual meeting, 379; the Address in Obstetrics, 380; metropolitan sanitary government by by-law, 781; tramps and infection, 429; the Council of the College of Surgeons and the Court of Examiners, 430; work and play in public schools, *ib.*; Charcot and hypnotism, 479; poisonous cosmetics, 480; the health of the army, 481; the modes of entering the medical profession, 505; the cost of a medical education, 506; the alleged increase of insanity, 551, 588, 747; Asiatic cholera in England, 587; the grievances of army medical officers, 589, 641, 748, 1167; the Merchant Shipping Bill, 589; death certification, 639, 693; cholera vibrios, 640; the condemnation of unsound food, 642; biology in Great Britain, *ib.*; Government officials above the law, 693; the prevention of phthisis, 695; the Isolation Hospitals Bill, 696; should experiments on live animals be permitted by law? 749; study and progress in pharmacy, 799; claims of unqualified persons, 800; the extravagance of work half done, *ib.*; the teaching of otology, 851, 905; the wounds inflicted by the Lee-Metford rifle, 852; cremation at the Church Congress, 853; feeble-minded, epileptic, and exceptional children, 906; diabetes mellitus in Bengal, *ib.*; Mr. Harness and the newspaper press, 957; patent medicines and the sale of poisons, 958; nursing in workhouses, 959, 1063; the Dermatological Section at the annual meeting, 960; the Indian oculists, 1009; unqualified medical missionaries, 1010; the Harness electropathic belt, 1011; glands in man and its prevention, *ib.*; pricking the bubble, 1063; the care of our wounded in war, 1064; the Parish and District Councils Bill, 1115; the traumatic neuroses, *ib.*; the scope and methods of water examination, 1116; cremation and drainage, 1167; nerve suture, 1168; the British Medical Association and the Journal 1894, 1227; temperament, *ib.*; medical education in the United States, 1228; doctor's remuneration, 1223; the General Medical Council, 1287; English science and English bishops, 1288; food adulteration made easy, 1289; an Imperial Pharmacopœia, 1339; a new university for Wales, 1340; poisoning by carbolic acid, 1341; industrial lead poisoning, 1391, 1440; poisoning by misadventure, 1392; "kosher" and other meat, 1393; prescribing chemists and the practice of medicine, 1439; public health administration in Cape Colony, 1441
 Leander, a medical, 1257
 Leçons de Thérapeutique, M. G. Hayem, *rev.*, 1279
 Lecture, the Bradshaw, by Dr. W. S. Greenfield, 1261; the Bradshaw, by Sir W. Mac Cormac, 1313
 Lectures, the Croonian, by Dr. D. J. Leech, 4, 56, 108, 169; on Sanitary Law, Mr. A. W. Blyth, *rev.*, 583; and Essays on Fevers and Diphtheria, Sir W. Jenner, *rev.*, 942
 Lec, the condition of, 31
 — Dr. A. B., The Microtometist's Vade-Mecum, *rev.*, 1427
 Leech, Dr. D. J., the pharmacological action and therapeutic uses of the nitrates and allied compounds, 4, 56, 108, 169; hysteria simulating insular sclerosis, 1273
 Leeds, correspondence from, 150, 279, 554, 812, 1353; health of, 150; small-pox at, 279; the death-rate of, 288; the proposed nurses' home at the union infirmary at, 554; the projected borough hospital at, 927; overcrowding of hospital wards at, 1084; influenza, 1353; hospital abuse at, *ib.*
 Lee-Metford rifle, wounds inflicted by, 757, 798, 852
 Leeward Islands, leprosy in the, 501
 Leffler-Arnim, Miss A., The Art of Figure Culture, *rev.*, 1157
 Le Fort, Dr. L., death of, 976
 Legg, Dr. W., A Guide to the Examination of the Urine, *rev.*, 1109
 Legislators, medical, 700
 Lehrbuch der Pathologie des Stoffwechsels, Dr. C. v. Noorden, *rev.*, 16; der speciellen Chirurgie, Dr. F. Koenig, *rev.*, 17; der Elektrotherapie, Dr. A. Sperling, *rev.*, 794
 Leicester, small-pox in, 32, 698; the small-pox hospital at, 908; the fever hospital at, 1187; small-pox isolation arrangements at, 1412
 Leith, outbreak of small-pox at, 1291, 1403
 Lemonades, acid, 663
 Lenhossek, Dr. M. v., Der feinere Bau des Nervensystems im Lichte neuester Forschungen, *rev.*, 432
 Lepage, Dr. G., Fonctionnement de la Maison d'Accouchements Baudelocque, *rev.*, 18
 Leper question, the, in the colonies, 263, 281
 Lepers in Siberia, 141; Mattei treatment of in Jamaica, 644; in Trinidad, 1363
 Leprosy in New South Wales, 78; foreign governments and, 486; in the Leeward Islands, 501; in Finland, 594; contracted by an asylum attendant, 644; the Mattei cure for, 1140; in Siberia, 1237; in Calcutta, 1342
 Levison, Dr. F., Die Harnsäurediathese, *rev.*, 897
 Lewers, Dr. A. H. N., A Practical Textbook of the Diseases of Women, *rev.*, 1279
 Library of the British Medical Association, list of authors and others who have presented books to, 758; and reading room of, 1231
 Liddell, Dr. J., The Mineral Waters of Harrogate, *rev.*, 1001
 Lidiard, Mr., the diet of infants and young children, 416
 Life assurance, examination for, 875
 Ligament, broad, ligature of the, 64; broad, encysted hydrocele of the, 1153
 Light and Colour Sensations, Measurement of, Mr. J. W. Lovibond, *rev.*, 1330
 — sense, the, in relation to navigation, 698
 Lille, typhus fever at, 1362
 Limebeer, Mr. H., the London and Counties Medical Protection Society, 153
 Limerick, sanitary state of, 767
 Lincoln murder. *See* Barker.
 Lindsay, Dr. M., effect of change in county government on asylums, 460; state aid for poor private insane patients, 466; insanity from the abuse of Indian hemp, 630
 Linnell, Dr. E., presentation to, 749
 Lip, lower, malformation of, 891
 — reading, 140
 Lipoma, large diffuse of neck, removal of, 1274
 Lister, Sir J., at King's College, 1014
 Literary notes, 1326, 1349, 1400 (*See also* Intelligence, Literary)
 Literature, medical men and, 663
 Lithiasis in debility from leucorrhœa and other causes, 490
 Lithotomy, in the female bladder, 623; vesicovaginal, 1212
 Lithotripsy, a warning, 664
 Liver, bacteriological notes on a case of tropical

- abscess of, 114; abscess of caused by needles, 987; crystals of bilirubin from hydatid cysts of the, 1051
- Liverpool, small pox and vaccination in, 71, 1403; correspondence from, 604, 762, 865, 1078, 1403; precautions against cholera at, 604; prevalence of fever at, 762; need for a new school of medicine at, 1078; retirement of the medical officer of health of, 1403
- Livonia, conference of physicians of, 811
- Lloyd, Mr. J., the prevention of prolapse after inguinal colotomy, 281; cancer of cervix, 986
- Mr. W. F., case of sunstroke, hyperpyrexia, death, 477; a case of catalepsy, 1213
- Loans, proposed, for infectious hospitals, 1381
- Locke, Surgeon Lieutenant-Colonel, hereditary tendency to erysipelas, 771
- Lockwood, Mr. C. B., hernia of ovary, 1272; operation for Dupuytren's contraction, 1274; removal of large diffuse lipoma of neck, *ib.*
- Locomotor ataxy treated by Brown-Séquard's fluid, 1425
- London, infectious diseases in and their isolation, 26; a county hospital for, 30; the sanitary administration of, 32; the proposed university for, 82; flushing water in, 99; the surface wells of, 140; small-pox in, 190; foul canals in, 200, 1120; refuse in sewers of, 261; the condition of the streets of, 451, 664; increase of diphtheria in, 751; the university question in, 908; a Comprehensive Scheme for Street Improvement in, Mr. A. Causton, *rev.*, 949; the death-rate of, 960; fever patients in, 1016; the improvement of, 1017; dogs and cats in, *ib.*; the epidemic of diphtheria in, 1118, 1172; the future of fever in, 1121; deficient hospital accommodation for, 1292; the isolation of fever in, 1397; the highest level and subsoil of the parishes within 20 miles of, 1415; and the country, the relative healthiness of, 1445
- Longevity and ovariectomy, 1290
- Longmore, Surgeon-General Sir T. A. Manual of Ambulance Transport, *rev.*, 847; the early care of the wounded in war, 1243
- Loomis, Dr. A., Lessons in Physical Diagnosis, *rev.*, 235
- Loreta's operation for stricture of pylorus, 65
- Louche-Bains, Dr. E. de la Harpe, *rev.*, 896
- Louis XVII., the death of, 86
- Lovibond, Mr. J. W., Measurement of Light and Colour Sensations, *rev.*, 1330
- Lowndes, Mr. F. W., the Scotch oath, 352
- Lucas, Mr. A., sarcoma of femur, 996
- Mr. W. F., death of, 911; obituary notice of, 976
- Lugard, Captain F. D., on Uganda, 1240
- Lunacy, new rules in, 30
- boards and the State asylums, 1330
- prosecution, a, 1081, 1359, 1407
- Lunatics, transference of to a workhouse, 715, 872; treatment of in Irish workhouses, 1293; the "colony" treatment of, 1303
- Lungs, thrombosis of and vascular coagulation, 165; complete and permanent collapse of in empyema, 1325
- Lunn, Mr. J. K., congenital (?) pemphigus, 1273; cretinism treated by thyroid extract, *ib.*; hæmatoma after aneurysm, *ib.*
- Lupus, treatment of, 938; skin grafting for, 1274
- Lustig, Professor A., Diagnostik der Bakterien in Wassers, *rev.*, 69
- Lycett, Dr. J. A., severe hæmatemesis, recovery, 579
- Lymphadenoma, spleen feeding in, 883
- Lymphangioma circumscriptum, 1212

M.

- Maberley, Mr. H. E., treatment of ophthalmia in girls at puberty, 1036; hernia in infants, 1260
- Macalister, Professor A., methods of anatomical study, 879
- Macalpine, Mr. T., waterborne typhoid, 1187
- McArdle, Mr., ventral hernia, 1323
- McCall, Dr. A., a case of typhoid fever followed by perforation and recovery, 62, 491
- Miss A., on the registration of midwives, 127
- Mac Cormac, Sir W., Sir Astley Cooper and his surgical work, 1313
- McDonald, Mr. A., Abnormal Man, *rev.*, 999
- Dr. R. G., excision of the larynx, hyoid bone, and five rings of the trachea for cancer, 1423
- McDowall, Dr. T. W., the effect of the recent change in county government on asylums and the insane, 353; psychological questions in Germany, 462

- McDowall, Dr. C. W., death of, 1186
- Macewen, Professor W., surgical treatment of mastoid disease and its complications, 567, 568; treatment of cerebral tumours, 1347
- Macfadyen, Dr. A., bacteriological notes on a case of tropical abscess of the liver, 114
- McFeely, Mr. J. D., cow-pox and small-pox, 1270
- McIlree, Surgeon-General J. D., the claims of, 1184
- Mackay, Dr. G., optical treatment of conical cornea, 733; atrophy of the optic nerve as a symptom of chronic disease of the central nervous system, 784
- Dr. W. B., presentation to, 1163
- McKendrick, Dr. J. G., The Physiology of the Senses, *rev.*, 16
- Mackenzie, Dr. G. H., sequel to a case of intralaryngeal removal of a cystic tumour from the larynx in a woman 80 years of age, 889
- Dr. S., remarks made at the bedside of a patient suffering from lead encephalopathy, 1202
- Mackie, Dr. E., Charcot and hypnotism, 772
- Mackie, Mr. J., cholera at Mecca and quarantine in Egypt, 222
- McKinney, Dr. J. B. G., isolation after small-pox, 289
- Mackinnon, Dr. A. R., death of, 660
- MacLagan, Mr. H. G., prescribing chemists, 1127
- MacLaren, Mr. J. P., hyperpyrexia in cerebral injury, 234
- Maclean, Surgeon-General W., the Indian opium question, 1449
- McLeod, Dr. K., Epidemic Dropsy, *rev.*, 1053
- MacMunn, Mr. J., nasal specula, 451; castration in enlargement of the prostate, 709
- Macnaughton-Jones, Dr. H., The Practitioner's Handbook of Diseases of the Ear, *rev.*, 533; magnifying aural speculum, 1331
- McNicol, Mr. D., the voyage to Australia, 152
- Mr. E. D., a case of opium poisoning followed by hyperpyrexia and death, 14
- McOscar, Mr. J., an improvised test-tube holder, 899
- McWeeney, Dr. E. J., the bacteriology of cholera nostras, 630; urinary organs from a case of cystitis with surgical kidneys, 1329
- Madden, Dr. T. M., the conservative treatment of diseases of the uterine appendages, 620; A Handbook of Obstetrical and Gynaecological Nursing, *rev.*, 796
- Madeira, health of, 1343
- Maddox, Dr. E., The Clinical Use of Prisms, *rev.*, 795
- Magenkrankheiten, Ewald's, 655, 732, 1028, 1080
- Magistrates, medical, 17, 49, 75, 160, 289, 373, 599, 610, 660, 763, 844, 879, 927, 967, 1008, 1110, 1135, 1229, 1361, 1390, 1413; county, and dilapidated dwellings, 953
- Mair, Dr. L. W. D., a sporadic case of cholera, 1164
- Malaria, forms of, and their characteristic features, 849; on shipboard, 920, 1152
- Malaprop, Mrs., in the consulting room, 1253
- Malcolmson, Dr. J. H., on diphtheria, 412; the spread of infectious disease by tramps, 413; a floating hospital, 414
- Maltingering, wholesale, 260
- Malta fever. See Fever
- Man, communicability of foot and mouth disease from cattle to, 115, 352; Abnormal, Mr. A. McDonald, *rev.*, 999; anthrax in, 1413
- Manchester, summer diarrhoea in, 212; correspondence from, 811, 836, 918, 1023, 1077, 1247, 1403; St. John Ambulance Association at, 1077; adulteration of food and bread at, 1247; influenza at, *ib.*
- ship canal, dead dogs and cats in, 1033
- Manges, Dr. M., Ewald's "Magenkrankheiten," 655, 1028
- Mansions, metropolitan, 1014
- Mantle, Dr., aphasia, 948
- Manual of Physiology, Dr. G. F. Yeo, *rev.*, 794; of Ambulance Transport, Surgeon-General Sir T. Longmore and Surgeon-Captain W. A. Morris, *rev.*, 847; of Medical Treatment or Clinical Therapeutics, Dr. J. B. Yeo, *rev.*, 998; of Veterinary Hygiene, Veterinary Captain F. Smith, *rev.*, 1000; of the Diseases Peculiar to Women, Dr. J. Oliver, *rev.*, 1279; of Practical Anatomy, Dr. D. J. Cunningham, *rev.*, 1427
- Manuel de Petite Chirurgie de Jamain, Prof. F. Terrier and Dr. Péraire, *rev.*, 585
- Manuscripts, scientific, 216
- Mapother, Dr., the etiology and treatment of psoriasis, 935
- Marat's death blow, 165
- Marquis of Dufferin and Ava, the Royal Free Hospital, 867

- Marseilles, opening of antirabic institute at, 1394
- Marsh, Dr. E. L., vaccination and small-pox in Glasgow, 819
- Mr. H., the surgical treatment of tuberculous peritonitis, 737; the treatment of enlarged cervical glands, 1143; septic thrombosis of lateral sinus, 1145
- Marshall, Mr. A., obituary notice of, 98
- Dr. A. M., Vertebrate Embryology, *rev.*, 235
- Dr. G. B., wasp sting with rapid constitutional symptoms, 292
- Dr. J., the Society for the Relief of Widows and Orphans of Medical Men, 612
- the late Professor J., memorial to, 762
- Martin, Mr. J., the causation and prevention of cholera, 771
- Martyr, an antivaccination, 856
- Martys, medical, 911, 966
- Mason, Dr. D., presentation to, 160
- Dr. J. W., quarantine as a preventive measure against cholera, 369; on diphtheria, 412; the spread of infectious disease by tramps, 413
- Massage, instruction in, 451; in diseases of the skin, 475
- Masseuses, over-abundance of, 1250
- Massiah, Dr. B. J., pregnancy after jejunostomy, 943
- Mastoid, surgical treatment of disease of, 567; 60 cases of disease of in which the antrum was opened, 569; a case of foreign body in the, 572
- Matchbox throat lamp, 1157
- Materia Medica and Therapeutics, Dr. J. Shocmaker, *rev.*, 897
- Mattel treatment of lepers in Jamaica, 644
- Matthews, Mr. S., triplets, 180
- Maude, Mr. A., dilatation and hypertrophy of the colon, 351; some less well known factors of Graves's disease, 892
- Mauritius, malarial hæmatozoa in, 771; the chief medical officers of, 1254
- May, Mr. E. H., ovariectomy during pregnancy, 1210
- Mead, Dr. G. B., the mode of election of Branch officers, 40; the London and Counties Medical Protection Society, 207, 344; irregular practitioners in law and medicine, 709; unqualified practice and overcrowding of the medical profession, 764; quacks and unqualified practice, 868; prescribing chemists, 968
- Measles, antiseptic inoculation in, 13, 103, 163; concurrent with scarlatina, 291; the notification of, 413; compulsory notification of, 1077, 1121, 1361; the nervous complications of, 1213, 1235; incubation period of, 1374
- Meat, poisoning by, 33; refrigerated, 196; unsound, condemnation of, 719, 819; passed in one town condemned in another, 1361
- Mecca, cholera at and quarantine in Egypt, 222; return of pilgrims from, quarantine at El Tor, 437, 598; and the cholera, 489; pilgrims from, 604, 797; sanitation of the pilgrimage to, 1013; an Indian, 1254
- Mechanisms, defensive, 310
- Medical Battery Company, Limited, winding-up order against, 1006, 1081, 1183, 1359, 1407; and Dr. H. Tibbits, 1182
- Council, General, the powers of, 39; Allinson's, 42; regulations as to registration and education of students, 509; professional education, 510; regulations as to diplomas in State medicine, 539; regulations as to diplomas in dental surgery, 547; the fees of, 869; the coming meeting of, 1016, 1174; the presidency of, 1065; new members, 1250; president's address, *ib.*; routine business, *ib.*; foreign and colonial degrees, *ib.*; the case of Dr. Herbert Tibbits, *ib.*; other business, *ib.*; Scotch university ordinances, *ib.*; reciprocity, 1251; the Royal College of Physicians of Ireland, *ib.*; penal cases, 1251, 1296, 1298; leading article on the session of, 1287; the Education Committee's report, 1297; the Conjoint Board of the Royal College of Surgeons and Apothecaries' Hall, Ireland, 1299, 1300; the Education Committee, 1300; list of recognised practitioners, *ib.*; the University of Cambridge, 1300, 1301; the University of Dublin, 1300; the Scottish Universities' Commission, 1301; the Pharmacopœia, *ib.*; the Examination Committee, *ib.*; the University of Oxford, *ib.*; the University of London, *ib.*; the University of Durham, *ib.*; the Victoria University, 1302; statistical tables of passes and rejections, *ib.*; professional education, *ib.*; petition of Dr. Rentoul, *ib.*; reports of visitors and inspector, *ib.*; committee on penal cases, *ib.*; registration, *ib.*; inspector of examinations, *ib.*; standing order as to penal cases, *ib.*; dentist's advertisements, *ib.*; visi-

- tation of foreign universities, 1311; "Minutes" of, 1344; and covering, 1396
- Medical masters, 30
- men and founders' shares, 383, 611; and literature, 663
- officer of workhouse, the grievances of a, 239
- officers, district as medical officers of health, 414
- officers of health, county, co-operation amongst, 83; salaries of 382; county and notification problems, 401; district medical officers as, 414
- officers, Irish Poor-law, superannuation of, 1230
- "—Register," notice as to, 1065
- relief to the poor, 925
- Medicine, A Textbook of the Theory and Practice of, Dr. W. Pepper, *rev.*, 121; military, in the field, 195; and Hygiene, Domestic, Dr. W. J. Russell, *rev.*, 236; the ideal in, 787; and tobacco, 1259
- Medicines containing poisons, the sale of, 84; patent, the last resource of, 699; patent and the sale of poisons, 958; patent and quack, 1394; patent, quacks and the clergy, 1406
- MEDICO-ETHICAL:—Downward competition, 43; changing the doctor, 43, 158, 283; unqualified assistants, 43; a foreign mode of advertisement, 44; a medical testimonial, *ib.*; doctors' drug shops, 98; a card, *ib.*; introducing a partner, *ib.*; the plea of privilege, 208; the title of "Dr." *ib.*; two opinions, 283; handbills, 345; a second opinion, *ib.*; an interloper, *ib.*; mental disease and piles, 399; bold advertisement, 445; "covering" an unqualified principal, *ib.*; medical men and the lay press, *ib.*; dentists and doctors, 445, 556; a county court judge and doctor's fees, 491; medical aid associations, 492, 556; testimonials, 492; clubs and their medical officers, 608; oblique advertisement, *ib.*; a yellow card, 636; attendance on the clergy, *ib.*; contracts not to practise, 657; patient and practitioner, 710; medical officers and brother practitioners, 767; advertisers, *ib.*; unprofessional touting, *ib.*; the puff direct, 816, 869; a sixpenny dispensary, 816, 1132, 1454; change of address, 817, 1007; covering, 817; unqualified assistants, *ib.*; calls on newcomers, 1007; patient's friends, *ib.*; an electioneering card, 1132, 1183, 1253, 1408; foreign and English doctors, 1132; an unfortunate misunderstanding, 1183; prescription cards, 1183, 1454; Medical Aid Company, Limited, 1183, 1454; substitution, *ib.*; alleged covering, 1253; provident dispensaries so-called, *ib.*; medical fees and the clergy, *ib.*; an unfortunate rival, *ib.*; the etiquette of consultations, *ib.*; gratuitous attendance on chemists and druggists, 1408; non-vacant appointments, *ib.*; a knotty point, *ib.*; canvassing for non-vacant appointments, 1409; title of physician, 1451; a hospital election, *ib.*; canvassing and drug shops, *ib.*; medical etiquette, *ib.*; free medical advice, 1455
- MEDICO-LEGAL:—Allinson v. General Medical Council, 42; covenants (not to practise) with medical aid associations, 43; fees to medical witnesses, 43, 98, 767, 1007, 1182, 1253, 1453; fees under the Infectious Diseases Notification Act, 44; the right to burial, *ib.*; County Wexford Infirmary, 98; Keeley v. Wakley, 157; suicidal strangulation, *ib.*; small-pox at the Salvation Army shelter, 208; a Lincolnshire slander case, *ib.*; coroners and medical evidence, *ib.*; consultant's fees, *ib.*; who is to pay? 315, 445; defamation of professional character, *ib.*; action against a dentist in Manchester, 346; medical certificates and industrial insurance, *ib.*; what is a page, 399; extraordinary insurance case, *ib.*; medical witnesses at inquests, *ib.*; partnerships and selling out, *ib.*; a novel lunatic asylum case, applications for a writ of habeas corpus, 445; Kutnow's trademark, 491; is blood poisoning an accident? *ib.*; locum tenens and inquest fees, *ib.*; prosecution of Indian oculists, 607, 971, 1002; unqualified practice, 608; the coroner's discretion as to inquests, *ib.*; monthly nurses and their fees, *ib.*; irregular practitioners in law and medicine, a contrast, 657; Blumberg, A. D. the case of, 664, 816; assistants and fees, 710; repudiating midwifery engagements, *ib.*; alleged defamation of character, 711; Dr. and dentist, 767; "female pills," *ib.*; post-mortem examinations, 816; friendly societies, *ib.*; monthly nurses and engagements, 817, 870; coroner's fees to medical witnesses, 817; midwifery fees, *ib.*; fees for notification, *ib.*; the right to keep an open surgery, *ib.*; keeping the practice together, *ib.*; medical men and inquests, *ib.*; assistant's holidays, *ib.*; substitute attendance on midwifery case, 870; a sick assistant, *ib.*; a card, *ib.*; Apothecaries Society v. Ala-
- bone, 1006; re the Medical Battery Company, 1006, 1081, 1131, 1183, 1253, 1359, 1407; the custody of the body, *ib.*; midwife's engagement, 1007; fee for post-mortem examination, *ib.*; Pharmaceutical Society v. Delves, 1081; the "moral and spiritual" treatment of insanity, 1081, 1359, 1407; liability for paid-up shares, 1081; prosecution under the Pharmacy Act in Glasgow, 1082; alleged illegal revaccination, *ib.*; illegal certificate, 1132; Harness, Mr., prosecution of, 1183, 1253, 1308, 1357, 1407; a judge but not judicial, 1183; re Charles Doane deceased, 1253; a lunacy prosecution, 1359; charitable uses, 1407; baking powders and the Food and Drugs Act, 1408; the manufacture of lanolin, *ib.*; agreements with assistants, *ib.*; coroner and town councillor, *ib.*; fees for police attendances, *ib.*; midwifery engagements and fees, 1454
- Mediterranean fever. *See* Fever Malta
- Médoc, the vintage in the, 600
- Medway, ague on the, 1036
- Melbourne, correspondence from, 148, 278, 654; the hospitals of and the financial crisis, *ib.*; proposed reform in the election of hospital staffs at, *ib.*; the morgue at, 278; contamination of the water supply of, *ib.*; the university and hospitals of, 339; deaths under chloroform in, 1254
- Menière's disease. *See* Disease
- Meningitis, circumscribed suppurative following middle-ear suppuration, trephining, recovery, 1323
- Meningocele, large congenital, 1211
- Menopause, some neuroses associated with, 995
- Menstruation and ovulation, 1140
- Mercer, Mr. R., intestinal obstruction from gall stone, 1426
- Merkel, Herr Fr., Ergebnisse der Anatomie und Entwicklungsgeschichte, *rev.*, 999
- Merson, Dr., the alleged increase of insanity, 461
- Mesentery, apoplexy of, 1329
- Metastasis in skin inflammations, 475
- Metcalfe, Mr. G., pilocarpin in aural affections, 570
- Microbène, 1220
- Microscope for technical education classes, 770
- Microtometist's Vade-mecum, the, Dr. A. B. Lee, *rev.*, 1427
- Mid-Lanarkshire, enteric fever in, 1134
- Midlands, proposed university for, 980
- Midwifery case, the "compactum," 1429
- Midwife's engagement, 1007
- Midwives, registration of, 71, 127, 194, 383, 435, 1357; certification of, 1026, 1357, 1406
- Migraine, recurrent third nerve palsy associated with, 119
- Mikulicz's operation, the anatomical results of, 1325
- Milburn, Dr. C. H., treatment of enlarged cervical glands, 1143
- Militia, the, messes in, 42, 157, 210; promotion and appointments in medical staff of, 155, 399, 1409
- Milk, what is? 751; v. beer, 119; mother's, cobra poison in, 1229; and infection, 1291; apparent relation between the birth-rate and the supply of, 1452
- can, the, 663
- diet, a method of rendering digestible by a weak stomach, 12, 64, 104; humanised, 822
- Millard, Dr. W. W., a new medical fund, 772
- Miller, Mr. A. G., a new urethral instrument, 119
- Mr. E. A., the medical and dental professions, 1028
- Milligan, Dr. W., the treatment of chronic suppuration of the middle ear by excision of the auditory ossicles, 563, 566; surgical treatment of mastoid disease, 569; pilocarpin in aural affections, 570; Eustachian synechie, 572; a new intratympanic syringe, *ib.*
- Milne, Mr. J. A., simple tumour of the palate as a cause of hæmorrhage from the mouth, 1374
- Milsbrand (Der) der Ratten, Dr. K. Müller, *rev.*, 1381
- Minch, Dr. E., death of, 1309
- Minister of Public Health, a, 452, 489
- Missionaries, unqualified medical, 645, 707, 1010, 1026, 1129; medical, training of, 755
- Missions, scientific, 49, 129, 436, 705, 1125
- Mistakes, the advantages and disadvantages of making, 798
- Mitchell, Dr. A., atresia hymenalis, rupture of hymen during digital exploration, 1321
- Dr. G. S., presidential address in Section of Obstetrics at Pan-American Congress, 899
- Dr. S. W., The Mother and Other Poems, *rev.*, 185
- Mivart, Dr. F. St. G., chronic scaly eczema, 930; southern health resorts, 1311
- Molony, Mr. J., death of, 713
- Dr. M. J., monument to, 378
- Monod, M. H., medical inspection v. quarantine, 806
- Monotremata, the morphology of the peroneal group of muscles in, 681
- Montgomery, Dr. E. E., vaginal hysterectomy, 901
- Montreal, civic munificence in, 264; Six Months' Medical Evidence in the Coroner's Court of, Dr. W. Johnston, *rev.*, 897
- Montrose, small-pox and vaccination in, 190
- Moody-Ward, Dr. R., obituary notice of, 1186
- Moore, Mr. G. L., a new nasal speculum, 187
- Sir W., opium as a preventive of ague, 1196
- Dr. W. W., medical ethics and medical remuneration, 1345
- Morison, Mr. J. R., demonstration at the Royal Infirmary, Newcastle-on-Tyne, 428; radical cure of hernia, 1040; a new and easy method of performing intestinal resection, 1047; notes on cases with specimen of gastroenterostomy and pylorotomy, 1148; the treatment of intestinal obstruction, 1371
- Morphine, use of hypodermically in China, 803; abuse of in Hong Kong, 1135; as a cure for opium eating, 1363
- Morphinomania among medical men, 142
- Morris, Surgeon-Captain W. A., A Manual of Ambulance Transport, *rev.*, 847
- Mortuaries in London, 953; in workhouse wards, 1344
- Mortuary, new use for a, 802
- Mosaic law, sanitation as taught by, 1069
- Mother (The) and Other Poems, Dr. S. Weir Mitchell, *rev.*, 186
- Motherhood, the profession of, 752
- Mothers and nurslings, 1352
- Mott, Dr. F. W., atrophy of left ventricle, 676; the sensory motor functions of the central convolutions of the cortex cerebri, 685, 689; peripheral facial diplegia, 1206
- Moule, Mr. J., eyesight of school children, 867
- Moulin, Dr. C. M., prevention of prolapse of the intestine a ter inguinal colotomy, 65, 208; castration in enlargement of the prostate, 655, 765; traumatic arachnoid hæmorrhage with symptoms on the same side as the lesion, 1101
- Mountaineering, Dr. C. Wilson, *rev.*, 121
- Mouth, Fauces, and Larynx, Diagrams of, *rev.*, 18, 103; simple tumour of the palate as a cause of hæmorrhage from, 1374
- prop or gag, 375
- Mouvement et les Exercices Physiques, Dr. E. Dupuy, *rev.*, 236
- Mueller, Dr. A., On Snake Poison, its Action and its Antidotes, *rev.*, 236
- Müller, Dr. K., Der Milzbrand der Ratten, *rev.*, 1381
- Dr. Max, Beiträge zur Kenntniss der Metastasenbildung maligner Tumoren, *rev.*, 378
- Muir, Dr. R., atrophy of the left ventricle in consequence of stenosis of left coronary artery, 676
- Mullen, Dr., presented with medal of Royal Humane Society, 30
- Mumps and hyperplasia of the cervical lymphatic glands, 1373; an epidemic of, 1457
- Munday, Mr. J., prescribing chemists, 969
- Munro, Dr. J. C., the notification of measles, 413, 414
- Dr. R., the influence of the erect position on the development of the human body and especially of the brain, 617
- Murphy, Dr. J., address at opening of Section of Obstetrics, etc., 453
- Murray, Dr. G. R., on thyroid secretion, 677
- Mr. J. K., a case of herpes zoster, 992
- Murrell, Dr. W., What to do in Cases of Poisoning, *rev.*, 847
- Muscle, a new method of studying the elasticity of, 673; tumour in, 1215
- Museum, Mr. Hutchinson's clinical, 963, 1296
- Mushrooms, old, the danger of eating, 1174
- Myers, Mr. F., the Victorian Tourists' Railway Guide, *rev.*, 122
- Myles, Mr. T., treatment of urinary fistula, 1277; laminectomy in spinal injuries, 1427
- Myrtle, Dr. A. S., Practical Observations on the Harrogate Mineral Waters, *rev.*, 122
- Dr. J. A., Practical Observations on the Harrogate Mineral Waters, *rev.*, 122
- Myxœdema, changes observed in the urine in after administration of glycerine extract of the thyroid gland, 217, 1273; the mental symptoms of, etc., 463; case of, 845; thyroid feeding in, 1275
- N.
- Nails, biting the as a sign of degeneracy, 164

- Napier, Dr. A. D. L., ventrofixation of the uterus or hysteropexy, 838
- Naples, sanitation of, 145
- Narcotics, the self-administration of, 802
- Nationalisation of Health, Mr. H. Ellis, *rev.*, 377
- Navigation, the light sense in relation to, 698
- Navy, Royal British, promotions and appointments in the medical staff of, 41, 98, 155, 209, 282, 444, 492, 556, 606, 656, 711, 766, 815, 870, 920, 970, 1028, 1080, 1132, 1184, 1252, 1359, 1409; the examination for the medical department of, 103; regulations for admission to the medical staff of, 545; service for pension in, 870; successful candidates for appointments in, 1184, 1307; varicocele as a disqualification for, 1364; infectious diseases in, 1443
- Neck, removal of large diffuse lipoma of, 1274
- Neech, Dr., presentation to, 48
- Needle, hypodermic, cleaning of, 51
- Needles, abscess of liver caused by, 967
- Neish, Dr. J., polymazia, 1459
- Neoplasms, intraocular, some unusual forms of, 1377
- Nephrectomy, treatment of the pedicle in, 580; for hydronephrosis, 1103
- Nerve, third, recurrent palsy of associated with migraine, 119; optic atrophy of as a symptom of chronic disease of the central nervous system, 779; third, paralysis of the, 1273
- extract, neurasthenia treated by hypodermic injections of, 1321
- suture, 1168
- Nervensystems (Der feinere Bau des) im Lichte neuester Forschungen, Dr. M. V. Lenhossek, *rev.*, 632
- Nerves, distribution of to the lower limb, 685
- Nervous system, central, the action of the brain of the sheep on diseases of the, 1319
- Netley, a band for, 345, 492; pass lists at, 398; ambulance instruction at, 754, 854, 867, 971
- Neuralgia, epileptiform trigeminal, treated by Horsley's operation for neurectomy of the inferior division of the fifth nerve, 1098
- Neurasthenia treated by hypodermic injections of nerve extract, 1321
- Neuritis, peripheral, from arsenic, 996; from lead, *ib.*
- Neuroglia elements in the human brain, Neurosen (Die traumatischen), Dr. H. Oppenheim, *rev.*, 18
- Neuroses of Development* (The), Dr. T. S. Clouston, *rev.*, 129; the traumatic, 1115
- Newby, Dr. T., some cholera cases at Grimsby, 1073
- Newcastle-on-Tyne, excursions from, 435
- Newell, Mr. P., the mode of election of Branch officers, 96
- Newington, Dr. H., effect of change of county government on asylums, 460; State aid for poor private insane patients, 466
- Newman, Dr. D., the applicability of the gouge or parting tool to the surgery of the skull, 1050; treatment of cerebral tumours, 1368; treatment of intestinal obstruction, 1372
- Newsholme, Dr. A., on diphtheria, 411
- New South Wales, leprosy in, 78; medical societies in, 206; the Medical Bill in, 206, 211; small-pox in, 865; vaccination in, 926
- Newspaper medicine, 1035
- Newton Abbot, the workhouse at, 1187
- New York, an irregular practitioner in, 213; typhus fever in, 248; Pasteurism in, 402; destruction of bad meat, etc., at, 449; opening of Pasteur Institute at, 984; special correspondence from, 1244, 1351; quarantine at, 1413
- New Zealand, correspondence from, 706; practice in, 1393
- Nicholls, Dr. F. L., simple treatment of empyema, 1139
- Nicholson, Mr. H. G., dislocation of the cuboid bone, 1153
- Dr. H. O., faecal incontinence in childhood, 215 (231); nocturnal incontinence of urine, 1087
- Mr. R. H. B., treatment of cerebral tumours, 1368
- Nielsen, Monograph on Dermatology, *rev.*, 67
- Niere. See Kidney
- Night shelters and infectious disease, 160
- terrors, 1052
- Nightingale, Mr. P. A., decoration of, 301
- Nile, the quality of the water of, 96; the pollution of the, 199
- Nitrites and their allied compounds, the pharmacological action and therapeutic uses of, 4, 54, 103, 169; of the Paraffin Series, the Physiological Action of, Professors J. T. Cash and W. R. Dunstan, *rev.*, 1423
- Nitro-glycerine, unusual acquired intolerance to, 103
- Nitrous oxide, anaesthesia by for the removal of tonsils and adenoids, 443
- Nixon, Mr. F. A., tumour of brain, 1277; apoplexy of mesentery, 1329
- Nonit oil, 930
- Noorden, Dr. C. v., Lehrbuch der Pathologie des Stoffwechsels, *rev.*, 16
- Noott, Dr. R. H., insanity from the abuse of Indian hemp, 630
- Norwich, medical staff corps at, 42
- Nose, foreign body in the for 27 years, 117; implication of the ear by disease of, 571; anaesthesia in operations on the, 707; accidental syphilitic inoculation from a blow on the, 1425; foreign body in the, 1459
- Notes, Literary. See Literary
- Notification, dual, 99; of infectious disease, 100; of infectious sore throat, 212; by householders, 288; by unqualified persons, 349; by relatives, 871; the duty of, 953; compulsory in England and Wales in 1892, 1332, 1383, 1430; and verification, 1394
- Nottingham, antivivisection at, 1396
- Novy, Dr. F. G., a new anaerobic bacillus of malignant oedema, 849
- Nunn, Dr. R. J., the antipyretic action of calomel, 954
- Nurse (A Hospital), How to Become, Miss A. Dannatt, *rev.*, 1329; What Constitutes an Efficient, Miss M. C. Pincoffs, *rev.*, 1330
- Nurses, village, a pressing but difficult problem, 141; trained, in workhouse infirmaries, 161; a novel competition for, 196; young, training schools for, 504; cottage, and the organisation of village nursing, 651, 1436; as sanitary inspectors, 805; wet, and syphilis, 918; mounted, 977; are they afraid of fever? 1017; English, a warning to, 1247; opening of home for at Beresford House, 1361
- Nursing, Mental, Mr. W. Harding, *rev.*, 122; in workhouses, 265, 959, 1064, 1294; at the Halifax Infirmary, 1442
- staffs and infirmaries, 500
- Nurslings, mothers and, 1352
- O.
- Oath, the, in courts of law, 78, 282; the new form of, 82; the Scotch form of, 352, 612, 720, 1069, 1171, 1452
- Obesity and life insurance, 39
- Obituary notice of, Dr. A. Henry, 47; Dr. A. Marshall, 98; Dr. J. Segar, 99; Dr. G. Graham, 211; Dr. A. W. K. Packman, *ib.*; Dr. J. Rae, 285; Dr. R. F. Dill, 256; Mr. F. A. Cox, *ib.*; Mr. T. A. Bowen, 400; Dr. A. E. Durham, 447; Professor Charcot, 485; Mr. P. H. White, 496; Dr. W. M. G. Hewitt, 585; Surgeon-Major Parke, 659; Dr. S. Wielobvcki, 660; Mr. C. Clay, 712; Dr. H. A. Abelin, 817; Dr. H. H. Ashdown, 975; Mr. W. F. Lucas, *ib.*; Dr. G. Walker, *ib.*; Dr. G. A. Paterson, *ib.*; Dr. J. G. D. Douglas, 1029; Sir A. Clark, 1055; Mr. A. Hensman, 1130; Mr. H. P. Roberts, *ib.*; Dr. W. Galloway, 1185; Dr. J. S. Drennan, *ib.*; Dr. R. Moody-Ward, 1186; Dr. W. R. Williams, 1309; D. A. W. Edis, 1358; Mr. E. M. Sheldon, *ib.*; Dr. M. Corner, 1411; Dr. E. J. Tilt, *ib.*; Dr. R. Kaltenback, *ib.*
- O'Brien, Mr. C. M., traumatic rupture of the heart consequent on fracture of the sternum, 843
- Obstruction, acute intestinal, 948; intestinal, treatment of 1369; intestinal, from gall stone, 1426
- O'Carroll, Dr. J., spina bifida occulta, 1105; hydrocephalus, 1329
- O'Connor, Dr. B., the proposed amendment of the penal clauses of the Medical Acts, 1449
- Dr. J., medical officers and brother practitioners, 767
- October the sixteenth, 876
- Octogenarians at the Paris Academy of Medicine, 865
- Oculists, Indian, prosecution of, 607, 971, 1002, 1009
- Odell, Mr. W., presentation to, 94; home for a dipsomaniac, 351
- Odyssey of a scarlet-fever patient, 857
- Oedema, malignant, new anaerobic bacillus of, 849
- Oesophagus, three cases of mediastinal abscess in connection with, 1377
- Offer, a quite gratuitous, 1119
- Ogle, Dr., and the statistical department, 770
- O'Hagan, Mr. P. F., empyema as a sequel of influenza, 1099
- Oldbury, cost of small-pox epidemic at, 139
- Oldfield, Mr. J., Starch as a Food in Nature, *rev.*, 1054
- Oliver, Dr. G., size of the radial artery under anaesthetics, 1304
- Dr. J., a pedunculated hydatid cyst simulating a pedunculated broad ligament cyst, 13; A Manual of the Diseases Peculiar to Women, *rev.*, 1279
- Oliver, Dr. T., physic and physiology, 306; puerperal septicemia, 628; gases of the blood during anaesthesia, 683
- Olivieri, Professor, the suicide of, 1136
- Ollier, Dr. L., Traité des Résections et Opérations Conservatrices qu'on peut pratiquer sur le Système Osseux, *rev.*, 68
- Omentum, hydatids of, 1107
- Operation Blanks, Dr. W. W. Keen, *rev.*, 950
- Operations without anaesthesia, 1100
- Ophthalmia, contagious, 603; in girls at puberty, treatment of, 1036
- Ophthalmic signs, 875
- Ophthalmology, medical education in, 313; the therapeutic contributions to general medicine, 941
- Ophthalmotrope, demonstration of, 947
- Opium, pilocarpin in poisoning by, 12; poisoning by followed by hyperpyrexia and death, 14; growing and smoking of in India, 337; smoking of by women and children in China, 751; smoking, a rival to, 803; traffic in in Burma, 1053; cases of poisoning by, 1153; use of in India, 1175, 1195, 1223, 1348, 1399, 1449; as a preventive of ague, 1195, 1405; morphine as a cure for eating, 1393; in Victoria, 1442
- Commission. See Commission
- Oppenheim, Dr. H., Die traumatischen Neurosen, *rev.*, 18
- Orange, Dr. W., suicide and insanity, 95
- Oration, the Harveian, 877
- Ord, Dr. W. M., certain changes observed in the urine in myxoedema after the administration of glycerine extract of the thyroid gland, 217, 1272; chronic glycosuria in middle and advanced life, 775; the urine in myxoedema treated by thyroid extract, 1272
- Orient Express, the, and quarantine, 1360
- Ormsby, Dr. J., dislocation of the patella, 719
- Orthopaedics, books on, 1139
- Osteo-arthritis with subcutaneous nodules, 1324
- Osteo-arthopathy, hypertrophic pulmonary, 14, 1215
- Osteoclasia, 120
- O'Sullivan, Dr. P., dislocation of both shoulders, 945
- Oswald, Mr. R. J. W., swearing with uplifted hand, 720
- Otology, the teaching of, 314, 851, 905
- Ovariectomist, the first French, 908
- Ovariectomy in a woman aged 74, 581; post-partum, 622; during pregnancy, 1210; in a patient in her 83rd year, 1271; and longevity, 1290; a plea for the performance of by obstetric physicians, 1315, 1323
- Ovary, hernia of, 1272
- Overcrowding in the medical profession and its results, 404
- Ovulation and menstruation, 1140
- Ovum, apoplexy of, 12
- Owen, Mr. D., thyroid feeding in exophthalmic goitre, 1211
- Mr. E., strangulation of the testicle, due to axial rotation of the spermatic cord, 1102
- Dr. H., sporadic cretinism, 1273
- Mr. J. L., rupture of both quadriceps extensor tendons, 1425
- Sir R., the proposed memorial to, 30, 1170; the papers of, 961
- Oxford and Cambridge local examinations for juniors, English subjects at, 161
- Oxygen, cardiac failure treated by inhalations of, 843; physiological action of in asphyxia, more especially in coal mines, 914; as a therapeutic agent, 1378
- Sewage Purification Company, the method of, 658
- Oxy-hydrogen light, portable form of, for laryngoscopic examinations, 1428
- P.
- Packman, Dr. A. W. K., obituary notice of, 211
- Padley, Dr. G., presentation to, 1033
- Page, Mr. F., demonstrations at the Royal Infirmary, Newcastle-on-Tyne, 427; the treatment of intestinal obstruction, 1369
- Palate, simple tumour of, as a cause of hæmorrhage from the mouth, 1374
- Palmer, Mr. J. F., medical men and literature, 663
- Pancreas, traumatic cyst of the, 1108
- Papain, 848
- Papyrus, the Ebers, some notes on, 477
- Paralyses, atrophic, the pathology and distribution of, 721
- general, of the insane, transient, motor, and sensory disturbances following 117; general, of the insane, trephining in 462; general, of the insane at the time of puberty, 1099; of the third nerve, 1273
- Parametritis, abscesses tracking to nates, 945
- Paraplegia, hysterical, treatment of, 1311

- Parasites, do they exist in cancerous tumours, 179
- Paris, correspondence from, 39, 149, 602, 653, 706, 761, 811, 864, 918, 966, 1024, 1077, 1125, 1245, 1306, 1352, 1402; general news from, 39, 654, 762, 1352, 1403; impure ice in, 39; accident in the Bois de Boulogne, *ib.*; proposed medico-legal institute in, 82; overcrowding of the medical school of, 149; disinfection of public sale rooms in, *ib.*; notification of infectious diseases in, *ib.*; the extinction of families in, 643; the danger of night refuges in, 653; school sanitation in, 654; pulling down the Beaujon Hospital, 706; the water supply of, 761; sanitation in the hospitals, 864; banquet to Russian surgeons at, 966; cholera at, 1024; afternoon clinical lectures at, 1025; changes in the professional body, *ib.*; infectious illness in hotels in, 1077; the Faculty of Medicine and its expenditure, *ib.*; mortuary chambers in, 1245; fees to medical experts in, *ib.*; abuse of medical charity in, 1246; hygiene in, 1304; a "couveuse" department to the Maternity of, 1306; proposed new surgical institute at, *ib.*; pure water for the suburbs of, *ib.*; students act as champions of lady medicals, 1352; vaccination in, 1360; the international hospital in, 1361; use of margarine in, 1398; suspected Anarchists in hospital, 1402; physicians' fees, *ib.*; chairs of clinical surgery, 1403; banquet to Dr. Potain, *ib.*; Russomania in, 1415
- Parish councils, the powers of, 1017
- Parke, Surgeon-Major, T. H., Guide to Health in Africa, *rev.*, 184; obituary notice of, 659; the funeral of, 697; proposed memorial to, 750, 823, 854, 1170, 1455; proposed memorial window to, 1118
- Parker, Mr. R., surgical treatment of mastoid disease, 569; radical cure of hernia, 1037, 1044; treatment of cerebral tumours, 1368; intestinal obstruction, 1373
- Mr. R. W., diphtheria and defective drainage, 1181
- Dr. W. R., sanitary work for the unemployed, 771
- Parkes, Dr. L. C., puerperal septicæmia, 1355
- PARLIAMENT.—The Metropolitan Asylums Board and fever cases, 45, 210; the Naval Estimates, *ib.*; the Army Estimates, *ib.*; precautions against cholera, 47; adulterated butter, 87, 159; medical officers and foreign service, *ib.*; accommodation for fever patients in London, *ib.*; importation of milk, *ib.*; the use of variolous lymph, *ib.*; the instruction of army surgeons in field exercises, 159; tests for colour-blindness, *ib.*; vaccination and tuberculosis, *ib.*; Rivers Pollution Prevention Bill, *ib.*; Police and Sanitary Committee, *ib.*; Infectious Hospitals Bill, 210; poisoning of lead workers, *ib.*; Alabone v. Morton, *ib.*; pollution of the Nile, *ib.*; Housing of the Working Classes Act (1890) Amendment Bill, *ib.*; the Opium Commission, *ib.*; vaccination fines, 211, 497; the registration of plumbers, 211; typhoid fever at Worthing, 284; the Factory Workshops' Act, *ib.*; cholera and the seaport towns, *ib.*; cholera in Mecca, 284, 608; army medical department, 284, 557; Industrial and Provident Societies Bill, 347; conditions of work in Scottish laundries, *ib.*; death from violence in an asylum, *ib.*; vaccination orders, *ib.*; chemical workers, 399; scarlet fever at Harrow, *ib.*; fever at Agra, 400; principal army medical officers, *ib.*; a university for Wales, 400, *ib.*; army medical examinations, 400, 497, 609; treatment of sewage, 445; typhoid fever, *ib.*; Factory and Workshops Acts, *ib.*; Dublin main drainage scheme, 497; the public health, *ib.*; religious festivals and the spread of cholera, *ib.*; the sale of patent medicines, *ib.*; the system of quarantine, *ib.*; the report of the Tuberculosis Commission, 497, 1412; parish doctors in the East End, 557; ventilation of war ships, *ib.*; alleged cholera at Hull, 558; Bethlem and St. Luke's Hospitals, 608; the importation of rags from cholera districts, 609; cholera in England, 609, 657, 710; unvaccinated pupil teachers, 609; insanitary drains at Windsor barracks, *ib.*; vivisection, *ib.*; alleged case of cholera in the House of Commons, 657; sanitary precautions, *ib.*; insanitary bakehouses, *ib.*; Civil Service Estimates, *ib.*; small-pox in London, *ib.*; rotten fruit and vegetables, 713; lunatic patients in Ireland, *ib.*; the cholera outbreak at Ashbourne, *ib.*; London bakehouses, 714; precautions against cholera, *ib.*; Army Sanitary Committee, *ib.*; medical officers for India, *ib.*; medical inspections in India, *ib.*; vaccination, 714, 1133; cholera and quarantine, 714; sanitation in colliery villages, 768; quarantine against Great Britain, *ib.*; the
- Parish Councils Bill, 1082; Isolation Hospitals Bill, *ib.*; death from anthrax, *ib.*; glanders, 1133; the Employers' Liability Bill, *ib.*; bhanga and opium in Ceylon, *ib.*; gratuitous revaccination, 1186; proposed fever hospital at Norwood, *ib.*; quinine and cinchona, *ib.*; army medical officers, *ib.*; vaccination prosecutions, *ib.*; the charge against Dr. Turner, 1255; diphtheria in London, *ib.*; death from carbolic acid, *ib.*; the compulsory notification of diseases, *ib.*; the health of British troops in India, 1309; the health of the troops, *ib.*; the medical staff corps, 1255, 1456, 1457; medical volunteers, Edinburgh, 1309, 1412; medical aid for postmen, *ib.*; the Opium Commission, *ib.*; increase of anthrax, *ib.*; animal tuberculosis, 1359; medical aid in Her Majesty's ships, *ib.*; small-pox in Her Majesty's prisons, 1412; a case of small-pox, *ib.*; Gresham University Commission, *ib.*; Woolwich Hospital, 1456; a new fever hospital, *ib.*; diphtheria, *ib.*
- Parsees, a hospital for, 1254
- Parson, a practical, 824
- Parsons, Dr. F., the St. John Ambulance Association and its doctors, 868
- Partridge, Deputy-Surgeon-General S. B., made K. C. S. L., 140
- Passengers, wealthy, and ship surgeons, 1415
- Pasteur, M., and the Russian surgeons, 966
- album, a, 918
- Dr. W., the personal factor in work, 788
- Pasteurism, in New York, 402; in Cochinchina, 1267
- Patella, old ununited fracture of, treated by wire suture, 120
- Patents and the sale of poisons, 1066
- Patonson, Dr. A. M., distribution of nerves to the lower limb, 685
- Dr. G. A., obituary notice of, 976
- Pathology, humoral, Professor Hamilton on, 1121; veterinary works on, 1191; minute cardiac, 1276; comparative, 1277
- Patient, the comfort of the 1107; a grateful, 1255
- Paton, Dr. N., influence of fever on hepatic glycogen, 682
- Patterson, Mr. R. D., measles, antiseptic inoculation, 13, 163
- Patton, Dr. A., insanity from the abuse of Indian hemp, 630
- Paul, Dr. F. T., tooth-containing dermoid of the face, 1375; case of acromegaly treated by operation, 1421
- Paulson, Mr. W., a bangle-tipped catheter, 1001
- Paupers, infectious, isolation of, 288
- Pavy, Dr., presidential address to Pathological Society, 890
- Paxton, Dr. J., death of, 160
- Payne, Dr. J. F., history of epidemiology in England, 1276
- Péan, M., and M. Verneuil, 1125
- Pedicule, treatment of the in nephrectomy, 580
- Pedley, Mr. F. N., dentists and the College of Surgeons, 814
- Pelvis, abscess in the, 981
- Pemphigus (?), congenital, 1273
- Pennell, Mr. T. H., ophthalmic discs, a hint, 612; lothotry, a warning, 664
- Pennsylvania, control of quarantine in, 289
- Pennyroyal, poisoning by essence of, 1270
- Pepper, Dr. W. A., A Textbook of the Theory and Practice of Medicine, *rev.*, 121; speech of at the Pan-American Congress, 806
- Pénaire, Dr., Manuel de Petite Chirurgie de Jamain, *rev.*, 585
- Percentage solutions, 1259
- Perchloride disinfectants, 796
- Percival, Mr. A. S., effect of correcting errors of refraction in epileptics, 733
- Mr. G. H., stricture of pylorus, Loretta's operation, 65
- Peritonium, tuberculous disease of, 887
- Peritonitis, pelvic, in the female and the pathological importance of the Fallopian tubes in connection therewith, 353
- Pettenkofer, Professor v., the jubilee of, 128
- Pharmacopœia of the United States, The, *rev.*, 1217; an imperial, 1339, 1413
- Pharynx, billiard ball impacted in the, 1051
- Phenacetin, ill-effects following the administration of, 119
- Phenazone, ill-effects following the administration of, 119
- Philadelphia, special correspondence from, 1244, 1351; quack aspects of medical life at, 1351
- Philipson, Dr. G. H., presidential address at the annual meeting of the British Medical Association, 293; a Minister of public health, 489
- Phillips, Dr. F. L., the etiology and treatment of psoriasis, 936; the title of "Dr.," 967; thy-
- roid feeding in skin diseases, 1152, 1259; medical aid associations, 1250
- Phillips, Dr. J., Outlines of the Diseases of Women, *rev.*, 377
- Phosphorus, amorphous, the advantages of, 954
- Phrenology, 1259
- Phthisis, the prevention of, 695; cantharidinate of potassium in, 706; a mechanical treatment of, 886; the notification of, 1101
- Physic and physiology, 306
- Physicians, provincial, a plea for, 1450
- Physiologist's Notebook, The, Dr. Alex. Hill, *rev.*, 795
- Physiology of the Senses, The, Dr. J. G. McKendrick, *rev.*, 16; Dr. Burdon Sanderson on, 707; Catechism Series, *rev.*, 796; Chemical, the Essentials of, Dr. W. D. Halliburton, *rev.*, 846; Human, an Introduction to, Dr. A. D. Waller, *rev.*, *ib.*; of Sport, Dr. G. Kolb, *rev.*, 1156
- Pierce, Dr. B., State aid for poor private insane patients, 465
- Pilocarpin in poisoning by opium and belladonna, 12; in aural affections, 570
- Pincoffs, Miss M. C., What Constitutes an Efficient Nurse, *rev.*, 1330
- Pipe, an improved, 103
- Pitt, Dr. G. N., osteo arthritis with subcutaneous nodules, 1324; oxygen as a therapeutic agent, 1378
- Pitts, Mr. B., surgery of the air passages and thorax in children, 105, 174, 231; St. Thomas's Hospital Reports, *rev.*, 1109
- Placenta (Le) dans la Grossesse Extra-utérine et sa Croissance après la Mort du Fœtus, Dr. A. S. Gubb, *rev.*, 897
- Plates, autochromatic, in photography of the eye, 947
- Playfair, Dr. W. S., presentation to by King of Roumania, 977; puerperal septicæmia, 1179
- Pleasure, the sensation of, 645; the physiology of, 771
- Pleurisy, latent, 771
- Plucking at examinations, 912, 1234
- Pneumonia, chloride of calcium in, 1374
- Pocketbooks and Diaries, *rev.*, 1219, 1380
- Pocket case, aseptic, 19
- Poisoning by the self-administration of "diachylon" to procure abortion, 9; by opium and belladonna, pilocarpin in, 12; by opium, 14, 1153; by meat, 33; at Forest Gate district school, 87, 485; by belladonna, opium, and conium, 116; industrial by lead, 197, 1345, 1391; by chloride of zinc, recovery, 578; by koumiss, 717; by pyridine, 844, 856; What to do in Cases of, Dr. W. Murrell, *rev.*, 847; by essence of pennyroyal, 1270; by home-made wines, 1291; by carbolic acid, 1291, 1341, 1415, 1446, 1447; by misadventure, 1343, 1392, 1459; by food, *ib.*
- Poisons, the sale of medicines containing, 84, 1281, 1283; the illegal sale of, 262, 1122, 1444; patents and the sale of, 1066
- Police, the clothing of the, 482; calls by and the medical profession, 560
- Polioencephalomyelitis without any anatomical lesions, a case of, 176, 452
- Pollard, Dr. B., accuracy and thoroughness, 791
- Pollatschek, Dr. A., Die therapeutischen Leistungen des Jahres, 1892, *rev.*, 186
- Pollock, Mr. J., the physiology of pleasure, 771
- Polymazia, 1459
- Poole, the sanitary condition of, 1361
- Poore, Dr. G. V., Essays on Rural Hygiene, *rev.*, 689
- Pope, Dr. F. M., two cases of poisoning by the self-administration of "diachylon"—lead plaster—for the purpose of procuring abortion, 9
- Porritt, Mr. N., surgery of the spine, 1106
- Port medical inspection, 1237
- Port Talbot, opening of cottage hospital at, 873
- Portlaven, the sanitary state of, 1293
- Posner, Dr. C., Diagnostik der Harnkrankheiten, *rev.*, 1379
- Post-graduate study, 537; course for London, 802, 1188
- Post-nasal growths, hæmorrhage from, 180
- Pott, Mr. F., fees to medical witnesses, 280
- Potts, Mr. J., death of, 48
- Pound, Mr. C., treatment of wasp stings, 720
- Powell, Mr. A., atrophy of prostate after castration, 1099
- Dr. H., The Surgical Aspect of Traumatic Insanity, *rev.*, 185
- Dr. R. D., Diseases of the Lungs and Pleure, including Consumption, *rev.*, 893
- Power, Mr. D. A., advantages of early evacuation of ascitic fluid, 740; some effects of chronic irritation upon living tissues, being first steps in a rational study of cancer, 830; rodent ulcer, 938; the treatment of enlarged cervical glands, 1144
- Pozzi, Dr., the service of at the Lourcine-Pascal

- Hospital, 180; the conservative treatment of diseases of the uterine appendages, 618
- Practice, civil, army medical officers and, 103; unqualified, and overcrowding of the medical profession, 764; the gross value of a, 1035; valuation of a, *ib.*; in New Zealand, 1363
- Practicum der physiologischen und pathologischen Chemie, Dr. E. Salkowski, *rev.*, 796
- Practitioner, the general, the consultant and, 1238, 1306
- Practitioners, general, and the Sections at the annual general meeting, 40, 95, 152; British, abroad, 546; irregular in law and medicine, 657, 709; private, and isolation hospitals, 872
- Prance, Dr. C. R., death of, 713
- Praxis des Chemikers, Dr. F. Elsner, *rev.*, 185
- Précis d'Hygiène de la Première Enfance, Dr. J. Rouvier, *rev.*, 15
- Pregnancy, etiology of the sickness of, 183; hyoscyamus in, 719; reflex amblyopia during, 731; after jejunosomy, 943; ovariotomy during, 1210
- Prescriptions, abuse of, encouragement to quackery, 1088; select and pharmaceutical notes, 1242
- Presentation to, Dr. Neech, 48; Dr. J. Harrison, 49; Dr. Ringwood, 70; Mr. W. Odell, 94; Dr. H. Hoare, 101; Dr. D. Mason, 160; Mr. T. N. Wright, 286; Dr. Wallace, 289; Professor T. Grainger Stewart, 385; Dr. Braidwood, 501; Mr. A. Stedman, 580; Mr. H. Jones, 647; Dr. R. Grant, 660; F. J. A. Waring, 7001 Dr. Corbett, 717; Dr. E. Linnell, 749; Sir W. Broadbent, 750; Dr. J. S. Bristowe, 801; Dr. G. E. Shuttleworth, 802; Dr. C. E. Douglas, 873; Dr. G. Padley, 1033; Dr. J. D. Adams, 1044; Mr. Favell, 1067, 1126; Mr. E. Cockey, 1136; Dr. W. B. Mackay, 1063; Dr. C. J. W. Dixon, 1188; Mr. J. Hodgson, 1286; Dr. W. Lambe, 1320; Dr. C. E. Glascott, 1402; Mr. J. Clay, 1413
- Press notices and quack remedies, 139
- Priestley, Mr. J., diphtheria and defective drainage, 1248
- Dr. J., cases of opium poisoning, 1153
- Prince Louis of Battenberg, the accident to, 1050, 1310
- Prince-Morrow, Monograph on Dermatology, *rev.*, 67
- Pringle, Brigade-Surgeon R., quarantine in cholera, 369; on diphtheria, 412; the spread of infectious disease by tramps, 413; district medical officers as medical officers of health, 415; skin disease allied to erythema and urticaria, 475; the etiology and treatment of psoriasis, 937; rodent ulcer, 938; excision of lupus, 940; erythema induratum of the scrofulous, 941
- Prisms, The Clinical Use of, Dr. E. Maddox, *rev.*, 795
- Prison medical service, the, 51; regulations for admission to, 545, deaths in, 1398
- Prize essays, 101, 875
- the Alvarenga, 1088
- the Middlemore, notice as to, 551
- Reuben Harvey Memorial, 1136
- the Swiney, 1229
- Procidencia uteri, chronic, surgical treatment of, 900
- Profession, the medical, the modes of entering, 505; and police cells, 563; the medical, overcrowding of and unqualified practice, 764
- Professions, the medical and dental, 969, 1028, 1452
- Proprietary mixtures, 708
- Proptosis, double, 728
- Prostate, hypertrophied, the present position of the surgery of the, 575; castration in enlargement of the, 575, 655, 708, 765, 823, 1099; enlarged, the operative treatment of, 1427
- Protection run mad, 482
- Protozoa and disease, 825
- Pruritus ani, treatment of, 771, 822, 1035
- Prussia, results of intemperance in, 1229
- Psoriasis, treatment of by the internal administration of thyroid extract, 933, 1424; the etiology and treatment of, 931
- Psorospermiosis and malignant disease, 762; a few facts concerning, 834
- Psychological medicine, lectures, etc., on 512
- Psychology and mental diseases, 463; Dr. Burdon Sanderson on, 707
- Ptois, the mechanical treatment of, 329
- Public Health, Laboratory Work, Mr. H. R. Kenwood, *rev.*, 15; England, health of principal towns in, 48, 99, 159, 212, 288, 349, 401, 448, 500, 558, 606, 658, 716, 767, 818, 871, 925, 953, 1030, 1083, 1135, 1186, 1309, 1360, 1412, 1457; the true death-rates of London districts, 287, 924; the Registrar-General's quarterly return, 317, 1030; English urban mortality, 348, 952; zymotic mortality in London, 499, 1031
- Public health, Ireland, health of principal towns in, 48, 99, 159, 212, 288, 349, 401, 448, 500, 558, 606, 658, 716, 767, 818, 871, 925, 953, 1030, 1083, 1135, 1186, 1309, 1360, 1412, 1457
- Scotland, health of principal towns in, 48, 99, 159, 212, 288, 349, 401, 448, 500, 558, 606, 658, 716, 767, 818, 871, 925, 953, 1030, 1083, 1135, 1186, 1309, 1360, 1412, 1457
- Publichouses as vaccination stations, 1360
- Pudenda, bite from a horse on the, 612
- Pudsey, maintenance in infectious hospital at, 212
- Puerperium, our knowledge of the diseases of, 1309
- Puffing, founders shares and, 1066
- Pullar, Dr. A., warming a consulting room, 1191
- Pulmonary. See Lungs
- Pulsus paradoxicus in acute laryngitis, 151
- Pupil, the size of the, 1415
- Purslow, Dr. C. E., retroversion of the gravid uterus, 628
- Puzey, Mr. C., concussion of the spine, 1096
- Pye-Smith, Dr. P. H., the Harveian Oration, 877; perforating ulcer of duodenum, 1272; carcinoma of duodenum, *ib.*
- Mr. R. J., radical cure of hernia, 1040; fallacy of the vertical footpiece, 1049
- Pylorectomy, notes on cases with specimens of, 1148
- Pylosus, stricture of Loretta's operation, 65; adhesions of treated by abdominal section and separation, 891, 910
- Pyrexia, continued, without apparent cause, 234
- Pyridine, fatal case of poisoning by, 814, 856
- Q.
- Quack, in trouble, a, 1188, 1413
- oculists, 482, 504
- remedies, press notices and, 135, 191, 257
- Quackery, indiscriminate use of prescriptions, an encouragement to, 1088; a new phase of, 1345
- Quacks and unqualified practice, 868; a congress of, 1233; patent medicines and the clergy, 1306
- Qualifications, registrable, 1087
- Quarantine in Egypt and cholera at Mecca, 222; and cholera, 603; at Tor and Nakhel, 797; M. Monod on, 806; its merits, mischiefs, and mistakes, 956; in the United States, 1036; regulations as to, 1140; and the Orient express, 1360; at New York, 1413; children in, 1443, 1453
- Quarantines, European, 192; iniquitous, 195; extraordinary, 196
- Quarrier Homes, the work of, 1303
- Queen, address of congratulation to the, 744
- Queensland, Notes on Some of the More Common Diseases in, Dr. D. Hardie, *rev.*, 1278
- R.
- Rabe, Dr. A., Die Modernen Fiebertheorien, *rev.*, 950
- Rac, Dr. A., treatment of eczema, 1259
- Dr. J., obituary notice of, 285
- Rags, importation of and cholera, 194, 553, 705
- Railton, Dr. T. C., peripheral neuritis from arsenic, 996; peripheral neuritis from lead, *ib.*
- Rain, making, 750
- Ransome, Dr. A., disinfection of tuberculously-infected houses, 990
- Rattray, Dr. A. M. T., the condition of the London streets, 664
- Raven, Mr. T. F., the annual meeting of the East Kent District of the South Eastern Branch, 40
- Ray, Surgeon-Major J. D., painful sting, 664
- Rayner, Dr. H., remarks on the out-patient department for mental diseases at St. Thomas's Hospital, 466; alleged increase of insanity, 1161; automatic writing, 1338
- Razetti, Dr. L., the clinical study of the disease known as "la buba," 850
- Read, Mr. C. G., wasp stings, 504
- Ready, aye ready, 751, 854
- Rectum, the position of the patient in excision of tumours of the, 64, 153; foreign body in the, 980
- Redmond, Mr. C. S., apoplexy of ovum, 12; a case of glycosuria, 778
- Referred, revenge of the, 163
- Refraction, testing and medical education in ophthalmology, 313; effect of correcting errors of in epileptics, 732
- Repton, Dr. J. C., radical cure of hernia, 1039
- Rentoul, Dr. R. R., amendment of the Births and Deaths Act, 96; the mode of election of Branch officers, 152; the abuse of medical charities, 442, 489; certification of midwives, 1026; Midwives Registration Association, 1357
- Residence, foreign, 980
- Respiration, artificial, dangers of in chloroform accidents, 708, 868
- Rest in chlorosis and heart disease, 753
- Retractor or wound hook, self-retaining, 1331
- Revaccination and small-pox, 1077; alleged illegal, 1082; and sick assurance, 1258
- Revenge of the referred, 163
- Reynolds, Dr. E. S., paralysis of the third nerve, 1273
- Rheumatism, acute, hyperpyrexia, death, 993
- Rhodes, Mr. T., the Victoria Street Antivivisection Society and the "Nine Circles," 154
- Richards, Mr. J. P., the alleged increase of insanity, 461; detached hospitals and asylums, 465; State aid for the poor private insane, 466; insanity from the abuse of Indian hemp, 630; the etiology and treatment of psoriasis, 937
- Richardson, Mr. A., The Law of Cremation, *rev.*, 185
- Rickards, Dr. E., infectious diseases with special reference to their treatment by vaccines, 985
- Ridge, Dr. J. J., Alcohol and Public Health, *rev.*, 236; notification of measles, 413; the diet of infants and young children, 416
- Rifle, new magazine (Lee-Metford), examples of wounds inflicted by, 757, 798, 852
- Rigden, Mr. G. C., death of, 713
- Ring, Dr. C. G., the prevention of the spread of infectious disease by tramps, 413
- Ringwood, Dr., presentation to, 70
- Ringworm, chronic of the scalp, 467; chronic, the biniodide treatment of, 604; the treatment of, a suggestion, 876; instruments for the treatment of, 1159
- Risquez, Dr. F. A., forms of malaria and their characteristic features, 849
- River pollution in the West Riding, 279; the prevention of, 401; and water supplies, 857
- Rivers, dangers of as sources of public water supply, 1112
- Riviera, the next winter season on the, 822; the health resorts of the, 1416
- Rivington, Mr. W., treatment of intestinal obstruction, 1372
- Roberts, Mr. H. P., obituary notice of, 1131
- Roberts, Mr. C., treatment of pruritus ani, 771
- Dr. J., the etiology and treatment of psoriasis, 937
- Dr. L., on ringworm, 472
- Robertson, Dr. A., the pathology and distribution of atrophic paralyses, 727; concussion of the spine, 1095; observations on the action of the brain of the sheep in diseases of the central nervous system and mind, 1319
- Dr. D. A., the therapeutic contributions of ophthalmology to general medicine, 941
- Dr. G. M., trephining in general paralysis of the insane, 462
- Dr. W., septic infection of the lateral sinus, 562; treatment of chronic suppurative of the middle ear, 566; surgical treatment of mastoid disease, 569; pilocarpin in aural affections, 570; implication of the ear by disease of the nose and naso-pharynx, 571; Eustachian synchæ, *ib.*; benzole in influenza, 1425
- Robins, Miss D., the Royal British Nurses Association, 150
- Robinson, Dr. A., cholera, 1052
- Mr. C. H., the Hausa Association, 612
- Dr. J., concurrent measles and scarlatina, 291
- Dr. Tom, a case of multiple pedunculated exostoses, 11
- Dr. W., on diphtheria, 411; the spread of infectious disease by tramps, 413; lead miners and their diseases, 415
- Robson, Mr. A. W. M., pyloric adhesions treated by abdominal section and separation, 891, 910, 970; case of epileptiform trigeminal neuralgia treated by Horsley's operation for neurectomy of the inferior division of the fifth nerve, 1098; recurrent appendicitis, 1106; adhesions a cause of visceral disability, 1407
- Roches Santeuil table water, 848
- Rolleston, Dr., three cases of mediastinal abscess in connection with the œsophagus, 1377
- Romanes, Dr. G. J., An Examination of Weismannism, *rev.*, 1108
- Rome, the new military hospital at, 126; a substitute for, 383, 451; surgical congress at, 1136; special correspondence from, 1246; Red Cross Congress at, *ib.*
- Rosenau, Dr. A., medical practice in the Argentine Republic, 503; foreign residence, 980
- Rotherham, the water supply of, 442
- Rothschild, Baron N., the gift to Vienna by, 78

- Routh, Mr. R. H. F., locomotor ataxy treated by Brown-Séquard's fluid, 125
 Rouvier, Dr. J., Précis d'Hygiène de la Première Enfance, *rev.*, 15
 Rowat, Dr. J., wasp stings, 823
 Roy, Professor C. S., defensive mechanisms, 310
 Rudall, Mr. J. T., spontaneous rupture of capsule after iridectomy preliminary to cataract extraction, 1105
 Ruffer, Dr. M. A., protozoa and disease, 825
 Rugby, the Hospital of St. Cross at, 591, 919
 Ruppert, Mrs. A., the cosmetics of, 480, 553; at the Lyric Theatre, 1397
 Rural districts, the sanitary officers of, 401
 Russell, Dr. D., death of, 713
 — Dr. J. S. R., experimental investigation into the functions of the cerebellum, 680
 — Dr. W. J., Domestic Medicine and Hygiene, *rev.*, 236
 Russia, sanitary statistics in, 23; the vital statistics of, etc., 149; hypnotism in, 352, 930; the cost of medical education in, 790; female medical practitioners in, 811; blindness in, 1126; hygiene in, 1136; new entries in the medical schools of, 1188; the decimal system in, 1191; hydrophobia in, 1256; centenarians in, *ib.*; medical congresses in, 1352
 Russomania in Paris, 1415
 Rutherford, Dr. J. C., the mechanism of labour, 899
 Ryan, Mr. R. P., simultaneous and uncomplicated fracture of both calcanei, 993
 Ryan-Tenison, Mr. P. H., puerperal septicæmia, 1451
 Ryedale, enteric fever in, 448
 Ryle, Dr. R. J., mumps and hyperplasia of the cervical lymphatic glands, 1373
- S.
 Sabouraud, M., the cultivations of, 470
 Sachs, Dr. H., Vorträge über Bau und Thätigkeit des Grosshirns und die Lehre von Aphasie und Seelenblindheit, *rev.*, 121
 Saddle, improved cycling, 1110
 St. Agnes, diphtheria at, 1032
 St. Giles, the Christian mission work in, 449
 St. John Ambulance. *See* Association
 St. Pancras, insanitary area in, 953
 St. Petersburg, correspondence from, 149, 811, 966, 1126, 1352; scurvy among the troops at, 927; cholera in, 966, 1126, 1353; epidemic influenza in, 1353
 Sajous, Dr. C. E., Annual of the Universal Medical Sciences, *rev.*, 950
 Salicylate of sodium, Menière's disease cured by, 579
 Salicylates, danger of treating hyperpyrexia of rheumatic origin by, 1129
 Saline solutions, the intravenous injection of in severe hæmorrhage,
 Salisbury the unread, 261; the Nemesis of unreadiness at, 433
 Salkowski, Dr. E., Practicum der physiologischen und pathologischen Chemie, *rev.*, 796
 Salol in diarrhœa, 1278
 Salpêtrière, the electro-therapeutic service at, 761
 Salvation Army, small-pox at the shelters of, 208; and the dissemination of small-pox, 384; and infection, 1292, 1350
 Sanderson, Dr. J. B., the origin of biology and its relation to other branches of natural science, 613; on physiology and psychology, 707, 804
 Sanitary improvements, incidence of the cost of, 144
 — inspectors, female, 916, 963; death of, 925
 — law, needed improvements in, 484
 — officering of rural districts, 401
 — Work in the Smaller Towns and in Villages, Mr. C. Slagg, *rev.*, 950
 Sanitas sanitatum omnia sanitas, 752
 Sanitation, practical, public instruction in, 801; and tuberculosis, 857; as taught by the Mosaic law, 1069; Egyptian, 1435
 Sansom, Dr. A. E., convocation of the University of London and the extension movement, 1353
 Santos, outbreak of yellow fever at, 194
 Sarcocollac acid, 1188
 Sarcoma, recurrent spindle-celled of lower jaw, 116; rapidly growing of both orbits in a child, 947; of femur, 998; spindle-celled of iris, 1204
 Saundby, Dr. R., Ewald's "Magenkrankheiten," 762, 1080; glycosuria and diabetes, arsenic in, 776; concussion of the spine, 1097
 Saunders, Mr. H., severe symptoms after wasp sting, 772
 Savage, Dr. G. H., some neuroses associated with the menopause, 995
 Saxony, the establishment of consumption hospitals in, 401
 Sayre, Dr. R. H., the treatment of angular deformities at the hip-joint, 1198
 Scaphoid, dislocation forwards of, 889
 Scarletina and Scarlet Fever. *See* Fever.
 Scatliff, Dr. J. E., operative treatment of scrofulous glands, 1260
 Schacht, Dr. F. F., ventrofixation of the uterus or hysteropexy, 838; dangers of tents, 1052
 Schauta, Professor, decoration of, 927
 Schetelig, Dr. A., Ilomburg Spa, *rev.*, 1330
 Schimmelbusch, Dr. C., Anleitung zur aseptischen Wundbehandlung, *rev.*, 847
 Schmaus, Dr. H., Über den Ausgang der cyanotischen Induration der Niere in Granular Atrophie, *rev.*, 122
 Schofield, Dr., two cases of softening of intracardiac thrombi, 1272
 Scholtz, Dr. W. C., South Africa Medical Congress, 1073
 School, Cooke's Medical, instruction at, 526
 — of Instruction, Volunteer Ambulance. *See* Volunteer.
 — of Medicine, Catholic University, instruction at, 530; fees at, 532; opening of session at, 1017
 — of Medicine, Edinburgh, instruction at, 528
 — of Medicine for Women, Edinburgh, instruction at, 52
 — of Medicine for Women, London, annual meeting of, 45; clinical instruction, etc., at, 526; fees at, 532; and the University of St. Andrews, 612; opening address at, 787; entrance scholarships at, 862
 — of Physic, Dublin, instruction at, 530; fees at, 532
 Schoolkeeping as an industry, 1015
 Schools, the great public, 261; public work and play in, 430; the sanitation of, 483; public, and scarlet fever in, 484; medical, opening of the, 543, 961; medical, entries at the, 916, 964; public, the inspection of, 1015
 — of Surgery, Dublin, instruction at, 530; fees at, 532
 Schuster, Dr., When may Syphilitics Marry? *rev.*, 847
 Schwalbe, Dr. J., Grundriss der speciellen Pathologie und Therapie, *rev.*, 17
 Science, a new medical, 1237; English and two English bishops, 1288
 Scissors, prostate, 1280
 Sclerosis, false disseminated, 1213; insular, hysteria simulating, 1273
 Scotland, public health in, 714; medical officers in and the Parish Councils Bill, 1450
 Scott, Mr. K., extreme hyphæmia of both eyes, with corneal abscess of right eye occurring as a sequel of small-pox, 1105
 — Mr. R. H., fogs, 404
 Scurvy among the St. Petersburg troops, 927
 Sea sickness, treatment of, 452, 404, 595
 Seaford, the convalescent home at, 992
 Sealy, Mr. R. B., a singular causation of tonsillitis, 824; double amaurosis following concussion, 843
 Seaside, infection at the, 1237
 Seaton, Dr. E., diphtheria and defective drainage, 1404
 Seats for shop assistants, 1230
 Secrecy, professional insurance companies and, 163
 Sections-Technik im Leichenhause des Charité-krankenhaus, Dr. R. Virchow, *rev.*, 17
 Seegen, Dr. J., Der Diabetes Mellitus auf Grundlage zahlreicher Beobachtungen dargestellt, *rev.*, 185
 Segar, Dr. J., obituary notice of, 99
 Semmelweis, the memorial to, 160, 434
 Semon, Dr. F., sequel to a case of anomalous tumour of the larynx, 1376
 Septicæmia, puerperal, 623, 900, 1179, 1249, 1355, 1451; corrosive sublimate in, 932, 967, 1028, 1180; the prevention of, 996
 Sewage, the purification of, 658; of hospital, disposal of, 1412; the electrical purification of by the Hermite system, 1436
 Sewers, London, refuse in, 261
 Sewill, Mr. J. S., drainage of the antrum, 930
 Shand, Dr. J., ice in surgery, 1140
 Shattock, Mr. S. G., sequel to a case of anomalous tumour of the larynx, 1376
 Shaving brush, germs in the, 771
 Shechita, the Jewish, 911
 Sheen, Dr. A., the title of "Dr." 931
 Sheep, action of the brain of on diseases of the central nervous system and mind, 1319
 Sheffield, correspondence from, 150, 279, 442, 654, 811, 967, 1126, 1404; the telephone difficulty at, 150; extension of the fever hospital at, *ib.*; seingis believing, 279; housing of the poor at, 442; cholera at, 654; drainage of the fever hospital at, 655; the health of, 812; the coal strike at, 967; ambulance classes at, *ib.*; isolated cottage homes for children, 1126; branding of foreign milk, 1404; salaries of union medical officers, *ib.*; vacancies and appointments, *ib.*; influenza, *ib.*; the students' club, *ib.*
 Sheild, Mr. A. M., sequel of tumour in an infant, 1274
 Sheldon, Mr. E. M., obituary notice of, 1358
 Shelly, Dr. C. E., notification fees in public schools, 1413
 Shelters. *See* Night
 Sheriff, a practical, 1403
 Sherrington, Dr. C. S., experimental note on the knee-jerk, 685; focal epilepsy, 988
 Ship surgeons and wealthy passengers, 1415
 Shipley, Mr. A. E., Zoology of the Invertebrata, *rev.*, 551
 Ships, hospital, dangers of, 482; malaria on, 920, 1152
 Shock, avoidance of, 491
 Shop assistants, seats for, 1230
 Shorncliffe, proposed new hospital at, 1081
 Shorthand for medical men, 1258
 Shoulder, a critical analysis of 30 cases of dislocation of, treated by manipulation, 63
 Shoulders, dislocation of both, 945
 Shroud, a safety, 951
 Shrubshall, Dr. W. W., vaccination influence, 931
 Shuttleworth, Dr. G. E., presentation to, 802
 Siberia, lepers in, 141; leprosy in, 1237
 Sibthorpe, Surgeon-Colonel C., dinner to, 211
 Sick, the Care of the, Notes on Home Nursing, Miss A. Kenealy, *rev.*, 69
 Sickness of pregnancy, etiology of, 183
 — and old age, provision for, 867
 Sight, defective, the Education Department and, 803
 Simmons, Dr. A. B., the antipyretic action of calomel, 954
 Simpson, Dr. A. R., puerperal septicæmia, 627
 — Mr. G. A. G., removal of dandruff, 822; congenital dislocation of knee-joint, 1099
 — Mr. R. Wright's, Improved Visiting List, *rev.*, 1109
 Sims, Mr. F. M., appointed physician in ordinary to the Duke of Cambridge, 289
 Simson, Mr. F. T., imported rags and cholera, 705
 Sinclair, Dr. W. J., an electioneering card, 1183, 1408
 Sinus, lateral, the symptoms and treatment of septic infection of, 561; septic thrombosis of, operation, recovery, 1144; thrombosis of, 1274
 Skerritt, Dr. E. M., glycosuria and diabetes, 777
 Skin, thyroid feeding in affections of, 474, 763; a definite form of disease of, allied to erythema and urticaria, *ib.*; massage in diseases of, 475; metastases in certain inflammations of, *ib.*; Diseases of the, Dr. H. R. Crocker, *rev.*, 583; thyroid feeding in diseases of, 1152, 1275; absorption of drugs through the, 1191; improved dressings for the, 1220
 — grafting for lupus, 1274
 — specialist's claim, a, 1364
 Skinner, Dr. C., salol in diarrhœa, 1278
 Skull, applicability of the parting tool or angular gouge to the surgery of the, 1050
 Slagg, Mr. C., Sanitary Work in the Smaller Towns and in Villages, *rev.*, 950
 Small-pox, in Leicester, 32, 698; official views of infection by, 35; in Great Britain, 35, 123, 246, 386, 439, 965; and vaccination in 1892, 3, 71, 190, 818; in Warrington, 135; at Oldbury, 139; in Western Australia, 211; isolation after, 289; literature of, 291; the Salvation Army and the dissemination of, 384; in Kilkenny County, 448; the spread of, 551; attendance on cases of, 607; the diagnosis of, 658, 819; and the franchise, 715; Sunday clothes and, 818; in England, 861, 915, 1021, 1084, 1123, 1177, 1242; in New South Wales, 865; in West Ham, 871; at Birmingham, 918; revaccination and, 1077; in London, 1134; in Edinburgh, 1135; scattering of, 1171; in Germany, 1255; and cow-pox, 1270; at Leith, 1291, 1403; in West London, prosecution for failure to notify, 1360
 — patients, maintenance of, 1032
 Smart, Dr., treatment of anæmia and chlorosis, 119
 Smith, Miss C., cerebral evolution and the education of women, 930
 — Veterinary-Captain F., A Manual of Veterinary Hygiene, *rev.*, 1000
 — Dr. F. J., suicide and insanity, 40; abuse of medical charities, 397
 — Dr. H., the conservative treatment of diseases of the uterine appendages, 621; post-

- partum ovariectomy, 623; the treatment of retroversion of the gravid uterus, 629
- Smith, Mr. N., the distribution of tubercle in abdominal tuberculosis, 742; a mechanical treatment of phthisis, 886; concussion of the spine, 1097; the treatment of enlarged cervical glands, 114
- Dr. R. S., treatment of glycosuria by alkaline waters, 778
- Dr. S. W., the Jenner relics, 815
- Dr. Solomon, humanised milk, 822
- Dr. Spencer, surgeon-apothecary, 104
- Dr. T., Investigations into Causation, etc., of Texas or Southern Cattle Fever, *rev.*, 534
- Dr. W., regional subdivision of the abdomen, 680
- Dr. W. R., on a definite form of skin disease allied to erythema and urticaria, 474
- Smyly, Dr. W. J., the conservative treatment of diseases of the uterine appendages, 621
- Smyth, Dr. S., communicability of foot and mouth disease from cattle to man, 352
- Snake bite in South Wales, fatal case of, 114, 280
- Poison, its Action and Antidotes, Dr. A. Mueller, *rev.*, 236
- Snakes, poisonous, in India, 139, 1286
- Snare, aural, 1110
- Snell, Mr. S., recurrent third nerve palsy associated with migraine, 119; double proptosis, 729; rapidly growing sarcoma in a child involving both orbits with secondary growths, 947; case presenting unusual appearances after cataract extraction simulating cyst, but really due to a distending capsule, *ib.*
- Snow, Dr. H., recurrent spindle-celled sarcoma of lower jaw, excision, cure, 116
- Societies, friendly medical examinations for, 51; insurance, medical aid branches of, 153
- Society of Anaesthetists, formation of, 961; meeting of, 1304
- Antivivisection, and the "Nine Circles," 139, 154
- of Apothecaries. See Apothecaries
- Clinical, of London, president's address, 891; pyloric adhesions treated by abdominal section and separation, *ib.*; excision of malignant tumour from large intestine, 892; gastro jejunostomy, 994; living specimens, 994, 1272; traumatic arachnoid hæmorrhage with symptoms on the same side as the lesion, 1101; disease of the corpora quadrigemina, 1102; syphilitic tumours of spinal cord with symptoms simulating syringomyelia, *ib.*; the urine in myxœdema treated by thyroid extract, 1272; osteoarthritis with subcutaneous nodules, 1324; recurrent venous thrombosis, *ib.*; endemic hæmaturia due to bilharzia, 1325; empyema in a man with complete and permanent collapse of the lung, *ib.*
- Clinical, of Manchester, peripheral neuritis from arsenic, 996; peripheral neuritis from lead, *ib.*; cases, *ib.*; office-bearers of, 1136; suprapubic cystotomy, 1277; diagnosis of abdominal tumour, *ib.*; salol in diarrhoea, 1278
- Epidemiological, president's address, 1276
- French Anti-tobacco, officers, etc., of, 26
- Guthrie, opening meeting of, 885
- Gynæcological, American, Transactions of the, *rev.*, 70
- Harveian, of London, annual dinner of, 1233; dislocation of the heart into the left pleural cavity, 1274; dilatation of the stomach, *ib.*
- Hunterian, thyroid treatment in myxœdema and skin disease, 1275; cases, *ib.*; the late Sir Andrew Clark, 1378; oxygen as a therapeutic agent, *ib.*
- Immigrants' Aid, Melbourne, annual report of, 855
- International, for the Total Suppression of Vivisection, annual meeting of, 32
- Life-Saving, the Handbook of, *rev.*, 378
- Medical, Bournemouth, meeting of, 1438
- Medical, Buda-Pesth, annual meeting of, 1434
- Medical Charitable (West Riding), annual meeting of, 279
- Medical, Chester, annual dinner of, 987
- Medical, of King's College, opening address by Sir J. Lister, 1014
- Medical, of London, some less well-known factors in Graves's disease, 892; some neuroses associated with the menopause, 995; strangulation of the testicle due to axial rotation of the spermatic cord, 1102; nephrectomy for hydronephrosis, 1103; syringomyelia, 1273; congenital (?) pemphigus, *ib.*;
- cretinism treated by thyroid extract, *ib.*; hæmatoma after aneurysm, *ib.*; obliteration of superior vena cava, *ib.*; hydatid cyst of the bladder, 1274; sequel of tumour in an infant, *ib.*; obliteration of enlarged vessels on the face by electrolysis, *ib.*; thrombosis of the lateral sinus, *ib.*; operation for Dupuytren's contraction, *ib.*; removal of large diffuse lipoma of neck, *ib.*; skin grafting for lupus, *ib.*; the anatomical results of Mikulicz's operation, 1325; should operations on pelvic organs be performed by gynecologists? 1328
- Society, Medical, Manchester, acromegaly, 1107; hydatids of omentum, *ib.*; rupture of urinary bladder, *ib.*; self-retaining laryngoscope, *ib.*; hysteria simulating insular sclerosis, 1273; sporadic cretinism, *ib.*; paralysis of the third nerve, *ib.*
- Medical, Midland, episcleleritis, 996; cancer of the cervix, *ib.*; sarcoma of femur, *ib.*; bronchiectasis, *ib.*; paper, *ib.*; inaugural meeting of, 1078; specimens, 1328; case, *ib.*; paper, *ib.*
- Medical Missionary, Edinburgh, annual meeting of, 1292
- Medical, Northumberland, and Durham, annual meeting, 947; cases, 947, 1378; specimens, 948; election of officers, *ib.*
- of Medical Officers of Health, meeting of Yorkshire Branch of, 811; president's address, 1327
- Medical, Plymouth, cases, 1107; diagnosis of scarlet fever and influenza, 1108; list of officers of, 1188
- Medical Protection, London and Counties, formation of new branches of, 43; the accounts of, 153, 207, 231, 344; formation of Northern Division of, 394; progress of Northern Division of, 556; prosecution by, 664, 816; meeting of South London Division of, 1006; meeting of council of, 1182; proposed amalgamation of with Medical Defence Union, 1233, 1290
- Medical Sickness, Annuity, and Life Assurance, meeting of committee of, 252, 691, 964, 1113, 1447; annual report of, 371; annual meeting of, 394; quarterly general meeting of, 1007; summary of work of, 1224
- Medical, Ulster, list of officers, 195; meeting of, 1170
- Medical, York, meeting of, 909
- Medical, Yorkshire College (Leeds), Students', syllabus of, 996
- Medical and Surgical County and City of Cork, osteoclasia, 120; old ununited fracture of the patella treated by wire suture, *ib.*
- Medico-Chirurgical, Aberdeen, meeting of, 1070, 1397; list of officers, etc., 1188
- Medico-Chirurgical, Bradford, president's address, 845; myxœdema, *ib.*; exhibits, *ib.*; tumour in muscle, 1215; pulmonary hypertrophic osteo arthropathy, *ib.*; Cæsarean section, 1216; cholera, *ib.*; specimens, *ib.*; acute axial rotation of a dermoid cyst, 1426; excision of intestine, *ib.*; unusual sequelæ of typhoid fever, *ib.*; intestinal obstruction from gall stone, *ib.*; demonstration, *ib.*
- Medico-Chirurgical, Edinburgh, cases, 1119; treatment of anæmia and chlorosis, *ib.*; a new urethral instrument, *ib.*; ruptured kidney, *ib.*; cases, 1053; allochiria, *ib.*; Friedreich's ataxia, *ib.*; president's valedictory address, *ib.*; election of officers, *ib.*
- Medico-Chirurgical, Glasgow, list of officers, etc., 113
- Medico-Chirurgical, Leeds and West Riding, president's address, 948; aphasia, *ib.*; acute intestinal obstruction, *ib.*; surgery of the spine, 1106; traumatic cyst of the pancreas, *ib.*; recurrent appendicitis, *ib.*; cases and specimens, 1106, 1276; minute cardiac pathology, 1276
- Medico-Chirurgical, Nottingham, inaugural address, 948; presidential address, 1107; the gallop rhythm in cardiac disease, 1155; cases, *ib.*
- Medico-Chirurgical, Sheffield, president's address, 996; vote of thanks, *ib.*; cases, 1051, 1154, 1277, 1426; specimens, 1052, 1154, 1277, 1426; earache in children, 1052; cholera, *ib.*; honorary member, 1154; acute axial rotation of a parovarian cyst, 1277; ergotin in epistaxis, *ib.*
- Medico-Chirurgical, West Kent, cases and specimens, 1328
- Medico-Chirurgical, West London, anniversary of 49; typhoid fever, 845; vote of thanks, *ib.*; alopecia areata, 1052; night terrors, *ib.*; tents, *ib.*; cases, 1052, 1276; glanders, 1276
- National, for the Employment of Epileptics, purchase of firm by, 1363, 1394
- Society, National Health, the Lent Lectures of, 1231; lecture by Sister Katherine, 1259
- Obstetrical, Edinburgh, office bearers of, 1136
- Obstetrical of London, etiology of the sickness of pregnancy, 183; effects of the influenza poison upon the lying-in woman, *ib.*; specimens, 844, 1103, 1326; the relation of external meteorological conditions to the incidence of febrile illness in childbed, 844; a further contribution to the clinical knowledge of puerperal diseases, 1104; intravenous injection of saline solution in cases of severe hæmorrhage, 1328
- Obstetrical and Gynæcological, Glasgow, list of officers, 990; meeting of, 1361
- Ophthalmological, of the United Kingdom, epithelial pearl tumour in the iris following implantation of eyelash in the anterior chamber, 118; recurrent third nerve palsy associated with migraine, 119; living and card specimens, 119, 947, 1105, 1378; election of officers, 119; president's address, 941; 103 consecutive cases of epilepsy, their refraction and treatment by glasses, 946; rapidly growing sarcoma in a child involving both orbits with secondary growths, 947; case presenting unusual appearances after cataract extraction simulating cyst but really due to a distended capsule, *ib.*; autochromatic plates in photography of the interior of the eye, *ib.*; demonstration of ophthalmotrope, *ib.*; neoplasm of the iris, 1105; spontaneous rupture of capsule after iridectomy preliminary to cataract extraction, *ib.*; extreme hyphæmia of both eyes with corneal abscess of right eye occurring as a sequela of small-pox, *ib.*; benzoyl-pseudo-tropeine as a local anæsthetic in ophthalmic surgery, *ib.*; failure of central vision, 1377; some unusual forms of intra-ocular neoplasms, *ib.*; congenital trichiasis, *ib.*; suggestions in the interest of the eye-sight of children, 1373
- Pathological, of London, president's address, 890; malformation of the lower lip, 891; double ureter, *ib.*; malformation of the intestinal tract, *ib.*; card specimens, 891, 1051, 1154, 1272, 1377; bullet wound of the heart, 1051; wound of the common carotid artery, *ib.*; phase of coccidium oviforme, *ib.*; two cases of intussusception, *ib.*; angioma of the scapular region, *ib.*; chronic inflammation of the tibia, *ib.*; lymphadenomatous growth of heart, *ib.*; crystals of bilirubin from hydatid cysts of the liver, *ib.*; billiard ball impacted in the pharynx, *ib.*; encysted hydrocele of the round ligament, 1153; the local lesion of scarlet fever, *ib.*; streptococcus pneumoniae, 1154; aneurysm of the thoracic aorta opening into the œsophagus, 1272; rodent ulcer, *ib.*; two cases of softening of intracardiac thrombi, *ib.*; hernia of the ovary, *ib.*; perforating ulcer of the duodenum, *ib.*; carcinoma of the duodenum, *ib.*; diptheria of stomach, 1375; tooth-containing dermoid from the face, *ib.*; sequel of a case of anomalous tumour of the larynx, 1376; three cases of mediastinal abscess in connection with the œsophagus, 1377
- Pathological, Manchester, list of officers, etc., 904
- Pathological and Clinical, Glasgow, Transactions of the, Mr. J. H. Carslaw, *rev.*, 1109
- Pharmaceutical, of Great Britain, opening of schools of pharmacy of, 799, 820; v. Delves, 1081
- for Psychological Research, Victoria, foundation of, 1457
- of Public Analysts, meeting of, 194; annual meeting of, 202
- for the Relief of Widows and Orphans of Medical Men, quarterly court of, 213, 928; advantages of joining, 612, 1307, 1364, 1415
- Royal, on trade testimonials, 30; award of medals of, 1170
- Royal, Edinburgh, meeting of, 195
- Royal Medical of Edinburgh, inaugural address of, 1014
- Royal Medical and Chirurgical, opening of session, 945; Marshall Hall Prize, 946; disease of many joints probably of syphilitic origin, 946; death of Sir A. Clark, 1100, 1111; operations without anæsthesia, 1100; the late Sir Andrew Clark, 1213; false disseminated sclerosis, *ib.*; disseminated fibrosis of the kidney and malignant endocarditis and aortitis, 1214; arthrectomy of elbow and ankle-joints, 1323
- for the Study of Inebriety, quarterly meeting of, 78; general meeting of, 820
- Surgical of Paris, the jubilee of, 1024, 1188

- Sock, instep arch, 1110
 Somerset (East), the coronership of, 751, 854
 Sore throat, infectious, notification of, 212; diphtheria, notification of, 499
 South Africa, Brown's, *rev.*, 897
 Southam, Mr. F. A., two cases of abdominal section for intestinal obstruction, 373; suprapubic cystotomy, 1277
 South Wales, volunteer ambulance work in, 492
 Spain, medical editors in, 56
 Spanish America, practice in, 291
 Spectacles, model, 966
 Specula, nasal, 451
 Speculum, a new nasal, 187; magnifying aural, 1331
 Spencer, Mr. W. G., empyema in a man with complete and permanent collapse of lung, 1325
 ——— Dr. H. R., ovariectomy on a patient in her 83rd year, 1271; a plea for the performance of ovariectomy by obstetric physicians, 1315, 1326
 ——— Mr. W. W., death of, 48
 Sperling, Dr. R., *Lehrbuch der Elektrotherapie*, *rev.*, 794
 Spina bifida occulta, 1105
 Spine, concussion of the in its relationship to railway accidents, etc., 1089, 460; surgery of the, 1106; laminectomy in injuries of, 1427
 Spirits, two bacilli in, 1140
 Spitting in public conveyances, 475
 Spittoons, disinfecting of, 1085
 Spleen; the pathological effects of certain substances derived from scarlatina, 495; feeding on in lymphadenoma, 889
 Squance, Dr. T. C., notes on a post-mortem examination of a case of acromegaly, 993
 Squire, Dr. B., on ringworm, 473; the etiology and treatment of psoriasis, 937; obliteration of enlarged vessels on the face by electrolysis, 1274
 Stacpoole, Miss F., *A Homely Talk on Health*, *rev.*, 1279
 Stammering, periodic, 1311
 Stamps, india-rubber, for making clinical diagrams, 1159
 Starch as a Food in Nature, Mr. J. Oldfield, *rev.*, 1054
 State, the, and its servants, 210; aid from to poor private insane patients, 465; the and the unemployed, 1344
 ——— medicine, books to be read for examinations for, 539; instruction and laboratory classes for, 542
 Stead, Mr. G., the diagnosis of small-pox, 819
 ——— Mr. W. T., and automatic writing, 1015
 Stedman, Mr. A., presentation to, 580
 Stellwag von Carion, Professor, retirement of, 1280
 Stephenson, Mr. S., tropacocaine in ophthalmic practice, 153; congenital ectropion of the uvea, 731; reflex amblyopia in pregnancy, 732; effect of correcting errors of refraction in epileptics, 733; congenital trichiasis, 1377
 Sternum, traumatic rupture of the heart consequent on fracture of, 843
 Steven, Dr. J. L., the pathology of fibroid degeneration of the heart, 669; aneurysm and atheroma, 670; atrophy of the left ventricle in consequence of stenosis of left coronary artery, 676
 Stewart, Dr. D. D., a form of chronic Bright's disease other than typical fibroid kidney, without albuminuria, 849
 ——— Professor T. G., presentation to, 385; pathological appearances in three fatal cases of Graves's disease, 676; the pathology and distribution of atrophic paralysis, 728; allochiria, 1053
 ——— Mr. W. R. H., circumscribed suppurative meningitis following middle ear suppuration, trephining, recovery, 1323
 Stillbirths, the registration of, 34; in various countries, 904
 Stings, painful, 664
 Stirling, Dr. W., *Outlines of Practical Physiology*, *rev.*, 17
 Stockman, Dr. R., phenazone, acetanilide, and phenacetin, 119
 Stockport, enteric fever at, 434, 873
 Stoddart, Mr. F. W., water examination, 1191
 Stomach, some points in the surgical treatment of simple ulcer of, 1044; dilatation of the, 1122, 1193, 1268, 1274, 1329; diphtheria of, 1375
 Stoney, Dr. R., bite from a horse on the pudenda, 612
 Stourbridge, opening of Corbett Hospital at, 449
 Stout and beer, 1170
 Stradling, Mr. A., the fatal case of snake bite in South Wales, 289
 Strangulation, suicidal, 157
 Street, Dr. A. E., retreats for inebriates, 720
 Street noises, 1035
 Streptococcus pneumoniae, 1154
 Stretcher bearers, regimental, 345
 Strike of house-surgeons, 554
 Struthers, Dr. J., the present examination system, 1160
 Strychnine, poisoning by or alcoholism? 85
 Student, the medical, 1260
 Sublimate. *See* Corrosive
 "Substitution" we call it, 141
 Suicide and insanity, 41, 95
 Sulphate of magnesia in dysentery, 818
 Sulphur, sublimed, as a local application in diphtheria, 992
 "Sun" treatment, 451
 Sunstroke, case of, 476, 477
 Surgeon-apothecary, 104
 Surgeons, residency at native courts of India, 558
 Surgery, the evolution of the principles of, 302; dental and anaesthetics, 451; official, 1235
 Sutton, Mr. J. B., nephrectomy for hydronephrosis, 1103; the anatomical results of Mikulicz's operation, 1325
 Swain, Dr. J., clamp with uniform pressure for enterectomy, 1331
 Swan, Mr. R. L., illness of, 590
 Swanley, allotment of beds at the convalescent home at, 160
 Swann, Dr., acute intestinal obstruction, 948
 Swearing. *See* Oath
 Switzerland, English medical practitioners in, 163; Jewish slaughtering of cattle in, 705; female medical students in, 926; medical students in, 1211
 Swower, Mr. H., *Popular Information concerning Infectious Diseases*, *rev.*, 70
 Sydney, the medical school and hospitals of, 145; correspondence from, 206, 865, 1246; the "paradise of quacks," 206; public charities and the financial crisis, 865; the hospitals of, *ib.*; proposed marine biological station at, 1246; appointment of public pathologist at, *ib.*
 Sykes, Dr. J. F. J., diphtheria and defective drainage, 1354
 Sym, Dr. W. G., simple glaucoma in a young patient, 733
 Syme, Mr. W. S., foreign body in the rectum, 980
 Symington, Dr. J., regional division of the abdomen, 680
 Symphysiotomy, paper on, 900
 Synchiae, Eustachian, 571
 Syphilis, the pathology and treatment of, 278; and wet nurses, 918; Constitutional, the Treatment of, Dr. O. Ziemssen, *rev.*, 950; and thyroid extract, 1192; accidental inoculation of from a blow on the nose, 1425
 Syphilitics, When May they Marry? Dr. Schuster, *rev.*, 847, 944
 Syringe, a new vaginal, 428; a new intratympanic, 572
 Syringomyelia, case of, 1273
 T.
 Tabloids and tabloid holder, new ophthalmic, 729
 Tacey, Dr. D., wasp stings, 875
 Tænia mediocanellata and ascarides lumbricoides, simultaneous expulsion of, 1375
 Tait, Mr. L., ovulation and menstruation, 1140
 Talamon, Dr. C., Appendicitis and Perityphlitis, *rev.*, 949
 Talipes dorsalis, symmetrical in an anencephalous foetus, 1419
 Tanocæa tea-toning tablets, 1220
 Targett, Mr. J. H., the pathology of cystic tumours connected with the bladder, 218
 Tariffs (club), 1311, 1415
 Tatham, Dr., appointed superintendent of statistics at Somerset House, 1012, 1077
 Taylor, Dr. F., tuberculosis of the abdomen in children, 734; disease of the corpora quadrigemina, 1102
 ——— Dr. G. G. S., the etiology and treatment of psoriasis, 937; excision of lupus, 940
 ——— Dr. H., treatment of retroversion of the gravid uterus, 720; the Vaccination Commission, 814
 ——— Dr. J., an epidemic of typhoid fever from polluted water, 1373; apparent relation between the birth-rate and the milk supply, 1452
 ——— Dr. J. C., *Health Resorts of the Canary Islands*, *rev.*, 1156
 ——— Mr. J. W., the conservative treatment of diseases of the uterine appendages, 821; hysterectomy, 842
 Teale, Mr. T. P., indications for laparotomy in tuberculous peritonitis, 740; the treatment of enlarged cervical glands, 1141, 1144
 Tees valley, enteric fever in, 1021
 Technicality, a cruel, 1395
 Teeth, gradual extraction of by india-rubber rings, 404; artificial, 979
 Temperament, 1227
 Temperance and intemperance, 483
 Tenbury, the sanitary condition of, 1361
 Tendons, quadriceps extensor, rupture of both, 1425
 Teneriffe, the route to, etc., 875
 Tents, dangers of, 1052
 Terrier, Dr. F., *Manual de Petite Chirurgie de Jamain*, *rev.*, 535
 Testicle, strangulation of the, due to axial rotation of the spermatic cord, 1102
 Testimonials, trade, the Royal Society on, 30
 Test-tube holder, an improvised, 899
 Tew, Dr. J. S., the notification of measles, 413
 Texas fever. *See* Fever
 Textbook of Physiology, Professor M. Foster, *rev.*, 1000; *Elementary, of Biology*, Mr. J. R. A. Davis, *rev.*, 1108; *Practical, of the Diseases of Women*, Dr. A. H. N. Lewers, *rev.*, 1279
 Theatres of London, sanitary condition of, 70
 Therapeutics, some of the present aspects of, 1293
 Therapeutischen Leistungen des Jahres 1892, Dr. A. Pollatschek, *rev.*, 186
 Thermometers, clinical, and the hot weather, 485; unconstricted, 1364, 1415
 Thief, a consulting room, 1259
 Thies, Mr. C. W., lady firewomen, 52
 Thin, Dr. G., aerated milk, 64; on ringworm, 471; the prevention and cure of ague by opium, 1405
 Thomas, Mr. J. L., a critical analysis of 30 cases of dislocation of the shoulder treated by manipulation, 63
 ——— Mr. R. S., dislocation forwards of scapoid and trapezium, 889
 ——— Mr. W., value of mercurial inunction in abdominal tuberculosis, 740; the treatment of enlarged cervical glands, 1143
 ——— Dr. W. R., glycosuria and mental worry, 777
 Thomas's operation for benign tumours of the female breast, 1209
 Thompson, Dr. C. J. S., poisoning by carbolic acid, 1415
 ——— Sir H., *Introduction to the Catalogue of the Collection of Calculi of the Bladder*, *rev.*, 846
 ——— Dr. W. H., the nature of the work of the kidney as shown by the influence of atropine and morphine on the secretion of urine, 681; the physiology of some forms of animal life, 1178
 Thomson, Dr. A., regional subdivision of the abdomen, 680
 ——— Dr. J., on the pathology of the thyroid gland, 677; *Edinburgh Hospital Reports*, *rev.*, 895
 ——— Dr. W. E., dangers in artificial respiration in chloroform accidents, 868
 Thorax, surgery of the in children, 105, 174, 231
 Thorne, Mrs. I., the London School of Medicine for Women, 612
 ——— Dr. W. B., the Royal British Nurses' Association, 95, 150
 Thornton, Dr. E. Q., the advantages of amorphous phosphorus, 954
 Thresh, Dr. J. C., galvanised iron pipes, 291; on diphtheria, 411
 Throat, diseases of and the dry weather, 140; anaesthesia in operations on the, 707
 Thrombi, intracardiac, two cases of softening of, 1272
 Thrombosis, cardiac and pulmonary, 165, 682; septic of lateral sinus, operation, recovery, 1144; of lateral sinus, 1274; recurrent venous, 1324
 Thursfield, Dr. W. N., contagious cynanche, 154
 Thwing, Dr. E. P., death of, 213
 Thyroid gland, changes observed in the urine after administration of glycerine extract of in myxedema, 217, 1272; feeding by in skin affections, 474, 763; the pathology of the, 676; treatment of psoriasis by internal administration of, 933, 1424; feeding on in skin diseases, 1152; extract of and syphilis, 1192; feeding on in exophthalmic goitre, 1211; diseases of the, 1261; cretinism treated by extract of, 1273; feeding on in myxedema and skin diseases, 1275
 Tibbits, Dr. H., the affairs of 1139; and the Medical Battery Company, 1182
 Tibia, chronic inflammation of, 1051

- Tilt, Dr. E. J., obituary notice of, 1415
 Tinea of the nails, 471
 Tinnitus aurium, treatment of, 969, 1035
 Titles, medical, illegal assumption of, 1347
 Tobacco, medicine and, 1259
 Tomkins, Mr. H. H., humanised milk, 822; deaths from drowning, 875
 Tonsil knife, new, 898
 Tonsillitis, a singular causation of, 823
 Tooth Extraction, Mr. J. Gorham, *rev.*, 793
 Tooting, the fever hospital at, 901
 "Torrent" washer, the, 1429
 Toulon, the sanitation of, 653
 Tourniquet, fastener, a new, 848
 Towers-Smith, Dr. W., a disclaimer, 1415
 Townsend, Dr., heart disease in children, 1143
 Toxicology at the London M.B. examination, 451
 Trachea, excision of five rings of for cancer, 1423
 Trade interests and sanitary needs, 646
 Trades, injurious, 1342
 Tragedy of professional life, a, 1072
 Trains, workmen's, 292
 Traité, des Maladies de l'Enfance, Dr. J. Comby, *rev.*, 15; des Résections et des Opérations Conservatrices qu'on peut pratiquer sur le Système Osseux, Dr. L. Ollier, *rev.*, 68; de Chirurgie de Guerre, M. E. Delorme, *rev.*, 582; des Maladies de l'Estomac, M. L. Bouveret, *rev.*, 895; Clinique des Maladies du Cœur et des Vaisseaux, M. H. Huchard, *rev.*, 997
 Tramps, prevention of the spread of infectious disease by, 413, 429
 Tramway, transport of sick by, 815
 Transactions of the American Gynaecological Society, *rev.*, 70; of the American Climatological Association, *rev.*, 897
 Trapezoid, dislocation forward of, 889
 Trendelenburg's operation, ectopia vesicæ treated by, 890
 Trephining in general paralysis of the insane, transient motor and sensory disturbances following, 117; in epilepsy in doubtful cases, 1149; in circumscribed suppurative meningitis, 1323
 Treves, Mr. W. K., the treatment of enlarged cervical glands, 1143
 Trichiasis, congenital, 1377
 Trinidad, lepers in 1363
 Triplets, case of, 180; and the Queen's bounty, 1312
 Tropacocaine in ophthalmic practice, 153
 Trouville, insanitary state of, 1403
 Truss, patent binder, 898
 Tuberculin and tuberculosis, 1259
 Tuberculosis, experimental value of in diagnosis, 665; abdominal in childhood and its treatment, 734; abdominal, distribution of tubercle in, 740; the cost of, 751; sanitation and, 857; the spread of, 1191; and tuberculin, 1259
 Tuberculous dust, consumption hospitals and, 633
 Tubes, coagulation, 875
 Tuchmann, Dr. M., new self-retaining catheter, 898
 Tuckey, Dr., increase and decrease in the virulence of infections, 1192
 Tuke, Dr. D. B., insanity from the abuse of Indian hemp, 630
 — Mr. G. T., communicability of foot and mouth disease from cattle to man, 115
 — Dr. Hack, the alleged increase of insanity 460, 462
 Tulla, the medical officership to the workhouse of, 1120
 Tumour, cystic, intralaryngeal removal of in a woman 80 years of age, 889; malignant, excision of from large intestine, 892; of the brain, 1277; anomalous, of the larynx, sequel to a case of, 1376
 Tumours, cancerous, do parasites exist in? 179; cystic, connected with the bladder, the pathology of, 218; syphilitic of spinal cord, with symptoms simulating syringomyelia, 1102; abdominal, diagnosis of, 1277; of the brain, treatment of, 1365
 Turkey, medical women in, 1191
 Turner, Mr. C. B., the mechanical treatment of ptosis, 329; some cholera cases at Grimsby, 955
 — Dr. D., preliminary scientific instruction, 1451
 — Dr. E. C., two cases of intussusception, 1051
 — Dr. P. D., prescribing chemists, 968
 Tweedy, Dr. H. C., dilatation of the stomach and ptosis of the transverse colon, 1323
 Tyndall, Professor, death of, 1292
 Tyne, cholera in the, 32; the sanitary authority of and their medical officer's salary, 448; precautions as to drinking the water of, 651
 Tyner, Mr. G. St. G., death of, 660
 Typewriting at the annual meeting, 451
 Typhoid fever. *See* Fever, Enteric
 Typhus fever. *See* Fever
 Tyson, Dr. W. J., abdominal tuberculosis in children and its treatment, 740
- U
- Uganda, Captain Lugard on, 1210
 Ulcer, perforated gastric, treatment of, 133; ro-dent, 937, 1272; simple of stomach, some points in the surgical treatment of, 1044; perforating of duodenum, 1272
 Umbilicus, pleural empyema opening at, 180
 Underselling, competition and, 1293
 Unemployed, sanitary work for the, 771; and the State, 1344
 Union, Medical Defence, Limited, meeting of council of, 98, 208, 431, 438, 556, 710, 816, 922, 1081, 1131; meeting of at Manchester, 283; meeting *re* at Bristol, 869; proposed amalgamation of with London and Counties Medical Protection Society, 1233, 1290
 — Owens College, meeting of, 1403
 United States of America, medical notes from, 22; welcome to British medical guests in, 128; English impressions of the medical profession in, 146; medical education in the, 460; quarantine in the, 1036; The Pharmacopœia, of the, *rev.*, 1217; women physicians in, 1223; medical education in the, 1228; special correspondence from, 1244, 1305, 1350
 Universities, German, medical students in, 56; foreign, visitation of, 1311
 University of Aberdeen, conferment of degrees at, 309; pass lists, 494; regulations as to examinations of, 517; instruction at, 528; regulations for diploma in public health at, 541; assistants to professors at, 922; practical teaching in, 963; the rectorship of, 1013; the rectorial election at, 1173; the rector's assessor at, 1344
 — of Amsterdam, the chair of surgery at, 790; new students at, 927
 — of Brussels, degrees for practitioners, 538
 — of Cambridge, pass lists, 44, 870, 1410, 1456; regulations as to medical and surgical degrees, 511; regulations for diploma in public health at, 540; new vice-chancellor, 818; Balfour studentship, 818, 1352; exercises for M.D., *ib.*; psychophysics at, 871; degrees, 922, 974, 1029, 1134, 1255, 1359; examiners for medical and surgical degrees at, 974; professorship of botany, *ib.*; studentship in physics, *ib.*; dates of medical and surgical examinations at, 1029; third M.B. examination, 1082; examiner in chemistry, *ib.*; Philosophical Society, *ib.*; science Fellowship, *ib.*; pathological research, 1134; temporary registry, *ib.*; the study of physics at, 1254; mental diseases, 1255; anatomy department, *ib.*; appointments, 1255, 1308, 1352; diploma in public health, *ib.*; open science scholarships, *ib.*; Walsingham medal, 1308; medical examinations, *ib.*; public health examinations, *ib.*; Fellowship election, 1410
 — of Charkoff, new buildings for, 746
 — of Cleveland, Ohio, the teaching of physiology at, 873
 — of Dublin, pass lists, 100; regulations as to medical and surgical degrees at, 519; regulations for diplomas in State medicine at, 542
 — of Durham, honorary degrees at, 199, 393; regulations as to medical and surgical degrees, 513; degrees for practitioners at, 538; regulations for degrees in sanitary science at, 541; pass lists, 712, 763, 818
 — of Edinburgh, pass lists, 158, 211, 284, 346, 374, 446, 922; meeting of University Court of, 285; meeting of students' representative council of, *ib.*; regulations as to medical and surgical degrees at, 515; instruction at, 528; regulations for degrees in sanitary science at, 541; opening of session at, 861; the lord rectorship of, 974, 1112; meeting of general council of, 1029; graduation ceremonial at, 1082; proposed chair of public health at, 1410; students at, 1442
 — of Glasgow and the Universities (Scotland) Act, 44; was John Hunter a student of? 73; pass lists, 285, 346, 974; close of the session at, 337; the local examinations of, 482; regulations as to medical and surgical degrees at, 516; instruction at, 529; regulations for diploma in public health at, 541; entries and results of examinations at, 1025; changes in teaching staff of, *ib.*; effect of new ordinances, *ib.*; and Queen Margaret College, *ib.*; the chair of midwifery at, 1232, 1398
- University of Greifswald, students at, 1359
 — Harvard, the medical school of, 1438
 — of Innsbruck, students at, 927
 — of Kasan, students at, 1429
 — of London, the chancellorship of, 31; pass lists, 375, 446, 1184, 1410, 1456; regulations as to medical and surgical degrees, 512; degrees for practitioners at, 533; examination in sanitary science at, 540; the convocation of and the extension movement, 1353
 — of Moscow, opening of new physiological institute at, 1130
 — of Naples, the professorship of clinical medicine at, 992
 — of Oxford, regulations as to medical and surgical degrees in, 510; certificates of public health at, 540; human anatomy at, 902, 911; proposed research degree, 1032; the teaching of natural science at, *ib.*
 — of Prague, the chair of medical jurisprudence at, 817
 — Royal, of Ireland, the M.D. degree of, 103; pass lists, 375, 923; regulations as to medical and surgical degrees at, 519; medical studentships at, 531; regulations for diplomas in sanitary science at, 542; ladies at the, 1013
 — of St. Andrews, regulations as to medical degrees at, 517; degrees for practitioners at, 538
 — of Sydney, lady graduates at, 78; proposed lectureship in bacteriology at, 1246
 — of Tomsk, confers first M.D. degree, 49
 — of Tübingen, the chair of psychiatry at, 964
 — of Utrecht, the chair of psychiatry at, 873
 — Victoria, pass lists, 100, 494, 922; regulations as to medical and surgical degrees, 512; regulations for diplomas in sanitary science at, 540; change of statute at, 918; meeting of court of, 1078; appointment of examiners, 1411
 — of Vienna, the vacant chair of medicine at 382; students and lectures at, 927; professors of dermatology in, 1125
 Unna, Monograph on Dermatology, *rev.*, 67
 Ureter, double, 891
 Urethra, new instrument for operations on, 119; case of rupture of, recovery without operation, 581
 Uric acid, changes in the blood produced by, 10, 672
 Urine, changes observed in in myxœdema treated by thyroid extract, 217, 1272; incontinence of, 351; nocturnal incontinence of, 1087; A Guide to the Examination of the, Dr. W. Legg, *rev.*, 1169; of enteric fever, Ehrlich's test for, 1363
 Urquhart, Dr., current opinion on psychological questions in Germany, 462; detached hospitals and asylums, 465; insanity from the abuse of Indian hemp, 630
 Usk, diptheria at, 953
 Uterus, ventrofixation of, 182, 838; hypertrophic elongation of the cervix as a cause of obstructed labour, 660; the conservative treatment of diseases of the appendage of, 618, 754; flexions of the, 623; gravid, retroversion of, 628, 720; tuberculous disease of appendages of, 887; cancer of cervix of, 996
 Uvea, congenital ectropion of the, 731
- V
- Vaccination in Ireland, 48, 501; and small-pox in 1892-3, 71, 190; antirabic, 85; popular literature on, 163; a suggestion, 260; successful, grants for, 286, 296, 364, 436, 497, 501, 554, 578, 618, 660, 717, 756, 769, 927, 1085; literature of, 663; in New South Wales, 926; the postponement of, 930, 1088; in China, 931; compulsory, 1114; the after-treatment of, 1130; in Paris, 1360; in Italy, 1412
 — returns, 1187
 — stations, publichouses as, 1360
 Vaccine immunity, nature of, 989
 — lymph, the Local Government Board and, 498
 Vaccines, treatment of infectious diseases by, 985
 Vagrants and infection, 31
 Vallas, Dr., on anesthetics, 160
 Van Buren, Dr. E. C. H., death of, 713
 Vanni, absorption of drugs through the skin, 1191
 Varicocoele as a disqualification for the navy, 1364
 Veit, Dr. G., ennoblement of, 1133
 Vena cava superior, obliteration of, 1273

- Ventilation and Heat, Dr. J. S. Billings, *rev.*, 1108
- Ventricle, left, atrophy of in consequence of stenosis of the left coronary artery, 686
- Verneuil, M., and M. Péan, 1125
- Verrall, Mr. T. J., the mode of election of Branch officers, 96; intussusception, laparotomy, recovery, 1375
- Vickery, Mr. W. H., septic thrombosis of the lateral sinus, operation, recovery, 1144
- Victor Emmanuel, alleged outbreak of fever on, 1118
- Victoria, the Tourists' Railway Guide to, Messrs. F. Myers and T. Chambers, *rev.*, 122; insanity in, 1135; the opium habit in, 1442
- Victoria, narrative of escape of the surgeons of, 144
- Vignal, M., death of, 485
- "Village doctor," the, 802
- Virchow, Dr. R., Die Sections-Technik im Leichenhause des Charité-krankenhaus, *rev.*, 17; the 70th birthday of, 174; the jubilee of, 967, 1024
- Viscera, transposition of, 180
- Vision, central, failure of, 1377
- Voelcker, Dr. A. F., billiard ball impacted in the pharynx, 1051; aneurysm of the thoracic aorta opening into the oesophagus, 1272
- Volunteer Ambulance School of Instruction, decoration of officers of, 42; opening of winter session at, 870; pass list, 1029; annual dinner of, 1409; inspection of stretcher bearers, 1410; bearer companies, new scheme for, 82
- Field Ambulance Corps, inspection of, 282
- Medical Staff Corps, promotions and appointments in, 42, 98, 209, 282, 345, 399, 444, 492, 554, 606, 656, 796, 815, 870, 921, 970, 1028, 1081, 1133, 1184, 1252, 1409; the headquarters of, 42; and the royal procession, 78; review of London companies of, 195; the employment of officers of, 345; the decoration of officers of, 444, 815, 1409; grant to volunteer officers, 712; volunteer brigade - surgeon - lieutenant-colonels, 1252, 1455; class for medical officers of, 1307
- Vortrage über Bau und Thätigkeit des Grosshirns und die Lehre von Aphasie und Seelenblindheit, Dr. H. Sachs, *rev.*, 121
- Vulsellum, the "eagle claw," 1280
- W.
- Wade, Dr. W. F., sick headache, 965
- Wainwright, Dr. L., the prevention of accidental poisoning, 1459
- Wakefield, maintenance of small-pox patients at, 1032
- Wakley, Keeley & Co., 157
- Waldo, Dr. F. J., appointed medical officer of health for the Temple, 328; the sanitation of Hamburg, 860; the Salvationist shelters and infectious disease, 1450
- Wales, the charter of the new university for, 336, 552, 1234, 1340
- Walker, Mr. A. W. H., Indian hemp and insanity in Egypt, 969
- Dr. G., obituary notice of, 976
- Dr. N., on ringworm, 473; the etiology and treatment of psoriasis, 937; rodent ulcer, *ib.*; on lupus, 938, 940
- Dr. T. J., congenital (?) dilatation and hypertrophy of the colon, 230
- Dr. W., concussion of the spine, 1097
- Wall, Dr. A. J., Asiatic Cholera, its History, Pathology, and Modern Treatment, *rev.*, 1379
- Wallace, Dr. A., puerperal septicæmia, 1357
- Dr. W., presentation to, 289
- Waller, Dr. A. D., An Introduction to Human Physiology, *rev.*, 846
- Wallis, Dr., detached hospitals and asylums, 464; State aid for poor private insane patients, 465
- Mr. F. C., angioma of the scapular region, 1051
- Walsh, Dr. D., tinea of the nails, 471; metatasis or shifting elimination as a factor in certain skin inflammations, 475
- War, care of wounded in, 1013, 1061, 1248
- Wardle, Mr. M., enterostomy without plates, 477
- Waring, Dr. A., simultaneous expulsion of tenia mediocanellata and ascarides lumbricoides, 1375
- Waring, Dr. F. J. A., presentation to, 700
- Warning a consulting room, 1191
- Warning, a, 771, 823, 1459
- Warrington, small-pox in, 155
- Washer, the "torrent," 1429
- Wasps, sting of with rash and constitutional symptoms, 292, 352; treatment of stings of, 432, 504, 664, 720, 823, 875, 1035; fatal sting by, 442; severe symptoms after sting from, 772
- Water, cholera-bearing, a sample of, 250; dirty; the cost of, 259; the filtration of and fever, 386; an apparatus for sterilising by boiling, 646; purification of by alum, 918; drinking, on board ship, sterilisation of, 966; the scope and methods of examination of, 1116, 1191; polluted, an epidemic of typhoid fever from, 1373
- Water supplies, public, filtration of in relation to cholera, 24; river pollution and, 857; and enteric fever, 1021, 1032
- supply, rural, 349; dangers of rivers as sources of, 1112
- Watkins, Mr. A. H., radical cure of hernia, 1049
- Watson, Dr. J. K., post-mortem examinations, 818
- Wattie, Dr. A., death of, 447
- Watts, Mr. H. J. M., some cholera cases, 792
- Weather, the recent hot, 481; the hot and clinical thermometers, 485
- Webb, Miss H., the ideal in medicine, 787
- Mr. S. H., death of, 1012
- Webster, Dr. J. C., embryological studies of tubal gestation, 684
- Wedderburn, Dr. A., Forfar Infirmary, 1187
- Weismannism, An Examination of, Dr. G. J. Romanes, *rev.*, 1108
- Welbeck Abbey and the hospitals in the midlands, 1188
- Weller, Mr. G., poisoning by belladonna, opium, and conium, 116
- Wellington, New Zealand, civil service medical insurance scheme at, 1230
- Wells, surface, of London, 140; deep, in the city, 160
- Wells, Sir T. S., the conservative treatment of diseases of the uterine appendages, 621
- Welsford, Dr. A., deaths under chloroform, 655
- Wenzel, Dr. C., Alte Erfahrungen im Lichte der neuen Zeit und ihrer Anschauungen ueber die Entstehung von Krankheiten, *rev.*, 584
- Wesbrook, Dr. F. F., "immunity" against cholera, 572
- West Ham, small pox at, 871
- West Indies, a new disease of, 850
- Westcott, Surgeon-Captain S., on Malta fever, 62
- Western Australia, small-pox in, 211
- Wharry, Mr. H. G., diphtheria and defective drainage, 1405
- "What-nots" in quarantine, 149
- Whelan, Dr. J. H., filaria sanguinis hominis, 1259
- Whitaker, Mr. J., death of, 236
- Whitby, the sanitary state of, 819, 953; sanitary reform at, 871
- White, Mr. E., certain changes observed in the urine in myxœdema after administration of glycerine extract of the thyroid gland, 217, 1272
- Dr. J. W., the present position of the surgery of the hypertrophied prostate, 575
- Mr. P. H., obituary notice of, 498
- Dr. W. H., study of a case of local epilepsy, 225; Guy's Hospital Reports, *rev.*, 1157
- lead, proposed inquiry into manufacture of, 907
- Whitehouse, Mr. J., death of, 1256
- Whooping-cough, notification of, 1361
- Wielochowski, Dr. S., obituary notice of, 660; the will of, 1052
- Wiesbaden, a boom for, 1234
- Wiglesworth, Dr. J., automatic writing, 1389
- Wilkinson, Dr. A. T., diagnosis of abdominal tumours, 1277
- Wilks, Dr. S., Sir W. Jenner on diphtheria and fevers, 1078; and the presidency of the Royal College of Physicians, 1169; diphtheria and defective drainage, 1247, 1404
- Willoeden, opening of cottage hospital at, 213
- Willett, Mr. E., malformations of the intestinal tract, 891
- Williams, Dr. D., heart disease in children, 1148; false disseminated sclerosis, 1213
- Dr. J. D., on the registration of midwives, 127
- Dr. J. R., the influence of east winds, 52
- Mr. W., death of, 976
- Dr. W. D. C., awarded certificate of merit of Royal Humane Society of Australasia, 1062
- Dr. W. Rhys, obituary notice of, 1309
- Mr. W. Roger, gall stones and cancer, 490, 605; the increase of cancer, 1450
- Williamson, Mr. G. E., on refraction testing and on medical education in ophthalmology, 313; spindle-celled sarcoma of iris, 1204
- Willis, Mr. J. G., pleural empyema opening at umbilicus, 180
- Wilson, Dr. C., Mountaineering, *rev.*, 121
- Mr. E. T., Disinfectants and Antiseptics, How to use Them, *rev.*, 186
- Wilson, Dr. T. S., the sensory motor functions of the central convolutions of the cortex cerebri, 685; anæsthesia due to cortical lesions, 687
- Winckworth, Dr. C. E., warming a consulting room, 1191
- Window cleaning, dangers of, 1173
- Winds, east, the influence of, 52
- Windsor, insanitary cavalry barracks at, 593, 609, 644, 752
- Wine, beef and malt, 1428
- Wines, home made, poisoning by, 1291
- Wingrave, Mr. W., anæsthesia for operations on the throat and nose, 707
- Wolfe, Dr. J. R., Sydney, its medical school and hospitals, 145; Melbourne, its university and hospitals, 339
- Wollaston, Dr. T. G., death of, 1309
- Woman, lying-in, effects of the influenza poison on, 183
- Women, the clinical instruction of at Edinburgh Royal Infirmary, 197; Outlines of the Diseases of, Dr. J. Phillips, *rev.*, 377; unmarried, home for, 451; medical education of, 538; as sanitary inspectors, 916, 963; cerebral evolution and the education of, 930; and sanitary work, 1026; inebriate, treatment of, 1136; conditions under which they work, 1413
- Wood, Miss C. J., the Royal British Nurses Association, 40; Boards of Guardians and Nurses, *rev.*, 1109
- Mr. R. H., the Hospital of St. Cross, Rugby, 919
- Woodforde, Dr. W. T. G., presidential address to Society of Medical Officers of Health, 1327
- Woodhead, Dr. G. S., a sample of cholera bearing water, 250; aneurysm and atheroma, 669
- Woods, Dr. H., the London and Counties Medical Protection Society, 504, 664; cancer and inebriety, 1312
- Woods and Forests, the, and public health, 497, 552
- Woodward, Dr. W., the after-treatment of vaccination, 1130
- Wooldridge, Dr. L. C., On the Chemistry of the Blood, etc., *rev.*, 795
- Woolwich, precautions at the Royal Arsenal at, 498
- Work, the personal factor in, 788; as a therapeutic agent, 1312; and worry, 1459
- Workhouses, nursing in, 265, 959, 1063; transference of lunatics to, 715; masters of and nurses, 716; as isolation hospitals, 909; wards of as mortuaries, 1344
- Workmen in injurious trades, compensation to, 1122
- Workmen's trains, 292
- Worry, and work, 1459
- Worthing, typhoid fever at, 140, 259, 262, 284, 433, 962; the water supply of, 385, 801; drainage of, 1187
- Wounded, care of in war, 1013, 1064; rapid transport of the, 1067; early care of in war, 1248
- Wounds inflicted by Lee-Metford rifle, 757, 798, 852
- Wray, Mr. C., suggestions in the interest of the eyesight of children, 1373
- Wright, Dr. A. E., on a method of determining the condition of blood coagulability for clinical and experimental purposes and on the effect of the administration of calcium salts in hæmophilia and actual or threatened hæmorrhage, 223; coagulation tubes, 875
- Mr. G. A., The Diseases of Children, Medical and Surgical, *rev.*, 15
- Mr. T. N., presentation to, 286
- Wright's Improved Visiting List, Mr. R. Simpson, *rev.*, 1109
- Writing, automatic, and Mr. Stead, 1015; remarks on, 1225, 1338, 1389
- Wylie, Dr. W., puerperal septicæmia, 1350
- Y.
- Yearsley, Mr. P. M., hæmorrhage from post-nasal growths, 180
- Yellow fever. See Fever
- Yellowlees, Dr., alleged increase of insanity, 461; psychological questions in Germany, 462; State aid for poor private insane, 465
- Yeo, Dr. G. F., A Manual of Physiology, *rev.*, 794
- Dr. I. B., A Manual of Medical Treatment or Clinical Therapeutics, *rev.*, 998
- Yeomanry, promotions and appointments in the medical staff of, 766
- Young, Dr. J., death of, 400
- Z.
- Ziemssen, Dr. O., The Treatment of Constitutional Syphilis, *rev.*, 950
- Zoology of the Invertebrata, Mr. A. E. Shipley, *rev.*, 581

INDEX TO THE EPITOME FOR VOLUME II FOR 1893.

 The Figures in this Index refer to the Number of the Paragraph NOT the Page. 

A.
Aakerman, microcephaly, 147
Abbe treatment of gall-stone obstruction, 166;
new method of cutting oesophageal stricture,
204
Abdomen, surgical intervention in injury to,
64; drainage in surgery of the, 110; treatment
of gunshot wounds of, 164; penetrating wound
of, 528
Abdominal section, cause of peritoneal adhe-
sions after, 455
Abel, the antiseptic power of ichthyol, 340, 495
Abortion, induction of in eclampsia, 8; missed,
232; tubal, foetus removed per vaginam, 314
Abscess, actinomycotic perilaryngeal, 67; he-
patic, the pathogenesis of, 203, subphrenic,
265; cerebellar, 446
Abscesses, subdiaphragmatic containing air,
198
Acetic ether, 40
Acetonuria, in diabetes, 305; and pregnancy,
356
Acromegaly, sheep's thyroid in, 192
Acroparæsthesia, 81
Actinomycosis of the human subject, iodide of
potassium in, 111
Adler, the pathology of pernicious anæmia, 542
Age, advanced, operative proceedings in, 390
Agostini, the chemistry of digestion in pella-
grous insanity, 367
Air, use of to inflate the bladder in suprapubic
cystotomy, 48
Albert, riders' bursa, 184
Albumen in the urine, Spiegler's test for, 385
Albuminuria after labour, 170
Alcohol, large doses of in delirium tremens, 301
Alcoholism and cholera, 326
Alimentation hypodermic, 323
Alombert-Goget, injections of Brown-Séguard's
fluid in mental disease, 540
Amenorrhœa and corpulence, 172
Ammonia, disinfection by the vapour of, 19
Amœba enteritis, 426
Amœbæ in the urine, 79
Anæmia, naso-pharyngeal disease as a cause of,
485; pernicious, the pathology of, 512
Analgesia, 440
Anastomosis, intestinal, 287
Ancona, the action of diuretin, 401
Ancurysm, surgical treatment of, 289; trau-
matic of the vertebral artery, 467; embolic
not due to ulcerative endocarditis, 504
Angina pectoris, 143
Animals, experimental tetanic infection in, 314
Ankylosis, fibrous, electrolysis in, 185
Anophthalmos, case of, 474
Antidiphtherin, 536
Antisepsis or asepsis for midwives, 531
Antitoxin, traumatic tetanus cured by, 194
Antrum of Highmore, improved method of
draining, 288
Appendicitis, surgical treatment of, 970; infec-
tious, 411
Appetite, the, in cancer of the liver and
stomach, 386
Arcangeli, tetanus from a nasal lesion, 332
Aristol in venereal ulcers, 441
Artsdale, ossifying hæmatoma, 128
Arsenic in epithelioma, 213
Artery, vertebral traumatic, aneurysm of, 467
Asepsis or antisepsis for midwives, 531
Asparagine, the nutritive value of, 93
Astasia-abasia, 101
Asthma, treatment of, 91; nervosum, 365
Atrisia, acquired, after craniotomy, 10; and
hæmatometra, 396; pus in vagina, 437
Audry, the lesion of psoriasis, 30
Aufrecht, gastric dilatation, 46; the treatment
of diarrhœa in dysentery, typhoid, etc., 136;
albuminuria after labour, 170; borax in the
treatment of stomatitis, 300
Auto-intoxication in mental disease, 464
Axis-cylinder stains, 95

B.
Babinski, hysterical contracture, 163
Bacelli, intravenous injections of corrosive
sublimite, 235
Bacilli of cholera, rapid demonstration of in
water and faeces, 41; conveyed by dust, 44;
detrimental influence of upon other organ-
isms, 115; the action of sozoidol preparations
and of tribromphenol wismuth upon, 278; of
typhoid, duration of life of, 403
Bacillus coli communis, 279
" " of leprosy, action of chaulmoogra oil
on, 16; cultivation of, 481
" " of tubercle, euphen and, 75
Bacon, stricture of the rectum, 104
Bacteria, elimination of by the kidneys, 59
Bacteriology of the genital canal, 375
Bacterium coli commune, action of the meta-
bolic products of, 445
Baldi, the nutritive value of asparagine, 93
Barbacci, the etiology of peritonitis from per-
foration, 523
Barling, surgical treatment of perforating gas-
tric ulcer, 352
Basset, chloralate, 275
Bates, nitro-glycerine in epileptic paroxysms,
157
Baths, cold mustard, in whooping-cough, 535
Battistini, pancreatic juice in diabetes, 359
Bauchwitz, penthal as an anæsthetic, 137
Bayer, the hydrocarbons in general, especially
"vasogene," in diseases of the respiratory
passages, 139
Bayet, gallanol in psoriasis, 497
Bechterew, spinal deformity, 212
Bellotti, M., large doses of digitalis in croupous
pneumonia, 254
Beneke, new method of staining connective
tissue, 195; inoculation of gelatine culture
tubes, 239
Benzosol in diabetes, 476
Berberoff, glycosuria in pregnancy and lacta-
tion, 290
Berger, operation for umbilical hernia in the
newborn child, 251; operative treatment of
congenital umbilical hernia, 369
Bergonie, electric treatment of uterine fibro-
mata, 272
Bernier, acute sublimite eczema in childbed,
152
Beugnies, craniotomy, symphysiotomy, fatal
gangrenous lymphangitis, 29
Beuttner, rudimentary uterus, ovulation with-
out menstruation, 513
Beyer, trilon, 358
Bhau Daji treatment of leprosy, 537
Biensenthal, piperazine in gout, 521
Bikeles, acute poliomyelitis anterior in an
adult, 245
Binder, the, in childbed, 87
Bircher, neuropathic œdema of traumatic origin
treated by nerve stretching, 49
Bladder, use of air to inflate in suprapubic
cystotomy, 48; perforated by Zwank's pessary,
471
Blachstein, a contribution to the microbic
study of water, 463
Blair, ustiligo maldis, 36
Blanc, soft fetal head causing dystocia, 106;
uncontrollable vomiting in pregnancy, 148;
missed abortion, missed labour, 232
Blood, staphylococci in osteomyelitis, 60, 197;
relation between alkalinity of the and intes-
tinal absorption, 241; increase of the micro-
bicidal power of during infection, 444
Blum, formaldehyde, 277
Blocq, tumour of one crus cerebri, 508
Boas, lactic acid in the stomach contents, 364
Bodin, treatment of pityriasis versicolor, 539
Boissard, galactophoritis, 491
Boix, E., tachycardia, 98
Boltstern, strychnine injections in paralysis,
236

Bommers, staphylococci in the blood in osteo-
myelitis, 60, 197
Borax in the treatment of stomatitis, 300
Borrel, experimental pulmonary tuberculosis,
404
Bourbon, ethyl bromide as a general anæ-
sthetic, 309
Bourget, solacetol in summer and choleraic
diarrhœa, 397; external applications contain-
ing salicylic acid in acute rheumatism, 479
Boursier, electric treatment of uterine fibro-
mata, 272
Boyd, S., Bhau Daji treatment of leprosy, 537
Bracco, analgesia, 440
Brain, trephining for softening of, 66
Bramann, v., treatment of gunshot wounds of
the abdomen, 161
Bratenahl, perforation of uterus by steel dila-
tor, operation, recovery, 533
Braun, ferric chloride in diphtheria, 339
Breasts, supernumerary, without nipples, 271
Breech presentation, diagnosis of before labour,
232
Bridson, hysterectomy by the sacral method,
472
Bright's disease. *See* Disease
Bristow, use of air to inflate the bladder in
suprapubic cystotomy, 48
Bromides, effect of large doses of in epilepsy,
112
Brown-Séguard's fluid, injections of in cuta-
neous trophoneuroses, 477; injections of in
mental disease, 540
Bruschettini, experimental immunity against
influenza, 302
Buboes, suppurating, treatment of, 50
Bucco-pharyngeal cavity, preliminary surgical
procedures in operations involving the, 103
Budin, tuberculous peritonitis simulating preg-
nancy, 393; fibroids and scybala, 418
Buc, supernumerary breasts without nipples,
271
Buzzi, iodide of potassium in actinomycosis of
the human subject, 111
C.
Cacace, action of the metabolic products of the
bacterium coli commune, 445
Cesarean section, case of, 32
Caird, hypodermic alimentation, 323
Campana, the bacillus of leprosy, 481
Cancer, primary of the vulvo-vaginal gland, 169;
of the liver and stomach, the appetite in, 386;
inoculation of, 503
Carasso, G. M., a new treatment for pulmonary
tuberculosis, 478
Carl-Hohenbalken, M. v., vaginal fistulæ and
malpraxis, 107
Carotid, external, ligature of, 228
Casaretti, chloralose, 376; the derivatives of
creasote in pulmonary phthisis, 421
Caselli, resection of the spine for osteoma, 511
Caspersohn, surgical treatment of appendicitis,
370
Cassel, acute nephritis after varicella, 223;
double empyema, 243
Castellino, relation between the alkalinity of
the blood and intestinal absorption, 241
Cathart, quenching of thirst after abdominal
operations, 310
Cattani, vaccination of the horse against tetanus,
78; importance of the spleen in immuni-
sation of the rabbit against tetanus, 238
Cavazzani, elimination of bacteria by the kid-
neys, 59; morbid changes in the sympathetic
system in diabetes mellitus, 140; relation be-
tween the alkalinity of the blood and intes-
tinal absorption, 241
Cavities, large bony, closure of, 167
Cazeneuve, gallanol in psoriasis, 497
Cerebral. *See* Brain
Cervix uteri. *See* Uterus
Cesaris-Damel, importance of the spleen in im-
munisation of the rabbit against tetanus, 238

Copies of the Index to the Epitome, with Title-page, for binding in separate form, can be had on application to the Office, 429, Strand, W.C.

Chamberland, local disinfection, 255
 Chamberlaint, influenza and fetal death, 46
 Chancre, soft, pathogenesis of, 61
 Chancres, soft, treatment of by heat, 388
 Chaulmoogra oil, action of on the leprosy bacillus, 16
 Child, aged 10, successful ovariectomy in a, 90;
 aged 6, menstruation in a, 109; newborn,
 operation for umbilical hernia in the, 251;
 delivery of with tumour on the head, 374;
 newborn, teratoma of orbit in, 468
 Childbed, the binder in, 87; acute sublimite
 eczema in, 152; sporadic scarlatina in, 153
 Childhood, gonorrhoeal rheumatism in vulvitis
 of, 416
 Children, foreign bodies in the ear in, 266;
 vulvo-vaginitis in, 315; Asiatic cholera in,
 448; nocturnal enuresis in, 465; ovarian cysts
 in, 515
 Chloralate, 275
 Chloralose, 376, 457, 520
 Chloride of zinc bougies in certain forms of
 uterine fibromata, 108
 Chloro-anæmia hypodermic injections of the
 preparations of iron in, 360
 Chloroform, effect of on an albuminuric patient
 in labour, 171; in the treatment of sunstroke,
 378
 Cholera, the etiology of, 406
 Cholelithiasis, complications of, 27
 Cholera, Asiatic, quinine in, 34; the develop-
 ment of attacks of, 43, 141; gangrene com-
 plicating, 180; researches on, 196, 237; salol
 in, 321; and alcoholism, 326; immunisation of
 man against, 343; septicæmia consequent
 upon, 428; in children, 448; etiology of, 462;
 copper in, 501
 ——— bacillus. *See* Bacillus
 ——— infantum, treatment of, 14
 Chorion, malignant disease of, 72
 Choux, radical cure of muscular hernia, 47
 Chretien, pre-arterial pulmonary stenosis, 347
 Christmann, euophen and the tubercle bacillus,
 75
 Chromic acid in affections of the middle ear,
 138
 Cinnamic acid in tuberculosis, 439
 Clasmatoocytes, 117
 Codeine, the uses of, 379
 Coe, H. C., gestation twice in the same tube,
 130
 Colds, etiology of, 177
 Colitis, chronic and uterine disease, 333
 Collatz, trional, 358
 Condamin, chloride of zinc bougies in certain
 forms of uterine fibromata, 108; bladder per-
 forated by Zwanck's pessary, 471
 Conitzer, operative treatment of, tuberculous
 peritonitis, 124
 Contracture, hysterical, 163
 Convulsions, puerperal, alleged neurotic origin,
 436
 Coplin, hydrogendioxide as an aid to diagnosis
 of sinuses, pus cavities, etc., 431
 Copper in cholera, 501
 Cord, umbilical, knots in the, 250; knots in and
 fetal death, 419
 Cordier, ectopic gestation, full-grown child re-
 tained nearly two years, 417
 Corpulence, amenorrhœa and, 172
 Corrosive sublimate, intravenous injections of
 in cases of cerebral syphilis, 193, 235
 Coughing, uncontrollable, in pregnancy, 291
 Courant, teratoma of orbit in a newborn child,
 successful operation, 468
 Cozzolino, microcidine in microbic (pyogenic)
 affections of the ear, nose, and throat, 362;
 treatment of epistaxis, 498
 Craniotomy, acquired atresia after, 10; case of,
 29; linear in microcephalus, 450
 Cranium, plastic surgery of the, 529
 Creasote, derivatives of in pulmonary phthisis,
 421
 Croxford, fibroid tumour complicating delivery,
 293
 Crus, cerebri, tumour of, 508
 Cutaneous. *See* Skin
 Cyst, ovarian, simulated by tuberculous peri-
 tonitis, 89
 Cystotomy, suprapubic use of air to inflate the
 bladder in, 48; suprapubic, 83; suprapubic,
 new method of drainage in, 267; intraperi-
 toneal, 433
 Cystoscope, the, in surgical practice, 530
 Cysts of the hymen, 336; ovarian in children,
 515
 D.
 Dacryocystitis, rapid treatment of, 224
 Dana, paralysis agitans, 192
 Darier's disease. *See* Disease
 Darkschewitsch, peripheral facial palsy, 3

Dauchez, diabetes mellitus in infancy, 99
 Degeneration, the reaction of, 524
 De Grazia, derivatives of creasote in pulmonary
 phthisis, 421
 Delirium, acute, etiology and pathogenesis of,
 543
 ——— tremens, large doses of alcohol in,
 301
 Delivery, unconscious, 208; fibroid tumour com-
 plicating, 293; precipitate, danger to the fetus,
 337; of child with tumour on the head, 374
 Dente, rapid treatment of dacrocystitis, 224
 De Redowski, the physiological action of methyl
 mercaptan, 58
 Dermatitis, iodoform, 442
 Dermatol, 217
 Des Barres, successful ovariectomy during puer-
 peral septicæmia, 312
 Després, petroleum in vaginal inflammation,
 70
 Diabetes mellitus in infancy, 99; morbid
 changes in the sympathetic system in, 140;
 and cirrhosis of the liver, 240; acetonuria in,
 305; pancreatic juice in, 359; piperazin in,
 361; pancreatic, 384; benzosol in, 476; the
 knee-jerk in, 484
 Diaphtherin, 377
 Diarrhoea, the treatment of in dysentery,
 typhoid, etc., 136; summer and choleraic,
 salacetyl in, 397
 Dietz, a mechanical treatment of erysipelas,
 400
 Dieulafoy, the minor symptoms of chronic
 Bright's disease, 62
 Digestion, chemistry of in pellagrous insanity,
 367
 Digitalis, large doses of in croupous pneumonia,
 254
 Dilatation, gastric, 46
 Diphtheria, methylene blue in, 57; treatment
 of, 190, 507; ferric chloride in, 339; peroxide of
 hydrogen in, 422
 Diplegia, cerebral, 429
 Disease, chronic Bright's, the minor symptoms
 of, 62
 ——— Darier's, the so-called psorosperms of,
 ——— Morvan's, 222
 Diseases, infective, influence of the urinary se-
 cretion on the evolution of, 21
 Disinfection by ammonia vapour, 19; local, 255
 Diuretin, the action of, 401
 Dog, changes in the testicles of when replaced
 in the abdominal cavity, 402
 Dombrowski, functional valvular insufficiency,
 304
 Donath, diphtherial hemiplegia, 202
 Dori, hypodermic infections of the prepara-
 tions of iron in chloro-anæmia, 360
 Dorstenia contrayerba, the active principles of,
 274
 Doyen, hysterectomy, 514
 Drainage, in abdominal surgery, 110; new
 method of in suprapubic cystotomy, 277; of
 the antrum of Highmore, a new method of,
 288
 Dropsy of bacterial origin, 424
 Duboisin, 257; in mental diseases, 380, 423
 Dührssen, deep incision of the cervix and peri-
 neum in labour, 268
 Dufoque, diabetes mellitus in infancy, 99
 Dulerly, phenosalyl, 216
 Durr, gangrene complicating cholera, 180
 Dust, cholera bacilli conveyed by, 44
 Dynamite, lesions caused by, 510
 Dysmenorrhœa, membranous and uterine casts,
 189
 Dyspepsia, infantile, secondary; infections in,
 306
 Dystocia, soft fetal head causing, 106

E.

Ear, middle, chromic acid in affections of, 138;
 microbes of the, 179; foreign bodies in the in
 children, 266; microcidine, in microbic af-
 fections of, 362
 Eberhart, vaginal injections after labour, 357
 Eclamptia, induction of abortion in, 8; puer-
 peral, 512
 Eczema, acute sublimate in childbed, 152
 Effusions, multiloculated pleural, 23
 Egypt, tuberculin treatment in, 496
 Einhorn, M., therapeutic effects of direct
 electrification of the stomach, 258
 Einthoven, asthma nervosum, 365
 Eisenlohr, Morvan's disease, 222
 Elbow, fracture of, 227
 Electric illumination, of the stomach and its
 value, 325
 Electricity, static in pruritus, 320
 Electrification, direct, of the stomach, thera-
 peutic effects of, 258

Electrolysis in fibrous ankylosis, 185; in uterine
 fibromata, 272
 Elkins, the paraldehyde habit, 158
 Emmerich, Asiatic cholera, 43
 Empyema of the sphenoidal sinus, 7; double,
 243
 Endocarditis, tuberculous, 116; gonorrhœic,
 349; ulcerative embolic aneurysm not due to,
 504
 Enemata, saline in hæmorrhage, 322
 Engelmann, extrauterine pregnancy, external
 migration of the ovum, 131
 Enuresis, nocturnal in children, 465
 Epilation, electrolytic, 299
 Epilepsia tarda, 447
 Epilepsy, effect of large doses of the bromides
 in, 112; nitroglycerine in paroxysms of, 157
 the treatment of, 399
 Epileptics, toxicity of the urine of, 25
 Epiphysis, lower femoral, separation of, 206
 Epistaxis, the treatment of, 498
 Epithelioma, arsenic in, 213
 Epstein, post-vaccinal erythema and purpura,
 45
 Erb's paralysis, 261
 Erysipelas, facial, nitrate of aconitine in, 212;
 treatment of, 343; a mechanical treatment of,
 400
 Erythema, post-vaccinal, 45
 Escherich, trismus neonatorum treated by
 tetanus antitoxin, 253
 Ether, ætic, 40
 Ethyl bromide as a general anæsthetic, 309
 Euophen and the tubercle bacillus, 75
 Everke, laceration of the vagina in delivery, 435
 Eye symptoms in cerebro-spinal meningitis, 244
 Eyraud, J., the pathogenic microbe of gonor-
 rhœal orchitis, 119

F.

Fæces, new method of preventing incontinence
 of after resection of the rectum, 86
 Farrar, new method of drainage in suprapubic
 cystotomy, 267
 Fatigue, absence of sensation of in a tabetic,
 284
 Feeding of infants, 273
 Feilchenfeldt, precipitate labour on eighth day
 after ovariectomy, 454
 Female, hydrocele in the, 233
 Féré, Ch., effect of large doses of the bromides
 in epilepsy, 112
 Fernandez, S., anophthalmos, 474
 Ferrannini, chloralose, 376
 Ferratin, 461
 Ferric chloride in diphtheria, 339
 Fever, enteric, pyosalpinx after, 88; transmis-
 sion of to the fetus, 328; and acute tubercu-
 losis, 348; specific treatment of, 475
 ——— ganglionic, 22
 Fibroids, malignant, 414; and scybala, 418
 Fibromata, uterine, electric treatment of, 272
 Finney, removal of Gasserian ganglion for in-
 tractable neuralgia, 509
 Flocca, a new method of staining spores, 260
 Fischer, the kidney and nephritis in pregnancy,
 129
 Fischel, the pathology of pernicious anæmia,
 542
 Fischl, gastro-intestinal septicæmia of infants,
 466
 Fistula, vaginal, cure of, 31
 Flechsig, the treatment of epilepsy, 399
 Fœtus, soft head of causing dystocia, 106; trans-
 mission of enteric fever to, 328; death of and
 knots in the cord, 419; death of and influenza,
 469; monstrous, double eye removed during
 exploration, 534
 Formaldehyde, 277
 Formalin, preservation of cultures by, 382
 Fractures, compound and ununited, new method
 of direct fixation of fragments in, 186
 Fraenkel, E., specific treatment of enteric fever,
 475
 Frank, drainage, artificial encysting of peri-
 toneum, 354; atresia, pus in vagina, 437
 Franque, malignant fibroids and polypi, 414
 Freckles, treatment of, 522
 Freiburg, surgical treatment of exophthalmic
 goitre, 389
 Frenkel, absence of the sensation of fatigue in a
 tabetic, 284
 Freud, cerebral diplegia, 429; nocturnal enu-
 resis in children, 465
 Freudenberg, ichthyol suppositories in prostat-
 itis, 114
 Friedlander, pichi in genito-urinary diseases,
 176
 Fuller, seminal vesiculitis, 331

- Gabritschewsky, detrimental influence of cholera bacilli on other organisms, 115
 Gaillard, alcoholism and cholera, 328
 Galactophoritis, 491
 Gall bladder, surgery of the, 452
 Gall stones in the insane, 123; treatment of obstruction by, 106; physical diagnosis of, 383
 Gallanol in psoriasis, 497
 Gallcrani, reflex spasm of the tongue, 220
 Galli-Valerio, iodide of potassium in actinomycosis in the human subject, 111
 Ganglionic fever. *See* Fever
 Gangolphe, new sign of internal strangulation, 26
 Gangrene, complicating cholera, 180; and simulation (spontaneous) in hysteria, 408
 Gardner, neurectomy in spasmodic torticollis, 146
 Gasserian ganglion. removal of, 329, 509
 Gastritis, naso-pharyngeal disease as a cause of, 485
 Gastro-intestinal disturbances, relation of to diseases of the genital tract, 391
 Gattai, eleventh case of traumatic tetanus cured by the antitoxin of Tizzoni and Cattani, 194
 Gatti, increase of the microbicidal power of the blood during infection, 444
 Gegner, formaldehyde, 277
 Gelatine, high resistive germs in, 118; inoculation of culture tubes of, 239
 Gellé, suppurative otitis followed by cerebral symptoms, 165
 Genital canal, bacteriology of, 375; relation of gastro-intestinal disturbances to disease of, 391
 Genitals, absence of, vicarious epistaxis, 252
 Gerhardt, salophen, 17; interlobar pleurisy, 199; physical diagnosis of gall stones, 383
 Germs, high resistive in gelatine, 118
 Gersuny, new method of preventing faecal incontinence after resection of the rectum, 86; new operation for radical cure of large umbilical hernia, 409
 Gestation twice in the same tube, 130; intra-peritoneal ectopic, 247; ectopic full-grown child retained nearly two years, 417; early tubal, no objective symptoms, 456
 Gibbes, H., parasites and new growths, 159
 Gibson, operative proceedings in old age, 390
 Giles, neurectomy in spasmodic torticollis, 146
 Gland, vulvo-vaginal, primary cancer of the, 169
 Glottis, spasm of the in hysteria, 262
 Glycerine in nephrolithiasis, 39
 Glycosuria in pregnancy and lactation, 290; chronic, 483
 Goebel, fatty degeneration of the heart, 381
 Goitre, exophthalmic, 122; injections of iodoform in, 256; exophthalmic, surgical treatment of, 389
 Goldscheider, diseases due to the streptococcus, 259
 Gonorrhoea and the puerperium, 209
 Gonzales, combined effects of morphine and sulphonal, 191
 Gorin, precipitate delivery, danger to the fetus, 337
 Gothenburg, closure of large bony cavities, 167
 Gottschalk, malignant disease of chorion, 72
 Gout, the treatment of, 341; piperazine in, 521; pneumonia in, 525
 Graf, articular affections in syringomyelia, 205
 Graham, massage in muscular rheumatism, 183
 Graziani, action of nicotine on the animal organism, 42
 Greenlees, poisoning by potassium bromide, 398
 Griffiths, J., structural changes in the testicles of aged persons, 324; changes in the testicles of the dog when replaced in the abdominal cavity, 402
 Gross, treatment of cholera infantum, 14
 Grossi, subcutaneous injections of salol in tuberculosis, 77
 Grube, the knee-jerk in diabetes, 181; pneumonia in gout, 525
 Gruber, piperazine in diabetes, 381
 Grundsatz, narrowing of the pylorus, 506
 Guaiaicol, 76; action of on the chemical poisons of tuberculosis, 173
 Güntz, aristol in venereal ulcers, 441
 Guinard, polydactylism, 516
 Gunshot wound, of the gravid uterus, 115; of the abdomen, treatment of, 164
 Gurrieri, Spiegler's test for albumen in the urine, 385
 Gwyer, electrolysis in fibrous ankylosis, 185
- Hæmatoma, ossifying, 128
 Hæmatometra and atresia, 396
 Hæmophilia and parturition, 187
 Hæmorrhage, post-partum, removal of sloughing fibroid a fortnight after delivery, 9; into the pancreas, 82; subdural, trephining for, 144; saline enemata in, 322; post-partum, plugging the uterus in, 394; uterine, salipyrin in, 415; uncontrollable umbilical in an infant, 492
 Haig, pathology of headache, epilepsy, and mental depression, 160
 Hallopeau, theobromine as a diuretic, 518
 Hamburger, dropsy of bacterial origin, 424
 Hamerschlag, trional as a hypnotic, 73; the serum treatment, 154
 Hammond, restoration of function in paralysed muscles, 55
 Hanks, hysterectomy for fibroid, old tubal abortion discovered, 317; early tubal gestation, no objective symptoms, 456
 Hanot, V., tuberculous endocarditis, 116; the appetite in cancer of the liver and stomach, 386
 Happe, Asiatic cholera in children, 448
 Harleip, 85
 Harrington, intraperitoneal cystotomy, 433
 Hartmann, ethyl bromide as a general anæsthetic, 309
 Hauser, feeding of infants, 273; preservation of cultures by formalin, 382
 Haussou, large doses of alcohol in delirium tremens, 301
 Head, severe injury to with loss of the muscular sense, 388
 Headache, epilepsy, and mental depression, pathology of, 160
 Heart, etiology of chronic affections of the, 1; treatment of chronic valvular disease of the, 18; wound of the, 142; functional insufficiency of valves of, 304; fatty degeneration of the, 381
 Heat, treatment of soft chancres by, 388
 Heim, high resistive germs in gelatine, 118
 Hemihypertrophy, right, 285
 Hemiplegia, diphtherial, 202
 Hepatic. *See* Liver
 Hermann, A., glycerine in nephrolithiasis, 39
 Hermaphrodite, a true, 151
 Hernia, muscular, radical cure of, 47; strangulated obturator of the ovary and tube, 52; encysted, of the labium majus, 231; umbilical operation for in the newborn child, 251; congenital umbilical, operative treatment of, 399; large umbilical, new operation for radical cure of, 409; of the liver, 410
 Herpes, labial, and cerebrospinal meningitis, 182
 Hertmann, methyl chloride in neuralgic affections, 35
 Hervieux, intrauterine vaccination and variolation, 120
 Herzfeld, oval pessary incarcerated in the uterus, 133
 Heytl, wound of the heart, 142
 Hildebrand, naso-pharyngeal disease as a cause of gastritis and anaemia, 485
 Hintze, the duration of life of typhoid bacilli, 403
 Hirschfeld, acetoneuria in diabetes, 305
 Hoffa, pathological anatomy of scleroderma, 97
 Hofmokl, pneumotomy, 84
 Horse, vaccination of the against tetanus, 78
 Immunised tetanus cured by serum of, 295
 Horses, wounds of the intestines from kicks of, 490
 Houzel, intraperitoneal ectopic gestation, 247
 Howitz, suture after laparotomy, 125
 Huberwald, quinine in cholera, 34
 Hugouenq, the pathogenic microbe of gonorrhoeal orchitis, 119
 Hutson, spontaneous amputation of inverted uterus, 210
 Hydatid of the kidney, 451
 Hydrocarbons in general, and especially "vasogene" in diseases of the respiratory passages, 139
 Hydrocele, in the female, 233; treatment of, 430
 Hydrocephalus foetal, spontaneous cure, 11
 Hydrogen dioxide as an aid in the diagnosis of sinuses, pus cavities, etc., 431
 Hydronephrosis, treatment of by the formation of an oblique fistula, 487
 Hymen, cysts of the, 336
 Hypodermic injections. *See* Injections
 Hysterectomy for fibroid, old tubal abortion discovered, 317; floating liver and kidneys after, 413; by the sacral method, 472; results of, 514
 Hysteria, spasm of the glottis in, 262; simultaneous gangrene and simulation in, 403
- Ichthyol, suppositories of in prostatic, 114; the antiseptic powers of, 340, 495
 Infancy, diabetes mellitus in, 99
 Infant, uncontrollable umbilical hæmorrhage in an, 492
 Infants, difficulties encountered in feeding, 74; stomach washing in, 174; feeding of, 273; gastro-intestinal septicæmia of, 466
 Infection, puerperal, 438; increase of the microbicidal power of the blood during, 444
 Influenza, experimental immunity against, 302; and foetal death, 469; salipyrin in, 517
 Injections, hypodermic, in neurasthenia, 296; of certain chemical compounds, 297; of testicular juice, 298
 Inoculation of gelatine culture tubes, 239
 Insane, gall stones in the, 123
 Insanity, pellagrous, chemistry of digestion in, 367; after removal of appendages, 371; hysterical, 526
 Intestines, wounds of, from kicks of horses, 490
 Intubation and tracheotomy, 527
 Iodide of potassium in actinomycosis of the human subject, 111; large doses of in chronic tubes, 135
 Iodoform, action of, on the chemical poisons of tuberculosis, 173; injections of in goitre, 256
 Dermatitis, 442
 Iron, hypodermic injections of the preparations of in chloro-anaemia, 380
 Israel, extirpation of the kidney for ureteritis, 65
 Isuboi, Asiatic cholera, 43
- Jacobsen, torsion of ovarian pedicle and uterus in a woman aged 73, 12
 Jacobson, electric illumination of the stomach and its value, 335
 Jacobovitch, menstruation in a child aged 6, 109
 Janiszewski, transmission of enteric fever to the foetus, 328
 Jaquet, A., malakin, 460
 Jarré, surgical treatment of tic, 286
 Jasenski, phenates of bismuth, 215
 Jaundice, relapsing infective, 201
 Jemma, intravenous injections of corrosive sublimate in cerebral syphilis, 193
- Kahlden, v., axis cylinder stains, 95; sarcoma of the uterus, 338
 Kaiser, staining of nerve tissue, 219
 Kaltenbach, laceration of cervix and rupture of uterus, 353
 Kapper, injections of iodoform in goitre, 256
 Karewski, hydatid of the kidney, 451
 Kartulis, tuberculin treatment in Egypt, 496
 Kasem-Beck, methylene blue in diphtheria, 57
 Katz, chromic acid in affections of the middle ear, 138
 Kayser, salipyrin in uterine hæmorrhage, 415
 Kehr, gunshot wound of the gravid uterus, 145; plastic surgery of the cranium, 529
 Keiser, uncontrollable umbilical hernia in an infant, 492
 Keller, foetal peritonitis severing the intestinal canal, 211
 Kelly, H., drainage in abdominal surgery, 110; palpation and catheterisation of the ureter in the female, 395
 Kemmer, acute diffuse peritonitis, 346
 Kidney, extirpation of for ureteritis, 65; the and nephritis in pregnancy, 129; hydatid of the, 451
 Kidneys, elimination of bacteria by, 59; chloroform narcosis and the, 346; floating, after hysterectomy, 413
 King, A. F. A., labour obstructed by ovarian tumour, 188
 Kirchoff, fibroid tumour of labium minus, 532
 Kirsch, the treatment of varicose ulcers, 412
 Kischensky, effect of laparotomy upon tuberculous peritonitis in animals, 502
 Klemperer, Asiatic cholera, 141; recovery from pneumothorax, 161; labial herpes and cerebrospinal meningitis, 182
 Klien, twins and twin ova, 335
 Knee-jerk (the) in diabetes, 484
 Knopf, treatment of diphtheria, 190
 Koch, cerebellar abscess, 446
 Kochenburger, acquired atresia after craniotomy, 10; testes in a subject otherwise female, 249; absence of genitals, vicarious epistaxis, 252
 Koenig, cerebral infantile paralysis, 427
 Körfer, chloroform in the treatment of sun stroke, 378
 Köster, treatment of erysipelas, 343

Koppers, trional, 113, 214
 Kortschan, hæmorrhage into the pancreas, 82
 Kossel, diphtheria, 507
 Kowalewsky, syphilitic spinal paralysis, 216
 Krautwig, ætic ether, 49
 Krönig, gonorrhœa and the puerperium, 209
 Kronthal, exophthalmic goitre, 122
 Kruse, treatment of asthma, 91
 Kulschitsky, a new method of staining neuroglia, 303
 Kunne, antidiphtherin, 534
 Kusmin, hernia of the liver, 410
 Kuttner, treatment of ozæna, 56; electric illumination of the stomach and its value, 325

L.

Labium minus, fibroid tumour of the, 532
 Labour, impeded by cicatricial contractions of vagina, 13; can it be checked at will? 51; albuminuria after, 170; in an albuminuric patient, 171; obstructed by ovarian tumour, 188; missed, 232; diagnosis of breech presentation before, 292; vaginal injections after, 357; induction of, 392; precipitate on eighth day after ovariotomy, 454
 Lactation, glycosuria in, 290
 Lactic acid in the stomach contents, 364
 Lammert, hydrocele in the female, 233
 Landerer, cinnamic acid in tuberculosis, 439
 Lanphear, trephining for cerebral softening, 66
 Lanz, bacillary suppurative polyarthritis, 345
 Laparotomy, suture after, 125; effect of upon tuberculous peritonitis in animals, 502
 Laquer, acroparæsthesia, 81
 Larynx, total extirpation of the, 264
 Lassar, arsenic in epithelioma, 213
 Launay, parametritis, abscesses tracking to the nates and ischio-rectal fossa, 316
 Laycock, severe head injury with loss of muscular sense, 368
 Lazzaro, the cardiac tonics in pneumonia, 234
 Le Blond, unconscious delivery, 208
 Le Dentu, ovarian cyst simulated by tuberculous peritonitis, 89
 Le Fort, riders' bursa, 184
 Lefour, knots in the umbilical cord, 250
 Lehmann, astasia-abasia, 101
 Leloir, statical electricity in pruritus, 320
 Lenne, the changes undergone by effervescing waters when received into the stomach, 92
 Leo, spasm of the glottis in hysteria, 262
 Leprosy, experimental transference of to animals, 218; Bhau Daji treatment of, 537
 ——— bacillus. *See* Bacillus

Lesi, tetanus cured by serum of immunised horse, 295
 Leukæmia, the treatment of, 33
 Levi, action of mercury and potassium iodide on metabolism in syphilitics, 420
 Levy, treatment of diphtheria, 190
 Leyden, uterine myoma implanted by adhesions in the cervical canal, 69; polyneuritis mercurialis, 221; endocarditis gonorrhœica, 349
 Liebreich, guaiacol, 76
 Lipps, ligature of external carotid, 228
 Liver, the pathogenesis of abscess of, 203; cirrhosis of and diabetes, 240; the appetite in cancer of the, 386; hernia of the, 410; floating after hysterectomy, 413; suture of wounds of the, 449
 Loimann, the treatment of chronic metritis, 248
 Lodemann, mollities ossium, placenta prævia, Cæsarean section, 32
 Lombroso, chloralose, 457
 Lomer, induction of abortion in eclampsia, 8; sepsis in pregnancy, mother and child saved, 105; amenorrhœa and corpulence, 172
 Londe, congenital tuberculosis, 462
 Lorand, treatment of soft chancre by heat, 388
 Loretin, a new antiseptic, 459
 Lucas-Championnière, excretion of urea in certain morbid conditions and after major operations, 5
 Lütze, salophen, 131
 Lugeol, fetal death and knots in the cord, 419
 Lung, resection of for tuberculosis, 4
 Lungs, inflammation of the, 486
 Lupò, penetrating wound of abdomen, 528
 Lymphangitis, fatal gangrenous, 29; fatal in a newborn child, infection from whitlow in the mother, 33

M.

Mabit, pyosalpinx after typhoid fever, 88
 Macaigne, suppurative teno-synovitis, 489
 McGraw, intestinal anastomosis, 287
 Machenhauer, uterus bicornis septus, 494
 Mackenrodt, fetal peritonitis, severing the internal canal, 211
 Major, a new method of draining the antrum of Highmore, 288
 Malakin, 460

Malaria, phenocoll in, 519; quinine and methylene blue in, 538
 Maljutin, detrimental influence of cholera bacilli upon other organisms, 115
 Malpraxis, vaginal, fistule and, 107
 Man, rumination in, 263; immunisation of against cholera, 363
 Maraudon de Montyel, duboisin, 423
 Marfan, secondary infections in infantile dyspepsia, 306
 Marie, P., supernumerary nipple in a family where twin births were frequent, 53
 Marinesco, tumour of one crus cerebri, 508
 Mario, O., action of chaulmoogra oil on the leprosy bacillus, 16
 Marot, secondary infections in infantile dyspepsia, 306
 Martha, microbes of the ear, 179
 Martin, A., conservative operations on the ovaries, tubes, and uterus, 207
 Martini, the hepatic venous soufflé, 2
 Mason, subphrenic abscess, 265
 Massage in muscular rheumatism, 183
 Matas, traumatic aneurysm of vertebral artery, 467
 Matheus, dermatol, 217
 Mathieu, hypodermic injections in neurasthenia, 296
 Matschke, iodoform dermatitis, 442
 Mayet, inoculation of cancer, 503
 Meiner, the etiology of chlorosis, 406; tetanus in obstetrics and gynecology, 453
 Mendel, epilepsia tarda, 447
 Meningitis cerebro-spinal and labial herpes, 182; cerebro-spinal, eye symptoms in, 244
 Menstruation in a child aged 6, 109; alleged vicarious, 270
 Mercury, action of on metabolism in syphilitics, 420
 Messner, a true hermaphrodite, 151
 Metatarsalgia, 28
 Methyl chloride in neuralgic affections, 35
 ——— mercaptan, the physiological action of, 58
 Methylene blue in diphtheria, 57; in malaria, 538

Metritis, chronic, treatment of, 248
 Metschnikoff, researches on cholera, 196, 237
 Meyer, Erb's paralysis, 261
 Micheli, suture of wounds of the liver, 449
 Microbe, pathogenic, of gonorrhœal orchitis, 119
 Microbes, of the ear, 179; in chronic rheumatism, 443
 Microcephaly, 147; linear craniotomy in, 450
 Micrococcine in microbic (pyogenic) affections of the ear, nose, and throat, 362
 Midwives, antiseptic or aseptic for, 531
 Mintz, narrowing of the pylorus, 506
 Mollities ossium, case of, 32
 Mongeri, duboisin in mental diseases, 380
 Monnet, Brown-Séquard's fluid in cutaneous trophoneuroses, 477
 Monod, chronic colitis and uterine disease, 333
 Monteiro, twin labour, management of placenta, 68
 Moravesik, hysterical insanity, 526
 Mordhorst, the treatment of gout, 341
 Morison, R. B., treatment of warts, 500; treatment of freckles, 522
 Moritz, curative serum in the treatment of tetanus, 155
 Morphine and sulphonol, combined effects of, 191
 Morrill, chloralose, 520
 Morris, infectious appendicitis, 411
 Morton, T. S. K., metatarsalgia, 28
 Morvan's disease. *See* Disease.
 Mosegeil, salipyrin in influenza, 517
 Moure, empyema of the sphenoidal sinus, 7
 Moussous, ganglionic fever, 22
 Mumps, submaxillary, 307
 Murawieu, diagnosis of intracranial tumour, 407
 Muscles, paralysed, restoration of function in, 55
 Mussi, the active principles of dorstenia contrayerba, 274
 Myelitis, acute, and optic neuritis, 80
 Myoma, uterine, implanted by adhesions in the cervical canal, 69; pregnancy after removal of, 294
 Myxœdema, sheep's thyroid in, 192

N.

Näcke, palatal deformity, 230
 Nävi, changes and degeneration in, 30
 Nancrede, surgical treatment of aneurysm, 289
 Narcosis, chloroform, and the kidneys, 346
 Nasal. *See* Nose.

Naso-pharynx, disease of as a cause of gastritis and anemia, 485
 Natier, foreign bodies in the ear in children, 266
 Nephritis after vaccination, 100; of pregnancy and death of fetus, 150; acute after varicella, 223
 Nephrolithiasis, glycerine in, 39
 Nerve, neuropathic, œdema of traumatic origin treated by stretching, 49; facial, stretching the in trigeminal neuralgia, 126; ulnar, displacement of, 350; pneumogastric, neuroses of the, 505
 Nervous system, hypodermic injections of phosphate of soda in, 541
 Neumann, difficulties encountered in feeding infants, 74; treatment of hydrocele, 430
 Neuralgia, methyl chloride in, 35; trigeminal, stretching the facial nerve in, 126; pelvic, 313; intractable removal of Gasserian ganglion for, 509
 Neurasthenia, hypodermic injections in, 296
 Neurectomy in spasmodic torticollis, 146
 Neuritis, optic and acute myelitis, 80; multiple senile, 121
 Neuroglia, a new method of staining, 300
 Neuromyositis and polymyositis, 327
 Neuroses, traumatic, 63; of the pneumogastric nerve, 505
 Nicaise, the use of purgatives in surgical practice, 311
 Nicolas, gallanol in psoriasis, 497
 Nicoll, the cystoscope in surgical practice, 530
 Nicotine, action of on the animal organism, 42
 Nimier, surgical treatment of pancreatic hæmorrhages, 226; wounds of the intestines from kicks of horses, 490
 Nipple, supernumerary, in a family where twin births were frequent, 53
 Nitrate of aconitine in facial erysipelas, 212
 Nolen, treatment of tuberculous peritonitis, 225
 Noorden, v., neuroses of the pneumogastric nerve, 505
 Nose, tetanus from lesions of, 332; micrococcine in microbic affections of, 362; treatment of obstruction of, 432
 Novaro, removal of Gasserian ganglion for intractable neuralgia, 509
 Nutrient medium, a non-albuminous, 281

O.

Odebrecht, nephritis of pregnancy and death of fetus, 150; traumatic detachment of placenta, fetus born alive, 229
 Œdema, neuropathic of traumatic origin treated by nerve stretching, 49
 Oehlschläger, spontaneous parting of the symphysis, 30
 Œsophagus, new method of cutting stricture of, 204
 O'Hara, removal of Gasserian ganglion for intractable neuralgia, 509
 Oppenheim, H., multiple senile neuritis, 121; syphilitic spinal paralysis, 283
 Orbit, teratoma of in a newborn child, 468
 Orchitis, gonorrhœal, the pathogenic microbe of, 119
 Osteoma, resection of the spine for, 511
 Osteomyelitis, staphylococci in the blood in, 60, 197
 Otis, treatment of suppurating buboes, 50
 Otitis, suppurative followed by cerebral symptoms, 165
 Ovaries, conservative operation on, 20
 Ovariectomy, successful, in a child, aged 10, 50; successful during puerperal septicæmia, 312; precipitate labour on eighth day after, 454
 Ovary, torsion of pedicle of in a woman, aged 73, 12; calcified, 313
 Ovulation without menstruation, 513
 Ovum, external migration of in extrauterine pregnancy, 131
 Oxychinaseptol, 342
 Ozæna, treatment of, 56

P.

Pacinotti, reflex spasm of the tongue, 220
 Palate, deformity of, 200
 Palma, diabetes and cirrhosis of the liver, 210; benzosol in diabetes, 476
 Palsy, peripheral facial, 3
 Pancreas, hæmorrhage into the, 82; surgical treatment of hæmorrhage from, 226
 Pancreatic juice in diabetes, 359
 Papain, 175
 Paraldehyde habit, the, 158
 Paralysis agitans, 102; strychnine injections in, 236; syphilitic spinal, 246; Erb's, 261; syphilitic spinal, 283; puerperal, death in three months, 355; cerebral infantile, 427
 Parametritis, abscesses tracking to the nates and recto-ischial fossa, 316

- Parasites and new growths, 159
 Park, bacillus coli communis, 279
 Parker, complications of cholelithiasis, 27
 Parkhill, removal of Gasserian ganglion, 329;
 lineal craniotomy in microcephalus, 450
 Parturition, hæmophilia and, 187
 Peckholt, the active principles of *dorstenia*
contrayerba, 274
 Peillon, artificial serum, 458
 Penthal as an anæsthetic, 137
 Peptonuria in phosphorus poisoning, 181
 Perineum, deep incision of in labour, 268
 Perininger, the uses of codeine, 379
 Peritoneum, drainage, artificial encysting of,
 354; causes of adhesions of in abdominal
 section, 455
 Peritonitis, tuberculous, simulating ovarian
 cyst, 89; tuberculous, operative treatment of
 124; fetal, severing the intestinal canal, 211;
 tuberculous, treatment of, 225; acute diffuse,
 266; tuberculous simulating pregnancy, 393;
 tuberculous in women, 470; tuberculous in
 animals, effects of laparotomy on, 502; from
 perforation, the etiology of, 523
 Perl, nephritis after vaccination, 100
 Pernice, influence of the urinary secretion on
 the evolution of infective diseases, 21
 Peron, toxicity of the urine of epileptics, 25
 Peroxide of hydrogen in diphtheria, 422
 Pessary, oval, incarcerated in the uterus, 133
 Petersen, pathogenesis of the soft chancre, 61;
 the so-called psorosperms of Darier's disease,
 480
 Petroleum in vaginal inflammation, 70
 Phenates of bismuth, 215
 Phenocoll in malaria, 519
 Phenosalyl, 216
 Phosphate of soda, hypodermic injections of in
 diseases of the nervous system, 541
 Phosphorus, peptonuria in poisoning by, 181
 Phthisis, advanced, tuberculin in, 319; pul-
 monary, derivatives of creasote in, 421
 Pichi in genito-urinary diseases, 176
 Pick, indications for washing out the stomach,
 15
 Pinard, diagnosis of breech presentation before
 labour, 292
 Piperazine, effects of on the urine, 94; in diabe-
 tes, 361; in gout, 521
 Pispoti, lesions caused by dynamite, 510
 Pitotli, influence of sodium fluoride on the
 organs and tissues of animals, 37
 Pityriasis versicolor, treatment of, 539
 Placenta prævia, case of, 32; management of in
 twin labour, 68; traumatic detachment of,
 fœtus born alive, 229; prævia, treatment of,
 373
 Pleural effusions, pulsating, 163
 Pleurisy, interlobar, 199; exudative, etiology of,
 282
 Pleuritic exudation, preventive treatment of,
 156
 Plicque, displacement of ulnar nerve, 350;
 visceral affections of menstrual origin, 372
 Pneumonia, the cardiac tonics in, 234; croupous,
 large doses of digitalis in, 254
 Pneumothorax, recovery from, 161
 Pneumotomy, 184
 Poehl, spermin, 318
 Poisoning by potassium bromide, 398
 Poitou-Duplessis, labour in an albuminuric
 patient, effect of chloroform, 171
 Polaillon, pelvic neuralgia, calcified ovary, 313
 Poli, actinomycotic perilaryngeal abscess, 67
 Poliomyelitis, acute anterior in an adult, 243
 Pollacci, influence of the urinary secretion on
 the evolution of infective diseases, 21
 Polloson, surgery of the stomach, 387
 Polyarthritides, bacillary suppurative, 345
 Polydactylism, 376
 Polymyositis and neuromyositis, 327
 Polyneuritis mercurialis, 221
 Polypi, malignant, 414
 Popoff, hysterical tremor, 24
 Poppert, total extirpation of the larynx, 264
 Posner, amebæ in the urine, 79
 Potassium bromide, poisoning by, 398
 Potassium iodide, action of on metabolism in
 syphilitics, 420
 Pregnancy, two years after amputation at hip-
 joint, forceps delivery, 54; extrauterine, vagi-
 nal operation, 71; sepsis in, mother and child
 saved, 105; the kidney and nephritis in, 129;
 extrauterine, external migration of the ovum,
 131; uncontrollable vomiting in, 148; small-
 pox in, 149; nephritis of and death of fœtus,
 150; syphilis in, 269; glycosuria in, 290; un-
 controllable coughing in, 291; after removal
 of myoma, 294; acetouria and, 356; tuber-
 culous, peritonitis simulating, 393
 Presentation of hand or foot with head or
 trunk, 334
 Prostatitis, ichthyol suppositories in, 114
 Prudden, etiology of exudative pleurisy, 282
 Pruritus, static electricity in, 320
 Psoriasis, the lesion of, 20; gallanol in, 497
 Psorosperm, so-called, of Darier's disease, 480
 Pucci, phenocoll in malaria, 519
 Puech, post-partum hæmorrhage, sloughing
 fibroid removed a fortnight after delivery, 9
 Puerperium, the, gonorrhœa and, 209
 Purgatives, the use of in surgical practice, 311
 Purpura, post-vaccinal, 45
 Putnam, sheep's thyroid in myxœdema and
 acromegaly, 192
 Pylorus, narrowing of the, 506
 Pyosalpinx after typhoid fever, 88
- Q.
- Quénu, preliminary surgical procedures in
 operations involving the bucco-pharyngeal
 cavity, 103
 Quincke, amebæ enteritis, 426
 Quinine in cholera, 34; in malaria, 538
- R.
- Rabon, duboisin, 257
 Randolph, eye symptoms in cerebro-spinal
 meningitis, 244
 Ranke, v., intubation and tracheotomy, 527
 Ranvier, clasmatoocytes, 117
 Rasori, etiology and pathogenesis of acute
 delirium, 543
 Reboul, changes and degenerations in nævi,
 330
 Rectum, formation of a new sphincter after ex-
 tirpation of, 6; new method of preventing
 fecal incontinence after resection of the, 86;
 stricture of the, 104
 Régis, insanity after removal of appendages,
 371
 Remak, the reaction of degeneration, 524
 Rheumatism, muscular, massage in, 183; gonor-
 rhœal in vulvitis of childhood, 416; chronic,
 microbes in, 443; acute, external applications
 of salicylic acid in, 479
 Richardière, small-pox in pregnancy, 149
 Richardson, gonorrhœal rheumatism in vulvitis
 of childhood, 416; surgery of the gall bladder,
 452
 Riders' bursa, 184
 Riegel, asthma nervosum, 365
 Riegner, trephining for subdural hæmorrhage,
 144
 Rigler, v., disinfection by ammonia vapour, 19
 Rindskopf, chloroform narcosis and the kid-
 neys, 346
 Robinson, tubal abortion, fœtus removed per
 vaginam, 314; occlusion of the ureters, 351
 Robitschek, peptonuria in phosphorus poison-
 ing, 181
 Robson, separation of lower femoral epiphysis,
 206
 Rocas, vulvo-vaginitis in children, 315
 Roger, septicæmia consequent upon cholera,
 428
 Rogner-Gusenthal, v., strangulated obturator
 hernia of the ovary and tube, 52
 Rollet, gallanol in psoriasis, 497
 Roncali, experimental tetanic infection in ani-
 mals, 344
 Roos, amebæ enteritis, 426
 Rosin, quinine, and methylene blue in malaria,
 538
 Rossi, C., chloralose, 457
 Rousseia, monstrous fœtus, double eye removed
 during exploration, 534
 Rudolph, multiloculated pleural effusions, 23
 Rumination in man, 263
 Rusconi, hypodermic injections of testicular
 juice, 298
- S.
- Sabolotny, immunisation of man against
 cholera, 363
 Sabouraud, trichophyton and deep dermatitis
 with special reference to its animal origin,
 280
 Sänger, antiseptics or aseptics for midwives, 531
 Salacetol in summer and cholera diarrhœa, 397
 Salicylic acid, external applications of in acute
 rheumatism, 479
 Salipyrin in uterine hæmorrhage, 415; in in-
 fluenza, 517
 Salol, subcutaneous injections of in tubercu-
 losis, 77; in cholera, 321
 Salophen, 17, 134
 Sanarelli, etiology of cholera, 482
 Sarcoma of the uterus, 338
 Sarda, enteric fever and acute tuberculosis, 348
 Sawtschenko, immunisation of man against
 cholera, 363
 Scarlatina, sporadic in childbed, 153
 Schanz, optic neuritis and acute myelitis, 80
 Schenk, etiology of colds, 177
 Schick, laceration of vagina in labour, amputa-
 tion of uterus, 168
 Schiess Bay, tuberculin treatment in Egypt, 496
 Schill, rapid demonstration of cholera bacilli in
 water and feces, 41
 Schinzinger, Ioretin, a new antiseptic, 459
 Schlenker, the frequency of latent tuberculosis,
 405
 Schmidt, A., sputum as a cultivation medium,
 178
 Schmiedeberger, ferratin, 461
 Schnitzler, tetanus, 96
 Schönheimer, membranous dysmenorrhœa and
 uterine casts, 189
 Schott, T., etiology of chronic heart affection, 1
 Schrader, foetal hydrocephalus, spontaneous
 cure, 11
 Schramm, sporadic scarlatina in childbed, 153
 Schüller, microbes in chronic rheumatism, 443
 Schulze-Berge, stretching the facial nerve in
 trigeminal neuralgia, 126
 Schweizer, primary cancer of the vulvo-vaginal
 gland, 169
 Scleroderma, pathological anatomy of, 97
 Scudder, division of urethral stricture, 488
 Scybala, fibroids and, 418
 See, G., asthma nervosum, 365
 Seelig, pancreatic diabetes, 384
 Séglas, auto-intoxication in mental disease, 461
 Segre, R., ichthyol, 495
 Selter, embolic aneurysm not due to ulcerative
 endocarditis, 504
 Senator, polymyositis and neuromyositis, 329
 Senn, N., suprapubic cystotomy, 83; new method
 of direct fixation of fragments in compound
 and ununited fractures, 186
 Sepsis in pregnancy, mother and child saved,
 105
 Septicæmia, puerperal, successful ovariectomy
 during, 312; consequent upon cholera, 428;
 gastro-intestinal of infants, 466
 Serum, treatment by, 154; curative, in the treat-
 ment of tetanus, 155; of immunised horse,
 tetanus cured by, 295; artificial, 458
 Siepen, plugging of uterus in post-partum
 hæmorrhage, 394
 Sieur, surgical intervention in abdominal in-
 jury, 64
 Simulation and gangrene (spontaneous) in hys-
 teria, 408
 Singer, rumination in man, 263; spontaneous
 gangrene and simulation in hysteria, 408
 Sinus, sphenoidal, empyema of, 7
 Siredey, floating kidneys and liver after vaginal
 hysterectomy, 413; tuberculous peritonitis in
 women, 470
 Sittman, papain, 175
 Skin, Brown-Séquard's fluid in trophoneuroses
 of, 477
 Skutsch, cure of vaginal fistula, 31
 Small-pox in pregnancy, 849
 Snell, gall stones in the insane, 123
 Sodium fluoride, influence of on the organs and
 tissues of animals, 37
 Sottas, puerperal paralysis, death in three
 months, 354
 Souffle, the hepatic venous, 2
 Soupault, relapsing infective jaundice, 201
 Sozodolol preparations, action of upon cholera
 bacilli, 278
 Spermin, 318
 Sphincter, new formation of after extirpation of
 the rectum, 6
 Spiegler, hypodermic injection of certain chemi-
 cal compounds, 297; test for albumen in the
 urine, 385
 Spine, deformity of the, 242; resection of the
 for osteoma, 511
 Spitzer, treatment of nasal obstructions, 432
 Spleen, hypertrophied, extirpation of a, 127; im-
 portance of in experimental immunisation of
 the rabbit against tetanus, 238
 Springer, cold mustard baths in whooping
 cough, 535
 Sputum as a cultivation medium, 178
 Stabel, diaphtherin, 377
 Staining connective tissue, new method of, 195;
 of nerve tissue, 219; spores, a new method of,
 260; neuroglia, a new method of, 303
 Staphylococci in the blood in osteomyelitis, 60,
 197
 Stark, W., large doses of iodide of potassium in
 chronic tabes, 135
 Staude, cicatricial contractions of vagina im-
 peding labour, 13
 Steinmetz, oxychinaseptol, 342
 Stenosis, pre-arterial pulmonary, 347
 Stepp, treatment of chronic ulcer of stomach,
 499
 Stern, a non-irritating tar ointment, 276; elec-
 trolytic epilation, 299

Stomach, indications for washing out the, 15; changes undergone by effervescing waters when received into, 92; washing of in infants, 174; therapeutic effect of direct electrification of, 258; electric illumination of the and its value, 325; lactic acid in the contents of, 364; the appetite in cancer of the, 386; surgery of the, 387; treatment of chronic ulcer of, 499

Stomatitis, borax in the treatment of, 300
Strangulation, internal, new sign of, 26
Streptococcus, diseases due to the, 259
Stroebé, axis-cylinder stains, 95
Stroganoff, bacteriology of the genital canal, 375

Stroganowa, cysts of the hymen, 336
Strimpell, traumatic neuroses, 63
Strychnine, injection of in paralysis, 236
Sulphonal and morphine, combined effects of, 191

Sunstroke, chloroform in the treatment of, 373
Suture after laparotomy, 125
Symphysiotomy, case of, 29
Symphysis, spontaneous parting of, 30
Sympson, E. M., treatment of warts, 500
Syphilis, cerebral, intravenous injection of corrosive sublimate in, 193, 235; in pregnancy, 269

Syphilitic, action of mercury and potassium iodide on metabolism in, 420
Syringomyelia, articular affections in, 205

T.

Tabes, chronic, large doses of iodide of potassium in, 135
Tabetic, absence of the sensation of fatigue in a, 284

Tachycardia, 98

Tar ointment, a non-irritating, 276

Tarnier, can labour be checked at will? 51; pregnancy two years after amputation at hip-joint, forceps delivery, 54; syphilis in pregnancy, 269; presentation of hand or foot with head or trunk, 334; placenta previa, 373; delivery of child with tumour on the head, 374; induction of labour, 392

Tedeschi, experimental transference of leprosy to animals, 218

Tembach, local disinfection, 255

Tendons, a new method of suture of, 308

Teno-synovitis, suppurative, 489

Testes in a subject otherwise female, 247; hypodermic injections of juice of, 298; of aged persons, structural changes in, 324; of the dog, changes in when replaced in the abdominal cavity, 402

Tetanus, vaccination of the horse against, 78; conveyance of, 96; curative serum in the treatment of, 155; traumatic cured by antitoxin, 194; importance of the spleen in immunisation of the rabbit against, 238; cured by serum of an immunised horse, 295; from nasal lesion, 332; experimental infection of, in animals, 344; case of, 425; in obstetrics and gynaecology, 453

— antitoxin, trismus neonatorum treated by, 253

Theilhaber, relation of gastro-intestinal disturbances to diseases of the genital tract, 391

Theodor, treatment of hydrocele, 430

Theobromine as a diuretic, 518

Thevard, puerperal convulsions, alleged neurotic origin, 436

Thirst, quenching of after abdominal operation, 310

Thorner, tuberculin in advanced phthisis, 319

Throat, micrococcine in microbic affections of, 362

Thyroid gland, sheep's, in myxœdema and acromegaly, 192

Tic, surgical treatment of, 286

Tichonow, puerperal facial palsy, 3

Tilanus, jun., right hemihypertrophy, 285

Tison, nitrate of aconitine in facial erysipelas, 212

Tizzoni, vaccination of the horse against tetanus, 78; importance of the spleen in immunisation of the rabbit against tetanus, 238

Tollemer, suppurative teno-synovitis, 489

Tongue, reflex spasm of the, 220

Tonelli, hypodermic injections of phosphate of soda in diseases of the nervous system, 541

Torticollis, spasmodic, neurotomy in, 146

Toujan, fatal lymphangitis in a newborn child, infection from a whitlow in the mother, 33

Tournay, extrauterine pregnancy, vaginal operation, 71

Tracheotomy and intubation, 527

Trechsel, tachycardia, 98

Tremor, hysterical, 24

Trent, extirpation of a hypertrophied spleen, 127

Trephining for cerebral softening, 66; for subdural hæmorrhage, 144

Tribromphenol-wismuth, action of upon cholera bacilli, 278

Tricophyton and deep dermatitis with special reference to its vegetable origin, 280

Trional as a hypnotic, 73, 113, 214, 358

Triplet, uncontrollable coughing in pregnancy, 291

Trismus neonatorum treated by tetanus antitoxin, 253

Tubercle, primary of the cervix uteri, 230

— bacillus. See Bacillus

Tuberculin treatment in Egypt, 496

Tuberculosis, resection of lung for, 4; subcutaneous injections of salol in, 77; action of guaiacol and iodoform on the chemical poisons of, 173; in advanced phthisis, 319; acute and enteric fever, 348; experimental pulmonary, 404; latent, frequency of, 405; cinnamic acid in, 439; congenital, 462; pulmonary, a new treatment of, 478

Tubes, conservative operations on, 207

Tuffier, resection of lung for tuberculosis, 4

Tuley, stomach washing in infants, 174

Tumour ovarian, labour obstructed by, 188; fibroid complicating delivery, 293; intracranial, diagnosis of, 407; of one crus cerebri, 508; fibroid of labium minus, 532

Twin labour, management of placenta, 68

Twins and twin ova, 335

Typhoid fever. See Fever enteric

Tyson, treatment of chronic valvular disease of the heart, 18

U.

Uffelmann, cholera bacilli conveyed by dust, 44

Ulcer, perforating gastric, surgical treatment of, 352; chronic of stomach, treatment of, 499

Ulcers, varicose, treatment of, 412; venereal, ariol in, 441

Urea, excretion of in certain morbid conditions and after major operations, 5

Ureter, palpation and catheterisation of in the female, 395

Ureteritis, extirpation of the kidney for, 65

Ureters, occlusion of the, 351

Urethra, division of stricture of, 488

Urine, influence of the secretion of on the evolution of infective diseases, 21; of epileptics, toxicity of, 25; amœbæ in the, 79; effects of piperazine on the, 94; Spiegler's test for albumen in the, 385

Uschinsky, a non-albuminous nutrient medium, 281

Ustiligo maidis, 36

Uterus, torsion of in a woman, aged 73, 12; chloride of zinc bougies in certain forms of fibromata of, 108; obliquity of in vertex presentation, 132; oval pessary incarcerated in, 133; gravid, gunshot wound of the, 145; amputation of, 168; casts of and membranous dysmenorrhœa, 189; conservative operations on, 207; inverted, spontaneous amputation of, 210; primary tubercle of the cervix of, 230; deep incision of cervix of in labour, 268; disease of and chronic colitis, 333; sarcoma of the, 338; rupture of and laceration of cervix of, 353; insanity after removal of appendages of, 371; plugging of in post-partum hæmorrhage, 394; treatment of inertia of without drugs or tonics, 473; bicornis duplex in a multipara, 493; bicornis septus, 494; rudimentary, ovulation without menstruation, 513; perfora-

tion of by steel dilator, operation, recovery, 533

V.

Vaccination, of the horse against tetanus, 78; nephritis after, 100; and variolation, intra-uterine, 120

Vagina, cicatricial contractions of impeding labour, 13; cure of fistula, 31; petroleum in inflammation of, 70; operation on in extra-uterine pregnancy, 71; fistulæ of and malpraxis, 107; laceration of in labour, 168; laceration of in delivery, 435; pus in, 437

Vallois, obliquity of the uterus on vertex presentation, 132

Vanheeuverswyn, encysted hernia of the labium majus, 231

Vanlair, subdiaphragmatic abscesses containing air, 198

Van Waters, treatment of uterine inertia without drugs or tonics, 473

Varicella, acute nephritis after, 223

Vehsmeyer, the treatment of leukæmia, 38

Veit, primary tubercle of the cervix uteri, 230

Venturi, action of guaiacol and iodoform on the chemical poisons of tuberculosis, 173

Vertebra, cervical, dislocation of, 434

Vesiculitis, seminal, 331

Vicarelli, acetoneuria and pregnancy, 356

Villard, enteric fever and acute tuberculosis, 348

Vinay, puerperal eclampsia, 512

Vincent, successful ovariectomy in a child aged 10, 90; ovarian cysts in children, 515

Visceral affections of menstrual origin, 372

Voison, toxicity of the urine of epileptics, 25

Vollano, preventive treatment of pleuritic exudation, 156

Vomiting, uncontrollable, in pregnancy, 148

Vulpus, tetanus, 425

Vulvitis of childhood, gonorrhœal rheumatism in, 416

Vulvo-vaginitis in children, 315

W.

Walthard, causes of peritoneal adhesions in abdominal section, 455

Walton, dislocation of cervical vertebra, 434

Warman, saline enemata in hæmorrhage, 322

Warts, treatment of, 500

Wasserman, inflammation of the lungs, 486

Water, a contribution to the microbic study of, 463

Waters, effervescing, changes undergone by when received into the stomach, 92

Weber, angina pectoris, 143

Wehle, hæmophilia and parturition, 187

Werder, pregnancy after removal of myoma, 294

Wernicke, traumatic neuroses, 63

Wertheimer, submaxillary mumps, 307

Whitlow in mother causes fatal lymphangitis in newborn child, 33

Whooping-cough, cold mustard baths in, 535

Wight, elbow fracture, 227

Willems, formation of a new sphincter after extirpation of the rectum, 6

Williams, F. H., peroxide of hydrogen in diphtheria, 422

— W., puerperal infection, 438

Wilson, H. A., a new method of tendon suture, 308

— J. C., pulsating pleuritic effusions, 162

Windmüller, the binder in childbed, 87; alleged vicarious menstruation, 270

Witzack, effects of piperazine on the urine, 94

Witzel, treatment of hydronephrosis by an oblique fistula, 487

Wolkowitch, salol in cholera, 321

Women, tuberculous peritonitis in, 470

Worms, J., chronic glycosuria, 483

Worobieff, uterus bicornis duplex in a multipara, 493

Wyeth, harelip, 85

Z.

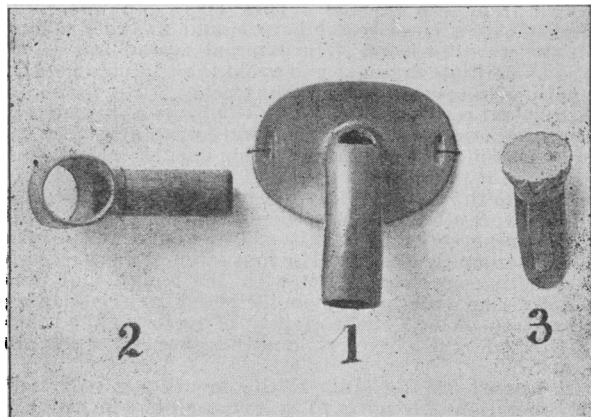
Zancarol, the pathogenesis of hepatic abscess, 203

Zwank's pessary, bladder perforated by, 471

ILLUSTRATIONS.

	PAGE		PAGE
A Case of Multiple Pedunculated Exostoses, Dr. Tom Robinson	11	A Bangle-tipped Catheter, Mr. W. Paulson	1001
An Improved Hat, Mr. W. Summerskill	19	A New and Easy Method of Performing Intestinal Resection, Mr. J. R. Morrison (Four Figures)	1047, 1048
Injuries to the Epiphyses and their Results, Mr. J. Hutchinson jun. (Six Figures)	53, 54, 1417, 1418	Portrait of Sir Andrew Clark	1065
Exhibition of Hunterian Relics at the Royal College of Surgeons	74	Improved Cycling Saddle	1110
An Instrument for Delicate Dissections, Mr. W. W. Cheyne	123	Dr. Murdoch Cameron's Forceps	1130
Medical School, University of Sydney	145	Aural Snare, Mr. Creswell Baber	1110
Do Parasites Exist in Cancerous Tumours? Dr. C. H. Cattle (Four Figures)	179, 180	A New Tonsil Knife, Mr. Lennox Browne	1110
Improved Nasal Speculum	187	Match Box Throat Lamp (Two Figures)	1157, 1158
The Pathology of Cystic Tumours Connected with the Bladder, Mr. J. H. Tarzett (Thirteen Figures)	218, 219, 220, 221, 222	Bronchitis Kettles	1158
A Study of a Case of Focal Epilepsy, Dr. W. Hale White	227	Uterine Curette, Dr. R. Bell	1158
The Neuroglia Elements in the Human Brain, Dr. W. L. Andriezon (Three Figures)	228, 229	Domene Belt Corset	1158
Congenital (?) Dilatation and Hypertrophy of the Colon, Fatal at the Age of 11 Years, Drs. T. J. Walker and J. Griffiths (Two Figures)	230, 231	The Treatment of Ringworm, Dr. P. Abraham	1159
The "Core" Bed-rest	237	India-rubber Stamps for Making Clinical Diagrams, Mr. T. Harris (Two Figures)	1159
Professor Bottini's New Accumulator Battery for Galvano-Cauterisation and Light, Dr. Morotti	237	The Treatment of Angular Deformities at the Hip-joint, Dr. R. H. Sayre (Seven Figures)	1199, 1200, 1201
The Mechanical Treatment of Ptosis, Mr. C. B. Turner	329	A Case of Spindle-cell Sarcoma of the Iris, Mr. G. E. Williamson (Six Figures)	1204, 1205, 1206
The Wilson Hall, University of Melbourne	330	A Case of Peripheral Facial Diplegia, Dr. F. W. Mott	1206
New Medical School, University of Melbourne	340	Detached Pieces of Articular Cartilage forming Loose Bodies in Both Knee-joints, Mr. W. A. Lane	1207
An Improved Mouth Prop or Gag	378	Eruptions from Bromides and Iodides, Dr. H. R. Crocker, Coloured Plate	Face 1208
The Pathological Effects of Certain Substances Derived from the Spleen in Cases of Scarlatina, Mr. T. J. Bokenham and Dr. W. S. Fenwick (Four Figures)	408	Thomas's Operation for Benign Tumours of the Female Breast, Dr. A. Jamieson	1210
A New Boot Warmer	428	Ovariectomy During Pregnancy, Mr. E. Hooper May	1210
A New Vaginal Syringe	428	Large Congenital Meningocele, Dr. E. Fenn	1211
On the Pathology of Aneurysms, with Special Reference to Atheroma as a Cause, Drs. J. Coats and A. G. Auld (Six Figures)	457, 458, 459	Lymphangioma Circumscriptum, Dr. J. Adam	1212
On the Value of Experimental Tuberculosis in Diagnosis, Dr. S. Delépine	666	Case of Rupture of Eyeball and Impaction of Foreign Body in the Antrum, Dr. C. E. James	1213
The Pathology and Distribution of Atrophic Paralyses, Dr. D. Ferrier	721	Pulmonary Hypertrophic Osteoarthropathy, Dr. J. Kerr (Two Figures)	1215
New Ophthalmic Tabloids and Tabloid Holder, Dr. J. Ward Cousins (Three Figures)	729, 730	Cooking and Heating by Gas	1241, 1437
New Dial for Testing Colour Vision, Dr. J. Ward Cousins	730	Some Diseases of the Thyroid Gland, Dr. W. S. Greenfield (Five Figures)	1262, 1263, 1264
Congenital Ectropion of the Uvea, Mr. S. Stephenson	731	Mr. Thos. Jessop's Prostate Scissors	1280
Address of Congratulation to the Queen	745	A Modification of Champetier de Ribes's Bag	1280
A New Aseptic Hypodermic Case	797	Improved Clinical Chart, Block, and Case	1280
Some Effects of Chronic Irritation upon Living Tissues, Mr. D'Arcy Power (Thirteen Figures)	830, 831, 832, 833, 834	The Anatomical Results of Mikulicz's Operation, Mr. J. B. Sutton	1325
A Few Facts concerning Psorospermiosis or Gregarinosis, Dr. Sheridan Delépine and Mr. P. R. Cooper	834	Clamp with Uniform Pressure for Enterectomy, Dr. J. Swain	1331
A New Form of Uterine Dredger	848	Self-retaining Retractor or Wound Hook	1331
Lobster Tail Catheter, Dr. W. J. Branch	898	Improved Bladder Douche, Mr. F. S. Edwards	1331
New Tonsil Knife, Dr. James Brunton	898	The Brackebusch Filter	1381
A New Self-retaining Catheter, Dr. M. Tuchmann (Three Figures)	898	Symmetrical Talipes Dorsalis in an Acephalous Fetus, Dr. J. Griffiths (Four Figures)	1419, 1420
Automatic Grip and Splint (Two Figures)	899	Notes on a Case of Acromegaly treated by Operation, Dr. R. Caton and Mr. F. C. Paul (Four Figures)	1421, 1422, 1423
New Human Anatomy School at Oxford (Two Figures)	902, 903	Excision of the Larynx, Hyoid Bone, and Five Rings of the Trachea for Cancer, Mr. R. G. Macdonald (Two Figures)	1423, 1424
The Treatment of Psoriasis by the Internal Administration of Thyroid Extract, Dr. B. Bramwell (Five Figures)	934, 935, 936, 937	Portable Form of Oxy-hydrogen Light for Laryngoscopic Examinations	1428
New Dermatological Instruments (Thirteen Figures)	951	The "Compactum" Midwifery Case	1429
		The "Tarrant" Washer (Two Figures)	1429

home agencies. I found this difficulty almost insuperable, and had to scheme and devise for myself as best I could. In the diagram the larynx inserted is a modification of Gussenbauer's. It is at best a clumsy and complicated instrument. It requires considerable tact on the patient's part to manipulate the various sections of the instrument. It was procured from Messrs. Mayer and Meltzer, of Melbourne, and is made of vulcanite. The other instrument is a model of simplicity, and easy of application. I am indebted to Dr. Gardner, of Melbourne, for it. He tells me that he had it made for his case by a medical friend in Glasgow. It is manufactured of celluloid, is much stronger than vulcanite, and is easily understood and easily applied. As to the various steps of the operation, ligation of one or other of the carotids some time before the excision would certainly facili-



1. The tracheal tube. 2. Pharyngeal tube. 3. Reed, inserted into and closing the opening in the tracheal tube.

tate the procedure. But if the operation can be performed without this, all the better. Again, the hæmorrhage is not so great as one would anticipate in so extensive an operation. The wound in the pharynx was most dreaded, but it healed up splendidly, nor was there any undue narrowing of its calibre.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

THE TREATMENT OF PSORIASIS BY THYROID EXTRACT.

THE report published in the BRITISH MEDICAL JOURNAL of October 28th of the discussion on Psoriasis in the Dermatological Section of the Newcastle meeting of our Association containing Dr. Byrom Bramwell's vivid account of the remarkable success which he obtained by treating psoriatic patients with thyroid extract, and the photographs of the patient, so clearly demonstrated the curative power of the drug that, having then a very bad and chronic case of psoriasis under treatment, I resolved to give it a trial. The patient, an active temperate young man, had been troubled with psoriasis for ten years. For some time previous to November 2nd he had been taking no internal remedies, but he had been using chrysarobin ointment to his legs only, cold cream to the rest of his body, and sulphur baths.

On November 2nd he was feeling well, sleeping well, and going about as usual. The eruption, which had been extending, had, on the arms, the back, and the abdomen, assumed the character of an extensively diffused and continuous exfoliative dermatitis. These surfaces were of a vivid red colour, and there were numerous fine tissue-papery scales on them. Elsewhere on the trunk and arms were many true psoriatic spots. On the legs were dozens of various sized patches and spots elevated, red, and many of them covered with thick white scales. He was instructed to use a bran

bath at 98° F. every evening, to apply no external remedy to the skin save cold cream, and to take no medicines save four of Burroughs and Wellcome's 5-grain thyroid tabloids in twenty-four hours. He noticed nothing unpleasant until November 7th, when he had taken twenty-two tabloids. He awoke at 7 A.M. with "beating of his heart," and subsequently he felt somewhat faint. At noon his pulse (sitting) was 102, irregular in force and rhythm. The heart was beating forcibly and irregularly; there was no murmur. His usual normal pulse sitting would be about 72. He was directed to discontinue the tabloids. On this day it was noted that the diffused dermatitis on the arms and body was distinctly paler, that it had not extended, and that there was a very considerable and increased quantity of furfuraceous desquamation. There were no dyspeptic symptoms. In the night he awoke with palpitation, and when he called at my house on November 8th his pulse was too frequent—104 (standing). His urine contained much lithates, but no sugar or albumen.

On November 9th the pulse was 96 (sitting) and 102 (standing); temperature 98.2 (morning). There was much desquamation, with large branny scales, but none of them big.

On November 10th, as he was feeling well, the tabloids were recommenced, but in half the former doses.

On November 18th the general surface of the body and arms was much the same. Several fresh spots of psoriasis had appeared on the buttocks and legs. The patient was most anxious to be benefited, and began to take three tabloids every twenty-four hours.

On November 23rd, when he had been taking three tabloids daily since November 19th, though he had not felt any uneasy sensations, his pulse was 92 (sitting), and his temperature at 5 P.M. 99° F. The specific gravity of the urine was 1035, with copious pink lithates, but no albumen or sugar.

On November 25th he stated that he had been very hot the two preceding nights. His temperature, taken by himself, on November 4th (evening), was 101.8°. At 5 P.M. I found his temperature was 100.6°, and his pulse 104. Several fresh spots were to be seen on the legs and body. The red surfaces on arms, back, and abdomen were no better. There was no extensive peeling, but furfuraceous scales only. On buttocks, thighs, and legs were many fresh spots, many of them covered with thick opaque whitelead scales.

His weight on October 15th was 10 stone 2½ lbs. On November 25th, 9 stone 6 lbs. He was told to stop taking the tabloids. From November 25th to November 28th he continued feverish, and remained at home. His morning and evening temperature continued high, from 100° to 102° F. He took small doses of aconite and phenazone; perspired freely on the night of November 29th—a very unusual thing for him—and on November 30th his temperature fell to 98.4°. On the evening of this day he discontinued the phenazone.

On December 1st and 2nd his temperature was distinctly subnormal; his weight on November 30th was 9 stone 3 lbs.; up to November 29th he had, as already mentioned, lost 10½ lbs.; the total loss up to November 30th amounted to 13½ lbs.

Doses.—I will very briefly summarise the doses and the number of tabloids taken. He began them on November 2nd, taking four in the twenty-four hours. On November 7th he discontinued them *pro tem.*, after having taken twenty-two of them in five days and a-half. On November 10th, after an interval of three days, he recommenced them in half doses, that is, one night and morning. On November 18th he had taken two daily for ten days, or a total of eighteen in nine days. On November 19th he commenced with three per diem. By November 25th, when they were permanently discontinued, he had taken twenty-nine tabloids. Thus he took altogether, from November 2nd to November 25th, sixty tabloids. I should imagine that each of Burroughs and Wellcome's tabloids represents one-eighth part of an average-sized thyroid gland; if so, the sixty tabloids would equal seven thyroid glands and a-half.

In this case the spread of the skin disease under the thyroid treatment, the loss of flesh, the cardiac troubles, the faintness, the pyrexia, coupled with the disappointment to patient and doctor, are worthy of the careful attention of all who may desire to prescribe this remedy in psoriasis.

Eastbourne.

TALFOURD JONES.

AN EPIDEMIC OF MUMPS.—The Buckland St. Mary National Schools, near Chard, have been closed in consequence of an epidemic of mumps. It is reported that sixty children are suffering.

ACCIDENTAL SYPHILITIC INOCULATION FROM A BLOW ON THE NOSE.

PRIVATE — was admitted into hospital on May 23rd, 1893, suffering from an abrasion of the nose. He stated that on the night of May 22nd he was struck on the nose with the clenched fist by a comrade, the blow removing a portion of the skin of the bridge of the nose. He remained in hospital ten days, by which time the wound had completely healed.

He noticed nothing further until about the middle of July, when the scar on the nose began to swell, and eventually ulcerated. He was admitted into hospital on August 4th with an ulcer over the site of the original injury. This ulcer, which gradually increased in size, had a clean raised surface, very little discharge, and was associated with considerable induration. The glands at the angle of the jaw and the back of the neck became swollen. The patient was anæmic and suffered from a well-marked cachexia. There was no rash over the body on admission, and no sign of syphilitic infection on the penis.

At first he was treated with tonics (quinine and iron), the ulcer being burnt with nitrate of silver. This, however, did not prove successful. On August 18th a slightly raised well-marked papular rash of a coppery colour appeared over the chest and back. This suggested the specific nature of the disease. He was put on mercurial treatment, which proved the latter conclusion to be correct, the chancre healing rapidly and the rash fading.

It has been ascertained that the man who struck the blow had been recently in hospital suffering from secondary syphilis.

Lucknow.

C. W. R. HEALEY,
Surgeon-Captain A.M.S.

LOCOMOTOR ATAXY TREATED BY BROWN-SÉQUARD'S FLUID.

CASES of locomotor ataxy treated by testicular injections are not so numerous in this country as to preclude interest attaching thereto, and this is my apology for chronicling this one.

The patient in question, a man aged about 30, was under my care at the Bridgwater Infirmary for several weeks. All the usual remedies had been tried without success or benefit, and I determined to adopt Dr. Brown-Séquard's orchitic solutions. These the house-surgeon (Dr. Wardale) procured (twelve tubes, each containing 8 cubic centimetres) from Messrs. Ferris and Co., and throughout the case took careful notes. The earliest history of the disease obtainable from the patient was dated twelve to eighteen months back, and began by difficulty in walking.

On admission the pulse was 80 and the temperature 98.6°. The usual signs of tabes dorsalis were present. The part selected for injection was the angle of the scapula, but the wall of the abdomen and the buttock were also used once or twice. After the first injection the pulse dropped to 52 and the temperature to 97°; after the second the pulse fell to 36 and the temperature to 95°, and these two figures varied but little throughout. After four weeks of the treatment, injections being given three times a week, the patient expressed himself as in no way better, neither were any improvements at all manifested, the patient seeming to be getting weaker.

An ordinary hypodermic syringe was used, and antiseptic precautions adopted throughout. The patient had no signs of abscess at the seats of puncture, nor any redness, but complained of a tingling sensation, which lasted about half an hour. He complained of a sense of chilliness.

The lowering of the heart's action was marked—a point, I believe, not mentioned by Dr. Brown-Séquard—and this leads me to fear that, in many cases, the injections would do more harm than good, especially where there is already cardiac disease, though in this patient it might have been an idiosyncrasy.

R. H. F. ROUTH, M.R.C.S., L.R.C.P.,
Surgeon to the Bridgwater Infirmary.

A CASE OF RUPTURE OF BOTH QUADRICEPS EXTENSOR TENDONS.

S. A., aged 44, was admitted into Sheffield Union Infirmary on March 22nd, 1893, with the following history: Two days previously, in crossing the street, a man ran against him, causing him to fall. He rose with difficulty, and experienced

great pain in his left knee-joint. In attempting to walk he again fell, after which he was unable to move either leg. He was taken home in a wheelbarrow.

When admitted, both knees were somewhat distended and slightly bruised. A distinct gap could be felt above the patellæ, which were movable, and could be tilted away from the femora. The detached end of the tendons were separated by a space of 1½ inch from the patellæ.

The lower extremities were fixed on an inclined plane, with strapping arranged so as to bring the patellæ and tendons into apposition. They were left thus for seven weeks, in which time he was allowed to move his legs.

Gradually he was assisted to stand and walk. At present he can walk fairly well on level ground, with the aid of a stick. There is still a space between the patellæ and tendons, and he cannot fully extend his knees. After he has endeavoured to straighten them, one can, by taking hold of his legs, extend them still further. Both his legs are curved forward and outward, presumably from childhood, though he gives a history of fracture of both tibiæ. He is a stunted, sturdy man, with no history of syphilis. In July, 1892, I attended him for fracture of the neck of the left humerus and chronic ulcers on both legs, which are now healed. As far as I can find, this is a unique case. In the *Lancet*, vol. i, 1888, p. 178, a case is recorded of rupture of both tendons within six years of each other.

Mr. Joseph Bell, Edinburgh, in his Clinical Lectures, if I remember rightly, used to relate a case of fracture of both patellæ caused in a similar manner. I may state that the patient refused any operative treatment in the way of suturing the tendons to the bone.

J. LEWIS OWEN, M.R.C.S.,

Late Resident Medical Officer Union Infirmary, Sheffield.
Llangefni, Anglesea.

BENZOLE IN INFLUENZA.

THE pronounced effect of benzole in influenza cannot be better illustrated than by subjoining a brief clinical record of a few recent cases which I have submitted to the action of this remedy:

W. S., male, aged 20, was seen on the evening of November 1st, 1893, and found to be suffering from the usual symptoms of a sharp attack of influenza—suffusion of eyes and features, injected fauces, headache, pain in the back, rose-coloured injection of soft palate, etc.; fever, 103.8°; pulse 120. I ordered 5 minims of benzole in mucilage to be taken in lemonade every two hours. November 2nd. Temperature normal, pulse 60; suffusion of conjunctiva and face, headache, and pain in the back absent. Resumed duties on November 3rd, seemingly quite well but for a little pallor. A maid in the same house, who had been seized with influenza on October 29th, and who had been treated by routine measures, was still (November 2nd) feverish and bedfast.

N. W., a girl aged 14 years, was seen on November 3rd suffering from symptoms of influenza; the attack began the night before; temperature 103.4°; pulse 126. Benzole 5 minims every two hours. November 4th. Temperature normal, pulse 72, and otherwise well. November 5th. Got up feeling well. November 6th. Recovery.

N. H., a man aged 19, was seen on November 3rd, at 9 P.M., suffering from symptoms of influenza; temperature 103.2°; pulse 118. Treatment, benzole 5 minims every two hours and a-half. November 4th. Temperature under the tongue, 99.4°; pulse 72. November 5th. Downstairs feeling well.

H. P., a lad aged 17, was seen on November 8th, complaining of head ache, lassitude, etc.; there was suffusion of eyes and face; pulse and temperature normal; no pulmonary symptoms. November 9th, 10 A.M. Temperature 105°; pulse 132. Ordered benzole 5 minims every two hours and a-half; on the night of the same day, 10 P.M., pulse 60, temperature normal. November 10th. Pulse and temperature normal. November 11th. Patient dressed and apparently well.

Miss W., aged 20, was seen on November 9th, 1 P.M., suffering from symptoms of influenza; temperature 103.6°; pulse 126. Treatment, benzole 5 minims every two hours and a-half. This patient was seen again at 8 P.M., when the temperature was 101°—this after two doses of the medicine. November 10th. Pulse and temperature normal. November 11th. Patient well.

W. P., aged 41, was seen on November 9th; had been suffering from symptoms of influenza for twenty-four hours before being seen; temperature 102.4°; pulse 108. November 10th. Pulse and temperature normal. November 11th. Patient up and dressed.

More examples could be added, but the above seem sufficient. At the outset of the treatment, one or two blue pills, as the case demanded, were given, but beyond this absolute reliance was placed on the benzole. Its exhibition in mucilage, along with a few drops of spirits of wine and spirits of chloroform, was found the most convenient. To render it as palatable as possible it was given in a little lemonade. In no single case given in this way was it found to cause any gastric irritation. I have discarded the use of

capsules containing it. Administered in this way, it does impair the appetite, and gives rise to unpleasant eructations. Administered in mucilage, it has not been found to interfere with due nutrition. Producing, as it does, in nearly every case, such a rapid deferrescence of the symptoms of influenza, as is to be expected, the usual sequelæ of the attacks are rarely or never noticed. Debility after this form of treatment is hardly appreciable by the patient. In one case before treatment pain in the ears, along with the other symptoms, was promptly relieved. In this case otherwise treated an acute catarrh of the middle ear might have been a probable event. In old and young alike the treatment proves efficacious, and it seems to act as efficaciously in debilitated as in robust subjects. Very few pulmonary complications have been noted in cases presenting themselves within the last few weeks, but it might be inferred that a remedy which so suddenly relieves the grave initial symptoms lessens the probability of pulmonary complications becoming established.

Newcastle-on-Tyne.

WM. ROBERTSON, M.D.

REPORTS OF SOCIETIES.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

RICHARD FAVELL, M.R.C.S., President, in the Chair.

Thursday, December 7th, 1893.

SPECIMENS.

MR. MAKEIG JONES showed a bladder with a large swelling on the back wall near the apex, a growth on the right side, and a large ulcer opening into the rectum. The lateral growth simulated an omental hernia in the right inguinal canal during life. It looked like fat, but on section showed a cavity the size of an almond lined by epithelium. The specimen was referred to the Pathological Committee.—Dr. HUNT showed a Fungous Tumour of the Skull which he believed to be a sarcoma originating in the diploë.—Dr. DAVY showed False Teeth and Plate which had been passed *per anum*.—Mr. PYE-SMITH showed some Calculi passed *per urethram*.

CASES.

Dr. PORTER showed two patients with Locomotor Ataxy, both of whom had been distinctly benefited under increasing doses of orthophosphate of silver, which was said not to be followed by the peculiar discoloration of the skin incidental to the prolonged administration of other salts of silver.—Mr. PYE-SMITH introduced a man from whom he had recently removed one lateral Half of the Tongue.—Dr. SWEETON showed two cases of Chronic Pemphigus.—Dr. KNOX gave particulars of an unusual case of Injury to the Arm, under the care of Dr. Sinclair White.—Dr. PORTER read notes of a case of Multiple Neuritis, with Joint Lesions. The patient was a gamekeeper, aged 65. There was no history of plumbism, alcoholism, or syphilis. The symptoms were flexion of the right wrist, with typical *main en griffe*, extension of the left wrist producing an exactly opposite deformity, and slight ankle drop in both feet. There was no pain or tenderness in the affected joints. Grating sensations were felt on manipulating all the joints with the exception of the hip, and there was distinct enlargement of the right shoulder and left elbow. The head of the right humerus was exhibited, and showed distinct nodular outgrowths.—Mr. PYE-SMITH read notes (1) of a case of Gangrene of a Finger caused by the patient's husband tying a rag too tightly round it to stop bleeding; (2) of a case of Brachial Neuralgia cured by evacuating a quantity of melon-seed bodies from a distended theca of the middle finger, the result of an accidental puncture nine years previously.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.

JOHN APPLEYARD, M.B., F.R.C.S., President, in the Chair.

Tuesday, December 5th, 1893.

ACUTE AXIAL ROTATION OF A DERMOID CYST.

Dr. GODFREY CARTER read notes of a case of a multipara, aged 35, with right femoral hernia. She could not wear a truss, and the hernia, becoming strangled, had to be reduced under

ether. Over a year later she had a natural labour; and a few days after, in consequence of discomfort, the abdomen was palpated, and a small tumour, freely movable except upwards, was noted as probably a right parovarian cyst. One month after the confinement she was seized with vomiting, intense pain, and collapse, and was reported to have passed blood and matter at stool; the tumour could not be felt. She was relieved with morphine, but, not progressing, the abdomen a week later was opened by Mr. Mayo Robson, who, passing the hand deep into the right flank, brought up a long, pedicled, gangrenous tumour, which contained hair and teeth; it was easily lifted out of the pelvis, and then the pedicle was found twisted one and a-half time. The patient made an excellent recovery.

Messrs. GOYDER, HORROCKS, MANTLE, and KERR discussed the case.

EXCISION OF INTESTINE.

Mr. HORROCKS showed a specimen removed from a female, aged 38, admitted to hospital with symptoms of intestinal obstruction due to a growth in the lower part of the abdominal cavity. A vertical incision was made below the umbilicus, the tumour growing on the intestinal walls drawn out, and the opening packed with antiseptic cloths; a V-shaped piece of mesentery with the involved part of intestine—a metre in length—was removed; a Paul's decalcified bone tube was inserted in the free end of bowel of smaller lumen, and stitched to its free margin. The other free end was brought into apposition with this, and stitched with continuous suture. The bone tube and bowel were now invaginated and fixed in position by a row of continuous sutures. The end of the vermiform appendix was removed. Histologically the growth was a large-celled sarcoma. The patient made an uninterrupted recovery, and is now in apparently good health.

UNUSUAL SEQUELÆ OF TYPHOID FEVER.

Mr. EMERSON reported a case of typhoid, with constipation, free perspiration, and headaches, which were treated with antifebrin. The man appeared quite convalescent from the thirtieth to the fortieth days, when a relapse took place, with return of the sweating and rise of temperature, by the fortieth day to 105°. About the seventy-fifth day the temperature was again normal, the patient appeared convalescent, but œdema of the right leg and thigh appeared and persists, and the pulse remains rapid—140 to 150—otherwise the patient appears quite convalescent.

Drs. JOHNSTONE, KERR, GOYDER, and HONEYBOURNE made remarks on the case.

INTESTINAL OBSTRUCTION FROM GALL STONE.

Mr. MERCER read notes of a case. A stout woman, aged 53, had two attacks of biliary colic, and after a short time again became ill with nausea and epigastric uneasiness. When seen on the third day she had a slight icteric tinge; there was continuous pain and great tenderness about the region of the gall bladder and epigastrium. Purgatives and morphine were used; she got gradually worse, becoming feverish. An operation was decided on, but, owing to the passage of flatus and a light-coloured motion, postponed. On the eighth day, her condition having become critical, the abdomen was opened, and a gall stone, about 1½ by ¾ inch, non-facetted and rough, was found impacted in the bowel, which was distended above and contracted below; it was removed by a longitudinal incision, the patient dying next morning.

Messrs. HORROCKS, JOHNSTONE, APPLEYARD, and MANTLE discussed the case.

DEMONSTRATION.

Dr. WHITWELL (Menston Asylum) gave a demonstration of the pathological conditions of the nervous system in insanity and myxœdema, which was illustrated by numerous specimens.

ANOTHER NEW PERIODICAL CONGRESS.—On the initiative of M. Lépine, the Lyons Medical Society has decided to organise a Medico-Chirurgical Congress, which is to meet for the first time at Lyons in October, 1894, under the presidency of Professor Bouchard. It is proposed that meetings should be held every year, the various cities of France being chosen in rotation as the scene of the Congress.

it must be conceded that such as these should give way to younger men who have complied with existing regulations with benefit to themselves and their battalions. Again, your correspondent complains that a brigadier-general can appoint his own brigade-surgeon; but it must be remembered that he can only do so in consultation with the principal medical officer of the district, as laid down in Volunteer Regulations. I do not consider the title of brigade-surgeon misleading, for in the Volunteer infantry brigades, of which there are no fewer than thirty-three, all apparently unknown to your correspondent, the senior medical officer is naturally the brigade-surgeon. The Artillery, Engineers, and Medical Staff Corps have no organisation corresponding to that of the Volunteer infantry brigades, and therefore require no brigade-surgeon. I hope no Volunteer medical officer will call himself "principal medical officer" of a subdistrict. There is a well-authenticated case of one who called himself principal medical officer of his brigade, for which he was promptly reported to headquarters by the principal medical officer of the district, and reprimanded.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

THIRD M.B. EXAMINATION. PART II. Medicine, etc.—Allen, B.A., Chr.; Appleyard, B.A., Emm.; Blumfeld, B.A., Gonv. and Cai.; Bottomley, B.A., Gonv. and Cai.; Budden, B.A., Gonv. and Cai.; Colcutt, B.A., Gonv. and Cai.; Cuff, B.A., Joh.; Fenton, B.A., Gonv. and Cai.; Gardner, Emm.; Hayne, B.A., Gonv. and Cai.; Henry, M.A., Joh.; Hofmeyr, B.A., Trin. H.; Hood, B.A., Down.; Lees, B. H., B.A., Joh.; Menzies, B.A., Jes.; Mitchell, B.A., Queens'; Neill, B.A., Gonv. and Cai.; Nicholls, M.A., Pet.; Nix, R. E., B.A., Gonv. and Cai.; Parry, M.A., Joh.; Parsey, M.A., Pet.; Phillips, M.A., Queens'; Poole, B.A., Cath.; Pulford, M.A., Trin.; Saw, B.A., Trin.; Shillitoe, A., B.A., Trin. H.; Slater, B.A., Gonv. and Cai.; Smith, W. A. L., B.A., Trin.; Stewart, B.A., Chr.; Storrs, C. S., B.A., Emm.; Taylor, G. C., B.A., Chr.; Windsor, B.A., Non Coll.; Wingate, Jes.; Wright, B.A., Non Coll.

UNIVERSITY OF LONDON.

M.D. EXAMINATION.

Medicine.—C. Addison, B.Sc., St. Bartholomew's Hospital; W. L. Andriezen, University College; H. A. Ballance, B.Sc., University College; S. H. Bates, University College; Annette M. Benson, B.Sc., London School of Medicine and Royal Free Hospital; *G. F. Blacker, B.Sc., University College; A. S. Blackwell, B.Sc., B.Sc., St. Bartholomew's Hospital; W. Bligh, B.Sc., Guy's Hospital; C. R. Box, B.Sc., B.Sc., St. Thomas's Hospital; A. N. Boycott, St. Thomas's Hospital; T. G. Brodie, King's College; S. Bueno de Mesquita, Guy's Hospital; H. A. Burrows, Royal Infirmary Liverpool; F. J. Coleman, B.Sc., Guy's Hospital; J. N. Collins, London Hospital; H. G. G. Cook, B.Sc. (Gold Medal), St. Bartholomew's Hospital; C. W. Cooke, St. Thomas's Hospital; *T. P. Cowen, B.Sc., St. Thomas's Hospital; A. M. Daldy, B.Sc., Guy's Hospital; T. B. P. Davies, M.S., Guy's Hospital; B. E. Dawson, B.Sc., London Hospital; H. A. Eccles, St. Bartholomew's Hospital; C. C. Elliott, B.Sc., Guy's Hospital; H. M. Evans, University College; J. Evans, University College, Liverpool; H. Finley, University College; E. T. E. Hamilton, B.Sc., B.Sc., Guy's Hospital; A. D. Heath, University College; J. Jones, B.Sc., University College; H. E. Knight, St. Bartholomew's Hospital; H. Langdale, Owens College and Manchester Royal Infirmary; Alice Janet McLaren, B.Sc., London School of Medicine and Royal Free Hospital; C. B. T. Musgrave, University College; H. T. Parker, B.Sc., St. Bartholomew's Hospital and St. Jacob's Krankenhaus, Leipzig; W. L. Pethybridge, B.Sc., St. Bartholomew's Hospital; R. Pickard, M.S., St. Bartholomew's Hospital; W. J. Pickup, University College; C. H. Preston, B.Sc., Owens College and Manchester Royal Infirmary; E. L. Pritchard, King's College; W. G. Rogers, M.S., Guy's Hospital; C. E. Salter, B.Sc., Guy's Hospital; H. S. Sandifer, B.Sc., King's College; A. W. Sheen, B.Sc., Guy's Hospital; H. R. Smith, University College; R. V. Solly, B.Sc., St. Thomas's Hospital; G. A. Stephens, B.Sc., B.Sc., University College; W. H. Sturge, London Hospital; H. Symons, St. Bartholomew's Hospital; W. W. H. Tate, University College; A. E. Tebb, B.Sc., Guy's Hospital; F. W. Tunnicliffe, St. Bartholomew's Hospital; E. E. Ware, B.Sc., St. Thomas's Hospital; F. W. Wesley, B.Sc., University College; C. E. Wheeler, B.Sc., B.Sc., St. Bartholomew's Hospital and St. Jacob's Krankenhaus, Leipzig; A. Whitfield, King's College.

State Medicine.—S. Barwise, Queen's and Mason Colleges, Birmingham; G. S. Buchanan, M.D., B.Sc., St. Bartholomew's Hospital and University College; H. M. Richards, M.D., B.Sc. (Gold Medal), University College; H. Williams, M.D., St. Bartholomew's Hospital.

B.S. EXAMINATION.

First Division.—Louisa B. Aldrich-Blake, London School of Medicine and Royal Free Hospital; H. W. Armstead, St. Bartholomew's Hospital; J. Le M. Bunch, B.Sc., University College; T. Carwardine, Middlesex Hospital and University College; F. P. S. Cresswell, B.Sc., Guy's Hospital; H. O. Davies, St. Bartholomew's Hospital; P. S. Eves, University College; C. S. Jaffé, St. Thomas's Hospital; W. J. Johnson, Guy's Hospital; W. H. Kelson, M.D., London Hospital; V. W. Low, St. Mary's Hospital; A. Manknell, Yorkshire College; J. A. Pickels, Owens College and Manchester Royal Infirmary; A. L. Whitehead, Yorkshire College.

Second Division.—V. B. Bennett, University College, Liverpool; J. G. Clegg, Owens College and Manchester Royal Infirmary; J. H. Griffiths, St. Bartholomew's Hospital; F. Hazell, Guy's Hospital; T. H. Ionides, University College; E. A. Nathan, St. Mary's Hospital; A. Paine, St. Mary's Hospital; W. P. Purvis, B.Sc., St. Thomas's Hospital; E. J. Smyth, B.Sc., University College; F. T. Travers, University College; W. L. Wainwright, St. Thomas's Hospital.

M.S. EXAMINATION.

*F. C. Abbott, B.Sc., St. Thomas's Hospital; T. J. Dyall, M.D., St. Bartholomew's Hospital; J. L. Firth, M.D., University College; A. D. Fripp, Guy's Hospital; B. G. A. Moynihan (Gold Medal), Leeds School of Medicine; *H. J. Waring, B.Sc., St. Bartholomew's Hospital.

*Obtained the number of marks qualifying for the Gold Medal.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

FELLOWSHIP EXAMINATION.—Mr. Richmond Robert Allen, L.R.C.S.I., having passed the necessary examination has been admitted a Fellow of the College.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST.—The following candidates passed in:

Surgery.—E. B. Barber, London Hospital; A. J. Campbell, St. Thomas's Hospital; M. M. Chadburn, Royal Free Hospital; A. L. M. Churchill, Westminster Hospital; E. S. Dukes, Guy's Hospital; J. H. H. Francis, Guy's Hospital; A. Greenwood, London Hospital; A. C. C. Harris, St. Bartholomew's Hospital; G. W. B. Marsh, Durham; C. G. Mathews, St. Bartholomew's Hospital; G. H. Pooley, St. George's Hospital; J. A. Stainsby, London Hospital; G. H. Tomlinson, Birmingham; H. C. Will, London Hospital; W. Wyllys, St. Bartholomew's Hospital.

Medicine, Forensic Medicine, and Midwifery.—W. Alder, Guy's Hospital; A. H. Beardmore, Sheffield; M. M. Chadburn, Royal Free Hospital; E. S. Dukes, Guy's Hospital; J. A. Edwards, King's College; D. H. Fraser, St. Thomas's Hospital; R. Jones, London Hospital; R. W. Lake, University College; G. F. Palmer, London Hospital; T. Prescott, King's College; H. C. Will, London Hospital.

Medicine and Forensic Medicine.—W. J. H. Dawson, St. Thomas's Hospital; A. L. Morris, Guy's Hospital; H. C. Venis, St. Mary's Hospital.

Medicine and Midwifery.—J. H. Hobling, St. Mary's Hospital.

Medicine.—T. M. Clayton, Durham; S. E. Price, London Hospital; A. P. Woolbright, St. Bartholomew's Hospital.

Midwifery.—R. A. Cowie, St. Thomas's Hospital; J. Davies, St. Mary's Hospital; A. V. Peatling, St. Thomas's Hospital.

To Messrs. Alder, Beardmore, Campbell, Cowie, Davies, Dukes, Edwards, Fraser, Greenwood, Hobling, Morris, Palmer, Peatling, Prescott, Will, Wyllys, and Miss Chadburn was granted the diploma of the Society entitling them to practise Medicine, Surgery, and Midwifery.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.

Army Medical Officers.—Mr. A. C. MORTON asked the Under Secretary of State for India whether he would arrange for the army medical officers and their men stationed in India to be put through a course of ambulance manoeuvres annually, similar to those promised by the Secretary of State for War for the home army?—Mr. G. RUSSELL, in reply, said that the Secretary of State for India would ascertain from the War Office the nature of the proposed special instruction in medical field duties and would forward the papers for the consideration of the Government of India.

Woolwich Hospital.—Mr. GODSON asked the Secretary of State for War whether he was aware that a large hospital for fever patients (500 in number) was going to be erected within 150 yards of the present National Military Hospital at Woolwich for 700 patients; whether there was not a better site further west distant from all habitations, and far more suitable owing to the natural formation of the land; and whether he would take such steps as would be necessary for bringing about an alteration of the site of the proposed new hospital.—Mr. CAMPBELL-BANKERMAN, in reply, said that he had made representations that the War Department objected to the proposed site for the fever hospital, but without success.

A New Fever Hospital.—In reply to Mr. COHEN, the PRESIDENT of the LOCAL GOVERNMENT BOARD said that he was aware of the difficulties which the managers of the Metropolitan Asylums district had to contend with in connection with the provision of sites for infectious hospitals for the metropolis. As regards the action of the Local Government Board, he might state that during his tenure of office the managers had submitted proposals to use permanently as a site for a fever hospital certain land at Tottenham, and to acquire adjoining land for the purpose of extending their hospital at that place, and that both their proposals were assented to. They had also applied for sanction to the acquisition of land for fever hospitals at Lewisham and at Kidbrooke, and the necessary sanction had been given in both cases. He was unable to assent to a proposal to acquire land adjoining Tooting Common for a hospital; but the managers subsequently submitted a proposal to purchase other land for the purpose at no great distance from the site originally suggested, and this was sanctioned. The last proposal had reference to certain land at Norwood; and with regard to this, after full consideration of all the circumstances, the Local Government Board deemed it necessary to withhold their consent. The considerations which governed the Local Government Board in their decision on applications of this character must necessarily depend very much on the local circumstances. Each case was dealt with on its own merits, and with due regard to the circumstances generally connected with it as brought before the Board by the managers, by those locally interested, and in the report of the Board's inspectors made after public local inquiry.

Diphtheria.—In reply to Mr. MACDONA, Sir W. FOSTER said that the Local Government Board had received reports from the Medical Officer of Health as to the outbreak of diphtheria in the village of Great Toy, Colchester, and the neighbourhood, and they had learned from a report which they had received that the number of deaths which had occurred since the commencement of the outbreak in September last was 15. The Board had determined to send an inspector to inquire into the facts. He

MEDICAL NEWS.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—The following candidates have passed the examination for the certificate in Psychological Medicine granted by the Medico-Psychological Association:—*In England*: J. Vincent Blandford, Everitt E. Norton. *In Scotland*: A. J. M. Paget, F. M. P. Shae, C. A. Brough, W. M. Holmes.

AMERICAN JOTTINGS.—During the last year an effort has been made by the Massachusetts State police to diminish the number of children employed in factories, with the result that there are now but 253 children under fourteen years of age at work in factories in the whole State, as against 1,656 a year ago.—The retort building of the Massachusetts Cremation is approaching its completion, and will be ready for use on January 1st, 1894. The society is in a flourishing condition, and has recently voted an increase of the capital stock to 50,000 dollars by the addition of 25,000 shares of 10 dollars each.—A small crematory was recently built in a New England town, and the dedication ceremony consisted, it is said, in a "clam bake," the oven of the crematory being used to cook the clams and corn.—Dr. Nardi, of San Francisco, who was General Grant's physician during his travels abroad, has recently finished one of the largest anatomical models ever made. It is a model of the human heart thirty-five times the actual size.—The Superior Court of New York City has ruled that when a married woman is so injured through the negligence of another person as to miscarry, her husband can recover damages for the loss of the unborn child. In the case on trial the damage was assessed by the jury at 2,250 dollars.—The Supreme Court of Wisconsin has ruled that when a married woman sustains a personal injury, and her physician does not caution her to avoid pregnancy, and there is no evidence that her injury was such that he should have done so, her pregnancy occurring after the accident, even if it prolonged her injury or delay her recovery, is not necessarily, and as a matter of law, sufficient to justify a reduction of damages.

MEDICAL VACANCIES.

The following vacancies are announced:

- BRISTOL CITY LUNATIC ASYLUM.**—Second Assistant Medical Officer, duly qualified in medicine and surgery. Salary, £120 per annum, with furnished apartments, board and washing. Applications and testimonials to the Medical Superintendent, at the Asylum, Fishponds, near Bristol, by January 5th, 1894.
- CENTRAL LONDON OPHTHALMIC HOSPITAL,** Gray's Inn Road, W.C.—House-Surgeon. Applications, with testimonials, to the Secretary before January 8th, 1894.
- CHARING CROSS HOSPITAL.**—Aural Surgeon and Orthopædic Surgeon; must be F.R.C.S. Eng., and reside within three miles of the Hospital. Applications to Arthur E. Reade, Secretary, by January 2nd, 1894.
- COSFORD UNION,** Suffolk.—Medical Officer and Public Vaccinator for the Boxford District. Salary, £50 per annum, exclusive of usual extra medical fees. Must reside in the District. Applications to Alfred Newman, Clerk to the Guardians, Union Offices, Hadleigh, Suffolk, by January 11th, 1894.
- COUNTY LUNATIC ASYLUM,** Burntwood, near Lichfield.—Junior Assistant Medical Officer, unmarried, doubly qualified. Salary to commence £100 per annum, with board, lodging, washing, and attendance. Applications to Dr. Spence, Medical Superintendent, by December 30th.
- DENTAL HOSPITAL OF LONDON,** Leicester Square.—Dental Surgeon; must be a Licentiate in Dental Surgery. Applications to J. Francis Pink, Secretary, by January 8th, 1894.
- GENERAL HOSPITAL,** Birmingham.—Assistant House-Surgeon. Appointment for six months. Applications and testimonials to the House-Governor by December 30th.
- HORTON INFIRMARY,** Banbury.—House-Surgeon and Dispenser, duly qualified and registered. Salary, £60 per annum, with board and lodging. Applications and testimonials to C. H. Davids, 21, Marlborough Road, Banbury, by January 6th, 1894.
- KING'S COLLEGE,** London.—Curatorship of the Museum. Applications to J. W. Cunningham, Secretary.
- ROYAL LONDON OPHTHALMIC HOSPITAL,** Moorfields, E.C.—Junior House-Surgeon. Salary, £50 per annum, with board and residence. Applications and testimonials to be sent to the Secretary by January 4th, 1894.
- SURREY DISPENSARY,** Great Dover Street, S.E.—Surgeon. Honorarium, £52 10s. per annum. Applications to J. Harrison, 179, Bermondsey Street, S.E., before January 9th, 1894.
- TOWNSHIP OF TOXETH PARK.**—Junior Assistant Resident Medical Officer of the Workhouse and Infirmary; doubly qualified. Salary, £70 per annum, with board, washing, and apartments. Applications

marked "Junior Assistant Medical Officer," to Charles L. Moulding, Acting Clerk to the Guardians, 15, High Park Street, Liverpool, by January 3rd, 1894.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea, S.W.—House-Surgeon and House-Physician to the In-patients. Honorarium, £50 each per annum, with board and lodging in the hospital. Applications to the Secretary by January 13th.

WORCESTER GENERAL INFIRMARY.—Physician. Appointment for seven years. Applications to the Executive Committee under cover to the Secretary, Mr. W. Stallard, Worcester Chambers, Pierpoint Street, Worcester, by January 6th, 1894.

MEDICAL APPOINTMENTS.

BAINES, Ed., B.A., M.B., B.C., appointed House-Surgeon to the Sunderland Infirmary, *vice* Burdon Cox, M.B. Durh., appointed House-Physician.

BLUMER, W. Percy, F.R.C.S. Edin., appointed Honorary Surgeon to the Sunderland Infirmary, *vice* John Whitehouse, deceased.

CARGILL, Lionel Vernon, F.R.C.S. Eng., appointed Surgical Registrar to King's College Hospital.

COLMAN, W. S., M.D., M.R.C.P., appointed Assistant Physician to the Hospital for Sick Children, Great Ormond Street.

COX, Burdon, M.B., B.S. Durh., appointed House-Physician to the Sunderland Infirmary.

GARDNER, Harold, M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Chelsea Hospital for Women for one year, *vice* Dr. Ewen J. Maclean, term expired.

MARSON, F. H., M.B., B.S. Durh., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Sheffield General Infirmary.

MAURICE, Mr. O. C., appointed Assistant Medical Officer of the Infirmary of the Parish of St. Marylebone.

PHILLIPS, Harry Harding, M.R.C.S. Eng., L.R.C.P. Lond., appointed House-Surgeon to Charing Cross Hospital.

ROUTH, Amand, M.D., B.S., M.R.C.P., appointed Consulting Obstetrical Physician to the St. Marylebone General Dispensary, *vice* James H. Aveling, M.D., deceased.

SMITH, Wm. Barron, M.R.C.S., L.R.C.P., appointed District Medical Officer of the Salford Royal Hospital, *vice* F. H. Folkes, L.R.C.P. Edin., M.R.C.S., deceased.

DIARY FOR NEXT WEEK.

TUESDAY.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—(1) Dr. Lee Dickinson: Myoma of Uterus becoming Sarcomatoma. (2) Dr. Jackson Clarke: Note on some so-called Cells of Endogenous Origin. (3) Mr. F. C. Wallis: Sacculus of Bladder following Stricture. (4) Mr. Davies-Colley: Syphilitic Disease of the Knee-Joint. (5) Mr. D'Arcy Power: A Case of Tar Cancer. (6) Mr. Hurry Fenwick: Cholesterine Cyst of Kidney. (7) Dr. F. J. Smith: Inflamed Vermiform Appendix. **CARD SPECIMENS.**—Mr. Davies-Colley: Fibroma of Plantar Fascia. Mr. Hurry Fenwick: Two Ounce Stone formed Around a Hairpin. Dr. Lee Dickinson: Calculus Obstruction of Ureter.

THURSDAY.

HARVEIAN SOCIETY, 8.30 P.M.—Mr. Watson Cheyne: The Treatment of Breast Cancer.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to insure insertion in the current issue.

BIRTHS.

LOVE.—At Fyzabad, N.W. Provinces, India, on December 4th, the wife of Surgeon-Major R. L. Love, M.D., Army Medical Staff, of a daughter.

RICE.—December 19th, at 90, Woodstock Road, Oxford, the wife of Edward Rice, M.D. (Lond.), of a son.

MARRIAGES.

AITKEN—GILMOUR.—At 13, Blythswood Square, Glasgow (the residence of the uncle of the bride), on December 20th, by Rev. George Stewart Burns, D.D., of the Cathedral, assisted by Rev. Peter Dewar, Minister of North Bute, Dr. James Aitken, 13, Clement's Gardens, Ilford, Essex, to Isa Muir Gilmour, granddaughter of the late John Turnbull, Esq., Engineer, Glasgow.

BETTS—BURNETT.—On December 21st, at All Soul's, Langham Place, by the Rev. Canon Acheson, William Andrew (M.D., C.M., F.R.C.S. Edin.), second son of the late Rev. H. J. Betts, Vicar of St. Anne's, Birkenhead, to Adelaide Maria, youngest daughter of the late Jonathan Burnett, of Newcastle-on-Tyne and Phillimore Gardens.

DEATHS.

JOSEPH.—At Moi Mir, Little Bay, Notre Dame Bay, Newfoundland, on Monday, December 11th, Dr. Louis Joseph (Colombo, Ceylon).

PLATT.—On December 21st, at St. James's Lodge, West Hampstead, quite suddenly, William H. Platt, L.R.C.P., M.R.C.S., aged 49 years, deeply mourned.

POWELL.—Died at Norfolk Street, Strand, December 25th, Sarah, for 30 years the beloved wife of G. D. Powell, M.D., late of Dublin.

WALKER.—On the voyage between Madeira and Cape Town, John Burnley Walker, M.D., The Sycamores, Golcar, aged 43.