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## ILLUSTRATIONS.

	PAGE		PAGE
British Mosquitos ( <i>Culex</i> and <i>Anopheles</i> ) ... ..	3	The Vermiform Appendix in Relation to Hernia, Mr. J. Hutchinson, jun. (Ten Figures) ... ..	1089, 1090, 1091, 1092, 1093, 1094
The Bedford County Hospital (Three Figures) ... ..	29, 30	Enterorrhaphy without Mechanical Aids, Mr. J. H. Nicoll (Three Figures) ... ..	1095, 1096
Plastic or Croupous Bronchitis, Dr. T. Oliver (Four Figures) ... ..	70, 71	The Treatment of Urethral Stricture, Mr. J. H. Nicoll (Seven Figures) ... ..	1097, 1098, 1099
Portrait of Sir W. H. Flower ... ..	123	A Case of Secondary Thyroid Growth, Dr. A. W. Sheen ... ..	1102
Friedreich's Hereditary Ataxia, Dr. G. E. Rennie (Five Figures) ... ..	129, 130	Dupuytren's Contraction of the Palmar Fascia, Mr. E. A. Brown ... ..	1107
A Contribution to the Study of the Posterior Columns of the Spinal Cord, Dr. H. Wright (Six Figures) ... ..	133	The Preventive and Remedial Treatment of Tuberculosis. Professor T. C. Allbutt (Two Figures) ... ..	1151, 1152
Vaccine Lymph Ejectors ... ..	150	A Case of Bullet in Brain Nine Months, Abscess, Operation, Recovery, Dr. A. H. Bampton ... ..	1189
The Lessons of the Crimean War, Mr. E. M. Wrench (Three Figures) ... ..	206, 207	Excision of the Rectum for Cancer after a New Method, Mr. T. Cartwright (Twelve Figures) ... ..	1190, 1191, 1192, 1193
The Blood in a Case of Beri-beri, Drs. F. W. Mott and W. D. Hailburton ... ..	267	New Aseptic Water Tap and Ward Washstand, Mr. R. J. Pye-Smith (Two Figures) ... ..	1205
Obliteration of the Male Urethra, Dr. R. H. Kennan ... ..	269	Medical Service in the Field (Four Figures) ... ..	1230, 1231, 1232
Extraction of Ligatures from the Bladder, Dr. M. MacLaren (Eight Figures) ... ..	269	Headaches and their Treatment, Dr. T. Lauder Brunton (Two Figures) ... ..	1241, 1242
The Peace Conference and the Dum-dum Bullet, Professor Ogston (Two Figures and Double Page Special Plate) ... ..	279	An Improved Exploring Syringe, Mr. C. Mayhew ... ..	1298
The New Pavilion at Grabowsee ... ..	283	Improved Ovary Forceps, Dr. A. Rabagliati ... ..	1298
The Portable Dockers' Barracks at Grabowsee ... ..	284	A Milk Steriliser, Dr. J. Foulis (Three Figures) ... ..	1299
The Sanatorium for the Working Classes at Belzig (Five Figures) ... ..	285	A Surgical Dressing Table, Dr. H. W. G. Macleod ... ..	1299
General View of Hohenhonnef ... ..	285	Portrait of Dr. J. T. Arlidge ... ..	1325
A Lieghalle ... ..	287	Primary Tumours of the Suprarenal Gland and their Removal by Operation, Mr. H. Morris (Four Figures) ... ..	1336, 1337
A Lieghalle in the Woods ... ..	288	A Case of Anæmic Infarct in the Liver, Dr. W. S. Lazarus Barlow ... ..	1343
The New Infectious Hospital of the Bristol Corporation (Two Figures) ... ..	291	A Case of Dissecting Aneurysm of the Right Ventricle, Dr. W. S. Lazarus-Barlow ... ..	1344
Teske's Sphygmograph, Teske's Stethoscope and Shake Down Thermometer ... ..	331	Bacteriology of Rheumatic and Allied Diseases, Dr. A. S. Wohlmann (Two Figures) ... ..	1349
Vaccine Expeller ... ..	331	Portrait of Mr. E. W. Gray ... ..	1392
Atmothermic Steriliser ... ..	331	On Meningitis, Dr. J. Barr (Two Figures) ... ..	1403, 1404
O'Connor Extension Boot (Three Figures) ... ..	331, 332	The Relation of Large-celled Indurative Hyperplasia of the Lymphatic Glands to Tuberculosis, Dr. H. Walsam (Two Figures) ... ..	1408
Induction Coil ... ..	332	A New Bed Rest ... ..	1429
Wehnelt's Interrupter ... ..	333	The Jubilee Convalescent Home, Bristol ... ..	1430
The Dowsing Radiant Heat Apparatus ... ..	333	Portrait of Dr. W. C. Arnison ... ..	1453
Blackman Fan with Electric Motor ... ..	334	A Urethral Syringe, Mr. James W. Byles ... ..	1484
The Prevention of Eye Accidents Occurring in Trades, Mr. S. Snell (Ten Figures) ... ..	390, 391, 392, 393, 394	Case of Aneurysm of the Ascending Aorta, Sir W. H. Broadbent ... ..	1526
Recent Advance in Physiology, Dr. J. J. Charles (Five Figures) ... ..	395, 397, 398	Remarks on Ringworm, Dr. T. Colcott Fox and Dr. F. R. Blaxall (Nine Figures) ... ..	1530, 1531, 1532
An Operation for Relief of Contraction of the Forearm and Hand following Infantile Hemiplegia, Mr. A. H. Tubby (Three Figures) ... ..	467	A Case of Adiposis Dolorosa, Dr. W. H. White (Three Figures) ... ..	1533
The London Medical Graduates College and Polyclinic (Two Figures) ... ..	551	Three Cases of Shark Bite, Mr. W. B. Orme (Two Figures) Between 1534 and 1535	
Meat Inspection and the Abolition of Private Slaughterhouses, Dr. E. P. Manby (Five Figures) ... ..	582	Case of Sarcoma of the Stomach in a Child aged 3½ Years, Dr. J. Finlayson (Four Figures) ... ..	1536
An Investigation into the Bacteriology (Aërobic) of the Air as found in Schools, Mr. R. A. Dove (Eleven Figures) ... ..	601	Map of South Africa ... ..	1539
Portrait of Dr. John Duncan ... ..	649	A Brass Screw Swallowed by an Infant aged 15 months, Mr. A. Waring ... ..	1542
Test Types for the Determination of Acuteness of Vision, Dr. E. Landolt ... ..	769	Portable Urine Test ... ..	1556
Finsen's Phototherapy, Dr. V. Bie (Fifteen Figures, including double-page special plate) ... ..	826, 827, 828, et seq.	Pocket Drug Case ... ..	1556
The Anatomical Structure of the Ninth, Tenth, Eleventh, and Twelfth Cranial Nerves, Dr. J. O. W. Barratt ... ..	838, 839	The Town Hall, Ipswich ... ..	1580
The Progress of the Teaching of Anatomy in Northern India, Dr. R. H. Charles (Three Figures) ... ..	842, 843, 844	Higher Grade School Buildings, Ipswich ... ..	1581
Enophthalmos, Mr. E. Treacher Collins (Eleven Figures) ... ..	846, 847, 848, 850	The Changes in the Central Nervous System of Two Cases of Negro Lethargy, Dr. F. W. Mott (Eleven Figures) Special Plate Between 1668 and 1669	
Improved Chloroform Mask, Mr. J. S. Crabbe ... ..	858	Arch Support for Flat Foot, Mr. F. H. Davies ... ..	1686
A Needle for Vaginal Hysterectomy, Dr. R. Worrall ... ..	858	A Modified Duplay's Nasal Speculum, Dr. G. S. Brock ... ..	1686
An Anæsthetic Facepiece for Edentulous Patients, Mr. W. C. Mayo ... ..	858	The Microscopist's Companion, Mr. F. Pearse ... ..	1687
Mosquitos Seated on a Wall ... ..	869	A Case of Scurvy-Rickets in a Boy of Twelve Years, Mr. E. Owen ... ..	1719
Bust of Morgagni ... ..	945	A New Ophthalmoscope, Mr. P. Dunn ... ..	1746
An Apparatus for Inhalations, Dr. P. Lacroix ... ..	996	To Madrid in a Truck ... ..	1748
Syphilitic Ulcerations of the Trachea, Dr. Walker Downie (Two Figures) ... ..	1007	Portrait of Captain M. L. Hughes ... ..	1757
Rheumatoid Arthritis, etc., Dr. Bannatyne ... ..	1011	Portrait of Sir Richard Thorne ... ..	1771
<i>Anopheles</i> Puddles in Grassfields ... ..	1033	A New Craniol Osteotome worked by Electric Motor, Dr. F. W. Robtson ... ..	1798
Localisation of Bullets by X Rays, Mr. R. C. Lucas ... ..	1055		
Operations upon the Gasserian Ganglion, etc., for Neuralgia, Mr. J. Lynn Thomas (Three Figures) ... ..	1030		
A Successful Case of Resection of Three-quarters of the Stomach for Malignant Disease, Mr. C. A. Morton ... ..	1084		

# INDEX TO VOLUME II FOR 1899.

- A.**  
**Abbott, F. C.**, cubitus varus, 1618  
**Abdomen**, the diagnosis and treatment of gunshot wounds of the, 1057, 1209  
**Abdominal lesions**, acute, 203  
— section, tuberculous ovary removed by, 147; for hydatid cyst of omentum obstructing labour, 1603  
**Abercrombie, J.**, septicæmia of cerebro-spinal type treated with antistreptococcus serum, rapid recovery, 78  
**Aberdeen**, correspondence from, 1222; opening of winter session at, *ib.*; medical worthies of, 1498  
**Abortifacient**, lead as an, 1593  
**Abortifacients**, the sale of, 1583  
**Abortion**, self-induced instrumental, 187; tubal, 1293  
**Abrahams, B. L.**, on infective endocarditis, 1273; the relation of tabes to general paralysis, 1736  
**Abram, J. H.**, staphylococcal infection, 1200  
**Abscess of liver**, unusually large, operation, recovery, 208; suprahepatic, 646, 752; cerebellar, secondary to suppurative otitis media, evacuation, recovery, 1,000; epidural, treatment of, 1002; axillary, oedema of arm following, 1419; of the sphenoidal sinus, fatal case of, 1423; cerebral, operation for, 1424; in carcinoma of gall bladder, 1544; suprahepatic, case of, incision, resection of rib, recovery, 1675; cerebellar, 1739  
**Abstainers**, medical, in Germany, 888  
**Abstinence and fasting**, some of the mental conditions of, 934  
**Abuse of hospitals**, 483, 503, 681, 865, 1138, 1225  
**Académie de Médecine of Belgium**, and compulsory notification, 618  
**Academy, Royal, of Medicine in Ireland**, annual general meeting, 1364; election of officers, *ib.*; honorary fellows, *ib.*  
— **Royal of Medicine in Ireland**, Section of Anatomy and Physiology, distribution of glands in human œsophagus, 210; histology of human vermiform appendix, *ib.*; thoracic and abdominal organs in the lemur, *ib.*; serial section of the adult human body made without freezing, 211; formalin specimen of the abdomen, *ib.*  
— **Royal of Medicine in Ireland**, Section of Medicine, diabetes insipidus, 211; Vidal's reaction as a diagnostic in typhoid fever, *ib.*; tachycardia ending fatally by thrombosis of both femoral arteries *ib.*; cerebro-spinal disseminated sclerosis, 1606; senile dementia, 1607  
— **Royal of Medicine in Ireland**, Section of Obstetrics, myomatous uterus removed by panhysterectomy, 147; tuberculous ovary removed by abdominal section, *ib.*; papillomatous cyst, 148; polycystic ovarian tumour, *ib.*; Cesarean section, 148, 1739; excision of coccyx, 1739; president's address, *ib.*; exhibits, *ib.*  
— **Royal of Medicine in Ireland**, Section of Pathology, pathological eyes, 1478; specimens, *ib.*; president's address, 1738; malformation of kidney, *ib.*; recent investigations in the bacteriology of beri-beri, *ib.*; primary sarcoma of the lip, *ib.*; cases, *ib.*  
— **Royal of Medicine in Ireland**, Section of Surgery, treatment of fractured patella, 1681; urinary filtration, *ib.*  
**Accidents**, consultation after, 256; to the eye in trades, prevention of, 389; railway, 1053; petroleum lamp, 1715  
**Account-keeping and economy**, 512  
**Acetabulum fracture of the**, 1290  
**Acetylene generator and lamp**, 67; as an illuminant, 760; search light for the wounded, 798  
**Acland, Sir H. W.**, Medical Missions, *rev.*, 1204  
**Act, the Inebriates and the London County Council**, 27, 1119, 1620; powers of, 798; retreats under, 709  
— **Infectious Diseases (Notification) payments under**, 511; return of schedule by medical officer of health, 757; and its shortcomings, 880; duties of medical officer of health under, 1456  
— **Local Government (Ireland)**, the position of the Irish dispensary doctors under, 1388  
— **the Pharmacy**, medical men and, 1148  
— **Sale of Food and Drugs**, 1899, 1565  
— **Superannuation**, estimate of claims under, 1774  
— **the Telegraph and the Telephone Service**, 672  
— **the Vaccination**, in operation, 32, 94, 155, 248, 292, 434, 497, 604, 872, 1116, 1219, 1311, 1813; Poor-law guardians and, 239; the shilling fee under 497; Order Form G. of, *ib.*; primary vaccination under, 872; Mr. Chaplin on, 1563, 1582  
— **the Workmen's Compensation**, engagement of medical men under, 445; certificates under 446; medical expenses under, 632; medical certificates required by insurance companies, *ib.*  
**Actinomycosis**, in process of cure, 1289; primary, of testicle, 1704  
**Adams, Dr. J.**, obituary notice of, 1817  
**Addison's disease**. *See* Disease  
**Address**, change of, 1030  
**Address, presidential to the Metropolitan Counties Branch by Mr. T. Bryant**, 192; presidential to the Lancashire and Cheshire Branch by Dr. C. Macfie, 194; presidential to the East Anglian Branch by Dr. E. L. Fenn, 200; presidential to the South-Eastern Branch by Mr. T. Eastes, 203; presidential to the Midland Branch by Mr. E. M. Wrench, 205; president's at the annual meeting of the British Medical Association by Dr. J. Ward Cousins, 325, 358, 269; in Medicine at the annual meeting of the British Medical Association by Sir R. Douglas Powell, 332, 370; in Surgery at the annual meeting of the British Medical Association by Dr. A. Ogston, 337, 358; presidential in the Section of Medicine at the annual meeting of the British Medical Association by Dr. J. Mitchell Bruce, 345; presidential in the Section of Surgery at the annual meeting of the British Medical Association by Mr. H. T. Butlin, 346; presidential in the Section of State Medicine at the annual meeting of the British Medical Association by Dr. G. Wilson, 347; presidential in the Section of Tropical Medicine at the annual meeting of the British Medical Association by Dr. G. Thin, 349; presidential in the Section of Ophthalmology at the annual meeting of the British Medical Association by Mr. S. Snell, 389; presidential in the Section of Anatomy and Physiology at the annual meeting of the British Medical Association by Dr. J. J. Charles, 394; presidential in the Section of Obstetrics and Gynecology at the annual meeting of the British Medical Association by Dr. G. Bantock, 400; presidential in the Section of Laryngology and Otology at the annual meeting of the British Medical Association by Mr. E. C. Baber, 401; presidential in the Section of Pharmacology and Therapeutics at the annual meeting of the British Medical Association by Dr. J. B. Bradbury, 402; presidential in the Section of Pathology at the annual meeting of the British Medical Association by Dr. J. F. Payne, 1267; inaugural at Queen's College, Belfast, by Dr. J. A. Lindsay, 1526  
**Adenitis**, tuberculous, 458  
**Adeno-cystoma of neck**, 1740  
**Adenoma**, pedunculated, removed from sigmoid flexure, 1479  
**Adhesions**, peritoneal, surgical treatment of ascites by the artificial production of, 1679  
**Adiposis dolorosa**, case of, 1533, 1769  
**Adult, an**, infested by oxyurias for over twelve years, 1732  
**Advertisement**, objectionable methods of, 964  
**Advertising for indoor patients**, 759; medical, 1147, 1332, 1658; professional, 1373; is it unprofessional? 1593  
**Africa**, honours for service in, 182  
**Age, old**, the restlessness of and its treatment, 1542  
**Agency**, debt collecting, 1331  
**Agents**, medical, in Australia, 187; changes of, 964  
**Agriculture**, women and, 1212  
**Ague**, quotidian, occurring on Tyneside, 1199  
**Aiken, C. J. H.**, periodic diarrhoea, 1288  
**Aikin, W. A.**, improved ventilation, 628  
**Air**, as found in schools the bacteriology (aërobic) of, 599  
**Aitchison, R. S.**, Medical Handbook, *rev.*, 1297  
**Albers-Schönberg**, effect of the Roentgen rays on man, 892  
**Albumen**, fallacies in connection with tests for, 1547  
**Albuminuria**, and life assurance, 1024; oedema without, 1292; in the apparently healthy, 1598, 1617  
**Albumosuria**, association of with bone disease 1740  
**Alcohol**, the duty of the profession with regard to, 194, 314, 439, 504; and life assurance, 487; in diabetes, 1658  
**Alcoholism**, in Portugal, 125; in relation to heredity, 721, 880, 1137, 1228, 1316, 1450; chronic and life assurance, 1024  
**Aldershot**, the sewage farm at, 59; the review at, 122, 182; intestinal diseases at, 818; poisoning at, 886; tyrotoxin poisoning at, 1300; diphtheria at, 1370; the health of, 1591  
**Alderson, F. H.**, members' (R.C.S.) gown, 316; the personal communication of tuberculosis, 581; reform in the coroner's court, 586  
**Alexander, W.**, treatment of uterine displacements, 1293  
**Alexander's operation**, 24  
**Alexandria**, the plague in. *See* Egypt.  
**Algeria**, lathyrism in, 614; the plague in, 1438, 1456  
**Alimentary canal**, the nomenclature of operations on the, 120  
**Allbutt, T. C.**, A System of Medicine, *rev.*, 276 (439), 1742; the preventive and remedial treatment of tuberculosis, 1149; treatment of headaches, 1245; on infective endocarditis, 1276; on the conception of disease, 1306; the open-air treatment of tuberculosis, 1416  
**Allfrey, C. H.**, diphtheria and membranous croup, 1128  
**Allison, T. M.**, should doctors be allowed to dispense? 512  
**Alps**, a mysterious disease in the, 249  
**Ambler, J. R.**, aneurysm of the aorta, 143  
**Ambulance**, the, in hill warfare, 320; for the Boers, 1223, 1380, 1434; a new for the American army, 1651; the St. John Brigade of in South Africa, 1700  
**Ambulances**, voluntary in South Africa, 1136; Red Cross in South Africa, 1452; foreign in South Africa 1700  
**America United States of**. *See* United States  
**Amputation**, Berger's, 1198  
**Anæmia**, obstinate, associated with peculiar trophic disturbances, and with doubtful

thrombosis of the superior longitudinal sinus, 1110; splenic, enlarged spleen, etc., simulating, 1418

Anæsthesia, the unconsciousness of, 179, 315; Schleich's infiltration, 1524

Anæsthetics, arterial tension under, 84; deaths under, 81; the administration of to patients of unqualified dentists, 820, 892; and insanity, 1420

Anæsthetist, an unqualified, 445

Analyses of London water, 1305, 1565

Anatomy, progress of the teaching of in Northern India, 841, 861, 1321; books on, 1658

Anderson, Mrs. E. G., the method of studying medicine, 915; on diabetes, 955

— R. B., the business of the annual meeting, 503; illegal certificates, 957, 1658

— R. J., the interaction between the ovaries and the mammary glands, 851; transmission of acquired characters, 834; some points regarding asymmetry, 810

Andrews, Staff-Surgeon D. W., the preparation and use of Calmette's antivenene, 660

Andriezen, W. L., treatment of epileptics and imbeciles, 713; post hypnotic appreciation of time, 717; legislation for well-to-do inebriates, 720; alcoholism in relation to heredity, 723

Aneurysm of the aorta, 143; of the first part of the arch of the aorta projecting into the right axilla, 1109; simulating sarcoma, 1292; dissecting of the right ventricle, 1344; innominate, 1423; of the ascending aorta, 1525

Angus, H. B., operation for general septic peritonitis, 1424; excision of knee for tuberculous arthritis, *ib.*

Animals, oophrectomy and hysterectomy in, 424; lower, malaria in, 685; lower, cancer in, 815, 882, 1046, 1400; body temperature of, 858; hypnotism in, 865

Ankle, deformity of, 1424

Ankylostoma duodenale, the life-history of the free stage of, 660; in Sierra Leone, 1543

Ankylostomiasis in dogs, 1107; in Belgium, 1438

Annual Charities, Register and Digest, *rev.*, 857

Anopheles, cultivation of the malarial parasite in, 608; and its habits, 859, 1033

Anthropology and life assurance, 952

Anticompulsionist, a converted, 39

Antipyretic, quinine as an, 1009

Antipyrin, poisoning by, 85

Antiseptics, intestinal, discussion on at the Portsmouth meeting, 1250

Antitetanus. *See* Serum

Antitoxin. *See* Serum

Antivaccination at Parliamentary elections, 240

— "Antivacks," a "world's congress of," 1053

Antivenene, Calmette's, the preparation and use of, 660; in snake bite, 823, 1412, 1732

Antivivisection methods, 162

Antivivisectionists, Harvey and the, 240

Ants, to get rid of, 448, 511

Anus, artificial, 1363

Aorta, aneurysm of the, 143; aneurysm of the first part of the arch of the projecting into the right axilla, 1109; ascending, aneurysm of, 1525

Aortitis, spreading, 1450

Aphasia, auditory, 146; case of, 1418, 1617

Apothecaries' Hall, Ireland, officers of, 444; regulations as to diplomas, 531; and Dr. Atthill, 1711

— Society of, London, pass lists, 62, 183, 569, 887, 1051, 1235, 1520, 1819; regulations as to examinations, 524; and the title of physician and surgeon, 1027, 1043; the assistants, examination of, 1460; the electorate of representatives of on the General Medical Council, 1586, 1647, 1706; the representative of the on the General Medical Council, 1646; the powers of, 1767

Appendicitis, discussion on by the American Medical Association, 23; an easy way with, 168; acute, belongs to the domain of medicine, 188; the prognosis and modern treatment of, 1467; prognosis in, with notes of 200 cases, 1547

Appendix vermiformis, adherent, causing acute intestinal disturbance, 188; human, histology of, 212; in relation to hernia, 1089

Appleton, H., chloroform after tartar emetic in the reduction of a dislocation, 892

Appointment, Poor-law, qualification for, 1396

Appointments, and the purchase of practices, 1056; district medical and vaccination, 1237

Apprenticeship, medical, 886

Aquino, T. H., recurrent sneezing and nasal catarrh, 127; the Indian oleander, 824

Arch support for flat foot, 1686

Archbishop of Canterbury on medicine, 1215

Archer, Mrs. W., on "nerve training," 1302

Archives of Neurology from the Pathological Laboratory of the London County Asylums, Claybury, Essex, 1028

Ardenne, A Cycling Tour in the, *rev.*, 1297

Argentina, British practitioners in, 505; the prevention of tuberculosis in, 810, 1207

Arlidge, Dr. J. T., obituary notice of, 1325; the late, 1392

Armstrong, Sir A., death of, 106; obituary notice of, 181

— G. E., the wisdom of surgical interference in hæmatemesis and melæna from gastric and duodenal ulcer, 1087

Army, British, the tenure of office of the director-general of the medical staff of, 59; promotions and appointments in the medical staff of, 59, 181, 320, 386, 960, 1324, 1491, 1818; promotions and appointments in medical reserve of, 60, 122, 181, 255, 320, 570, 631, 960, 1142, 1651, 1711; changes of station, 182, 506, 755, 1050, 1491, 1711; hospital stoppages, 182; disciplinary powers over patients in military hospitals, *ib.*; leave and "study" leave for medical officers of, 420, 482; the medical service of, 483; extension of military titles, 506; leading article on medical service of, 516; the principal medical officer with an army in the field, 567; recall to service, 631, 692, 1324, 1770; competition *v.* nomination in the medical service of, 692; the physical fitness for war service of young officers, 885; civilian practitioners for service in, 936; prevention and treatment of syphilis in, 1070; the medical service of and post-prandial orators, 1306; the medical reserve of, 1324, 1770; the nursing service of, *ib.*; invitation to serve, 1392; the undermanning of, 1490, 1652, 1710; the physical standard for admission to the, 1615; assistant directorship of, 1710

— German, tuberculosis in, 28; medical officers in, 1392

— Indian, promotions and appointments in medical staff of, 60, 122, 182, 255, 386, 441, 505, 570, 692, 755, 1049, 1142, 1233, 1324, 1392, 1491, 1651, 1818; the surgeon-generalship of Madras, 59; selection in the medical service of, 320, 364; successful candidates for the medical service of, 440, 441; the subordinate medical department of, 441; the medical service of, 483, 755; regulations for admission to the medical service of, 561; rewards of medical officers of, 885; principal medical officers in and their clerks, *ib.*; pensions for assistant surgeons in, 886; revised form of commission for medical officers of, *ib.*; the examination for medical service of, 960; examinations for the medical service of, 1147; Surgeon-General Harvey on the medical service of, 1211; correspondence as to the medical service of, 1322; surgeon on the staff of the Governor of Bombay, 1324; sick leave for, 1770; the decrease in venereal disease in the, 1862

— Italian, vaccination in, 876

— Russian, venereal diseases in, 1728

— United States, and small-pox in, 249; a corps of female nurses for, 442; the medical service of, 692; quinine in, 810; in the Philippines, medical supplies for, 888; a new ambulance for, 1651

Arnison, Dr. W. A., death of, 1380; obituary notice of, 1453

Arterial tension under anæsthetics, 84

Arteries, femoral, tachycardia ending fatally by thrombosis of both, 213

Artery, central retinal, embolism of, 1608, 1737

Arthritis, rheumatoid, followed by colitis, pericarditis, pleurisy, broncho pneumonia, death, 1009; tuberculous, excision of knee for, 1424

Arthrodesis of knee-joint, 1197

Arthur, D., treatment of a case of puerperal fever by antistreptococcus serum, 78

Artillery fire, modern, aural effects of, 1437

Ascites due to cirrhotic liver treated surgically, 1424; surgical treatment of by the artificial production of peritoneal effusion, 1679

Asia Minor, syphilis in, 1675

Asphyxial problem in convulsive seizures, 779

Assault, murderous on a doctor, 1715

Assistant, outdoor, holidays for, 66

Assistants, unqualified, caution as to employment of, 749; holidays for, 1519; duties and obligations of, 1778

Association, Agricultural, for Women, annual meeting of, 1212; and the admission of women to learned societies, 1320

— American Medical, resolutions, 21; election of officers, *ib.*; next annual meeting, *ib.*; proceedings of sections, *ib.*

— American Surgical, annual meeting of, 55

— Birmingham Clerks' Provident, fees for attendance on members of, 1434

Association, British, for the Advancement of Science, arrangements for the meeting of, 164; meeting of, 725, 801; president's address, 725; section of physiology, 801; section of anthropology, 802; section of chemistry, 804; section of zoology, 805; election of Sir W. Turner as president, *ib.*; and the French Association for the Advancement of Science, 806; at Boulogne, 863

— British Dairy Farmers', and tuberculosis in dairy cattle, 1213

— British Laryngological, Otolological, and Rhinological, meeting of, 1425

ASSOCIATION, BRITISH MEDICAL, programme of annual meeting, 50, 113, 170, 229, 304; annual museum, 54, 117, 175, 234, 309, 377; the annual meeting of 1900, 105, 369; and ethical questions, 176, 313; and its work for the profession, 200; excursions, 234, 309; notices of motion, 235, 310; notice for members proposing to attend annual meeting, 239; leading article on annual meeting of, 357; notes on annual meeting of, 359, 424; first general meeting, 365; the retiring president, *ib.*; induction of the new president, *ib.*; the annual report of council, *ib.*; midwives legislation, 366; retirement of treasurer, *ib.*; election of new treasurer, 367; Scottish Poor-law medical officers, *ib.*; amendment of the Medical Acts, *ib.*; reports of committees, 368; appointments in India, *ib.*; the Midwives Bill, 1899, *ib.*; medical registration in India, *ib.*; Coventry Medical Dispensary, *ib.*; adjourned general meeting, 369; election of president of council, *ib.*; vote of thanks to Dr. Sandby, *ib.*; vote of thanks to Sir R. D. Powell, 370; the business of the council, *ib.*; collective defence, *ib.*; proposed Conciliation Board, 371; the corporations and their members, *ib.*; summary of proceedings of sections, 371, 403; the pathological museum, 384; and the Colonial Office, 417; leading article on annual meeting of, 419; entertainments at annual meeting of, 425; excursions, 427, 485, 567; the address in Surgery, 429; presentation of the Stewart prize, *ib.*; general business, *ib.*; fourth general meeting of members, *ib.*; resolutions of Sections, *ib.*; votes of thanks, 430; vote of thanks to Dr. Ward Cousins, *ib.*; the annual dinner, 431; members present at the annual meeting of, 492; foreign guests and visitors at annual meeting of, 494; the business of the annual meeting of, 504; list of books presented to the library of, 790, 1799; leading article on the Ipswich meeting, etc., 1550; the coming meeting of at Ipswich, 1580; the Branches of and medical reform, 1618, 1619, 1704, 1765; the Branches of and attendance on the families of soldiers and sailors on active service, 1693, 1752, 1769, 1804; discussions in the Sections of the annual meeting of, 1708

— Council, proceedings of, 213, 498, 1130; report of, 215, 365; election of president of, 369; the powers of the, 1311, 1388

— Anæsthetics

Committee, report of, 226

— Committee on Control of Railway Servants' and Mariners' Eyesight, report of, 227

— General Practitioners and Ethical Committee, report of, 227

— Inebriates

Legislation Committee, report of, 226

— Medical Charities Committee, report of, 226

— Parliamentary Bills Committee, report of, 218, 220; proceedings of, 227, 1115; vaccination, 227; Scottish Poor-law medical officers, *ib.*; hospital ships for the conveyance of the sick and wounded, 228; Poor law officers' superannuation, *ib.*; retired medical officers and army titles, *ib.*; Medical Acts Amendment Bill, *ib.*; medical officers to the Education Department, *ib.*; the Midwives Bill, *ib.*; direct representation, 229; new medical ordinances in South Rhodesia, *ib.*; the Royal Army Medical Corps, 1115; practice of pharmacy and sale of poisons in Seychelles, *ib.*; reappointment of sub-committee, *ib.*; the nursing staff of the army, *ib.*

— Scientific

Grants Committee, report of, 219

— Therapeutic

Committee, report of, 226

— Aberdeen, Banff, and Kincardine Branch, annual meeting of, 1313; confirmation of minutes, 1313, 1513, 1814; new members, 1313, 1513; election of



officers, 1313; apology for absence, 1314; luncheon, *ib.*; hepatic disease, 1513; cases, *ib.*; ballot, 1514; presidential address, *ib.*  
ASSOCIATION, BRITISH MEDICAL, Bath and Bristol Branch, annual meeting, 112; new members, 112, 1313, 1619; installation of new president, 112; report of council, *ib.*; election of officers, *ib.*; votes of thanks, *ib.*; annual dinner, *ib.*; discussion, 1313; treatment of puerperal sepsis, *ib.*; cases treated by laparotomy, *ib.*; the heart in acute rheumatism, *ib.*; purulent discharge from the nose, *ib.*; medical reform, 1619; communications, *ib.*

Birmingham and Midland Counties Branch, annual meeting, 112; installation of new president, *ib.*; the late Mr. Lawson Tait, *ib.*; election of officers, *ib.*; president's address, *ib.*; dinner, *ib.*; Berger's amputation, 1198; the influenza heart, 1199; surgery of the kidney, *ib.*; pedunculated adenoma removed from sigmoid flexure, 1479; large synovial fringe removed from the knee-joint, *ib.*; excision of cæcum, *ib.*; pulmonary hypertrophic osteo-arthritis, *ib.*; carcinoma of sigmoid, *ib.*; papers, *ib.*; alteration of subscription, 1765; communications, *ib.*; British Congress on Tuberculosis, 1766

Border Counties Branch, annual meeting, 111; confirmation of minutes, 111, 1040; report of council, 111; election of officers, *ib.*; future meetings, *ib.*; Berwick, Roxburgh, *etc.*, District, *ib.*; midwives and opticians, *ib.*; installation of new president, *ib.*; president's address, *ib.*; vote of thanks, *ib.*; communications, 111, 1040; dinner, 111; new members, 1040; attendances of members of council, *ib.*; hospital abuse, *ib.*; tea, 1041

Border Counties Branch, Counties of Roxburgh, Berwick, Selkirk, and Peebles District, annual meeting, 46; the late Mr. Lawson Tait, *ib.*; next meeting, *ib.*; re-election of officers, *ib.*; address by chairman, 1041; etiology of typhoid fever, *ib.*; Scottish Poor-law Officers' Association, *ib.*; wombstone, *ib.*

British Guiana Branch, representative on Council of Association, 46; Trinidad medical ordinance, *ib.*; communications, 46, 1815; revision of medical ordinances of the colony, 684; appointment of auditors, 685; malaria in lower animals, *ib.*; vote of thanks, *ib.*; the segregation of lepers, 1619; statement of accounts, 1815; alteration of by-laws, *ib.*; yellow fever and mould, *ib.*; vote of thanks to honorary secretary, *ib.*

Cape of Good Hope Branch, communications, 1815; unprofessional advertising, *ib.*; new members, *ib.*; report of council, *ib.*; election of officers, *ib.*; local medical education, *ib.*; retiring president's address, *ib.*

Ceylon Branch, confirmation of minutes, 623, 1815; new members, 623, 1815; the proposed Imperial "Pharmacopœia," 623, 1815; vote of thanks, 623; annual meeting, *ib.*; election of officers, *ib.*; paper, 623, 1814; vote of condolence, 1815

Dorset and West Hants Branch, new members, 303, 1042; autumn meeting, 303; midwives and opticians, *ib.*; the prevention of tuberculosis, *ib.*; discussion, 303, 1042; communications, 303, 1042; dinner, 303, 1042; election of officers, 1042; next meeting, *ib.*; grant, *ib.*; National Association for the Prevention of Consumption and other Forms of Tuberculosis, *ib.*

Dundee and District, milk and public health, 1704

East Anglian Branch, annual meeting, 100; confirmation of minutes, *ib.*; report to Council, *ib.*; new members, 100, 955; treasurer's report, 110; election of officers, *ib.*; invitation to British Medical Association, *ib.*; luncheon, 110, 956; new president, 110; vote of thanks, *ib.*; communications, 110, 955; museum, 110; exhibitions, *ib.*; garden party, *ib.*; representative on Council of Association, 955; Ipswich meeting, 1900, *ib.*; vote of thanks to Dr. Elliston, *ib.*; diabetes, *ib.*; afternoon tea, 956

East York and North Lincoln Branch, conjoint meeting with the Hull Medical Society on medical reform and the Midwives Bills, 1299, 1618

Edinburgh (Lothians and Fife) Branch, annual meeting, 149; admission to Branch, *ib.*; Branch list, *ib.*; election of office-bearers, *ib.*; revaccination, *ib.*

Glasgow and West of Scotland Branch, summer meeting of, 209; drive, *ib.*; dinner, *ib.*; increase in membership of Branch, *ib.*

ASSOCIATION, BRITISH MEDICAL, Halifax (Nova Scotia) Branch, annual meeting of, 1386; confirmation of minutes, 1386, 1620, 1814; report of Council, 1386; election of officers, *ib.*; programme for coming session, 1620; discussion on tuberculosis, *ib.*; the prevention of tuberculosis, 1814; communications, 1815

Hong Kong and China Branch, confirmation of minutes, 47; communications, *ib.*; vote of thanks, *ib.*

Lancashire and Cheshire Branch, annual meeting, 108; confirmation of minutes, *ib.*; report of Council and financial statement, *ib.*; financial report, *ib.*; election of officers, *ib.*; vote of thanks to retiring president, 109; president's address, *ib.*; next annual meeting, *ib.*; appointment of auditors, *ib.*; votes of thanks, *ib.*; the Midwives Bill, *ib.*; amendment of Medical Acts, *ib.*; committees of Branch, *ib.*; communications, 108, 1617; cases, 108, 1617; exhibits, 108; excursions, *ib.*; dinner, *ib.*; opinion of Branches on general policy, 1616; resolutions adopted at general meeting of the Association, *ib.*; railway expenses of representatives, *ib.*; presentation to Dr. James Barr, 1617

Metropolitan Counties Branch, annual meeting, 47; confirmation of minutes, *ib.*; report of Council, *ib.*; treasurer's report, *ib.*; election of officers, *ib.*; vote of thanks to the retiring officers, *ib.*; president's address, *ib.*; illegal certifications of unqualified practitioners, *ib.*; annual dinner, *ib.*; special general meeting of, 1764; attendance on soldiers' and sailors' families, *ib.*; the midwives question, 1765

Metropolitan Counties Branch, North London District, confirmation of minutes, 1444; cases, *ib.*; vote of thanks, *ib.*

Metropolitan Counties Branch, South London District, confirmation of minutes, 1617; albuminuria in apparent health, *ib.*; idiopathic muscular atrophy, *ib.*; aphasia, *ib.*; cases, 1618; cubitus varus, *ib.*; congenital dislocation of both hips, *ib.*; specimens, *ib.*; votes of thanks, *ib.*

Midland Branch, annual meeting, 47; new members, *ib.*; vote of thanks to retiring president, *ib.*; confirmation of minutes, *ib.*; election of officers, *ib.*; president's address, *ib.*; removal of Gasserian ganglion, *ib.*; local distribution of cancer, *ib.*; abdominal hysterectomy, 48; dinner, *ib.*

Natal Branch, election of officers, 1513

New Zealand Branch, the coming annual meeting, 1314; the organisation of, *ib.*

North of England Branch, annual meeting, 435; confirmation of minutes, 435, 1219; secretary's report and financial statement, 435; new members, 435, 1219; election of officers, 435; induction of new president, *ib.*; president's address, *ib.*; entertainments by president, *ib.*; visit to Alnwick Castle, 1219; communications, *ib.*; dinner, 1220; and the meeting of direct representatives at Newcastle, 1381, 1448, 1501, 1647

North of Ireland Branch, annual meeting, 303; confirmation of minutes, *ib.*; report of council and balance sheet of honorary treasurer, *ib.*; election of officers, *ib.*; vote of thanks, 303, 1386; re-election of committees, 303; Irish Medical Association and Poor-law medical officers, *ib.*; communications, *ib.*; introduction of new president, 1385; the late Professor Cumming, *ib.*; fees for assistance under new dispensary regulations, *ib.*; the training of infirmity nurses, *ib.*; president's address, *ib.*; dermatitis venenata, *ib.*; bothrioccephalus latus, *ib.*; expert medical evidence, *ib.*; laparotomy for intussusception, *ib.*; sympathetic ophthalmia, 1386; removal of renal calculi, *ib.*; extirpation of penis, *ib.*; strangulated inguinal hernia, *ib.*; stomatitis, *ib.*; gastric diverticula, *ib.*; new members, *ib.*

Northern Counties of Scotland Branch, annual meeting, 48; election of office-bearers, *ib.*; new members, *ib.*; the Conciliation Board, *ib.*; vote of thanks, *ib.*

North Wales Branch, the coming jubilee meeting of, 241, 422, 567; presidential address at jubilee meeting of, 615; new members, 1220; vote of thanks, *ib.*; Inebriates Act, *ib.*; communications, *ib.*; excursion, *ib.*; luncheon, *ib.*

Oxford and District Branch, annual meeting, 498; elec-

tion of officers, *ib.*; luncheon, *ib.*; president's address, *ib.*; vote of thanks, *ib.*

ASSOCIATION, BRITISH MEDICAL, Perthshire Branch, confirmation of minutes, 112, 1385; postponement of tuberculosis meeting, 112; representatives on Council of Association, *ib.*; the President of the Association, *ib.*; entertainment by president, *ib.*; new members, 1385; election of officers, *ib.*; report of treasurer, *ib.*; report of Branch, council, *ib.*; installation of new president, *ib.*; Scottish Poor-law Medical Officers' Association, *ib.*; next clinical meeting, *ib.*; president's address, *ib.*; dinner, *ib.*

Shropshire and Mid-Wales Branch, annual meeting, 1444; introduction of new president, *ib.*; confirmation of minutes, *ib.*; council's report, *ib.*; the late Dr. Jukes de Styrap, *ib.*; election of officers, *ib.*; new members, *ib.*; votes of condolence, 1445; Dr. Charnley and the BRITISH MEDICAL JOURNAL, *ib.*; president's address, *ib.*; communications, *ib.*; exhibit, *ib.*; dinner, *ib.*

Southern Branch, annual meeting, 48; election of officers, *ib.*; the late Dr. Sinclair Coghill and Surgeon-General Maclean, *ib.*; papers, *ib.*; president's address, *ib.*; next annual meeting, *ib.*

Southern Branch, Isle of Wight District, confirmation of minutes, 1312; the late Dr. Sinclair Coghill, *ib.*; new members, *ib.*; deferred agenda, *ib.*; rhinolith, 1313; cases of uterine disease, *ib.*; vaccination from its medico-legal aspects, *ib.*; next meeting, *ib.*

Southern Branch, South-East Hants District, new members, 48; election of officers, *ib.*; cases, *ib.*; anti-streptococcus serum in septicæmia, *ib.*

Southern Branch, Winchester District, the prevention of tuberculosis, 1619; communications, *ib.*; medical reform, *ib.*; refreshments, *ib.*

Southern Branch, South Wilts District, the late Mr. W. D. Wilkes, 1512; accounts and balance sheet, *ib.*; election of officers, *ib.*; rhinoplasty for lupus, *ib.*; bone grafting, *ib.*; functional hemiplegia, 1513

South-Eastern Branch, annual meeting, 111; luncheon, *ib.*; address, *ib.*; votes of thanks, *ib.*; report of council, *ib.*; financial report, 112; annual meeting, 1890, *ib.*; officers and council, 1899-1900, *ib.*; dinner, *ib.*

South-Eastern Branch, East Kent District, confirmation of minutes, 956, 1619; chairman of the November meeting, 956; treatment of incipient insanity in general practice, *ib.*; infantile diarrhoea, *ib.*; shock and infectious disease, *ib.*; chairman of the Sittingbourne meeting, 1619; medical men and the study of pathology, *ib.*; clinical studies, *ib.*

South-Eastern Branch, East Surrey District, confirmation of minutes, 1312; next meeting, *ib.*; communications, *ib.*; dinner, *ib.*; the action of the council, *ib.*

South-Eastern Branch, East Sussex District, diphtheria and membranous croup, 1128; communications, 1129, 1703; early insanity in women, 1703; anti-toxin injections in tetanus, *ib.*

South-Eastern Branch, West Kent District, confirmation of minutes, 170, 1386; re-election of secretary, 170; paper, *ib.*; chairman of next meeting, 1386; communications, *ib.*; vote of thanks, *ib.*

South-Eastern Branch, West Sussex District, confirmation of minutes, 1704; next meeting, *ib.*; primary actinomycosis of testicle, *ib.*; death in diabetes, *ib.*; medical reform, *ib.*

South of Ireland Branch, annual meeting, 304; confirmation of minutes, *ib.*; election of office-bearers, *ib.*; president's address, *ib.*

South-Midland Branch, annual meeting, 110; confirmation of minutes, 110, 1129; new members, 110, 1129; applications for membership, 110; honorary treasurer's report, *ib.*; death of Mr. Hemming, *ib.*; honorary secretary's report, *ib.*; letters and communications, *ib.*; election of officers, *ib.*; representation of Branch, *ib.*; committee of management, *ib.*; places of meeting, 111; president's address, *ib.*; the natural history of tubercle, *ib.*; votes of thanks, 111, 1129; refreshments, 111; the late Dr. E. Lawford, 1129; report of representative of Branch, *ib.*; communications, *ib.*

South Wales

- and Monmouthshire Branch, communication 1041; luncheon, 1584; new members, *ib.*; confirmation of minutes, *ib.*; cases, *ib.*; anthropological work in asylums, 1585; votes of thanks *ib.*
- ASSOCIATION, BRITISH MEDICAL, South-Western Branch, annual meeting, 48; luncheon, *ib.*; council meeting, *ib.*; report of council, *ib.*; new members, 49; next annual meeting, *ib.*; general meeting, *ib.*; president's address, *ib.*; votes of thanks, 49, 1513; annual dinner, 49; confirmation of minutes, 1513; cancer infection in relation to operation, *ib.*
- Staffordshire Branch, annual meeting of, 1443; confirmation of minutes, 1445, 1765; death of Dr. Arlidge, *ib.*; introduction of new president, *ib.*; new members, 1445, 1765; vote of thanks to retiring president, *ib.*; presidential address, *ib.*; reports and financial statement, *ib.*; next annual meeting, *ib.*; election of officers, *ib.*; exhibition, *ib.*; votes of condolence, 1765; medical reform, *ib.*; febrile chlorosis, *ib.*; fracture of radius, ulna, and humerus, *ib.*; exhibits, *ib.*
- Strirling, Kinross, and Clackmannan Branch, annual meeting, 303; new members, 303, 1129; election of office-bearers, 303; vote of thanks, *ib.*; vote of condolence, *ib.*; election of president, 1129; ethical committee, *ib.*; the late Dr. Milne, *ib.*; address, *ib.*; dinner, *ib.*
- Sydney and New South Wales Branch, annual meeting, 49; confirmation of minutes, 49, 435, 747, 1220, 1386; new members, 49, 435, 747, 1220; report of council, 49; president's address, *ib.*; representation of Branch on Council, *ib.*; election of officers, *ib.*; communications, 49, 747, 1386; the "Australasian Medical Gazette," 49; papers, 435; specimens, *ib.*; notice of motion, 747; notification of tuberculosis, 1220; case, *ib.*; proposed alteration of Article 28, *ib.*; notification of ophthalmia neonatorum, 1386; reform in quarantine, *ib.*
- Trinidad and Tobago Branch, annual meeting, 50; annual report, *ib.*; presidential address, *ib.*; election of officers, *ib.*
- West Somerset Branch, annual meeting, 50; installation of new president, *ib.*; confirmation of minutes, 50, 1313; report of Branch Council, 50; election of officers, *ib.*; the dinner question, *ib.*; president-elect and next annual meeting, *ib.*; intermediate meetings, *ib.*; the National Association for the Prevention of Tuberculosis, *ib.*; midwives and opticians, *ib.*; paper, 1313; luncheon, *ib.*
- Worcestershire and Herefordshire Branch, annual meeting, 229; election of officers, *ib.*; president's address, *ib.*; communications, *ib.*
- Yorkshire Branch, new members, 1384; election of president, *ib.*; illegal certificates, *ib.*; communications, *ib.*; visit to the royal baths, 1385; dinner, *ib.*; vote of thanks, *ib.*
- Association, British Medical Memperance, annual breakfast of, 1457
- of British Postal Medical Officers, annual dinner, etc., of, 101
- Brussels Medical Graduates', annual meeting of, 183
- Burial, Funeral, and Mourning Reform, annual meeting of, 316
- Cambridge Appointments, formation and objects of, 184
- of Certifying Factory Surgeons, annual meeting of, 875; special meeting of, 1116
- Colonial Nursing, annual meeting of, 299; medical examination of nurses of, 510
- Cork, Medical Benefit, half-yearly meeting of, 258
- Durham University Medical Graduates', annual meeting and list of officers of, 889
- Eastbourne Provident Medical, statistics of, 1390
- of Foreign Consuls, the, and the malaria mosquito, 736
- Forfarshire Medical, meeting of, 1112, 1426, 1683
- French for the Advancement of Science and the British Association, 805; the annual meeting of, *ib.*; president's address, *ib.*
- Gateshead Medical, and the meeting of direct representatives at Newcastle, 1381, 1448, 1501, 1647
- German Public Baths, progress of, Association, Hospital Reform, conference of, 611, 736, 868, 1035; recommendations of as to hospital abuse, 1225; subscriptions to fund for expenses of conference of, 1594
- International of Academies, proposals for foundation of, 1212
- Irish Medical, annual meeting of, 24
- Irish Medical Schools' and Graduates', general meeting of, 385; dinner of, 1564
- Life Assurance Medical Officers', the relationship of provincial medical examiners to the officials of the head office, 889
- Massachusetts, Volunteer Aid, the work of, 818
- Medical Officers of Schools, visit of to Charterhouse School, 125
- National, for Promoting the Welfare of the Feeble minded, annual meeting of, 165
- Police Surgeons', fees to medical witnesses, 361; officers, etc., *ib.*
- of Port Sanitary Authorities, increase in members of, 862
- of Public Vaccinators, the annual meeting of, 1582; speech by Mr. Chaplin, *ib.*
- of Registered Medical Women, meeting of, 148, 1113, 1427, 1683
- St. Andrews Graduates, officers of, 1294
- Sanitary Inspectors, report of, 1053
- Scottish Poor-law Medical Officers and the Border Counties Branch, 1041; and the Perthshire Branch, 1385
- South Africa Medical, proposed suspension of publication of "Journal" of, 1696
- South Kensington Fine Art, correspondence as to, 67, 128
- State Children's Aid and Emigration of Poor-law Children, 322
- Volunteer Ambulance, presentation of challenge shield of, 1233
- Volunteer Medical, successful candidates for "proficiency certificate" of, 60, 442, 506, 960
- Associations, medical aid, and the General Medical Council, 56, 118; medical aid and the Medical Defence Union, 315; appointments of medical officers to, 1056, 1658; medical aid and the Conciliation Board, 1587, 1768
- Asthenopia, muscular, homatropine in, 765
- Asthma, treatment of, 891
- Asylum, Bexley Heath, the London County Council and, 243
- Bristol Lunatic, annual report of, 632
- Claybury, visit of Crown Prince of Siam to, 1397
- Cumberland and Westmorland, report of, 1819
- Derby Borough, annual report of, 887
- Dorset County, annual report of, 1521
- Down County, annual report of, 887
- Earlswood for Idiots, annual report of, 1521
- Glack Lunatic, fire at, 356
- Leavesden, epidemic at, 167; the sanitary arrangements at, 241
- Leicester and Rutland Lunatic, report of, 1457
- Monmouth, report of, 1819
- Royal Albert, Lancaster, annual meeting of, 1456
- Royal, Morningside, instruction at, 548
- Sunderland Borough, annual report of, 1521
- Tezpur Lunatic, report of, 1053
- Whittingham, the prevention of tuberculosis at, 809
- Worcester City and County Lunatic, annual report of, 1457
- Asylums, anthropological work in, 1585
- Asymmetry, some points regarding, 841
- Ataxia, Freidreich's hereditary, with necropsy, 129; cerebellar, 146
- Athens, the Pasteur Institute at, 1500; ancient surgical instruments in, 1756
- Atlases of skin diseases, 1778
- Atrophy, idiopathic muscular, 1617
- Attendance, on fever patients, 509; on isolation hospitals, 632; on non-pauper patient by order of relieving officer, 633; on the families of men on active service, 1390, 1495, 1562, 1588, 1611, 1693, 1705, 1752, 1769, 1804; on urgent cases without medical order, 1396
- "Attention" reflex, the, of the pupil, 612
- Attic, operative treatment of chronic suppuration of the, 1002
- Atwater, O., Digest of Metabolism Experiments, *rev.*, 1684
- Aural. See Ear
- Auricle, anomalies of the, 1001; left, recognition of enlargements of by percussion, 1167
- Australasia, British practitioners in, 564
- Australia, medical agents in, 187; mortality from diphtheria in for the last fifteen years, 1409
- Austria, British practitioners in, 565
- Auxiliary forces, medical arrangements for, 1762
- Axilla, right, aneurysm of the first part of the arch of the aorta projecting into, 1100
- Ayres, Mr. P. B. C., obituary notice of, 1140
- B.
- Baber, E. C., thirty years' progress in rhinology, 401; suppuration of frontal sinus, 996; on exophthalmic goitre, 999; formalin in atrophic rhinitis, 1000
- Babinsky's toe phenomenon, case of hemiplegia demonstrating, 1424
- Bacilli, of tubercle in milk, 625; of diphtheria in healthy people, 1124
- Bacillus, lepræ the cultivations of 44; pyogenes cloacinus, a new pathogenic microbe of sewage, 69; diphtheriæ in milk, 586; of influenza, 1284; of pseudo-tuberculosis, 1357; enteritidis (Gaertner) poisoning by, 1367; coli communis, the relation of to other organisms in the urine, 1472; of tubercle, some of the hiding places of, 1625, 1822; of tubercle, the toxic principle of the, 1808
- "Back of Beyond," Mr. Robert Buchanan at the, 101
- Bacteria (ocean), 864
- Bacteriology of a "common cold," 627; the military uses of, 819; of rheumatic and allied diseases, 1318
- Bailey, Mr. G. H., obituary notice of, 254
- J. H., medical organisation, 1516
- Bain, W., a experimental contribution to the study of gout, 1165, 1167
- Baker, Mr. J. W., death of, 318
- Baldy, J. M., An American Textbook of Gynecology, Medical and Surgical, for Practitioners, *rev.*, 855
- Balearic Islands, idiocy in the, 1688
- Balfour, G. W., the influence of Zadig on the progress of medicine, 1120
- Ballautyne, J. W., opening address at Medical College for Women, Edinburgh, 1221
- Baltimore, female medical students in, 1329
- Bamberger, Professor H. v., memorial to, 1396
- Bampton, A. H., a case of bullet in brain (nine months) abscess, operation, recovery, 1189; toxic cumulative effect of sulphonal and trional, 1240
- Bandage, Kumpf's crape, 150; (crêpe), 858
- Bannatyne, G. A., the thermal waters of Bath, 281; rheumatoid arthritis followed by colitis, pericarditis, pleurisy, broncho-pneumonia, death, 1009
- Bannu, the water supply, etc., of, 1208
- Bantock, G. G., a plea for conservative gynaecology, 400; the menopause, natural and artificial, 975; treatment of proclitencia uteri, 978
- arbadoes, hurricane and pestilence at, 821
- Barker, A. E. J., excision of cæcum, 1546; perforating gastric ulcer treated by operation, 1677; primary resection of gangrenous intestine, 1729
- W. H., notes on cases of meat poisoning, 1367, 1481
- J. T., medical reform and the midwives Bill, 1447
- Barling, H. G., the late Dr. G. E. Crooke, 1248, 260, 891; a modern view of cancer, 1461; pedunculated adenoma removed from sigmoid flexure, 1479; large synovial fringe removed from knee-joint, *ib.*
- Barnard, H. C., serpinous ulceration of eyelids, 1419; dermoid cyst of nose, *ib.*; case of hernia cerebri, *ib.*
- Barnes, E. G., to get rid of ant's, 511; treatment of fever following delivery, 971; medical attendance on the wives and families of soldiers and sailors on active service in South Africa, 1769
- Mr. J. W., obituary notice of, 1224
- W. S., operation for simple stricture of rectum, 10; spontaneous evolution, 208
- Barr, J., medical tests for the public services, 575; carbonic acid gas in heart disease, 1181; on meningitis, 1401; presentation to, 1617
- Barras, H. G., a statistical inquiry into the causes of death within the Burgh of Govan for thirty-five years, 1864-1898, 103
- Barratt, J. O. W., the anatomical structure of the ninth, tenth, eleventh, and twelfth cranial nerves, 827; the pathology of renal tumours, 1282; dilated cerebral ventricles, 1549
- Barrs, A. G., hydatid disease of the spinal canal, 1354
- J. H., the Lauria fund, 388, 636, 1056
- Bartley, E. H., Textbook of Medical and Pharmaceutical Chemistry, *rev.*, 1566

- Baskett, B., a case treated with antityphoid serum, 852; nitro-glycerine in xeroderma, 1288
- Bateman, A. G., medical aid associations and the Medical Defence Union, 315; certificates issued by societies, 686; caution to medical practitioners, 749; the Society of Apothecaries of London, 1706
- Bath, the prevention of tuberculosis in, 30; the medical officership of health in, 256; as a health resort, 281
- Bathing, treatment of itching of the lower extremities after, 1718
- Baths, hot, treatment of psoriasis by, 128; and bathers in London, 1520
- Batten, F. E., the relation of tabes to general paralysis of the insane, 1605
- Battersea, the Gonville and Caius mission at, 63
- Battery, faradic, 1331
- Bayet, syphilis and life assurance, 1022
- Bays, J. T., dislocation of radio-carpal joint, 1414
- Beach, F., treatment of epileptics and imbeciles, 712; legislation for well-to-do inebriates, 721; alcoholism in relation to heredity, 723; the relation of tabes to general paralysis, 1736
- Beadles, H. S., illegal certificates, 957
- Beadnell, Surg. C. M., the decline of scurvy afloat, 733
- Beaton, G. T., three varieties of skin tumour existing simultaneously in one individual, 1602
- Beattie, T., quotidian ague occurring on Tyne-side, 1199; tricuspid stenosis, *ib.*; hæmorrhage into cerebral ventricle, 1200
- Bèclère, A. Les Rayons de Röntgen et le Diagnostic de la Tuberculose, *rev.*, 1745
- Bed rest, a new, 1429
- Beever, C. E., on ophthalmoplegia externa, 139; the relation of tabes to general paralysis, 1734
- Sir H., treatment of tuberculosis, 1156
- Major W. C., on gunshot wounds of the abdomen, 1063
- Belfast, the sanitary history of, 1422
- Belgium, the prevention of tuberculosis in, 91
- British practitioners in, 565; ankylostomiasis in, 1438
- Bell, Sir C., and the wounded at Waterloo, 1495
- E. S., rupture of the heart, 1543
- J. H., malaria in lower animals, 685
- W. L., abdominal nephrectomy for renal calculus, 270
- Belzig, the sanatorium for the working classes at, 295
- Bengal, veterinary education in, 484
- Bennett, Brigade-Surgeon J., death of, 122
- Benson, A. H., pathological eyes, 1478
- Bequests, 63, 269, 322, 693, 888, 1145, 1204, 1470
- Berger's amputation, 1198
- Beri-beri, the blood in a case of, 265; the etiology of, 487, 686, 866; in Malaya, 608; epidemic of, in Hong Kong, 1715; the bacteriology of, 1738
- Berlin, correspondence from, 625, 1222; leprosy in the Memel district, 625; tubercle bacilli in milk, *ib.*; artificial vocalisation after laryngectomy, *ib.*; hospital treatment for consumptives in, 1522
- Berry, Frances M. D., treatment of epileptics and imbeciles, 713
- Berthold, sex detected by the laryngoscope, 185
- Bertram, Surgeon-Lieutenant, at Bisley, 301
- Betts, W. W., dangerous industries, 796
- Beveridge, A., a case of snake bite treated by Dr. Calmetti's antivenene, 1732
- Bexley Heath Asylum. *See* Asylum
- Beyrout, the French medical school at, 1666
- Bickerton, T. H., colour blindness and defective sight in the mercantile marine, 770; the eyesight of pilots, 1321
- Bicycle, puncture protectors and mud-guards, 1331; the choice of a, 1657, 1718
- Bicyclists, a new danger for, 824
- Bidie, Captain G., electrolysis of, nævus, 388; removal of superfluous hair, *ib.*
- Bidwell, L. A., a method of attaching the mucous membrane to the skin after perineal excision of the rectum, 1032
- Bie, V., Finsen's phototherapy, 825
- Biernacki, J., the essential toxic symptoms of diphtheria, 1787
- Biggs, M. G., the relation of science to experience in medicine, 1443
- Bilharzia hæmatobia, case of, 644, 1543
- Bill, the Companies Amendment, the pharmacy clause in, 296
- the Cottage Homes, recommendations of Committee as to, 610
- the Education in the House of Commons, 42
- the Midwives and the Midwives Institute, 59; and the East Suburban Medical and
- Wood Green District Medical Societies, 63; the Lancashire and Cheshire Branch on, 109; correspondence as to, 251, 313, 437, 502; and medical reform, 1386, 1447, 1517, 1707
- Bill, the Oysters, amendments in the, 294; abandonment of, 421; report on, 930
- the United Practitioners, provisions of, 297
- Bills, Medical Reform and Midwives, meeting at Hull as to, 1299
- Binder, the obstetric, 180, 316
- Birch, De B., A Class Book of Elementary Practical Physiology, *rev.*, 1203
- Birmingham, proposed consulting institution for, 34, 37, 1374; petitions as to new university for, 244; correspondence from, 1134, 1585, 1705; proposed university for, 1134; prevalence of typhoid fever, 1585; limitation of cases admitted to the General Hospital, *ib.*; need for public hospital provision for typhoid fever and diphtheria, *ib.*; medical attendance on soldiers' and sailors' families, 1705
- Birmingham, A., formalin specimen of the abdomen, 211
- "Black list," a, 1051
- Black, A. B., on gunshot wounds of the abdomen, 1062
- G. F., University College Hospital, its past and its future, 918
- Blackett, J. B., the charitable funds and the profession, 1514
- Blackmailing, attempted, 1590
- Blackmore, R. D., on vivisection, 163
- Blackwater fever. *See* Fever, hæmoglobinuric
- Bladder, effective treatment of hæmorrhage from when caused by papillomatous growths, 263; extraction of ligatures from the, 269; empty and prostate, form of, 845; chronic hypertrophy and dilatation of the, simulating an ovarian cyst, death from uremia, 1287; excision of epithelioma of, 1424; rupture of, 1543; hernia of the, 1740
- Blake, T. W., the frequency of sick-room infection in typhoid fever, 813
- Blakeney, J. H., antipyrin poisoning, 85; pulmonary hypertrophic osteo-arthritis, 1479
- Bland-Sutton, J. B., the natural menopause compared with the menopause produced by removal of the uterine appendages and the menopause produced by the removal of the uterus without removal of the appendages, 973, 975; primary nephrectomy for complete rupture of a kidney, 1417
- Blaxall, F. A., on ringworm, with special reference to the early stage of attack of the hair and the presence of pustular inflammation, 1529
- Bleeding. *See* Hæmorrhage
- Blood, the, in a case of beri-beri, 265; in the lungs, entrance of oxygen into, 833; examination of in disease, 1360, 1593
- poisoning, some unusual cases of, 79, 1732
- vessels of the brain, innervation of, 671
- Blunder, a terrible, 1519
- Board, Conciliation, proposed, 67, 176, 238, 249, 250, 312, 426, 502, 627; and medical aid associations, 1587, 1768
- Local Government, annual report of, 1216, 1712; and public vaccinators, 1372
- Metropolitan Asylums, annual report of, 32, 93; report of Hospitals Committee of as to increased accommodation for infective disease, 236; instruction at the fever hospitals of, 546; and imbecile children, 1308
- Sanitary Inspectors' Examination, regulations of, 62; dates of examinations of, 424, 446
- Boards of guardians and phthisis, 800
- Bobone, formalin in atrophic rhinitis, 1000
- Boers, the, an ambulance for, 1223, 1380, 1434; complaints by the, 1822
- Boileau, Lieutenant-Colonel J. P. H., on thermic fever, 652
- Bolton, strike of colliery surgeons at, 610
- Bombay, new conservancy scheme for, 633; the plague laboratory at, 757, 1500
- Bond, C. J., removal of Gasserian ganglion, 44
- F. T., small-pox mortality statistics, 1044; the vaccination controversy, 1710
- Bondi, Dr. E., assassination of, 32, 249
- Bonds not to practise, 962
- Bone, association of albumosuria with disease of, 1740
- grafting, case of, 1512
- Bones, parietal, in an infant, abnormal ossification of, 468
- Bonsignorio, Mlle., appointed instruction oculist at Sévres, 508
- Rook, a rare, 423, 1121
- Books and other articles injured by steam disinfection of, 58
- Booth, J., a maternal impression, 760
- Boothby, Captain C., The Memoirs of, 1746
- Bosanquet, W. C., notes on 215 cases of enteric fever, 81
- Boscombe Hospital. *See* Hospital
- Bottle, glass, injury to eyes from explosion of, 1737
- Bottles (poison), 857
- Bower, D., lunacy legislation and incipient cases, 704; legislation for well-to-do inebriates, 721
- Bowes, Dr. W. H., presentation to, 1394
- Boy, epileptic, home for, 67; aged 11, urethral stricture in a, 143; of 12 years, scurvy-rickets in a case of, 1719
- Boyce, R., the open-air treatment of tuberculosis, 1416
- Boyd, A. J., the pollution of the rivers Lee and Stort, 254; the pollution of the river Lee, 439
- F. D., appointed assistant physician to Royal Infirmary, Edinburgh, 244
- J., the so-called abortive treatment of typhoid by calomel, 852
- S., the interaction between the ovaries and the mammary gland, 830, 832
- Boyle, Miss H., early insanity in women, 1703, 1821
- Bradbury, J. B., some points connected with sleep, sleeplessness, and hypnotics, 4, 72, 134; the place of pharmacology in the medical curriculum, 402
- Bradford, appointments in the workhouse infirmary at, 55
- Bradford, W. R., on preventive inoculation, 16
- Bradshaw, B., Dictionary of Bathing Places and Climatic Health Resorts, *rev.*, 857
- T. R., carcinoma of gall bladder with abscess, 1544; association of albumosuria with bone disease, 1740
- Brain, cysticercus of, 143; of Vacher, 164; innervation of the blood vessels of, 671; treatment of affections of from lead poisoning, 673; bullet in nine months, abscess, operation, recovery, 1180; dilated ventricles of the, 1549
- Bramwell, B., thirty-five years of medical progress, 398
- J. M., the mental condition involved in post hypnotic appreciation of time, 715, 718
- Branson, G. J., lead as an abortifacient, 1593
- Brazil, British, practitioners in, 566; the plague in, 1219, 1312, 1384, 1456, 1492
- Breast, recurrent carcinoma of treated with thyroid extract and oöphorectomy, 1290
- Brewis, N. T., solid intraligamentary tumour, 1422
- Brides les-Bains as a health resort, 1208
- Bridge of Weir, the consumptive sanatorium at, 1585
- Brierley, J. B., recent vaccination legislation, 578; medical organisation, 812
- Brigade, the Welsh Border, the medical department of, 631
- Briggs, H., treatment of uterine fibroids, 1480
- Briscoe, J. F., syphilis and general paralysis, 709; legislation for well-to-do inebriates, 720; alcoholism in relation to heredity, 722; the asphyxial problem in convulsive seizures, 779; carbonic acid gas in heart disease, 1181; the medical profession in South Africa, 1304
- Bristol, the prevention of tuberculosis at, 152; correspondence from, 175, 1513, 1705; the drainage system, 175; zymotic mortality, 176; port sanitation, *ib.*; Royal infirmary nurses' home, *ib.*; St. John Ambulance Association, *ib.*; the new infectious hospital at, 291; opening of jubilee convalescent home at, 1439; visit of Queen to, 1439, 1513; sewage disposal scheme at, 1513
- Britain, early decay of teeth in, 592
- British Guiana, medical appointments in, 562; British practitioners in, 565
- Honduras, medical appointments in, 563
- New Guinea, morbid conditions met with among the natives of, 1277
- North Borneo, the public medical service of, 1240
- "British Pharmacopœia," the and pharmacy, 1499, 1664, 1727, 1784
- Broadbent, G. H., the British Medical Association and ethical questions 312; the proposed Conciliation Board, 436; medical organisation, 957, 1447, 1707
- J., the South Kensington Fine Art Association, 128
- Sir W. H., treatment of tuberculosis, 1155; the open-air treatment of tuberculosis, 1416; the charitable funds and the profession, 1514; aneurysm of the ascending aorta, 1525
- W., arterial tension under anæsthetics, 84
- Brock, G. S., a modified Duplay's nasal speculum, 1686

- Brodie, Dr. J. E., death of, 1818  
 — T. G., the physiological action of diphtheria toxin, 1282  
 Bromide of sodium in the treatment of the morphine habit, 188  
 Bromley, F. E., illegal certificates, 957  
 Bronchitis, plastic or croupous, 69  
 Bronchocele, specimens of, 1610  
 Broncho-pneumonia following rheumatoid arthritis, 1009  
 Bronchus, sudden death from obstruction of a, 1288  
 Bronner, A., sympathetic irritation and ophthalmitis, 765; the use of homatropine in some cases of muscular asthenopia, *ib.*; the local use of formalin in the treatment of trophic rhinitis (often called ozæna), 999, 1000; removal of the lens for high myopia, 1423  
 Bronzing of the skin in hypertrophic cirrhosis of the liver, 1595  
 Brouardel, P., *Traité de Médecine et de Thérapeutique*, *rev.*, 1744  
 Brower, D. R., the medical aspects of crime, 100  
 Brown, A. G., South Africa as a health resort, 282; *Guide to South Africa*, *rev.*, 1022  
 — E. A., Dupuytren's contraction of the palmar fascia, 1107  
 — G., the Newcastle address of, 1504; address of to East York and North Lincoln Branch, 1618  
 — G. G., South Africa as a health resort, 282; *Guide to South Africa*, *rev.*, 1022  
 — H. R., should doctors be allowed to dispense? 121  
 — W., *Regina v.*, 1583  
 Browne, J. C. *See* Crichton-Browne  
 — Miss R., caterpillar rash, 824  
 Bruce, A., auditory aphasia, 146; cerebellar ataxia, *ib.*; the pathology of tabes in relation to general paralysis of the insane, 1475  
 — J. M., cases of septicæmic infection treated with antistreptococcus serum, rapid recovery, 76; presidential address in the Section of Medicine at the annual meeting of the British Medical Association, 345; the outlook in medicine and its lessons, 916; treatment of tuberculosis, 1157; *Materia Medica and Therapeutics*, *rev.*, 1366  
 Brunton, T. L., headaches and their treatment, 1241; the removal of the wounded, morphine injections, 1766  
 Bryan, J. H., suppuration of frontal sinuses, 995  
 Bryant, J. H., on infective endocarditis, 1275  
 — T., the organisation of the profession, 192; the open-air treatment of tuberculosis, 1677  
 Bryce, T. H., fertilisation and segmentation in the echinus, 1200  
 Buchanan, Mr. Robert, at the Back of Beyond, 101  
 — R. J. M., the etiology of cancer, 1740  
 — Major W. J., on psilosis, 639; dysentery as a terminal symptom of disease in the tropics, 653; a case of cerebro-spinal fever in India with bacteriological examination, 1412  
 Buck, T. A., atrophy of the testicle after operation for varicocele, 512; interstitial myoma of uterus, 1703  
 Buckley, C. W., sudden death from obstruction of a bronchus, 1288  
 — S., tubal abortion, 1293  
 Budd, Mr. S. P., obituary notice of, 817  
 Buggies, American, 572  
 Bulawayo, memorial hospital at, 821, 1212  
 Bull, G., the stereoscope as a test for inefficiency of the ocular muscles, 776  
 Bullet, the Dum-dum and the Peace Conference, 278; in brain nine months, operation, recovery, 1189  
 — wounds of the chest, four cases of, 1067  
 Bullets, localisation of by x rays, 1064, 1227  
 Bull fights, the coup de grace in, 1594  
 "Bullfinch," the, the disaster to and Haslar Hospital, 442  
 Bulloch, W., on infective endocarditis, 1275  
 Bunsen, Professor, death of, 484  
 Burdett, Sir H. C., Burdett's Hospital and Charities, *rev.*, 1114; the hospitals and the war funds, 1766  
 Burdon-Sanderson, Sir J., complimentary dinner to, 289; the relation of science to experience in medicine, 1333  
 Burgess, Dr. D., presentation to, 956  
 Burn, Dr. G., obituary notice of, 630  
 Burnley, the district sanatorium at, 1520  
 Burns and other surface wounds, the treatment of, 1187  
 Burns, Smith *v.*, 60  
 — Mr. R. J., death of, 1518  
 Burntisland, enteric fever at, 821  
 Burton, W., The Use of Lead Compounds in Pottery from the Potter's Point of View, *rev.*, 214  
 Burton-Fanning, F. W., treatment of tuberculosis, 1158; the open-air treatment of tuberculosis, 1416  
 Bury, J. S., the prognosis in certain chronic diseases of the nervous system, 1291  
 Bush, J. P., on gunshot wounds of the abdomen, 1064; a plea for more extensive operation in the treatment of malignant disease of the jaws, 1067  
 Butlin, H. T., presidential address in the Section of Surgery at the annual meeting of the British Medical Association, 346  
 Butter preservatives, 486  
 Buzzard, T., the pathology of tabes in relation to general paralysis of the insane, 1475  
 Byers, J. W., treatment of fever following delivery, 971  
 By-laws as to infectious cases, 322  
 Byles, J. B., a urethral syringe, 1484  
 C.  
 Cadge, Mr. W., the reported death of, 1806  
 Cæcum, excision of, 1479, 1546  
 Cæsarean section, successful case of, 148; for eclampsia, 1626, 1718; case of, 1739  
 Calculus, renal, abdominal nephrectomy for, 270; encysted vesical, 1108; renal, localised by x rays, 1424; vesical, suprapubic lithotomy for, 1543; vesical, resembling cancer, 1603  
 Caley, H. A., prognosis of appendicitis with notes of 200 cases, 1547  
 Cal lymph, glycerinated, the keeping of, 40; defective, 497, 604; of the National Vaccine Establishment, 1116, 1219, 1311, 1813  
 — vaccine. *See* Call lymph  
 California, nurses in, 928; contract practice in, 1807  
 Call, the courtesy, 1332, 1460  
 Calmette's antivenene, the preparation and use of, 660; in Indian hospitals, 693; case of snake bite treated with, 823, 1412, 1732  
 Calomel, the so-called abortive treatment of typhoid by, 852  
 Calvarium, a case of 'compound comminuted depressed fracture of, 1474  
 Calwell, W., medical tests for the public services, 576; treatment of tuberculosis, 1158; gastric adhesions as a cause of dyspepsia, 1185; dermatitis venenata, 1385; stomatitis, 1306; gastric diverticula, *ib.*  
 Cameron, J., University of Edinburgh, practical work, 802  
 — M., treatment of fever following delivery, 970; rupture of the uterus at full term, missed labour, delivery nine weeks later, 972  
 Cammidge, P. J., fallacies in connection with tests for albumen, 1549  
 Campbell, A. W., the relationship between syphilis and general paralysis of the insane, 704  
 — C., the technique of vaccination, 578, 579  
 — H., on morbid self-assurance, 786; the enlargement of the chest in emphysema and its treatment, 1183; treatment of headaches, 1245  
 — H. J., Addison's disease, 1608  
 — R., treatment of hernia in children, 472  
 — T., a case of cardio-pulmonary rûle, 1414  
 — W. M., use and abuse of the midwifery forceps, 1112  
 Canada, British practitioners in, 564  
 Canal, alimentary. *See* Alimentary  
 — femoral. *See* Femoral  
 — spinal. *See* Spinal  
 Cancer, cataphoric treatment of, 22; the local distribution of, 37, 47; the etiology of, 179, 1740; of rectum; induction of premature labour in a case of, 209; statistical errors as to, 293; and cattle, 736; in the lower animals, 815, 882, 1046, 1400; uterine, treatment of, 981; extensive trans-sacral excision of the rectum for, followed by perfect sphincteric control, 1085; uterine, surgical treatment of, 1086; excision of rectum for by a new method and its results, 1190; a modern view of, 1461; the incidence of, 1465; vesical calculus resembling, 1603  
 Cancerous process, the nature of, 1817  
 Cancrum oris, 1549  
 Cane, L., case of acute traumatic tetanus, rapid and fatal termination, 1010  
 Cane sugar and dextrose, 1778  
 Cannabis indica, the pharmacology of, 1354, 1440, 1517, 1708  
 Cantlie, J., caterpillar rash, 315; early decay of the teeth in Britain, 592; on psilosis, 640; on suprahepatic abscess, 646; the interaction between the ovaries and the mammary gland, 831; the lobes of the liver, 833  
 Canvassing by agents and by cards, 635; professional, 1373  
 Capetown, correspondence from, 624; medical reform in the South African colonies, *ib.*; enteric fever at Stellenbosch, *ib.*; popular health lectures, *ib.*; proposed post-graduate medical school at, *ib.*; the wounded at, 1758  
 Carbonic acid gas, prebalar treatment of heart disease by inhalations of, 1178  
 Carcinoma of testicles, 1198; recurrent of the breast treated with thyroid extract and oophorectomy, 1200; of sigmoid, 1479; of gall bladder, with abscess, 1544  
 Cardiac. *See* Heart  
 Cardiff, the friendly societies of and the proposed Conciliation Board, 250; the prevention of tuberculosis in, 1206  
 Cards, advertising, 511  
 Cargill, L. V., growth on eyelids, 1788  
 Carlisle, the prevention of tuberculosis at, 1799  
 Carnot, P., *Les Régénérations des Organes*, *rev.*, 90  
 Carpenter, P. T., an unusually large liver abscess, operation, recovery, 208, 636  
 Carr, J. W., tuberculosis in childhood, 627, 814  
 Carrasquilla, the cultivation of the bacillus lepræ, 44  
 Cars, motor. *See* Motor  
 Carslaw, J., an unusual case of cardio-pulmonary rûle, 83  
 Carter, G., intracranial tumour, 1682  
 — H. C., dentists, telephones, 1400  
 — R. C., the representative of the Society of Apothecaries, 1646  
 Carvell, J. M., live and let live, 823; administration of anaesthetics to patients of unqualified dentists, 892  
 Carwardine, T., excision of the rectum for cancer by a new method, and its results, 1190  
 Casagrandi, the destruction of mosquitos, 683  
 Case, portable for testing urine, 1556; pocket, for drugs, *ib.*  
 Casebook (Pocket) for Private and District Nurses, *rev.*, 857  
 Cash, J. T., *The Pharmacology of Aconitine, Diacetyl-Aconitine Benzacoinite, and Aconitine considered in Relation to their Chemical Constitution*, *rev.*, 1365  
 Cassel, strike of German doctors at, 301  
 Castellino, P., chlorosis, 1368  
 Cat, the as a carrier of the plague, 1588  
 Catarrh, nasal, recurrent sneezing and, 127  
 Caterpillar rash, 315, 512, 696, 824  
 Cattle, tuberculosis in in Victoria, 301; cancer and, 736; milch and tuberculin in India, 757; dairy, tuberculosis in, 1213; the prevention of tuberculosis in, 1437  
 Caution, a, 448; a word of, 1563  
 Cautley, E., convulsions in infancy, 463; the causation of night terrors, 465; abnormal ossification of the parietal bones in an infant, 488; the bacteriology of a "common cold," 627; a case of aphasia, 1418; case of congenital heart disease, *ib.*  
 Cayley, Deputy-Surgeon-General H., the medical examination of candidates for the public services, 626, 1319; sympathetic irritation and ophthalmitis, 764; on visual tests, 766; the eyesight of pilots, 1046  
 Cell memory, the neuron and, 1378  
 Celli, A., the destruction of mosquitos, 683  
 Cellulitis, suppurative pelvic, 1608  
 Census, the next, London and, 40, 99  
 Central Provinces of India, report of the lunatic asylums of, 757; hospitals and dispensaries of, 962  
 Cerebellar symptoms relieved by trephining, 1289  
 Cerebral. *See* Brain  
 Certificates, sick, charge for, 187; illegal, of proficiency in medicine, surgery, and midwifery, 438, 502, 569, 685, 747, 879, 957, 1043, 1138, 1223, 1315, 1384, 1387, 1446, 1515, 1587, 1658; of death and unqualified practice, 506; issued by societies, 686; sick, charge for, 696; of death and registration, 1239; medical, privilege as to, 1652  
 Certification of death, 584, 607; and modern cremation, 1690  
 Ceylon, medical appointments in, 563  
 Chadwick, J., the prevention of tuberculosis, 1482  
 Chalfont St. Peter, opening of new homes for epileptics at, 28  
 Chamber, Liebig's pneumatic, 1056  
 Chance, W., the Poor Law in relation to the aged poor, 1694  
 Chaplin, Mr. H., on the Vaccination Act, 1563, 1582  
 Chapman, C. W., obstruction of the inferior vena cava, probably syphilitic, 1547

- Characters, acquired, transmission of, 833, 1045, 1226, 1316
- Charges, recovery of, 507
- Charities, medical, the use of, 1381
- Charles, J. J., recent advances in physiology, 394; the interaction between the ovaries and the mammary glands, 831; the lobes of the liver, 833; the causes of the entrance of oxygen in the blood into the lungs, *ib.*; transmission of acquired characters, 834; the function of the rectum as a reservoir, 840; vascular abnormalities, 845; reaction of the intestinal contents, *ib.*
- R. H., the progress of the teaching of human anatomy in Northern India, 841
- Chart, "Gutenberg" temperature and pulse and respiration, 1687
- Charterhouse School, visit of Medical Officers of Schools Association to, 125
- Chatham, the new naval hospital at, 98
- Cheatle, A. H., the petro-squamosal sinus, 489
- G. L., the relative immunity of dogs to infection, 1518
- Cheesman, E. R. R., quinine as an antipyretic, 1009
- Chemist *v.* doctor, 4519
- Chemistry, textbook on, 1524
- Chemists, pharmaceutical, and companies, 1517; and wholesale prescriptions, 1707
- Chest, four cases of bullet wounds of the, 1067; the form of in phthisis and its significance, 1176; the enlargement of in emphysema and its treatment, 1183; the mechanical treatment of some diseases of, with special reference to emphysema, 1265
- Chetwood-Aiken, K. C., sterilised ophthalmic dressings, 1298
- Cheyne, W. W., the natural history of tubercle, 111; old dislocation of the hip with fracture of acetabulum, 1290; the Harveian lectures on the surgical treatment of tuberculous diseases, 1659, 1721, 1779
- Cheyne-Stokes respiration, observations on, 835
- Chicago, correspondence from, 55; Rush Medical College, 55; American Surgical Association, *ib.*; medical inspectors in the schools of, 1726
- Child, irreducible hernia of Fallopiian tube and ovary in a, operation, recovery, 853; aged 3½ years, sarcoma of the stomach in a, 1535
- Childe, C. P., a case of bilharzia hæmatobia, 644; treatment of puerperal infection, 990
- Childhood, ununited fracture in, 449, 627, 686; the treatment of pleuritic effusion in, 450; the morbid anatomy of tuberculosis in, 455; tuberculosis in, 626, 685, 753, 814, 1046
- Children, remanded to the workhouse, treatment of, 63; defective school, examiners of, 63; feeble-minded, the education of, 185; Poor-law, the emigration of, 322; the causes of cough in, 465; the treatment of hernia in, 470; defective and epileptic, elementary education of, 1207; backward, the University of Chicago and the training of, 1237; school, deviation from the normal in, 1308; imbecile in London, *ib.*; æsthetic colour sense in, 1379; school, examination of in an epidemic of diphtheria, 1456
- Chili, British practitioners in, 565
- China, the plague in, 498, 621, 681, 1620; insani- tary ports in, 693; use of opium in, 1753
- Chloroform, threatened death under, 68; failure of respiration during administration of, 85; after tartar emetic in reducing a dislocation, 892; death under, 1055
- Chlorosis, discussion on at the International Medical Congress, 1368; febrile, 1765
- Chocolate with milk, 1745
- Cholecystectomy, notes on, 23; for distended gall bladder, 1194
- Cliedochotomy, case of, 1199
- Cholera in Asiatic Turkey, 1378; precautions against at Tor and Suez, 1703
- Chorea, hydrobromate of hyoscine in, 274; acute, the pathology of, 1277
- Chorion, hydatidiform degeneration of the, 1110
- Choroid, sarcoma of the, 1737
- "Christian Science" as a cause of death, 277; Mark Twain on, 1123
- Christmas cards, 1612
- gift books, 1551
- Chromocyste clumping, 1357
- Churton, T., aneurysm of the first part of the arch of the aorta projecting into the right axilla, 1109; œdema without albuminuria, 1292
- Circulars issued by vendors of practice, 1147
- Circulation, the, uric acid and, 1159
- Circumcision under cocaine, 84; in Hungary, ministerial order as to, 1796
- Cirrhosis, hypertrophic alcoholic, 1481; hyper- trophic of the liver with bronzing of the skin, 1595
- Cito, tuto, sed non jucunde, 1400
- Civilisation and hernia, 751
- Clark, A., the remuneration of witnesses in criminal cases, 1217
- Clarke, A. P., pelvic tuberculosis, 23
- J. J., operation for contraction of the forearm, 468; an operation for hammer-toe, 1009; an analysis of 100 cases of curvature and other affections of the spine, 1101; Kraske's operation, 1289
- W. B., the relation of bacillus coli communis to other organisms in the urine, 1472
- Clavicle, fractured, splint for, 1291
- Clavicles, fracture of both, 1602
- Clay, J., removal of gall stone from common duct by incision through the duodenum, 1424
- Clegg, J. G., ganglionic neuromata of face, 1610
- Clemow, F. C., the reported outbreak of plague in Russia, 686; the plague in Russia, 957, 1709
- Climate and the cure of consumption, 56, 179; and the plague, 1753
- Clindening, Mr. W. T. obituary notice of, 1052
- Club doctor, liability of attendance of on pa- tients, 1239
- practices, the unprofitable nature of, 290
- rates, 1459
- surgeons, supply of medicines by, 43
- Club, Cambridge Medical Graduates, dinner of, 126
- and Institute, the Wellcome, opening of, 63
- an x-ray, formation of at Enfield, 1775
- Clubs, medical appointments to, 1331, 1459; acci- dent, payments in, 1821
- Coblentz, V., The Newer Remedies, *rev.*, 1366
- Coca de mer, specimens of, 759
- Cocaine, circumcision under, 84; in conjunction with suprarenal extract to obtain bloodless and painless operation, 85; use of in labour, 1674
- Coccyx, excision of, 1730
- Cockles, an outbreak of typhoid fever at Shoe- buryness attributed to eating, 1669
- Coliotomy for proclitidia uteri, 978
- Coffey, D. J., distribution of glands in human œsophagus, 212; histology of human vermi- form appendix, *ib.*
- Cold, "common," bacteriology of, 627
- Cole-Baker, G., Casarean section, 1759
- Coleridge, Hon. S., and the Poplar Hospital, 163, 250, 316, 437
- Coles, A. C., the bacillus of influenza, 1284
- Coley, F. C., alcoholism in its relation to heredity, 1228
- Colitis following rheumatoid arthritis, 1009
- Collapse, saline injections in, 656
- College, Anderson's Medical, Glasgow, instruc- tion at, 542; alterations in staff of, 1520
- Hygeia Medical of Ohio, powers of, 614
- King's, London, entrance scholarships at, 2053; the chair of medicine at, 1666
- Mason University, Birmingham, the professorship of physiology at, 183; the medical faculty of, 537; opening address at, 893; inaugural meeting of the winter session, 951; presentation of prizes at medical school at, 1134; address by Professor Chiene, *ib.*; the chair of pathology and bacteriology at, *ib.*; opening of new laboratories at, 1705; class rooms, *ib.*; gift by Dr. Rickards, *ib.*
- Medical for Women, Edinburgh, in- struction at, 541
- of Medicine, University of Durham, appointments and scholarships at, 539; con- versazione, 951; the lectureship in mid- wifery, etc., at, 936
- Owens, Manchester, the medical de- partment of, 538; opening address at, 902, 950; annual dinner of medical school, 950; and women students, 933
- Queen's, Belfast, instruction at, 543; the professorship of medicine in, 734, 799, 1438; annual report of, 887; inaugural address at, 1526; the medical school of, 1763
- Queen's, Cork, instruction at, 543; visi- tation of, 1700
- Royal Medical Benevolent, Epsom, ap- peal for funds for, 117; prize day at, 363, 385
- Royal Military, Sandhurst. *See* Sand- hurst
- Royal of Physicians, Edinburgh, and the prevention of communicable disease, 42; regulations as to diplomas at, 528
- Royal of Physicians in Ireland, licen- tiates of, 320; regulations as to diplomas, 530; list of officers, etc., of, 1235; licences, 1394, 1455
- Royal of Physicians of London, general meeting of Fellows, 61; comitia of, 442, 1143, 1326; officers, etc., of, 442; regulations of as to diplomas, 523
- Royal of Surgeons of Edinburgh, pass lists, 319; regulations as to diplomas at, 528; admission of fellows, 1775; prize essay, *ib.*; Bathgate medal, *ib.*
- College, Royal of Surgeons of England, memo- rial of members of, 61; pass lists, 61, 1652; the centenary of and the representation of mem- bers, 97; result of election to council of, *ib.*; meeting of council of, 97, 254, 1143, 1393, 1775; the election to the council of the, 180; the honorary fellowship of, 253; additions to museum of, 255; petition as to supplementary charter of, 508; regulations of as to diplomas, 524; the calendar of, 1142; resolutions, etc., to be moved at annual meeting of, 1373; and pro- fessional canvassing and advertising, *ib.*; an- nual report of council of, 1393; annual meeting of fellows and members of, 1442
- Royal of Surgeons in Ireland, pass lists, 62, 1520, 1653; Barker anatomical prize, 62; award of prizes and scholarships at, 255; regu- lations as to diplomas, 531
- Royal Veterinary, opening address at, 926
- Rush Medical, entrances, etc., at, 55
- St. Mungo's, Glasgow, instruction at, 541
- University, Bristol, the professorship of physiology at, 320; the medical faculty of, 537; the annual dinner of, 1329, 1513
- University, Dundee, instruction at, 542; opening of winter session at, 1125
- University, Liverpool, the medical faculty of, 538; inauguration of session at, 956; distribution of prizes at medical faculty of, 1134; the progress of the school at, *ib.*; resig- nation of Principal Glazebrook, *ib.*
- University, London, "conversazione" at, 41; the Jodrell professorship of zoology at, 168; the Jodrell professorship of physiology at, 364; post-graduate instruction at, 551; opening address at, 918; entrance scholar- ships, 951
- University, Sheffield, the medical de- partment of, 539, 956; need for increased accommodation at, 1705
- University of South Wales and Mon- mouthshire, the medical school of, 540; open- ing address at, 1015; opening of session, 1038; the department of public health at, 1775
- Yorkshire, Leeds, the medical depart- ment of, 537; opening address at, 898; distri- bution of prizes, 951; dinner, *ib.*; award of scholarship at, 1115; students at, 1314
- Women's Medical, New York, closing of, 125
- and Polyclinic, London Medical Gradu- ates', instruction in, 550; numbers of students of, 868
- Colleges, Royal, the propriety of distinguishing between, 1332
- Colles's fracture, the condition of the ulnar sty- loid process in, 1225
- Collier, J. S., cerebellar symptoms relieved by trephining, 1289
- M. P. M., suppuration of frontal sinuses, 995
- Colliery surgeons. *See* Surgeons
- Collingwood, Dr. D., obituary notice of, 883
- F. W., the nurse of the period, 58, 180; members' (R.C.S.) gowns, 252, 753; the reserves to the war in South Africa, 1148
- Collins, E. T., enophthalmos, 846; primary neo- plasm of optic nerve, 1419
- Colman, H. C., poisoning with liquor morphinæ hydrochloridi, recovery, 1731
- W. S., Clifford Allbutt's System of Medi- cine: a correction, 439
- Colon, ulceration of in typhoid fever, 142
- Colonial Office, the, and the British Medical Association, 417
- Colonies, Crown, the medical service of, 252; medical appointments in, 562
- Colorado, view of the governor of on medicine, 623
- Colotomy, new method of performing, 1481
- Colour blindness in the mercantile marine, 770
- sense, æsthetic, in children, 1379; and light sense, 1795
- Colours, a method of printing in, 693
- Columbus, was he morally irresponsible? 300
- Comby, J., Traité des Maladies de l'Enfance, *rev.*, 87
- Commission, a French National against Tuber- culosis, 1756
- on Inland Fisheries in Ireland, members of, 480
- Malaria. *See* Sierra Leone
- the Malaria of the Royal Society, 1499, 1753; departure of for Sierra Leone, 1766
- Prisons, Scotland, report of on diet- aries, 873



Commissioners in Lunacy. report of, 871; prosecution by, 1590  
Commissions, secret, and the medical profession, 665, 667, 731, 812, 1332, 1400; and surgical instrument makers, 1777  
Committee, Central British Red Cross and the War in the Transvaal, 1233; the hospital ship and train of for South Africa, 1304  
— on Dangerous Trades, final report of, 874  
— Departmental on Glanders, report of, 568  
— on Food Preservatives, members of and terms of reference to, 242  
— Red Cross. See Red Cross  
Companies, dental, in Victoria, 40; practice by, 421; the Pharmaceutical Society and practice by, 1371; and pharmaceutical chemists, 1517  
— Amendment Bill. See Bill  
Company, the Spectacle Makers and diplomas, 1562  
Conciliation Board. See Board  
Conference, International on Syphilis, etc., appeal for aid in success of, 253; date, etc., of, 634; meeting of, 669, 676, 739; opening ceremonies, 676; election of officers, *ib.*; systems of regulation and venereal disease, *ib.*; leading article on, 779; receptions, 739; improvement of system of inspection, *ib.*; reception by the burgomaster, *ib.*; the licensing of brothels, *ib.*; banquet to visitors, 740; resolutions, *ib.*; reception by the King, 741  
— the Peace and the Dum-dum bullet, 278  
— Poor-law, annual meeting of, 1563  
Congo State, pathology in the, 298  
Congress, Australasian Medical, meeting of, 1440; executive report, *ib.*; dental section, *ib.*; the Contagious Diseases Act, *ib.*; ceremonial opening of, *ib.*; presidential address, *ib.*; votes of thanks, 1441; reception, *ib.*  
— British on Tuberculosis, preliminary meeting as to, 1763  
— French, of Medicine, meeting of, 424  
— French, of Surgery, date and subjects of discussions and place of meeting of, 63  
— German, of Scientists and Medical Practitioners, date, place of meeting, and subjects of discussion at, 402  
— Intercolonial Medical or Australasia, particulars as to, 736  
— International Charities, date, place of meeting, and subjects of discussion at, 602  
— International Electro-therapeutic, organisation of, 693  
— International on Hypnotism, date, place of meeting, and subjects of discussion at, 888  
— International Medical, meeting of National Committee for Great Britain and Ireland of, 104; the "Practitioner" on, 636; the representation of British medicine at, 753; list of secretaries of Sections, etc., of, 1209; Italy and, 1360; lodgings for visitors to, 1752  
— International of Medical Ethics, arrangements as to, 1382  
— International of Medical Officers of Life Assurance Companies, opening ceremony, 952; medical reports, *ib.*; professional secrecy, *ib.*; anthropology and life assurance, *ib.*; the examination of the heart, 953; early diagnosis of general paralysis, *ib.*; diabetes, *ib.*; statistical data concerning the mortality among the insured, 1022; traumatic neuroses in relation to assurance, *ib.*; syphilis and assurance, *ib.*; neurasthenia, 1023; tuberculosis, *ib.*; fraud in matters of life assurance, *ib.*; the symptomatology of constitutional defects, *ib.*; chronic alcoholism, 1024; albuminuria, *ib.*; ear disease, *ib.*; skiagraphy, *ib.*; concluding proceedings, *ib.*; entertainments, *ib.*  
— International of Obstetrics and obstetrical nomenclature, 868  
— International Ophthalmological, meeting of, 610  
— International Otolological, programme of, 322; meeting of, 415, 483; past and present congresses, 415; the museum, *ib.*; opening ceremonies, *ib.*; election of officers, 416; measurement of hearing power, *ib.*; tuberculosis of the middle ear, *ib.*; congenital anomalies, *ib.*; adenoid vegetations, *ib.*; the mastoid operation, *ib.*; lantern demonstrations, *ib.*; indications for opening the mastoid in chronic suppurative otitis media, 488; the petrosquamous sinus, 489; treatment of tympanic disease, 490; extraction of the stapes, *ib.*; papers, *ib.*; next meeting, *ib.*; the Laual prize, *ib.*; concluding proceedings, *ib.*; entertainments, *ib.*

Congress International Psychological date, place of meeting, etc., of, 125  
— International on Tuberculosis, report of delegates of British Governments to, 167; the "Transactions" of, 1216; proposal to hold in London, 1500, 1567  
— International Women's, meeting of, 39, 92  
— of Italian Alienists, date, place of meeting, etc., of, 693  
— Italian Medical, president's address, 1368; chlorosis, *ib.*; acute infections of the pancreas, 1369; papers, *ib.*; Italy and the International Medical Congress, *ib.*  
— Medical in Copenhagen, date, etc., of, 1773  
— Pan-American, postponement of, 1715  
— of Public Health, meeting of at Blackpool, 867  
— of Sanitary Institute, meeting of, 622; president's address, *ib.*; annual exhibition, *ib.*; conference of municipal representatives, 698; conference of port sanitary authorities, *ib.*; conference of medical officers of health, 679; conference of medical officers of schools, *ib.*; conference of ladies, *ib.*; conference of veterinary inspectors, *ib.*; section of sanitary science and preventive medicine, *ib.*; section of physics and chemistry, 680; tuberculosis, 737; the plague, *ib.*  
— South African Medical, postponement of, 674  
— a World's of "Antivacks," meeting of, 1053  
— World's Temperance, date, place of meeting, etc., of, 1053  
Conjoint Board in England, pass lists, 98, 182, 1143, 1652; regulations as to diplomas, 523; regulations as to State medicine, 555  
— in Ireland, pass lists, 183, 319, 651, 1235, 1394, 1455, 1711; regulations as to diplomas, 530; regulations as to diplomas in State medicine, 558; medical students' guide for, 736  
— in Scotland, pass lists, 319, 444; regulations as to diplomas at, 527; regulations as to diplomas in State medicine, 557  
Conjunctiva, changes in produced by chronic inflammation, 144; primary sarcoma of the fornix of, 774  
Conjunctivitis, follicular, epidemic of, 1363; membranous, treated by antidiaphtheritic serum, 1792  
Constantinople, the plague at, 745  
Constipation, infantile, 1524  
Consultations after accidents, 256  
Consumption, climate and the cure of, 56, 179; more cures for, 103; sanatoria for, 281, 1122, 1658; a pioneer on the treatment of, 1514, 1587, 1709  
Contract medical practice, 95, 153, 290, 497, 604, 1807  
Contraction of the forearm and hand following infantile hemiplegia, operation for, 466  
Contracts and fees under the Vaccination Act, 604  
Convention, the Geneva, provisions, etc., of, 1699  
Convulsions in infancy, 460; infantile, the etiology of, 666  
Convulsive seizures, the asphyxial problem in, 770  
Cook, Mr. L., presentation to, 480  
Cooke, Dr., an appeal on behalf of family of, 448  
— J. B., biblical medicine, 1460  
Cookery for the wounded, 1804  
Coolies, Hindu, acute yellow atrophy of liver in, 86  
Cooper, A., syphilis and general paralysis, 816  
— B., poisoning by primula obconica, 1543  
— J. N., medical aid associations, 1658  
Co-operation, Glasgow and West of Scotland Trained Nurses, the work of, 184  
Coorg, medical and sanitary report of, 717  
Coosemanns, ear disease and life assurance, 1024  
Capnall, H. H., The Law Relating to Infectious Diseases and Hospitals, *rev.*, 1797  
Cord, spinal, the posterior columns of, 131; the development of disturbances of sensation in diseases of the, 1601  
Cordes, A., biblical medicine, 1460  
Corfield, Dr. W. H., appointed consulting sanitary adviser to Her Majesty's Office of Works, 1308; on Sir R. Thorne, 1773  
Cornwall as a health resort, 281  
Coroner, reform in the court of, 585; a on an Irish Board of Guardians, 632; the "duty" (?) to send information on to, 1750, 1770  
Coroners, borough, 962  
Corporation, the British Homes' Insurance, the medical officerships of, 1717

Corps, Royal Army Medical, the "Manual" of, 59, 122, 182; promotion and appointments in, 59, 122, 181, 255, 386, 441, 505, 570, 691, 755, 818, 885, 960, 1049, 1142, 1233, 1324, 1392, 1491, 1651, 1711, 1770; the uniform of, 122, 692, 818, 1324; on Salisbury plain, 255; successful candidates for, 440, 441; officers of and State ceremonials, 442; undermanning of, *ib.*; regulations for admission to, 561; for India, 631; a mess for the, 756; retirement and, 819; and the Royal Engineers, 885; growing popularity of, 886; horses and field kit for the, 960; Indian relief of, 1324, 1652; recruiting officers of, *ib.*; pay of in India, *ib.*; and its equipment, 1388; at Magersfontein and Tugela, 1761  
Corpuscles, red blood certain points in the histology of the, 845  
Correction, a, 1148  
Corrections to the Educational Number, 636  
Cortex, cerebral, of man, number of nerve cells in the, 1379  
Cossham, W. R., infantile constipation, 1524  
Cottage Homes Bill. See Bill  
Cottell, Major, A. B., hæmorrhage through the lachrymal duct after plugging the nares, 1674  
Cotter, J., cholecystotomy for distended gall bladder, with removal of calculus impacted in cystic duct by direct incision, 1194  
Cotterill, J. M., cerebellar ataxia, 146  
Cough, the causes of in children, 405  
Council, General Medical. See Medical  
County Council of London and the Inebriates Act, 27, 1119, 1620; and the rating of metropolitan hospitals, 45, 155; and Bexley Heath Asylum, 243; and public health administration, 296; meeting of, 363, 1032; and the housing of the working classes, 1119; the clearance schemes of, 1218; and analyses of London water, 1305; and the London water supply, 1374; and the metropolitan main sewage question, 1375; and technical education, 1500; and municipal lodging houses, 1567; and tuberculous milk, 1691  
County Courts, proceedings in, 1770  
Coup de grace, the, in bull fights, 1594  
Court, presentation at, 122, 320  
Courtesy call, the, 1332, 1460  
Cousins, J. W., a sketch of the century's progress in medicine and surgery, 325; on gunshot wounds of the abdomen, 1062  
Coutts, J. A., convulsions in infancy, 460  
Coventry, the dispensary at, 136  
"Covering," 886  
Cox, A., the meeting of direct representatives at Newcastle, 1448  
Coxa vara, double, case of, 1363; unilateral, 1424  
Crabbe, J. S., improved chloroform mask, 858  
Craggs, J. G., the Prince of Wales's Hospital Fund for London, 1139  
Craig, J., cerebro-spinal disseminated sclerosis, 1606  
— W., Posological Tables, *rev.*, 1366  
Craig Colony, the treatment of epileptics and imbeciles at, 1228; prize essay on epilepsy, 1222  
Crane, Kidd v., 506  
Crawshaw, S., medical organisation, a proposed scheme, 750, 1043, 1315  
Cremation, in the United States, 125, 1536; modern and death certification, 1690; Dr. Farquharson on, 1805  
Crematories, camp, 819  
Creosote, treatment of malarial fevers by the inunction of, 140  
Crespi, A. J. H., on asymmetry, 840  
Crete, leprosy in, 1663  
Creuznach as a health resort, 282  
Crichton-Browne, Sir J., the quest of the ideal, 902  
Crile, G. W., prevention of shock, 23  
Crime, the medical aspects of, 100  
Crimean war. See War  
Cripps, H., retroperitoneal tumour connected with the sacral plexus, 10  
Critchett, G. A., presidential address to the Ophthalmological Society, 1196  
Crocq, traumatic neuroses in relation to life assurance, 1022  
Croly, H. G., urinary infiltration, 1681  
Crombie, Lieutenant-Colonel A., on tuberculosis in India, 1213  
Crooke, Dr. G. F., subscription to fund for widow and children of, 128, 260, 801  
Croom, J. H., mistaken sex in adult life, 18; valedictory address to Edinburgh Obstetrical Society, 1422  
Cross, F. R., plastic operation for contracted socket, 144; the pathological significance of sympathetic irritation and its connection, if any, with sympathetic ophthalmitis, 761, 765, visual tests, 774

- Crossley, Sir S., the Prince of Wales's Hospital Fund for London, 316, 1139
- Crossness, experiments on sewage at, 1038
- Croup, membranous, diphtheria and, 1128
- Crowley, R. H., tuberculosis in its relation to public health, 1794
- Cuba, leprosy in, 292; eucalyptus plantations in, 757
- Cubitus varus, case of, 1618
- Cuffe, Surgeon-General, medical tests for the public services, 575
- Cullingworth, C. J., discussions in the Sections of the annual meeting, 1708
- Cuming, Dr. J., obituary notice of, 629; proposed memorial to, 1756
- Cunliffe, R., pharmaceutical chemists and companies, 1517
- Cunningham, D. J., the nuclei of the sixth and seventh nerves, 845; sectional anatomy of the brain of orang and chimpanzee, *ib.*
- Curriculum, medical. *See* Medical
- Curzon, Lord. *See* Viceroy
- Cushington, C., cholecystectomy, 23
- Cuthbert, C. F., the treatment of tetanus by the intracerebral injection of antitoxin, 1413
- Cycle, back clip for, 857; the, as an instrument of diagnosis, 864
- Cycling, effect of on diabetes, 104
- Cyprus, medical appointments in, 564
- Cyst, papillomatous, 148; pancreatic, 1199; primary carcinomatous of liver, 1347; hydatid, in the femoral canal, 1414; hydatid of omentum obstructing labour, abdominal section and removal, 1603; ovarian, torsion of pedicle of, 1610
- Cysticercus, two cases of, 143
- Cysto-sarcoma of the pelvic connective tissue, 1608
- D.
- "Daily Chronicle," the, and medical manners among out-patients, 797
- Dalton, N., enlarged spleen with congenital volvulus of the stomach and transverse colon simulating splenic anæmia, 1418
- Darley, A. R., the shilling fee under the Vaccination Act, 497
- Darling, J. S., extirpation of penis, 1386; strangulated inguinal hernia, *ib.*
- D'Astros, L., Les Hydrocephalies, *rev.*, 88
- Davidson, A., congenital general paralysis, 706
- Davies, F. H., arch support for flat foot, 1686
- S., the personal communication of tuberculosis, 580; prevention of infection in schools, 590; phthisical persons as out-patients, 687
- W., ovarian tumour complicating labour, 1293
- Davos Platz, sanatorium for poor consumptives at, 1773
- Davy, Sir Humphry, search for house of at Hotwell, Bristol, 1705
- Dead, disposal of, between death and burial, 67
- Dean, H. P., hemolytic action of toxins, 1357; diphtheria immunity, 1358
- Deanesly, E., the treatment of impermeable stricture of the urethra by excision of the strictured segment and suture of the divided ends, 267; surgery of the kidney, 1199
- Dearden, W. F., fragilitas ossium amongst workers in lucifer match factories, 270
- Deas, F., the proposed Conciliation Board, 178
- Death, threatened, under chloroform, 68: from strychnine poisoning, 888; sudden, from obstruction of a bronchus, 1288; under chloroform, 1655; in diabetes, 1704; from industrial electrical currents, the cause of, 1802
- certification and burial reform, 316; certification of, 584, 607
- De'Ath, G. H., attendance on the families of men on active service, 1390
- Deaths, in the profession abroad, 72, 181, 218, 884, 1140, 1326, 1590, 1654, 1773; under anæsthetics, 811
- Deboeck, chronic alcoholism and life assurance, 1024
- De Bourgen, L., Les Nouveaux Verres d'Optique, les Verres Isométriques, *rev.*, 21
- Debts, bad, 1717
- De Butts, Dr. S., death of, 884
- Deciduoma malignum, case of, 17
- De Crespigny, Sir C., on army doctors, 1306
- Defence, collective, 606
- Degrees, colonial, registration of, 119; foreign, 122, 256; for practitioners, 553; non-registrable, 1519
- Delagoa Bay, the plague at, 1456
- De Leon, M., general disorders originating in diseases of the female pelvic organs, 18
- Delivery, treatment of fever following, 965
- Dementia, senile, 1607
- Dench, E. B., cerebellar abscess, 1001; treatment of epidural abscess, 1002, 1003
- Denmark, British practitioners in, 565
- Denny, Dr. R. J., charge against, 1590
- Dental therapeutic business a, 576
- Dentists, unqualified, the administration of anæsthetics to patients of, 820, 892; in Germany, 1581
- Dentition, precocious, 1543
- Deputation to Duke of Devonshire on legislation for midwives, 246
- Dermatitis venenata, 1385
- De Santi, P. R. W., a case of parathyroid tumour causing symptoms of malignant disease of the larynx and œsophagus, removal, recovery, 1003; a case of gunshot wound of the leg severing the anterior tibial nerve, secondary suture two months later, restoration of function, 1069
- De Schweinitz, G. E., sympathetic irritation and ophthalmitis, 764; correction of refraction errors in trachoma, 778
- Descriptions, names and, 1658
- Determann, H., hydrotherapeutics in neurosthenic cases, 935
- Deviation, traumatic hysterical monocular, 1608
- Devonshire, Duke of. *See* Duke.
- Devote, L., acute infections of the pancreas, 1369
- De Vries, on sea-sickness, 934
- Dextrose and cane sugar, 1778
- Dhoolie, a new, 1032
- Diabetes, the effect of cycling on, 104; insipidus, three cases of, 213; and life assurance, 953; Mrs. Garrett Anderson on, 955; and stings of insects, 1521; alcohol in, 1658; death in, 1704
- Diaries, 1555
- Diarrhœa, summer, of infants, 68; the hot weather and, 297; milk and, 481; infantile, 956; periodic, 1288; deaths from in the summer of 1899, 1377; epidemic, the study of, 1477
- Dichotomy in the United States, 43, 881
- Dick, Dr., death of, 888
- Major W., failure of respiration during administration of chloroform, 85; prevention and treatment of syphilis in the navy and army, 1070
- Dickey, A. A. G., vesical calculus resembling cancer, 1603
- Dickinson, W. H., medicine, old and new, 912
- Dickson, Staff-Nurse, presentation to, 176
- Diet table and nursing report, 1203
- Dietaries for prisons, report on, 873
- Dietetics, books on, 1821
- "Digest," the medical, 1587
- Digitalis poisoning, treatment of, 1264
- Dilatation, gastric, upwards and backwards in its relation to the heart and respiration, and its treatment, 1290
- Dilator, nasal duct, 1737
- Dinners, old students', 800
- Diphtheria and membranous croup, 1128; at Aldershot, 1370; mortality from in the three principal Australian colonies for the past fifteen years, 1409; an epidemic of, 1423; examination of school children in an epidemic of, 1456; etiology of, 1609; serum treatment of, *ib.*; mortality from in Paris, 1715; the essential toxic symptoms of, 1787; the treatment of, 1788
- toxin, the physiological action of, 1282
- Diplomas, single, 1519
- Disablement, total or partial, 1399
- Disciplines, the two in education, 893
- Disclaimer, a, 606
- Discussions in the Sections at the annual meeting, 1708
- Disease, effect of legislation on the treatment of, 180; contagious, the official concealment of, 184; trains and worry, 795; the specific causes of, 1267; the conception of, 1306; heredity in relation to, 1348; examination of the blood in, 1360
- Addison's, case simulating, 1418; case of, 1508
- Diseases, tropical, the more common forms of, met with in England, 659; the investigation of, 1753
- Disinfection of books and other articles injured by steam, 588
- refuges, 1237
- Dislocation, chloroform after tartar emetic in reduction of, 892; of radiocarpal joint, 1414; congenital, of both hips, 1618; compound of elbow-joint, 1674
- Dispensary, a free, 1593
- medical officers. *See* Ireland
- Dispense, should doctors be allowed to? 121
- 252, 512, 760
- Dispensers, unqualified, and medical men, 166
- Distemper, preventive inoculation for, 187
- Diverticulum, Meckel's, acute intestinal obstruction due to an intussusception of, 1416
- Divine, T., quinine as an oxytocic, 1460
- Dixon, A. F., the lobes of the liver, 833; on asymmetry, 840; the form of the empty bladder and the prostate, 845; ossification of the upper end of the femur in different animal groups, *ib.*; the course of the taste fibres, *ib.*
- W. E., the pharmacology of cannabis indica, 1354, 1517
- Dobell, H., the natural enemies of the mosquito, 1148
- Dock, G., quinine in malaria, 22
- Dockrell, Dr. M., presentation to, 1655
- Doctor, changing the, 127; a fourpenny, 512, 636, 760; and nurse, 696; chemist *v.*, 1519; and patients, 1590; murderous assault on a, 1715
- Doctors, should they be allowed to dispense? 121, 252, 512, 760; the handwriting of, 244; free for the poor, 611
- Dogbites in India, 757
- Dogs, in Ireland, 602; ankylostomiasis in, 1107; infective sarcomata in, 1346; the relative immunity of to infection, 1518, 1594
- Dombes, swamps of the, 1216
- Domestic science, importance of teaching, 1123
- Donald, A., tumour of suprarenal capsule, 1607; cysto-sarcoma of the pelvic connective tissue, 1608
- Donations, 62, 152, 168, 1443, 1591, 1620, 1715
- Donkin, H. B., tuberculosis in childhood, 685, 1046
- Doran, A., fibroids of the uterus and fibroids of the broad ligament in youth, 1516
- "Double consciousness," Dr. Hyslop on, 782
- Douglas, A. R. J., four cases of bullet wound of the chest, with remarks, 1067
- C. C., Chemical and Microscopical Aids to Clinical Diagnosis, *rev.*, 1020
- Douty, E. H., climate and the cure of consumption, 56
- Dove, R. A., an investigation into the bacteriology (aërobie) of air as found in schools, 599
- Dowler, H. M., five cases of so-called blackwater fever, 142
- Downie, J. W., syphilitic ulcerations of the trachea, 1006; two cases of primary sarcoma of the tongue, one pedunculated, the other interstitial, 1665
- Draffin, D. K., treatment of headaches, 1246
- Drage, L., the profession and the question of reform, 522
- Drake-Brockman, Lieutenant-Colonel E. F., on visual tests, 774
- Draper, J. W., treatment of fever following delivery, 971
- reschfeld, J., presidential address to the Manchester Therapeutical Society, 1364; hypertrophic alcoholic cirrhosis, 1481; acute disseminated myelitis, 1600
- Dressings, sterilised ophthalmic, 1298
- Drewitt, F. G. D., the open-air treatment of tuberculosis, 1676
- Dreyfus delirium, 731
- Driver, F. J., on infective endocarditis, 1277; the pathology of milk, 1342
- Droitwich, the brine baths at, 63
- Drug circulars in open envelope, 824
- Drugs, pocket case for, 1556
- Drummond, D., functional heart disease with cyanosis, 1199
- W. B., alcoholism in relation to heredity, 1137
- Drysdale, C. R., the International Conference on Syphilis and Venereal Diseases at Brussels in September, 253; recent vaccination legislation, 577; meat inspection, 584; the prevention and treatment of venereal diseases in the army and navy, 1072; the prevention of venereal disease, 1320
- Dublin, the prevention of tuberculosis in, 90; proposed hospital for infection diseases in, 800, 933; enteric fever among the police at, 821; typhoid fever in, 862, 1378, 1755; munificent bequests to hospitals and, 1470
- Duchenne, the scientific work of, 1215
- Duckworth, Sir D., medical tests for admission to the public services, 573; notes on a case in which antityphoid inoculations were practised, 1407
- Duct, lachrymal. *See* Lachrymal
- Dudgeon, R. E., what is homeopathy? 816
- Duel between medical students, 1715
- Dukes, C., the restlessness of old age and its treatment, 1542
- Duke of Devonshire, deputation to on legislation for midwives, 246
- Duke, A., the restriction of the sale of small arms, 753; wholesale prescribing, 1718
- Dun, R. C., ununited fracture in childhood, 686; sacro-iliac joint disease, 1200
- Duncan, Dr. J., death of, 614; obituary notice of, 680
- Dunlop, eyesight of pilots and railway servants in Scotland, 958

Dunn, P., a new ophthalmoscope, 1746  
Dupuytren's contraction of the palmar fascia, 1107  
Durham, contract medical practice in the county of, 497  
Dust, defective system of removal of in London, 1778  
Dutch, H., wholesale prescribing, 1778  
Dwelling-houses, the abatement of coal smoke nuisance in, 1565  
Dwellings, tenement, 1521  
Dysart, Dr. J., presentation to, 64  
Dysentery as a terminal symptom of disease in the tropics, 653; tropical, magnesium sulphate in, 1413, 1474  
Dyspepsia, gastric adhesions as a cause of, 1185  
Dyspnoea, unusual, in the uræmic state, 851

## E.

Ear, rheumatic diseases of the, 674; disease of and life assurance, 1024; effects of modern artillery fire on, 1437; a method of removal of foreign bodies from the, 1473; middle, sarcomatous disease of, 1740  
Earl of Leicester, donation of £10,000 by to the Norfolk and Norwich Hospital, 1630  
— of Rosebery, the and the medical profession, 363; a medical ancestor of, 800  
Earl, H. C., pathological eyes, 1478; malformation of kidneys, 1738  
Early rising, degenerate, 671  
Ears, bleeding from in mountain sickness, 1459, 1524, 1594  
East Africa, German, the plague in, 292; Portuguese, the plague in, 809, 877  
— End, medicine in the, 121; violence in the, 165; scarcity of water in, 681  
— Ham, cottage hospital for, 634  
Eastbourne as a health resort, 281  
Eastes, G. L., antistreptococci injections in septicæmia, 253; the pathology of milk, 1141  
— T., acute abdominal lesions, 203  
Eccles, W. M.A., treatment of hernia in children, 473  
Echinus, fertilisation and segmentation in, 1200  
Eclampsia, treatment of by saline injections, 18, 123; puerperal, 145; Cesarean section for, 1626, 1718  
Economy and account keeping, 512  
Eddowes, A., on Stonehenge, 804  
Edge, F., fistula in ano treated by subcutaneous excision, 851; a protective against fleas, 892; the cleansing of surgeons' hands, 1318; a hydatid cyst in the femoral canal, 1414  
Edgeworth, F. H., a case of locomotor ataxy and right hemiplegia, 853  
Edinburgh, the prevention of communicable disease at, 42; post-graduate instruction in, 553; the John Usher Institute of Public Health in, 867; correspondence from, 1220; opening of medical schools at, 26; zymotic disease in, 1810  
— "Edinburgh Review," the, on vivisection, 866  
Edington, G. H., defective development of the ribs, 253; peritonitis albuginea, 1099  
Edmonds, F. H., the medical service of Crown Colonies, 252  
Edmunds, J., strychnine injection in shock, 1709; dextrose and cane sugar, 1778  
Education, the two disciplines in, 893; medical, the proper objects and necessary limitations of, 937; medical, the present condition of, 1015; medical, 1025, 1135, 1223, 1314, 1389, 1446; medical, cost of, 1399  
— Bill, See Bill  
Edwards, F. S., primary nephrectomy for complete rupture of kidney, 1516  
Eels as water purifiers, 1207  
Effusion, pleuritic in childhood, treatment of, 450  
Effusions, communicating pleural and peritoneal, 274  
Egypt, the plague in, 45, 94, 102, 236, 292, 356, 435, 439, 498, 621, 681, 745, 809, 877, 954, 1040, 1127, 1213, 1384, 1588; travelling in, 693; a sanatorium for consumptives in, 864; syphilis and general paralysis in, 1500; the control of epidemic disease in, 1517  
Elbow-joint, congenital dislocation of, 1674  
Elbows, paralysis of flexors of, 1198  
Elcock, E., acetylene generator and lamp, 67  
Electrical industrial currents, the cause of death from, 1802  
Electricity and public health, 606  
Electric lighting, the perils of, 1116  
Electrolysis of nevus, 67, 127  
Electrostatic machine, 964  
Elgood, C. R., unusual dyspnoea in the uræmic state, 851  
Elliott, A. R., treatment of the heart in nephritis, 22  
Elliott-Blake, H., collective defence, 696  
Ellison, E. H., caterpillar rash, 512

Embolism of central retinal artery, 1608, 1737  
Emetics in orchitis, 1594  
Emphysema, enlargement of the chest in and its treatment, 1183; mechanical treatment of, 1257; subcutaneous, due to fractured ribs, 1287  
Empyema of frontal sinus, diagnosis and endo-nasal treatment of, 1008  
Eranthem, the of rubella, 43  
Endocarditis, septic, treated with antistreptococcus serum, rapid recovery, 76; infective, the pathology of, 1269  
Enfield, formation of 2-ray club at, 1775  
Engadine, upper, as a holiday resort, 511  
Engelmann, F., Creuznach as a health resort, 282  
Engineers, the Royal and the Royal Army Medical Corps, 885  
England, book on the geological and climatic conditions of southern counties of, 127; precautions against the plague in, 608; tropical diseases met with in, 659; and Germany, university education in, 795; leprosy cases in, 1372  
Enophthalmos, remarks on, 846  
Ensor v. Wakefield, 41, 60  
Enterorrhaphy without mechanical aids, 1094  
Epididymis, sarcoma of the, 1193  
Epileptics, opening of new homes for at Chalfont St. Peter, 28; the treatment of, 711, 1228  
Epithelioma of larynx and neck, inoperable case of treated with formalin injection, 272; of bladder, excision of, 1424  
Erskine, Deputy-Surgeon-General E. L., death of, 691  
— Dr. R. B., death of, 1393  
Eruption, scarlet fever without, 1674  
Erythema, factitious (?) 1682  
Erythrol tetranitrate, cases treated with, 1259  
Esler, R., early decay of the teeth, 594  
Esmarch, F. v., *Chirurgische Technik*, rev., 1295  
Esvach water, 1429  
Ether, for inhalation, 635; a recent pronouncement on, 1118; pulmonary affections after anaesthetisation by, 1389, 1449  
Ethics, medical. See Medical  
Etiquette, medical. See Medical  
Eucaine, local injection of, 1821  
Eucalyptus plantations in Cuba, 757  
Euphthalmia, a new mydriatic, 774  
Europe, the plague in, 567  
Eustace, G. W., primary actinomycosis of testicle, 1704  
Evans, A., tuberculosis, its prevention and treatment, 1794  
— H. M., a case of myomectomy for sub-peritoneal myoma complicating pregnancy, 1673  
Eve, F. S., treatment of hernia in children, 472; the pathology of renal tumours, 1282; recurrent carcinoma of the breast treated with thyroid extract and oophorectomy, 1290  
Evolution, spontaneous, 208  
Ewart, W., recognition of enlargements of the left auricle by percussion, 1667; the pre-balnear treatment of heart disease by inhalations of carbonic acid gas, and on the use of the inhalations in cardiac dyspnoea and in anginal pain, 1778; laparotomy for uncontrollable vomiting, 1198; gastric dilatation upwards and backwards, and its relation to the heart and respiration and its treatment, 1290; case simulating Addison's disease, 1418; lockjaw relieved by incision of gum, 26  
Ewens, J., the necessity of requiring a full course of lectures on children's diseases, and attendance at a children's hospital as part of the medical curriculum, 478  
Examination for higher qualifications, 523, 628  
— Questions on Practice of Medicine with Answers, rev., 357  
Examinations, rejections at, 1400  
Examiners, provincial medical, the relationship of to the officials of the head office, 889  
Excision, subcutaneous, fistula in ano treated by, 81  
Excution, painless, 1122  
Exercise in the open-air treatment of phthisis, 180  
Expectoration, serous, 688  
Extra-rating of unhealthy lives, 105  
Eye, malarial affections of the, 658; representation in glass of diseases of, 1205; piece of steel in the, 1263; leprosy diseases of the, 1449; injury to iron explosion of glass bottle, 1737  
— accidents occurring in trades, prevention of, 389, 688, 1481  
— symptoms in so-called "hay fever," 778  
Eyelids, destructive ulceration of the, 778; serpiginous ulceration of, 1419; growth on, 1738  
Eyes, pathological, 1478  
Eyesight, of railway servants, 297; of pilots, 883,

1046, 1321; of pilots and railway servants in Scotland, 958  
Eyre, J. W. H., the bacillus diphtheriae in milk, 586, 588; experiments with Pane's antistreptococcus serum, 1247

## F.

Fabrics, adulterated, 730, 815  
Face, persistent mento-posterior position of, 145; ganglionic neuromata of, 1610  
Facepiece, anæsthetic, for edentulous patients, 858  
Fackley, G. A., quinine in malaria, 22  
Factory legislation, fresh, the prospects of, 159  
Faculty of Physicians and Surgeons, Glasgow, the Fellowship of, 119; regulations as to diplomas, 528; the tercentary of, 1585  
Fairland, Lieut.-Colonel E., malaria and the mosquito theory, 695  
Falkland Isles, medical appointments in, 564  
Falmouth, precautions against the plague at, 878; as a health resort, 1805  
Family, municipalising the, 1694  
Farlow, J. W., the American voice, 39  
Farquharson, Dr. R., on cremation, 1805  
— Dr. W. F., presentation to, 1591  
Fascia, tuberculosis of, 23; palmar, Dupuytren's contraction of the, 1107  
Fasting and abstinence, some of the mental conditions of, 934  
Faulkner, A. S., malarial or climatic neuralgia and its treatment, 657  
Fayrer, Sir J., gets good service pension, 298  
— on Falmouth as a health resort, 1805  
Fearnley, W., piperazin in gout, 1772  
Fee for operation on hæmorrhoids, 259; special for treatment of fracture of leg, 632; for insurance certificate, 823; for tapping a hydrocele, 26; for fracture of femur in a pauper patient, 888; special for attendance on a case of white leg after confinement, 26; for night watch on patient suffering from delirium tremens, 1147; a dispensary doctor's, 1455; for attendance on serious illness after confinement, 1591; notification, right of medical officer of health to, 1654; one for two clubs, 1657; for examination of pauper lunatics, 1774; for case of midwifery not attended, 26  
Feeding in typhoid fever, 1229  
Fees to medical witnesses, 61, 632, 1145, 1209; under the Vaccination Act in police-court cases, 156; for School Board lectures, 168; to medical witnesses under the Vaccination Act, 292; for post-mortem examinations, medical officers and, 445; a question of, 448, 820; and contracts under the Vaccination Act, 604; payable to medical witnesses in coroners' courts, 886, 1051; responsibility for, 1052; vaccination, payment of, 1116; for assistance under new dispensary regulations, 1385; extra, and deductions, 1396; extra, for district medical officers, 26; insurance, 1459; doctors, Judge French and, 1755; to monthly nurses, 1777  
Felter, H. W., King's American Dispensary, rev., 1365  
Female, general disorders originating in diseases of the pelvic organs in, 15  
Femoral canal, hydatid cyst in the, 1414  
Femur, ossification of the upper end of in different animal groups, 845; fracture of in a pauper patient, 888  
Fenn, E. C., the British Medical Association and its work for the profession, 200  
Fentem, T., the obligation to report cases of lead poisoning, 1821  
Fenwick, P. C., suppression of urine for five days, 1107; gonorrhoea ending fatally, 1543  
Ferrand, statistical data concerning the mortality among the assured, 1022  
Ferrier, D., the relation of tabes to general paralysis of the insane, 1604  
Fever, attendance on patients suffering from, 509; following delivery, the treatment of with special reference to serumtherapy, 965; in London, 1620  
— cerebro-spinal, case of in India, with bacteriological examination, 1412  
— enteric, notes on 215 cases of, 81; ulceration of colon in, 142; inoculations for, 152; Widal's reaction in, 213; the frequency of sick-room infection in, 594, 813; among officers in India, 818; at Burntisland, 821; among the Dublin police, 26; the so-called abortive treatment of by calomel, 82; in Dublin, 862, 1378, 1755; etiology of, 1041; feeding in, 1229; abscess formation, recovery of typhoid bacillus failure of Widal's reaction, 1289; at Birmingham, 1285; an outbreak of at Shoburyness attributed to eating cockles, 1669  
— hæmoglobinuric, so-called, five cases of, 142; and paludism, 654



- Fever, hay, so-called eye symptoms in, 778  
 — malarial, attributed to mosquitos, 208  
 — Malta (undulant), the geographical distribution of, 657  
 — puerperal, treatment of a case by anti-streptococcus serum, 78  
 — scarlet, treatment of in the open air, 388; and measles, 756; influenza, with urticarial rash and desquamation simulating, 1603; without eruption, 1674; attacks of, 1821  
 — thermic (so-called siriasis) with special reference to its alleged microbic causation, 649  
 — yellow, in Virginia, 484; the vaccine of, 883  
 Fevers, malarial, treatment of by the inunction of creosote, 140; intense malarial, hypodermic injections of quinine in, 1474  
 Fibroid, a, in a law court, 1377  
 Fibroids, uterine, treatment of, 1480; of the uterus and of the broad ligament in youth, 1516  
 Field, medical service in the, 1230  
 Fiji, medical appointments in, 563; British practitioners in, 565  
 Filtration, removal of lead from water by, 1459  
 Fink, F., Zur Frage: Wann sind Gallenstein-kränke zu Operiren? *rev.*, 214  
 Finlay, D. W., hepatic disease, 1513  
 Finlayson, J., case of sarcoma of the stomach in a child aged 3½ years, 1535  
 Finny, J. M., tachycardia ending fatally by thrombosis of both femoral arteries, 213  
 Finsen, Dr., visit of Princess of Wales and King of Greece to institute of, 800; the phototherapy of, 825, 1378  
 Fire at Glack Lunatic Asylum, 156  
 Firearms, the sale of, 481; a Bill for the restriction of the sale of, 625; the restriction of the sale of, 753  
 First aid in the mercantile marine, 184; soldiers and, 1145; to the injured, 1228, 1390  
 Fischer, ocean bacteria, 864  
 Fisher, T., on infective endocarditis, 1276; the heart in acute rheumatism, 1313; cerebrospinal rhinorrhoea, 1414; spreading aortitis, 1460  
 Fison, E. T., functional hemiplegia, 1513  
 Fistula in ano treated by subcutaneous excision, 851  
 Fitzgerald, Major A. O., treatment of malarial fevers by the inunction of creosote, 140  
 — Dr. D. P., presentation to, 267  
 Flatau, E., Handbuch der Anatomie und vergleichenden Anatomie des Central-Nerven-Systems des Säugetiere, *rev.*, 1203  
 Fleas, a protective against, 892  
 Fleming, A. D., wombstone, 1041  
 Flemming, C. E. S., medical aid associations and the General Medical Council, 118; the British Medical Association and ethical questions, 176; the proposed Conciliation Board, 627; medical organisation, 1136  
 Fletcher, B. F., Architectural Hygiene, *rev.*, 1798  
 — H. P., Architectural Hygiene, *rev.*, 1798  
 Flower, Sir W. H., obituary notice of, 123  
 Fogo, Surgeon-General J. M. S., death of, 885  
 Folkestone as a health resort, 791  
 Food, the use of preservatives in, 1623; infant and invalid, 1798  
 — poisoning at a school treat, 296; at Nuncatou, 791; at Sheffield, 1120  
 — preservatives, 424  
 Foot, flat, arch support for, 1686  
 Forceps, midwifery, use and abuse of, 1112; improved ovum, 1298, 1612  
 Forcheimer, the enanthem of rubella, 43  
 Forearm and hand, operation for contraction of following infantile hemiplegia, 466  
 Foreign bodies in the ear and nose, a method of removal from, 1473  
 Formalin, an inoperable case of epithelioma of larynx and neck treated with injections of, 272; in atrophic rhinitis, 909  
 Forms for recording the history and physical signs in cases of phthisis, 1205  
 Foster, Sir M., complimentary dinner to, 289; presidential address to British Association, 725  
 Foulerton, A. G. R., on infective endocarditis, 1272  
 Foulis, J., development of the testicle, 146; a milk steriliser, 1298  
 Fowler, J. K., the open-air treatment of tuberculosis, 1415, 1677  
 Fox, H., a case of tetany due to exposure to the sun, 1474  
 — T. C., on ringworm, with special reference to the early stage of attack of the hair and the production of pustular inflammation, 1529  
 Fracture, ununited in childhood, 449, 627, 686; of both clavicles, 1602; of spine in lower dorsal region, 1730; compound depressed, of skull, 1733; of radius, ulna, and humerus, 1765  
 Fractures, wired, 1419  
 Fragilitas ossium amongst workers in lucifer match factories, 270  
 Fraim, Madame, the case of, 121  
 France, British practitioners in, 565; the budget of the universities in, 865; precautions against the plague in, 954; the pottery industry in, 1300; the medical profession in, 1807  
 Frankfort-on-Maine, institute of experimental therapeutics at, 1513  
 Frankland, Sir E., death of, 486  
 — P. F., Our Secret Friends and Foes, *rev.*, 1798  
 Fraser, A., medical organisation, 1315  
 — A. M., prevention of infection in schools, 591  
 Fraud in matters of life assurance, 1023  
 Frazer, W., serial sections of the adult human body made without freezing, 213  
 Freeland, F. J., trachoma and race, 57  
 Freeman, Captain E. C., oleander, 572  
 Freemasons, medical, 824  
 Freezing, serial sections of the adult human body prepared without, 213  
 French, Judge, and doctors' fees, 1755  
 Frere, A. H., the Midwives Bill, 313; medical reform and the Midwives Bill, 1707  
 Friedrich, E. P., Rhinologie, Laryngologie und Otiologie in ihrer Bedeutung für die allgemeine Medicin, *rev.*, 1744  
 Fringe, large synovial, removed from knee-joint, 1479  
 Fry, Sir E., secret commissions and the medical profession, 665, 812  
 Fuller, A., South Africa as a health resort, 281  
 Fund, the British Medical Benevolent, 1709  
 — Countess of Dufferin's, annual report of, 633; report of for 1894-98, 888  
 — Hospital Saturday, receipts of, 633  
 — Hospital Sunday, report of distribution committee of, 300; annual meeting of, 1773  
 — the Hunter, subscriptions to, 95, 260, 891  
 — the Lauria, subscriptions to, 388, 636, 1056  
 — the Nightingale, report of, 693  
 — the Prince of Wales's Hospital, note to subscribers to, 316; reports of visitors of, etc., 1139; Dr. W. K. Sibley on, 1224; leading article on, 1801; the accounts, etc., of, 1812  
 Funds, charitable, of the profession, the administration of the, 1433, 1514, 1586  
 G.  
 Gairdner, Sir W. T., dinner to, 105; two disciplines in education, 893; a pioneer in the treatment of consumption, 1514, 1587  
 Galen, a rare book by, 423  
 Galenical preparations and isolated active principles, 1682  
 Gall bladder, distended, cholecystotomy for, 1194; carcinoma of with abscess, 1544  
 — stone, removal of from common duct by incision through the duodenum, 1424  
 Galton, F., finger prints, 802  
 Gambia, medical appointments in, 563  
 Gamble, F. W., A Junior Course of Practical Zoology (Marshall and Hurst), *rev.*, 1021  
 Ganggee, L. P., cancerum oris, 1549  
 Ganglion, Gasserian, removal of, 47; Gasserian, operation on by the Hartley-Krause method for neuralgia, 1080  
 Gant, F. J., letter of thanks from, 1460  
 Gardner, W., treatment of tuberculosis, 1158  
 Garratt, G. C., caterpillar rash, 696  
 Garry, T. G., two cases of intractable uterine hæmorrhage, 188  
 Garson, J. G., anthropometry of criminals, 802  
 Garstin, Sir W., malaria in the Southern Sudan, 38  
 Gas, escapes of, 636  
 Gasolier, dangers of the, 1122  
 Gautier, L., Essai de Groupement Nosographique des Maladies Infectieuses de l'Homme, *rev.*, 1797  
 Gemmell, J. E., hydatid tumour of omentum, 1293; case of hydatid cyst in the omentum obstructing labour, subsequent abdominal section and removal, 1603  
 General Medical Council. See Medical Geneva Convention. See Convention  
 Genius, is it a morbid condition? 1560  
 Germany, small-pox mortality in in 1897 and vaccination in in 1896, 158; British practitioners, 565; the vaccination law of and its enforcement, 788; and England, university education in, 795; baths and battery in, 797; medical abstainers in, 888; sanatoria for consumptives in, 1222; instruction for State medical officers in, 1521; medical competition in, 1566; dentists in, 1581; the study of tropical diseases in, 1808  
 Gerrard, P., bacteriology of beri-beri, 1738  
 Gerrish, F. H., A Textbook of Anatomy, *rev.*, 1114  
 Gibb, W. F., sequel to a case of acute tetanus treated by intracerebral injections of antitoxin, 9  
 Gibraltar, medical appointments in, 564; registered practitioners in, 565  
 Giffen, Miss G. H., North India School of Medicine for Native and Eurasian Christian Work, 1321; The Student's Practical Materia Medica, *rev.*, 1366  
 Gilbert, A., Traité de Médecine et de Thérapeutique, *rev.*, 1744  
 Giles, Major G. M., on psilosis, 641; on thermic fever, 650; hæmoglobinuric fever and paludism, 656; the life-history of the free stage of ankylostoma duodenale, 660  
 Gill, J. W., gowns for medical practitioners, 503, 1056  
 Gimlette, J. D., compound depressed fracture of the skull, 1733  
 Gipps, Fleet-Surgeon A. P. G., retirement of, 818, 885, 1047  
 Girls, unmarried, pregnancy in, 1821  
 Glaister, J., post-mortem examinations in medico-legal cases in Scotland, 1317  
 Gland, lymphatic. See Lymphatic  
 — mammary. See Mammary  
 — suprarenal. See Suprarenal  
 Glands, distribution of in human œsophagus, 212  
 Glandula thyroidea accessoria of the base of the tongue, 1004  
 Glasgow, the parish council of, 754; a bacteriologist for, 868; correspondence from, 1221, 1585; opening of medical schools at, 1221; an early medical society of, 1435; "family homes" at, 1694  
 Glass, representation of eye diseases in, 1205  
 Glenn, J. H. R., excision of coccyx, 1739  
 Glycerine of belladonna, poisoning by the application of, 1792  
 Glycerophosphate of sodium. See Sodium  
 Glover, J. G., the proposed Conciliation Board, 312; the Newcastle address of, 1506  
 Glynn, T. R., carcinoma of gall bladder, with abscess, 1544  
 Godding, J., eyesight of pilots, 883  
 Godfrey, H. W., vaccination fees from its medico-legal aspects, 1313  
 Goethe, a psycho-pathological study, 1624  
 Goidin, G., treatment of cerebral affections from lead poisoning, 673  
 Goitre, exophthalmic, case of, operation, cure, 998  
 Gold Coast, the study of tropical medicine in, 125; diseases of, 259; the plague on the, 498; medical appointments in, 563; British practitioners in, 565  
 Goldspohn, A., Alexander's operation, 24  
 Golf, the proposed match at, 243; the match at, 426  
 Goniometer, a, 858  
 Gonococcus, stains for, 324  
 Gonorrhoea, iritis a sequel to, 1419; books on, 1459; ending fatally, 1544  
 Gonville and Caius Mission, Battersea, anniversary of, 63  
 Good, J., the Pasteur treatment of hydrophobia in England, 1799  
 Goodall, Dr. C., death of, 884  
 — E., anthropological work in asylums of, 1585  
 Goodbody, F., on intestinal antiseptics, 1254  
 Goodman, P. T., the use of cocaine in labour, 1674  
 Goodwyn, H., case of iridderemia, 10  
 Gordon, Sir C. A., obituary notice of, 958  
 — H. L., alcoholism in relation to heredity, 1316  
 Gossage, A. M., convulsions in infancy, 460, 464  
 Gossling, W. A., death in diabetes, 1704  
 Gough, J. H., open-air treatment of phthisis, 635  
 Gould, A. P., the open-air treatment of tuberculosis, 1677  
 — G. M., the rest-cure treatment, 22  
 Gout, the bearing of the gelatinous form of sodium biurate on the pathology and treatment of, 1163; an experimental contribution to the study of, 1164; sodium salicylate in, 1400; the pistoja powder for, 1778; piperazin in, 1792  
 Gowers, Sir W. R., the pathology of tabes in relation to general paralysis of the insane, 1597  
 Gowns for members (R.C.S.), etc., 58, 121, 180, 252, 316, 439, 503, 606, 753, 760, 892, 1056  
 Grabham, M., the malarial mosquito, 1321  
 Grabowsee, the Red Cross sanatorium for the working classes on, 283

- Graham, Dr. G. H., presentation to, 446  
 — Dr. J. E., obituary notice of, 317  
 Grancher, *Traité des Maladies de l'Enfance*, rev., 87  
 Grandin, A Textbook on Practical Obstetrics, rev., 1022  
 Grant, Sir A., on army doctors, 1306  
 — J. D., suppuration of frontal sinuses, 995; laryngitis secondary to nasal diseases, 997, 998; treatment of headaches, 1243  
 — Captain A. E., Post-Graduate Instruction and Research, rev., 1686  
 Grape cures, 670  
 Grassi, Professor, and the etiology of malaria, 424; mosquitos and malaria, 748; researches on mosquitos, 1208  
 Gray, Major E. W., obituary notice of, 1392; "killed in action," 1710  
 — J., recent ethnographical work in Scotland, 804  
 — R. W., ankylostomiasis in dogs, 1107  
 Greaves, F., the Midwives Bill, 437  
 Greece, British practitioners in, 565  
 Green, J., convulsions in infancy, 464; the causation of night terrors, 465  
 — J. L., treatment of tuberculous, 1158  
 — J. K., The Soluble Ferments and Fermentation, rev., 1019  
 — T. H., mitral obstruction, etc., 1415  
 — W. E., rhinolith, 1313  
 Greene, Lieutenant-Colonel J. J., death of, 570  
 Greenish, H. G., An Introduction to the Study of Materia Medica, rev., 1366  
 — Mr. T., death of, 1052  
 Greenwich, food poisoning at, 296  
 Greenwood, M., medical appointments to workhouse infirmaries, 118, 253, 749; the Infectious Diseases (Notification) Act and its Shortcomings, 880  
 Grellet, influence of lime on malarious soil, 1625  
 Grier, Lieutenant-Colonel H., the prevention and treatment of syphilis in the navy and army, 1076  
 Griffin, W. W., the correction of hyperphoria, 777  
 Griffith, J., primary sarcoma of the fornix conjunctivæ, 774; sarcoma of conjunctival sac, 1737; sarcoma of choroid, 26  
 — W. S. A., attempted amalgamation of defence societies, 1766  
 Griffiths, G. W., rare abnormality of the mouth, 273  
 — J., iritis, a sequel to gonorrhœa, 1419  
 Grillo, fatal hæmorrhage from varicose veins, 40  
 Grindelwald as a holiday resort, 511  
 Groedel, Nauheim as a health resort, 282  
 Grossmann, K. A., an epidemic of follicular conjunctivitis, 1363  
 Groves, E. W. H., cases treated by laparotomy, 1313  
 — J., recent vaccination legislation, 577; the personal communication of tuberculosis, 580, 581; overcrowding in secondary schools, 584; prevention of infection in schools, 591; early decay of teeth, 594; sick-room infection in typhoid fever, 596; prolonged standing and women's disease, 599  
 Growths, malignant. *See* Malignant  
 Guardians, Poor-law, and the Vaccination Act, 239; and the prevention of tuberculosis, 1563  
 Guernsey dispute, a, 128  
 Guild, Manchester, Medical, meeting of, 356; and medical organisation, 735, 750  
 — of St. Luke, anniversary service of at St. Paul's, 1237  
 Gulland, E. L., examination of the blood in disease, 1360  
 Gum, lockjaw relieved by incision of, 1418  
 Gummata in the heart wall, 1283  
 Gunner, a medical, 1380  
 Gunshot wound of the leg, severing the anterior tibial nerve, 1069  
 — wounds of the abdomen, the diagnosis and treatment of, 1057, 1209  
 "Gutenberg" temperature and pulse and respiration chart, 1687  
 Guthrie, L., tuberculosis in childhood, 753; paralysis of wrist extensors and elbow flexors, 1198; cerebellar symptoms relieved by trephining, 1289  
 Gwynne, C. N., pseudo-hypertrophic paralysis, 1609  
 Gynaecology, conservative, a plea for, 400  
  
 H.  
 Hackney, the prevention of tuberculosis in, 1206  
 Hæmatemesis, from gastric and duodenal ulcer, the wisdom of surgical interference in, 1087  
 Hæmo-chromatosis, 1595  
 Hæmoglobin, comparison of various methods of estimating, 21  
 Hæmorrhage, fatal, from varicose veins, 40; intractable uterine, two cases of, 188; vesical, when caused by papillomatous growths, effective treatment of, 263; metallic mercury as a means of arresting, 388; into cerebral ventricle, 1200; from the ears in mountain sickness, 1459, 1544, 1594; through the lachrymal duct after plugging the nares, 1674  
 Haffkine, W., on preventive inoculation, 11, 17; the plague, prophylactic of, 164; experiments to determine the comparative efficacy of the different constituents of the plague prophylactic of, 802  
 Haig, A., treatment of epileptics as imbeciles, 714; uric acid and the circulation, 1159, 1167; treatment of headaches, 1246; on intestinal antiseptics, 1257  
 Hailes, C., hæmorrhage from the ears, 1594  
 Hainworth, E. M., a case of penetrating wound of the orbit, followed by meningitis, trephining, recovery, 144  
 Hairs, superfluous, removal of, 67, 127, 187, 388  
 Hale, L. H. D., poisoning by the tincture of nuxvomica, death in two hours, 10  
 Hall, A. J., asthenic bulbar paralysis, 1481  
 — Colonel G. C., treatment of hydrocele, 67  
 — J. B., the treatment of surgical shock by large doses of strychnine, 1471  
 — Mr. W., presentation to, 611  
 — W. H., illegal certificates, 1447  
 Hall-Edwards, J., the Roentgen rays in surgical work, 1138; the Roentgen rays in military surgery, 1391  
 Halliburton, W. D., the blood from a case of beri-beri, 265  
 Halstead, G. E., infantile diarrhœa, 956; medical men and the study of pathology, 1619  
 Ham, B. B., A Handbook of Sanitary Law for the use of Candidates for Public Health Qualifications, rev., 1023  
 Hamilton, Dr. E., death of, 1626; obituary notice of, 1713  
 — Mr. G. G., presentation to, 1222  
 — Surgeon-General J. B., outfit for South Africa, 878  
 — W. C., subcutaneous emphysema and pneumothorax due to fractured ribs, 1287  
 — Dr. W. M., presentation to, 175  
 Hammer-toe, an operation for, 1009  
 Hammond, Mr. T., death of, 1234  
 Hampstead, the open-air treatment of phthisis at, 863  
 Hanbury medal. *See* Medal  
 — F. J., Flora of Kent, rev., 1204  
 Hands, surgeons', the cleansing of, 1318, 1708  
 Handwriting of doctors, 244  
 Hankin, E. H., The Bubonic Plague, rev., 724  
 Hansen, G. A., leprosy diseases of the eye, 1449  
 Hanson, Sir R., on the duties of opticians, 1562  
 Harding, Major A., death of, 1519  
 Hardy, H. N., the climate and other advantages of Jersey for the open-air treatment of disease, 416; influenza with urticarial rash and desquamation simulating, 1603  
 Hare, H. A., on pneumonia, 22; A Textbook of Practical Therapeutics, rev., 1365  
 Harley, V., value of the large intestine in general metabolism, 836; on intestinal antiseptics, 1254  
 Harper, A., the Eastbourne Provident Medical Association 1300  
 Harris, S., climate and the cure of consumption, 179  
 — T., some unusual cases of blood poisoning, 79; glycerophosphate of sodium, 1681  
 — W. J., myopathy, 1198  
 Harrison, D., treatment of hernia in children, 472; treatment of epidural abscess, 1003; on gunshot wound of the abdomen, 1063  
 Hart, Miss C., death of, 1696  
 — D. B., a case of fibrous mole, 212  
 — F. J., the lymph of the National Vaccine Establishment, 1813  
 — F. L., illegal certificates of proficiency in medicine, surgery and midwifery, 438, 568, 748, 1043, 1224, 1387, 1515; the powers of the Council, 1321, 1388  
 — J. McK., compound dislocation of the elbow-joint, 1674  
 Hartley-Krause method, operations on the Gasserian ganglion and fifth nerve by for neuralgia, 1080  
 Hartman, H., Chirurgie de l'Estomac, rev., 20  
 Hartnell, E. B., the Lauria Fund, 388, 1056  
 Hart, C. H., food poisoning at a school treat, 296  
 Harveian oration. *See* Oration  
 Harvey, and the antivivisectionists, 240; the works of, 511  
 — Surgeon-General R., on preventive inoculation, 17; Scientific Memoirs by Medical Officers of the Army of India, rev., 1201; on the Indian Medical Service, 1211  
 Haslam, W. F., carcinoma of sigmoid, 1479  
 Haslar Hospital. *See* Hospital  
 Haultain, F. W., deciduoma malignum, 17  
 Havana, the sanitation of, 1053  
 Hawkes, J., lunacy legislation as it affects the temporary care of incipient cases, 814  
 Hawkins, E., an adult infested with oxyurides for over twelve years, 1732  
 — F. H., acute intestinal obstruction caused by adherent vermiform appendix forming a band, associated with fetal arrangement of the peritoneum, 188  
 — H. P., albuminuria in the apparently healthy, 1598; aphasia, 1617  
 Hay fever. *See* Fever  
 Hayter, Mrs. M. J., the case of, 1519  
 Head, H., the relation of tabes to general paralysis, 1734  
 "Headache powders," dangers of, 1673  
 Headaches, and their treatment, 1241; the treatment of, 1246  
 Headridge, D., deformity of mouth, 1740  
 Health resorts, notes on, 281, 728, 791, 1208  
 Heard, R. L., precocious dentition, 1543  
 Heart, treatment of in nephritis, 22; accidental murmur of, 26; rupture of the, 143, 1543, 1733; cysticercus of, 144; overstrain of in the young, 474; examination of in life assurance, 953; the defence of other than valvular orifices of the, 1174; prebursal treatment of disease of by inhalations of carbonic acid gas, 1178; the influenza, 1199; gummata in the wall of, 1283; gastric dilatation in relation to, 1290; the, in acute rheumatism, 1313; obstruction of mitral valve of, 1415; case of congenital disease of, 1418; valvular disease of and life assurance, 1626; syphilitic disease of, sudden death, 1731; mitral and tricuspid incompetence of, 1795  
 Heat and light, therapeutics of, 1257  
 Heath, A., the lymph of the National Vaccine Establishment, 1116  
 Heaton, G., treatment of hernia in children, 472; a successful case of splenectomy for rupture, 476; excision of cæcum, 1479; bronchocele, 1610  
 Hebrides, duties of medical officers in, 1590  
 Hedley, W. S., the telephone probe, 1323  
 Heider, K., Textbook of the Embryology of Invertebrates, rev., 1202  
 Helme, T. A., extirpation of uterus, 1607; abdominal hysteromyomectomy, 1610  
 Hemiplegia, acute infantile, with recovery, 469; right, and locomotor ataxy, a case of, 853; case of demonstrating Babinsky's toe phenomenon, 1424; functional, 1513  
 Hemming the omentum to prevent its forming visceral adhesions, 1194  
 Henderson, E., on psoriasis, 638  
 Henry, E. R., on finger prints, 803  
 — L., butter preservatives, 486  
 Hepatic disease, cases of, 1513  
 Hepburn, M. L., mountain sickness, 1524  
 Hepton, J. C., mosquitos and malaria, 1594  
 Herbert, Major H., changes in the conjunctiva produced by chronic inflammation, 144  
 Heredity, alcoholism in relation to, 721, 880, 1137, 1228, 1316, 1450; in relation to disease, 1348  
 Herman, G. E., on antistreptococcus serum, 1359; medical reform and the Midwives Bill, 1517  
 Hern, J., sympathetic irritation and ophthalmitis, 765; the eye symptoms in so-called hay fever, 778  
 Hernia, ventral, prevention and care of, 275; ventral, after laparotomy, 440; in children, the treatment of, 470; and civilisation, 751; irreducible of Fallopiian tube and ovary in a child, operation, recovery, 853; the vermiform appendix in relation to, 1089; umbilical, carcinomatous omentum in, 1187; cerebri, 1419; in club candidates, 1657; radical cure of, 1680; gangrenous umbilical, excision of, 1682; of the bladder, 1740  
 Heron, G. A., serum therapeutics and the antitoxin treatment, 1018; open-air treatment of tuberculosis, 1545; attempted amalgamation of defence societies, 1817  
 Herring, H. T., an effective treatment of vesical hæmorrhage when caused by papillomatous growths, 263  
 Herringham, W. P., scleroderma with attacks of local syncope, 1290; medicine and pathology, 1586  
 Herschell, G., Constipation and its Modern Treatment, rev., 1204; treatment of headache, 1245; on intestinal antiseptics, 1256; demonstrations in the Section of Pharmacology and Therapeutics, 1267  
 Hewlett, R. T., a diphtheria-like organism found in pigeons, 1357

Hiccough, obstinate, after operation, 851; obstinate, treatment of, 1148, 1400  
 Hicks, Dr. H., death of, 1654  
 — Right Rev. J. W., obituary notice of, 1140  
 Higginson, C. G., medical appointments in workhouse infirmaries, 688  
 High sheriff, the office of, 1657  
 Highlands of Scotland and sites for sanatoria, 1206  
 Hill, J. H., illegal certificates, 569, 748, 1043, 1224, 1315, 1387, 1515, 1587  
 — L., Manual of Human Physiology, *rev.*, 1202  
 — W., suppuration of frontal sinuses, 995  
 Hillier, A., treatment of tuberculosis, 1157; prevention of tuberculosis in everyday life, 1172; the geography and climate of South Africa, 1537; open-air treatment of tuberculosis, 1545  
 Hillmann, Cesarean section for eclampsia, 1626  
 Hind, W., fracture of radius, ulna, and humerus, 1766  
 Hinshelwood, J., the use of euphthalmine, a new mydriatic, 774  
 Hip, old dislocation of the, 1290  
 Hips, congenital dislocation of both, 1618  
 Hirst, B. C., A Textbook of Obstetrics, *rev.*, 854  
 Hitchcock, J., treatment of acute appendicitis belongs to the domain of medicine, 188  
 Hobday, F., oophorectomy and hysterectomy in animals, 424  
 Hockridge, T. G., illegal certificates, 569, 748, 1043, 1224, 1387, 1515; medical reform and the Midwives Bill, 1517  
 Hodges, Professor, death of, 1763  
 — Dr. J. F., obituary notice of, 1773  
 Hodgson, B. H., tuberculous peritonitis, 1420  
 Hogben, Dr. E., death of, 884  
 Hohenhonnef, the sanatorium for paying patients at, 235  
 Holden, S., the technique of vaccination, 579  
 Holiday difficulty, a, 448  
 Holidays, for outdoor assistant, 66; for dispensary doctors, 611, 1032, 1381, 1437, 1497, 1695, 1806; for Scottish parish medical officers, 1389, 1756, 1822; for assistants, 1510  
 Holland, British practitioners in, 565  
 Holland, Hon. S., Mr. Stephen Coleridge and the Poplar Hospital, 250, 437  
 Holman, C., the Royal Medical Benevolent College, Epsom, 117; on Homburg, 875  
 Holmes, Sherlock, the method of in medicine, 1808  
 — T., Sir Benjamin Collins Brodie, *rev.*, 149  
 Homatropine in muscular asthenopia, 765  
 Homburg, Dr. Holman on, 875  
 Home for inebriate women, 1457  
 — Office, the, and the manufacture of pottery, 1752  
 Homeopaths on the warpath, 1436  
 Homeopathy, what is it? 668, 816; and tropical diseases, 725  
 Honey, poisoning by, 674  
 Hong Kong, the plague in, 94, 158, 236, 292, 435, 498, 621, 681, 746, 809, 877, 954, 1040, 1128, 1219, 1317, 1384, 1492, 1646; medical appointments in, 563; report of medical officer of, 757, 821; beriberi epidemic in, 1715  
 Hopkins, Mr. H. C., death of, 1393  
 Horder, T. G., hospital abuse in London, 58; medical aid associations and the General Medical Council, 118; the proposed Conciliation Board, 312, 502; recent vaccination legislation, 578; medical organisation, 880; hospital abuse, 1225; fund for expenses of Conference of Hospital Reform Association, 1504  
 Hornabrook, R. W., Report on the Dharwar Plague Hospital, *rev.*, 724  
 Horne, W. J., formalin in atrophic rhinitis, 1000  
 Horrocks, W., the Society of Apothecaries of London, 1647  
 Horsley, V., the Midwives Bill, 313, 502; a deserving case, 315; sixth report of to the registered practitioners of England and Wales, 354; illegal certificates, 685, 879, 1138, 1223, 1315, 1446, 1587; the Newcastle address of, 1501  
 Hospital, Alexandra, for Hip Disease, opening of new buildings of, 282  
 — Bedford County, opening of, 29  
 — Birmingham General, limitation of cases admitted to, 1585  
 — Birmingham and Midland for Skin and Urinary Diseases, instruction at, 547  
 — Boscombe, laying foundation stone of, 64  
 — Central London Throat and Ear, instruction at, 546  
 — Central London Ophthalmic, instruction at, 546

Hospital, Charing Cross, distribution of prizes at, 125; the medical school at, 532; post-graduate instruction at, 551; opening address at, 916; entrance scholarships at, 951; students' dinner, 1306  
 — for Children, Belgrave, appeal for funds for, 166  
 — Children's, Dublin, the governing body and the medical staff of, 1695  
 — for Children, East London, instruction at, 545  
 — Children's, Manchester, instruction at, 547  
 — for Children, North-Eastern, instruction at, 545  
 — for Children, Shadwell, recitation in aid of funds of, 1522  
 — City of Dublin, instruction at, 543; the surgeoncy of, 1696  
 — City of London for Diseases of the Chest, Victoria Park, instruction at, 546  
 — for Consumption and Diseases of the Chest, Brompton, instruction at, 546  
 — for Consumption, North London, open-air treatment at, 863  
 — for Consumption, Ventnor, opening of new wing of, 423  
 — Dental of London, "conversazione" at, 236; annual dinner of, 1655  
 — Devon and Exeter, instruction at, 548  
 — for Diseases of the Nervous System, West End, post-graduate instruction at, 552  
 — Edinburgh City, for Infectious Diseases, instruction at, 548  
 — Emsworth Victoria Cottage, annual meeting of, 1457  
 — for Epilepsy and Paralysis, annual meeting of, 125  
 — Friedrichshain, Berlin, silver jubilee of, 1375; new annexe of, 1500  
 — Govan Fever, the resident physician-ship of, 888  
 — Great Northern Central, instruction at, 544  
 — the Grove, accommodation at, 798  
 — Guy's, donation to funds of, 168; distribution of medals and prizes at medical school of, 183; the medical school at, 533; student's dinner, 942; Sir S. Wilks on the medical life, *ib.*; geology as a hobby for medical men, *ib.*; entrance scholarships, 951; discovery of human bones in digging underground passage at, 1500  
 — Haslar, appointment of deputy inspector-general to charge of, 101, 240; and the disaster to the "Bullfinch," 442; instruction in tropical diseases for naval medical officers at, 733, 755  
 — for the Insane, Wonford House, report of, 1819  
 — Isle of Wight County, the Queen at, 362  
 — Jervis Street, Dublin, inspection at, 543  
 — Jessop, Sheffield, instruction at, 547  
 — Kent and Canterbury, instruction at, 547  
 — King's College, closing of, 150; the medical faculty of, 534; old students' dinner, 944; opening of, 1145  
 — the Lawn, Lincoln, annual report of, 693  
 — Lincoln County, instruction at, 548  
 — London, opening of new buildings for medical school, 248; the medical school of, 534; bequest to for convalescent home, 822; entrance scholarships at, 883; old students' dinner, 949; isolation block for, 1715  
 — London Temperance, instruction at, 544  
 — Lowestoft, annual meeting of, 1457  
 — Lying-in, Queen Charlotte's opening of nurses' home for, 214; large donation to, 1715  
 — Mater Misericordiae, Dublin, instruction at, 543  
 — Meath, opening address at, 1017  
 — Mercer's, Dublin, instruction at, 543  
 — Middlesex, donation to, 153; the medical school of, 534; dinner of past and present students, 949; the cancer investigation scheme of, 1614  
 — Moseley Hall Convalescent, opening of, 1655  
 — National, for the Paralysed and Epileptic, instruction at, 546  
 — Norfolk and Norwich, instruction at, 548; donation of £10,000 to by Earl of Leicester, 1630  
 — Northern, Liverpool, instruction at, 547

Hospital, North-West London, instruction at, 545  
 — Nottingham General, instruction at, 548  
 — Pekin, report of, 185  
 — Poplar, and the Hon. S. Coleridge, 163, 250, 316, 437  
 — the Portland, officers, etc., of, 1700  
 — Rotunda, Dublin, instruction at, 544  
 — Royal Albert, Devonport, instruction at, 547  
 — Royal Bethlem, instruction at, 546  
 — Royal Ear, Frith Street, instruction at, 546  
 — Royal, Edinburgh, for Sick Children, instruction at, 548  
 — Royal Eye, Manchester, instruction at, 547  
 — Royal Eye, Southwark, instruction at, 545  
 — Royal Free. See School of Medicine for Women  
 — Royal Hants County, instruction at, 549  
 — Royal London Ophthalmic, opening of new buildings of, 30; instruction at, 545  
 — Royal Maternity and Simpson Memorial, Edinburgh, changes in staff of, 1591  
 — Royal Naval, Plymouth, visit of Lords of Admiralty to, 480  
 — Royal Orthopaedic, closing of, 322; opening of, 800, 1009; "At Home" at, 1457  
 — Royal, Portsmouth, instruction at, 548  
 — Royal Sea-bathing, Margate, naming of new wards at, 63  
 — Royal, for Sick Children, Glasgow, instruction at, 548  
 — Royal Southern, Liverpool, instruction at, 546  
 — Royal United, Bath, instruction at, 547  
 — Royal Victoria, Belfast, the staff physicianship at, 799  
 — Royal Westminster Ophthalmic, instruction at, 545  
 — St. Andrew's, Nottingham, annual report of, 693  
 — St. Bartholomew's, distribution of prizes at medical school of, 320; the medical school of, 532; old students' dinner, 944  
 — St. George's, the medical school at, 533; opening address at, 912; medical school dinner, 949; the museum at, 1053  
 — St. John's for Diseases of the Skin, instruction at, 546  
 — St. Mary's, amount of Centres' collection and Streets and Squares Bazaar for, 258; the medical school of, 534; opening address at, 920; dinner of past and present students, 948  
 — St. Mary's, Manchester, instruction at, 547; laying foundation stone of new buildings for, 1029  
 — St. Peter's for Stone, etc., instruction at, 546  
 — St. Thomas's, the medical school of, 535; presentation of bust of Morgagni, 945; opening of session, 947; prizes, 948; old students' dinner, *ib.*; entrance scholarships, 952  
 — St. Vincent's, Dublin, instruction at, 544; opening meeting, 953  
 — Samaritan Free, the secretaryship of, 376  
 — Seamen's, Greenwich, instruction at, 544; donation to Branch Hospital at Albert Docks from Sir W. Maxwell fund, 1754  
 — Ship. See Ship  
 — for Sick Children, Great Ormond Street, instruction at, 545  
 — for Sick Children, Newcastle-on-Tyne, instruction at, 547  
 — Sir Patrick Dun's, instruction at, 543  
 — Stevens's, Dublin, instruction at, 544  
 — Sussex County, instruction at, 547  
 — University College, the medical faculty of, 535; its past and its future, 918; dinner of old and present students, 944  
 — Victoria, for Consumption and Disease of the Chest, Edinburgh, instruction at, 547  
 — Victoria, for Incurable Diseases, Dundee, opening of, 1800  
 — West London, dinner of past and present members, 41; instruction at, 544; post-graduate study at, 613; annual dinner of staff of, 1329  
 — Westminster, distribution of prizes the at medical school of, 183, 1237; the medical school of, 536; old students' dinner, 950; clinical laboratory at, 1614  
 — Wolverhampton and Staffordshire General, instruction at, 549

Hospital for Women, Chelsea, closing of, 125  
 Women's Melbourne, and lady surgeons, 102  
 Hospitals, metropolitan, the rating of, 45, 155;  
 abuse of in London, 58; British-French mission  
 to study ophthalmological departments, 80;  
 abuse of, 483, 503, 681, 865, 1138, 1225; metropoli-  
 tan, post-graduation study in, 550; and out-  
 patients, 612; isolation, attendances on, 632;  
 cottage, bills at, 1147; infectious, admission  
 of patients to, 1328; fever, in populous districts,  
 1399; fever, the management of, 1499; home,  
 preparation for wounded soldiers, etc., at,  
 1762, 1811; the, and the war funds, 1766,  
 1804  
 — Richmond, Whitworth, and Hard-  
 wicke, instruction at, 543  
 Hotel, Indian, notice in, 192  
 Hotels, medical announcements in, 1399  
 House refuse, defective system of removal of in  
 London, 1778  
 Houses, insanitary in St. Pancras, 732  
 Housing of the working classes, 1119  
 — problem, the in London, 124, 732  
 Houze, anthropology and life assurance,  
 952  
 Howard, Mr. J. H., a converted anticompu-  
 sionist, 39  
 Howse, H. G., a centennial review of surgery,  
 1691  
 Hrdlicka, A., Anthropological Investigations of  
 One Thousand White and Coloured Children  
 of Both Sexes, the Innates of the New York  
 Juvenile Asylum, *rev.*, 1685  
 Hubbard, A. J., intranasal and intra-aural lupus,  
 1460  
 Hubli, inoculation against plague in, 620  
 Huchard, M., visit of to Scandinavia, 1754  
 Hudson, T. S. F., quinine as an oxytocic,  
 1240  
 Hudson-Cox, F., The Pocket Pharmacopœia,  
 etc., 1366  
 Hughes, A. W., the present condition of medical  
 education, 1055  
 — Colonel J. H., death of, 1651  
 — Captain M. L., the geographical distri-  
 bution of undulant (Malta) fever, 657; obituary  
 notice of, 1757; the late, 1811  
 Hugo, J. H., urethral stricture in a boy aged 11,  
 143  
 Hull, small-pox in, 166, 1499, 1566, 1805  
 Hume, G. H., pancreatic cyst, 1199; pylorotomy,  
 etc., choledochotomy, *ib.*  
 Humerus, fracture of, 1765  
 Hungary, the medical profession in, 1124  
 Hunter Fund. *See* Fund  
 — Brigade-Surgeon G. Y., death of, 505  
 Hutchinson, J., jun., the vermiform appendix  
 in relation to hernia, 1089  
 — W., the zoological distribution of  
 tuberculosis, 64; treatment of tuberculosis,  
 1156; the form of the chest in phthisis and its  
 significance, 1176; the local distribution of  
 tubercle in various species with reference to  
 the channel of infection, 1350  
 Hutton, Dr. W. M., death of, 1326  
 Hydatid disease of the spinal canal, 1354  
 Hyderabad Assigned Districts, hospitals and  
 dispensaries of, 962  
 Hydrobromate of hyosine in chorea, 274  
 Hydrocele, treatment of, 67  
 Hydrofluoric acid, poisoning by, 1145, 1376  
 Hydrophobia, Pasteur treatment of in England,  
 1709  
 Hydrotherapeutics, books on, 511; in neuro-  
 sthenic cases, 935  
 Hygiene, practical examination of school  
 teachers in, 799  
 Hyperphoria, the correction of, 777  
 Hyperplasia, large-celled indurative of the  
 lymphatic glands, the relation of to tubercu-  
 losis, 1408  
 Hypnotism in animals, 865  
 Hyslop, T. S., on "double consciousness,"  
 782  
 Hysterectomy in animals, 424; vaginal, 1610  
 Hystero-myomectomy, abdominal, 1610  
 I.  
 Ideal, the quest of the, 902  
 Idealism in life, 930  
 Idiocy in the Balearic Islands, 1688  
 Illinois, sanatorium for consumptives in, 728;  
 midwives in, 757  
 Illuminants, artificial, 1399  
 Imbeciles, metropolitan, 93; the treatment of,  
 711, 1228  
 Immunity, diphtheria and tetanus, 1358  
 Impression, a maternal, 760  
 "In camera," hearing cases in, 692  
 Income-tax, deductions from returns as to, 823;  
 overcharges in, 824; returns as to, 1717, 1777

India, personal experiences of plague officers  
 in, 25; the plague in, 94, 292, 435, 681, 745, 809,  
 877, 954, 1040, 1042, 1127, 1218, 1311, 1384, 1446, 1456,  
 1492, 1558, 1620, 1702; civil surgeons in, 442;  
 cantonment hospitals in, 442, 631; vaccina-  
 tion in, 633; medical practitioners and plague  
 duty in, 670; milch cattle and tuberculin in,  
 757; dog bites in, *ib.*; northern, the progress  
 of the teaching of human anatomy in, 841,  
 861, 1321; military hospital assistants in, 885;  
 sanitation in, 888; plague duty in, 1027; cor-  
 respondence from, 1042, 1445; plague research  
 laboratories, 1042; threatened famine, *ib.*;  
 inoculation against enteric, *ib.*; the services,  
 1042, 1752; research laboratories, 1042; tuber-  
 culosis in, 1213; the Muktesar laboratory  
 destroyed by fire, 1445; the recruiting of  
 plague doctors, 1446; the famine, *ib.*; destruc-  
 tion of human and animal life in by wild  
 animals and poisonous snakes, 1494, 1586  
 Industries, dangerous, 796  
 Inebriates, legislation for in New South Wales,  
 298; care of in New South Wales, 682; well-to-  
 do, urgency of legislation for, 718; teetotallers  
 and homes for, 1693  
 — Act. *See* Act  
 Infancy, convulsions in, 461  
 Infant, abnormal ossification of the parietal  
 bones in an, 468; aged 15 months, brass screw  
 swallowed by, 1542  
 Infants, summer diarrhoea of, 68  
 Infarct, anæmic, in the liver, 1342  
 Infection, the means of preventing, the spread of  
 in elementary schools, 589; sick-room, in  
 typhoid fever, the frequency of, 594; puer-  
 peral, treatment of, 989; staphylococci, 1200  
 Infectious Diseases (Notification) Act. *See* Act  
 Infectivity of malignant growths, 1195  
 Infiltration, urinary, 1681  
 Infirmeries, workhouse, appointments in, 55,  
 117, 178, 253, 260, 688, 749  
 Infirmary, Eye, Glasgow, instruction at, 548  
 — Eye, West of England, instruction at,  
 548  
 — Eye and Ear, Myrtle Street, Liverpool,  
 instruction at, 547  
 — Eye, Ear, and Throat, Edinburgh, in-  
 struction at, 548  
 — Glasgow, Western, instruction at,  
 548  
 — Gloucester General, instruction at,  
 548  
 — Liverpool, for Children, instruction  
 at, 547  
 — Northampton, General, instruction at,  
 548  
 — North Staffordshire, instruction at,  
 549  
 — Royal, Aberdeen, the finances of, 1222  
 — Royal, Bradford, instruction at, 547  
 — Royal, Edinburgh, statement as to dis-  
 turbances at, 42; the assistant physicianship  
 to, 244; instruction at, 541; and Surgeon-Major  
 General Lithgow, 884; appointments at, 887,  
 1456; the new superintendent of, 1564; changes  
 in staff of, 1715  
 — Royal, Newcastle-on-Tyne, the rebuild-  
 ing of, 609  
 — Royal, Preston and County of Lanca-  
 shire, proposed new operating theatre for and  
 improvements at, 106  
 — Royal, Sheffield, open-air treatment of  
 phthisis at, 956  
 — Royal, South Hants, instruction at,  
 549  
 — Staffordshire General, instruction at,  
 549  
 Inflammation, chronic, changes in the conjunc-  
 tiva produced by, 144  
 Influenza, acute nephritis due to, 274; the heart  
 in, 1199; the bacillus of, 1284; with urticarial  
 rash and desquamation simulating scarlet  
 fever, 1603  
 — throat, the, 1350  
 Inglott, G. F., irrigation of the intestines with  
 hot water in collapse during labour, 1287  
 Ingraham, H. P., rupture of uterus, 24  
 Inhalation, treatment of phthisis by, 260  
 Inhalations, an apparatus for its application in  
 the treatment of tuberculosis of the larynx,  
 996  
 Injury, coroner's inquests after, 486  
 Irrigation of the blood vessels of the brain,  
 671  
 Inoculation, preventive, discussion at the Royal  
 Society on, 11; leading article on, 35; anti-  
 typhoid, a personal explanation, 119; pre-  
 ventive, for distemper, 187; antityphoid, 250,  
 506, 631, 797, 883, 1495  
 Inoculations for enteric fever, 153; antityphoid,  
 Sir D. Duckworth on, 1407  
 Inquest, a coroner's, 1327

Inquests in London, 485; coroner's after injury,  
 486; medical evidence at, 1652  
 Insane, care of in workhouses, 1124  
 Insanity, can we instil rational ideas concern-  
 ing it into the public mind? 709; post-opera-  
 tive, 781; epileptic, an unpleasant experience,  
 814; and mysticism, 935; incipient treatment  
 of in general practice, 956; in Ireland, 1310;  
 and anaesthetics, 1420; early, in women, 1703,  
 1821; in New South Wales, 1714  
 Insects and the propagation of disease, 642  
 Inspectors of meat and other foods, examina-  
 tions for, 424, 448  
 Institut Pasteur, antirabic vaccination at, 242;  
 and plague serum, 674  
 Institute, Jenner, of Preventive Medicine, an-  
 nual meeting of, 32; post-graduate instruction  
 at, 552; instruction in State medicine at, 558;  
 vaccine blowers, 892; opening of winter  
 session at, 1029; the "Transactions" of the,  
 1126  
 — John Usher, of Public Health, the  
 plans for, 867  
 — Queen Victoria's Jubilee for Nurses,  
 annual report of Scottish Branch of, 1769  
 — Royal, of Public Health, meeting of  
 congress of, 734  
 — the Sanitary, results of examination  
 for inspectorships of, 1775  
 Institution, Liverpool Medical, use and abuse  
 of the midwifery forceps, 1112; supper and  
 smoking concert, *ib.*; sacro-iliac joint disease,  
 1200; staphylococci infection, *ib.*; lipoma of  
 prolabium, *ib.*; paper, *ib.*; cholecystotomy,  
 1363; artificial anus, *ib.*; a piece of steel in the  
 eye, *ib.*; epidemic of follicular conjunctivitis,  
*ib.*; demonstrations, 1479; specimens, 1479,  
 1741; colectomy, 1480; perforating gastric  
 ulcer, *ib.*; treatment of uterine fibroids, *ib.*;  
 the association of albumosuria with bone  
 disease, 1740; etiology of cancer, *ib.*  
 — Royal, lectures at, 1776  
 Insurance reports and professional secrecy,  
 324  
 Intestine, large, value of in general metabolism,  
 836; gangrenous, primary resection of, 1729  
 Intestines, irrigation of with hot water in col-  
 lapse during labour, 1287  
 Intussusception due to Meckel's diverticulum  
 acute intestinal obstruction due to an, 1416  
 Iredale, Mr. T., death of, 1140  
 Ireland, the dispensary service in, 166; payment  
 of "locum tenens" of dispensary medical  
 officers in, 184, 422, 611, 1032, 1381, 1437, 1497, 1695,  
 1806; superannuation, 184; dogs in, 602; the po-  
 sition of dispensary doctors in under the new  
 Local Government Act, 1045; insanity in, 1310;  
 the election of dispensary doctors in, 1497  
 Ireland W. W., medical education, 1314; a cor-  
 rection, 1399  
 Iridermia, case of, 10  
 Irritation, sympathetic, and sympathetic oph-  
 thalmia, 764  
 Isaac, Dr. J. B., presentation to, 1133  
 Isacke, M. W. S., treatment of incipient insanity  
 in general practice, 956  
 Italy, the prevention of tuberculosis in, 91, 247,  
 1206, 1800; Poor-law medical officers in, 446;  
 British practitioners in, 565; the plague in, 621;  
 the right to practise in, 1308; and the Inter-  
 national Medical Congress, 1369; murderous  
 assault on a doctor in, 1715  
 Itching of the lower extremities after bathing,  
 treatment of, 1718  
 J.  
 Jackson, A., the incidence of cancer, 1465  
 — C., formalin in atrophic rhinitis, 1000  
 — G., illegal certificates, 748, 1043, 1224,  
 1387, 1515; the Coventry dispensary, 1316  
 — J., Left-hand Writing, *rev.*, 856  
 — Dr. T., death of, 1714  
 Jacobi, A., Therapeutics of Infancy and Child-  
 hood, *rev.*, 88  
 — J. B., a medical Utopia, 733  
 Jacobsohn, P., Handbuch der Krankenversor-  
 gung und Krankenpflege, *rev.*, 1797  
 Jacobson, L., Handbuch der Anatomie und  
 vergleichenden Anatomie des Central-Nerven-  
 Systems des Säugetiere, *rev.*, 1203  
 Jaffrey, F., laparotomy for uncontrollable vomit-  
 ing, 1198  
 Jamaica, the law as to notification of disease in,  
 417; medical appointments in, 562; British  
 practitioners in, 565; the medical service of,  
 1714  
 James, A., communicating pleural and peri-  
 toneal effusions, 274  
 — G. B., effect of injury on macular area,  
 1737  
 — J. B., Members' (R.C.S.) gowns, 58; dis-  
 posal of the dead between death and burial,

- 67; death certification, 584; reform in the coroner's court, 585
- James, Captain S. P., the extermination of mosquitos, 1649
- W. D., factitious erythema (?), 1682
- Jameson, Surgeon-Colonel G. W., death of, 1818
- Surgeon-General J., on the medical arrangements for South Africa, 1488
- Jamieson, Dr. P., death of, 181
- Japan, vaccination and revaccination in, 364
- Jardine, R., treatment of eclampsia by saline injections, 18, 128
- Jarman, J. W., A Textbook of Practical Obstetrics, *rev.*, 1022
- Jaundice, treatment of pruritus of, 1333
- Jaw, lower, evulsion of, 1682
- Jaws, extensive operations for malignant disease of, 1067
- Jellett, H., A Short Practice of Midwifery embodying the Treatment adopted at the Rotunda Hospital, Dublin, *rev.*, 854
- Jenner Institute. *See* Institute
- Jennings, Captain J. W., gets D.S.O., 122
- Jepson, E., medical men and their grievances, 439; medical organisation, 880
- Jersey, the climate and other advantages of in the open-air treatment of disease, 416
- Jerusalem, ophthalmic diseases at, 889
- Jervis, Lieutenant-Colonel H. J., the treatment of acute tropical dysentery, 1474
- Jessop, Deputy-Surgeon-General C. M., death of, 959
- Jewett, C., The Practice of Obstetrics by American Authors, *rev.*, 854
- Johns, W. D., treatment of tuberculosis, 1158
- Johnson, G. P., febrile chlorosis, 1765
- R., arthrodesis of knee-joint, 1197
- Dr. S., death of, 1714
- Johnston, Lieutenant-Colonel W., appointed assistant director-general, 1710
- Joint, radio-carpal, dislocation of, 1414
- Joints, disease of in tabes, 1550
- Jones, H. R., public health aspect of convulsions in infancy, 462
- P. N., illegal certificates, 957
- R., the relation of tabes to general paralysis, 1736
- Mr. W., presentation to, 1820
- Jordan, J., after-results of operations for removal of uterus and appendages, 1196
- Joseph, H. P., poisoning by the application of glycerine of belladonna, 1792
- Joubert, L., the coup de grâce in bull fights, 1594
- Journal, the Scottish Medical and Surgical, formation of limited company to carry on, 1215
- Joynt, H. N., acute yellow atrophy of liver in Hindu coolies, 86
- Juler, H. E., microphthalmos, 1197; paresis of external recti, *ib.*
- K.
- Kala-azar, report of Major Ross on, 300
- Kalenberg, A., rupture of the heart, 1733
- Kanthack, Mrs., gets civil list pension, 106
- Karvonen, J., Ueber den Einfluss des Quecksilbers auf die Nieren, *rev.*, 1365
- Kauffmann, O. J., on infective endocarditis, 1276
- Kay, Major A. G., a new dhoolie, 1032
- Keane, A. H., Man Past and Present, *rev.*, 1428
- Keeling, G., congenital subluxation of lens, 1737
- Kehr, H., Anleitung zur Erlernung der Diagnostik der einzelnen Formen der Gallenstein-krankheit, auf Grund eigener, bei 433 Gallenstein-laparotomien gewonnener Erfahrungen für den praktischen Arzt zusammengestellt, *rev.*, 1296
- Keighley, Mr. R. D., death of, 817
- Kellett, Surgeon-Major E. Y., death of, 1142
- Kelly, H., on tuberculosis, 1425
- T. G., bicycle puncture protector and mud-guards, 1331
- Kelvin, Lord. *See* Lord
- Kelynack, T. K., on renal tumours, 1278
- Kemp, Miller, *ib.*, 1327
- W. R., L.S.A. and other surgeries, 816; mosquitos and malaria, 891
- Kempe, C. G. B., rhinoplasty for lupus, 1512
- Kennan, R., a case of obliteration of the male urethra, 268
- Kensington, the prevention of tuberculosis at, 153
- Kent, R. T., the F.F.P.S.G., 119
- Kenwood, H. R., prevention of infection in schools, 591; sick-room infection in typhoid fever, 596
- Keratitis, interstitial in acquired syphilis, 1197
- Kerr, J., embolism of central retinal artery, 1608; traumatic hysterical monocular deviation, *ib.*
- Kerr, Dr. N., the Society for the Study of Inebriety and, 244
- Key West, the sanitation of, 1003
- Kidd v. Crane, 506
- F. W., papillomatous cyst, 148; Cæsarean section, *ib.*
- Kidney, movable, 23; the pathology of tumours of the, 1278; primary nephrectomy due to complete rupture of, 1417, 1516; malformation of, 1738
- Kidneys, cystic disease of the, 1290
- King, Lieutenant-Colonel W. G., The Plague Inspector, *rev.*, 1686
- Kinkhead, R. J., polycystic ovarian tumour, 148
- Kipp, P., suppurative of frontal sinuses, 995; formalin in atrophic rhinitis, 1000
- Kipping, F. S., Organic Chemistry, *rev.*, 1612
- Kirk, T. S., removal of renal calculi, 1386
- Kirkcaldy, opening of infectious hospital at, 185
- Klein, E., a new pathogenic microbe of sewage, bacillus pyogenes cloacinus, 69; the bacillus of pseudo-tuberculosis, 1357
- Klondyke, British practitioners in, 565
- Knee, excision of for tuberculous arthritis, 1424
- Knee-joint, operative treatment of internal derangements of, 261; large synovial fringe removed from, 1479
- Knight, C. F., colonial degrees registration, 119
- Koch, Professor, on malarial parasites, 1039
- Korschelt, F., Textbook of the Embryology of Invertebrates, *rev.*, 1202
- Kraskie's operation, 1289
- Krishna, B. M., Haffkine's Plague Prophylactic Inoculation, *rev.*, 725
- Kunkul, Handbuch der Toxicologie, *rev.*, 150
- Kynsey, H. A., a report of the pollution of the rivers Lee and Stort, 156
- L.
- Laboratories, Wellcome Physiological, progress of, 1457
- Laboratory, the Government Analytical, 486
- National Physical, note on, 566
- Labori, Maître, the wound of, 484
- Labour, premature, induction of in a case of cancer of the rectum, 209; irrigation of the intestines with hot water in collapse during, 1287; ovarian tumour complicating, 1293; obstruction of by hydatid cyst in the omentum, 1603; the use of cocaine in, 1674; peritonitis complicating, 1680
- Labours of civilised women, causes which render them difficult, 953
- Lachrymal duct, hemorrhage through after plugging the nares, 1674
- Lack, H. L., the etiology of cancer, 179
- Lacroix, P., an apparatus for inhalations, its application in the treatment of tuberculosis of the larynx, 996; on the Portsmouth meeting of the British Medical Association, 1030
- Ladenburg, Professor A., presentation of Hanbury medal to, 1030
- Lagos, medical appointments in, 563
- Laing, H. W., fracture of both clavicles, 1603
- Lake, R., exophthalmic goitre, operation, cure, 908
- Lamb, Captain G., on psilosis, 641; on supra-hepatic abscess, 649
- W., formalin in atrophic rhinitis, 1000
- Lambkin, Major F. J., the prevention and treatment of syphilis in the navy and army, 1073
- Lamont, Dr., the case of, 237, 245, 787, 793
- Lanark, the training of nurses in, 800
- Landolt, E., sympathetic irritation and ophthalmitis, 764; test types for the determination of acuteness of vision, 767, 774
- Lane, Quartermaster G. J., death of, 181
- Langley, J. N., the general relations of the motor nerves to the several tissues of the body, 801
- Langton, J., the treatment of hernia in child ren, 470, 473
- Language, an international scientific, 1032
- Langworthy, C. F., Digest of Metabolism Experiments, *rev.*, 1684
- Lanphear, A., dichotomy in the United States, 881
- Laparotomy, ventral hernia after, 400; for uncontrollable vomiting, 1198; cases treated by, 1313; for intussusception, 1385
- Lardenois, H., Traitement Chirurgical du Cancer du Gros Intestin, *rev.*, 1295
- Laryngectomy, artificial vocalisation after, 625
- Laryngitis, secondary to nasal disease, 997
- Laryngoscope, sex detected by the, 185
- Larynx, inoperable case of epithelioma of treated with formalin injections, 272; parathyroid tumour causing malignant disease of the, 1003; tumour of in old women, removal, recovery, 1287
- Lassignardie, some of the mental conditions in fasting and abstinence, 934
- Las Vegas, the hot springs of, 791
- Latham, B., climate and the plague, 1753
- Lathyrism in Algeria, 614
- Laurent, the etiology of beri-beri, 487, 866
- Lauria, Dr., appeal for aid for family of, 315
- subscriptions to fund in aid of family of, 388, 636, 1056
- Law court, a fibroid in, 1377
- Lawford, Dr. E., obituary notice of, 1140
- J. B., interstitial keratitis in acquired syphilis, 1197
- Lawrence, Sir T., on hospitals and out-patients, 612
- Lawrie, Lieutenant-Colonel E., Plague, Hyderabad State, *rev.*, 724
- J. M., the menopause, natural and artificial, 974; fifty consecutive coliotomies for disease of the uterus and appendages, with forty-eight recoveries, 978
- Lawson, A., homatropine in muscular asthenopia, 765; the correction of refractive errors in the treatment of trachoma, 777; destructive ulceration of the eyelids, 778
- Lazarus-Barlow, W. S., on infectious endocarditis, 1274; the pathology of renal tumours, 1282; gummata in the heart wall, 1283; a case of anæmic infarct of the liver, 1342; a case of dissecting aneurysm of the right ventricle, 1344; medicine and pathology, 1768
- Lea, A. W. W., the treatment of fever following delivery, 98
- Lead, removal of from water by filtration, 1459; as an abortifacient, 1593
- poisoning, prevention of at Pembroke Dock, 184; in pottery works, conference at Home Office as to, 241; treatment of cerebral affections from, 673; the obligation to report cases of, 1565, 1821
- LEADING ARTICLES:—Protective inoculation against plague and cholera, 35; one-mark vaccination, 36; the local distribution of cancer, 37; London and the next census, 99; the serum treatment of leprosy, *ib.*; the medical aspects of crime, 100; the prospects of fresh factory legislation, 159; medical legislation in Rhodesia, 160; the treatment of sleeplessness, 161; the Poor-law medical service in Scotland, 237; the proposed Conciliation Board, 238; Poor-law guardians and the Vaccination Acts, 239; statistical errors as to cancer, 293; amendments in the Oysters Bill, 294; Professor Karl Pearson on genetic selection, *ib.*; the annual meeting at Portsmouth, 357; the president's address, 358; the address in surgery, *ib.*; the annual meeting, 419; leave and "study leave" for medical officers, 420, 482; practice by companies, 421; the abandoned Oysters Bill, *ib.*; milk and diarrhoea, 481; the sale of firearms, *ib.*; medicine as a career, 513; the medical curriculum, 515; the Royal Medical Services, 516; medical tests for admission to the public services, 605; electricity and public health, 606; death certification, 607; secret commissions and the medical profession, 667; what is homœopathy? 668; the Brussels Conference, 729; adulterated fabrics, 730; the case of Dr. Lamont, 793; cerebro-spinal rhinorrhœa, *ib.*; the spread of vaccination, 859; prison administration, *ib.*; London's lunacy, 860; the teaching of practical anatomy in India, 861; the remaking of the University of London, 929; idealism and life, 930; oysters and cockles, *ib.*; medical education, 1025; the Roentgen rays in surgical work, 1026; "physician" and "surgeon," 1027; medicine and life assurance, 1117; a recent pronouncement on ether, 1118; medical witnesses' fees, 1209; gunshot wounds of the abdomen, *ib.*; the therapeutic value of ocean voyages, 1301; plague, Egypt, Portugal, and the Sanitary Convention, 1302; a new system and school of "nerve training," *ib.*; medical arrangements for South Africa, 1371; pharmaceutical chemists and companies, *ib.*; public vaccinators and the Local Government Board, 1372; the methods of medicine, 1431; "the lords of the slums," 1432; the London University and medical schools, 1493; destruction of human and animal life in India by wild animals and poisonous snakes, 1494; the British Medical Association, 1559; is genius a morbid condition? 1560; the General Medical Council, 1561, 1621; London's main drainage, 1621; medical registration and personation, 1689; modern cremation and death certification, 1690; tuberculous milk, 1691; centralisation or concentration, 1749; the "duty" (?) to send information to a coroner, 1750; Leicester's repentance, 1751; the Prince of Wales's Hospital Fund, 1801; the cause of death from industrial electrical currents, 1802; the decrease in venereal diseases in the Indian Army, *ib.*



Leaf, Mr. W., death of, 440  
League, French Antialcoholic, meeting of, 1715  
— of Mercy, progress of, 1566  
National Temperance, breakfast of, 361  
Leamington as a health resort, 281  
Lean's Royal Navy List, *rev.*, 1297  
Leavesden Asylum. *See* Asylum  
Le Bouëf, diabetes and life assurance, 953  
Lecture, the Bradshaw on a centennial review of surgery, by Mr. H. G. Howse, 1691  
Lectures, the Croonian, on some points connected with sleep, sleeplessness, and hypnotics, Dr. J. B. Bradbury, 4, 72, 134; School Board, fees for, 168, 448; the Lane Medical, 487; first-aid, books on, 635; ambulance and museum specimens, 886; the Harveian on the surgical treatment of tuberculous diseases, 1659, 1721, 1779; ambulance and advertising, 1718; the Monson, 1756  
Lee, the pollution of, 156, 254, 315, 439; the purification of, 1030  
Lee, R., pulmonary affections after anaesthesia by ether, 1449  
Leech, D. J., the evolution of pharmacy, 927; galenical preparations and isolated active principles, 1681  
Leeds, meeting of representatives of Boards of Guardians and tuberculous patients, 800; report of medical officers of workhouse infirmary at, 1052; consumptive sanatorium for, 1799  
Leeward Islands, medical appointments in, 563; British practitioners in, 565  
Leg, gunshot wound of severing anterior tibial nerve, 1069  
Legislation, effect of on the treatment of disease, 180  
Leicester, failure to appoint a vaccination officer at, 256, 1028; a voice from, 612; the prevention of tuberculosis at, 809; and local government, 1214; the surrender of, 1492; the "Vaccination Inquirer" on the guardians of, 1664; the repentance of, 1751; appointment of vaccination officer at, 1820  
Lejars, F., *Traité de Chirurgie d'Urgence*, *rev.*, 1297  
Lens, removal of in high myopia, 765, 1423; congenital subluxation of, 1737  
Lentiforms, effervescent Carlsbad water, 1429  
Leon, G. A., cancer in animals, 1046  
Leppers, the segregation of, 1610  
Leprosy, the serum treatment of, 99; in Cuba, 202; in the Memel district, 625; cases of in England, 1379; in Crete, 1663  
Leslie, R. W., laparotomy for intussusception, 1385  
Lessons, the fatiguing effect of, 241  
Lethargy, negro. *See* Negro  
Leumann, Captain, inoculation against plague at Hubli, 620  
Lewers, A. H. N., persistent mento-posterior position of face, 145; fibroid tumour of the uterus, 1476  
Lewin, L., *Die Nebenwirkungen der Arzneimittel*, *rev.*, 1365  
Lewis, Mr. F. H., obituary notice of, 1326  
Libel on a medical man, action for, 506  
Library of the British Medical Association, list of books presented to, 790, 1799  
Lichen planus, linear, 1198  
Liebe, G., *Handbuch der Krankenkensorgung und Krankenpflege*, *rev.*, 1797  
Liebig's pneumatic chamber, 1056  
Lieberich, O., *Encyclopædie der Therapie*, *rev.*, 1366  
Life assurance, books for the medical adviser in, 66; extra rating of unhealthy lives in, 105; reports as to and professional secrecy, 324, 952; alcohol and, 487; anthropology and, 952; the examination of the heart in, 953; early diagnosis of general paralysis and, *ib.*; diabetes and, *ib.*; statistical data concerning the mortality of the assured, 1022; traumatic neuroses in, *ib.*; syphilis and, *ib.*; neurasthenia and, 1023; tuberculosis and, *ib.*; fraud in, *ib.*; the symptomatology of chronic defects and, *ib.*; chronic alcoholism and, 1024; albuminuria and, *ib.*; ear disease and, *ib.*; skiagraphy and, *ib.*; and medicine, 1117; valvular disease and, 1626  
Ligatures, extraction of from the bladder, 269  
Light and heat, therapeutics of, 1257  
— sense and colour sense, 1795  
Lightning stroke on the march, 497  
Lime, influence of on malarious soil, 1625  
Limont, J., cases of skin disease, 1795  
Lindsay, Miss B., *An Introduction to the Study of Zoology*, *rev.*, 21  
— J. A., our position and outlook, 1326  
Linimentum opii, poisoning by, 1194  
Linnell, B. M., a comparison of the various methods of estimating hæmoglobin, 21

Lip, primary sarcoma of, 1738  
Lipoma of prolabium, 1200  
Liquor, morphina hydrochloridi, poisoning by, recovery, 1731  
Lister, Lord. *See* Lord  
LITERARY NOTES:—34, 95, 157, 236, 292, 491, 622, 1127, 1208, 1311, 1382, 1443, 1511, 1579, 1645, 1701, 1763, 1812; "a useful manoeuvre," etc., 96; Dr. S. Wilks on appendicitis not a novelty, *ib.*; an Oriental parallel to Sir T. Browne, *ib.*; Dr. A. E. Russell on Old St. Thomas's, *ib.*; Dr. Tiffand on stroke and healers, *ib.*; Dr. Berdoe on dead bodies in reservoirs, 157; American medical literature, *ib.*; changes of names in wanderings of paragraphs, *ib.*; Dr. T. Logan on sneezing, etc., 158; Dr. J. H. Teacher on William Hunter, 236; proper spelling of name of river Lee, *ib.*; Professor Herschberg on the study of eye diseases in antiquity, *ib.*; the "Young Woman" on women as doctors, 292; George Scubbs, the animal painter, 491; an autobiography of Orfila, *ib.*; notes on the life of Dr. John Crawford, 1382; Rabelais on scabies, 1443; Professor R. Bartholow on Walter Scott, *ib.*; Adam as a practitioner in midwifery, *ib.*; biographical sketch of John Archer, M.B., 1511; Rousseau as a sufferer from Ménérie's disease, 1579; Richard Mead, the collections of, 1702; E. Barratt on Oliver Wendell Holmes, 1763; the heart of the great Napoleon, 1812  
Lithgow, Surgeon-Major-General, death of, 817; and the Edinburgh Royal Infirmary, 884  
Lithotomy suprapubic for vesical calculus, with rupture of bladder, 1543  
— position (so called) method and apparatus for maintaining in operation on the perineum, 1193  
Little, E. G., the causation of night terrors, 164  
Littledale, H. E., Widal's reaction in typhoid fever, 213  
Live and let live, 823  
Liver, acute yellow atrophy of in Hindu coolies, 86; an unusually large abscess of, operation, recovery, 208; the lobes of the, 833; anæmic infarction of the, 1342; primary carcinomatous cyst of the, 1347; hypertrophic cirrhosis of with bronzing of the skin, hæmo-chromatosis, 1595; syphilitic disease of, sudden death, 1731  
Liverpool, correspondence from, 175, 311, 435, 501, 956, 1134, 1222, 1385, 1646, 1766; the expedition for the study of malaria, 175; new hospital for Wallasey, *ib.*; expected resignation of Principal Glazebrook, *ib.*; the suppression of public houses, *ib.*; the Samaritan Hospital for Women, 311; the Hayden cure for inebriety, *ib.*; failure to notify yellow fever on board ship, *ib.*; the Cancer and Skin Hospital, 311, 501; the Hospital Sunday and Saturday Fund, 311; Poor-law sanatorium for tuberculosis, 435, 501; proposed fever hospital for Colwyn Bay, 436; cases of tropical disease in, 501; annual inspection of the city hospitals, 956; deaths from infected food, 1135; the condition of St. Martin's market, *ib.*; suggested co-operative bacteriological department, 1135, 1222; a children's county hospital for, 1376; proposed legislation for the prevention of tuberculosis from the milk supply, 1766  
Lives, unhealthy, extra rating of, 105  
Livingstone, Dr. T., presentation to, 1397  
— T. H., a case of compound comminuted depressed fracture of the calvarium with fracture of the base of the skull, 1474  
Lloyd, J., the election of the Council of the College of Surgeons, 180; osteo-chondro-sarcoma, 1550  
— J. U., King's American Dispensary, *rev.*, 1365  
Loch, C. S., a caution 448; on hospital abuse, 483; the use of medical charities, 1381  
Lockjaw, and loyalty, 364; relieved by incision of gum, 1418  
Lockwood, C. B., *Aseptic Surgery*, *rev.*, 857  
— H., evulsion of lower jaw, 1682  
Locomotor ataxia, retardation of pain sense in, 672; and right hemiplegia, a case of, 853; the pathology of in relation to general paralysis of the insane, 1475, 1599, 1604, 1734; joint disease in, 1550  
"Locums," remuneration of, 260; contract of 750; and principal, *ib.*  
Lodge, S. jun., a consecutive series of cases of removal of the lens in high myopia, 765; fatal cases of abscess of the sphenoidal sinus, 1423  
Lodging houses, municipal, 1567  
Loewenthal, M., an epidemic of follicular conjunctivitis, 1363  
Logan, R., the use of antistreptococcus serum, 852

London, and the next census, 40, 99; hospital abuse in, 58; the housing problem in, 124, 732; university teaching in, 162; increased accommodation for infective cases in, 236; public health administration in, 296; operating theatres in, 298; inquests in, 485; the present and future water supply of, 495, 1374; clearance schemes in, 1218; analysis of water in, 1305, 1565; the main sewerage question in, 1375; the port sanitary work of, 1497; baths and bathers in, 1520; clinical research in, 1613, 1623; fever in, 1620; the main drainage of, 1621; the insanitary condition of the streets of, 1648; defective system of removal of dust and house refuse in, 1778  
— County Council. *See* County  
Long v. Stocker, 121  
— E., the central nervous pathways for general sensibility, 673  
— S., malformations, 1549  
Lorans, H., the cat as a carrier of plague, 1588  
Lord Kelvin resigns professorship of natural philosophy at Glasgow University, 242  
— Lister on preventive inoculation, 17; presidential address to the Royal Society, 1613  
— Sandhurst on the medical profession, 799  
Lorne, Marquis of. *See* Marquis  
Low, J. S., the control of plague by the medical inspection of railway passengers, 1794  
Lowndes, F. W., the prevention of venereal disease, 1226  
Loyalty and lockjaw, 364  
Lozenges, medicated, 150  
Luc, a fatal case of frontal empyema, 993; laryngitis secondary to nasal disease, 998; chronic suppuration of the attic, 1002  
Lucas, R. C., a Bill for the restriction of the sale of small arms, 625; on gunshot wounds of the abdomen, 1064; localisation of bullets by x rays, 1064, 1227  
Lucy, R. H., a simplified method and apparatus for maintaining the so-called lithotomy position during operations on the perineum, etc., 1193  
Luff, A. P., the gelatinous form of sodium biurate and its bearing on the pathology and treatment of gout, 1163, 1167  
Lumsden, J., diabetes insipidus, 213  
Lunacy, in Surrey, 736; in London, 860  
— cases, can the reproachful differences of medical opinion in be obviated? 699  
— legislation as it affects the temporary care of incipient cases, 702, 814  
Lunatics, dangerous, 865; private charge of, 1331  
Lungs, entrance of oxygen into the blood in, 833  
Lupus, intranasal and intra-aural, 1460  
Lycett, J. A., the Section of Obstetrics and Gynaecology at Portsmouth, 1317  
Lymph. *See* Calf  
Lymphatic glands, relations of large-celled indurative hyperplasia of to tuberculosis, 1408  
Lynn, Dr. J. M., death of, 1234  
Lysinstitut, Dr. Finsen's, visit of Princess of Wales to, 800  
M  
Macalister, A., the cephalic index, 804  
Macara, J. F. D., holidays of Scottish parochial medical officers, 1822  
McCardie, W. J., pulmonary affections after anæsthesia by ether, 1389  
McCartie, Lieutenant-Colonel C. I., on thermic fever, 653  
McCaw, J., Aids to the Diagnosis and Treatment of Diseases of Children, *rev.*, 80  
MacCormac, Sir W., volunteers to go to South Africa, 1211; departure of, 1303; arrival of at Capetown, 1500  
McCullagh, A. R., perforating gastric ulcer, 851  
Macdonald, I., mosquitos in relation to malaria, 699  
— K. N., adulterated fabrics, 816  
— P. W., lunacy legislation for incipient cases, 704; congenital general paralysis, 706  
McDougall, W., observations on the sense of touch and pain on the estimation of weight and variation of blood pressure, 803  
McDowall, J. D., syphilis and general paralysis, 709  
McFadyen, J., the local distribution of tubercle, 1709  
Macfadyen, A., a diphtheria-like organism found in pigeons, 1357  
Macfarlane, A. A., valvular disease and life assurance, 1626  
McFeely, J. D., an inoperable case of epithelioma of the larynx and neck treated with formalin injections, 272

- Macfie, C., the duty of the profession with regard to alcohol, 194, 439
- MacGillivray, C. W., radical cure of hernia, 1680
- McHardy, M. M., sympathetic irritation and ophthalmitis, 764; visual tests misused in examination of candidates for the examination of the Royal Navy, 773
- McIlwaine, S. W., medical reform and the Midwives Bill, 1386, 1707
- Macintosh, D. J., Skiagraphic Atlas of Fractures and Dislocations, with Notes on Treatment, *rev.*, 1026
- Mackay, G., need for improvement in examination for vision, 769
- Mackenzie, G. H., a modified nasal speculum, 1687
- S., Finzen's phototherapy, 1378
- Mackey, E., antitoxin injections in tetanus, 1703
- MacLaren, M., extraction of ligatures from the bladder, 269
- Maclean, Surgeon-General W. C., memorial to at Netley, 297
- Macleod, K., on psilosis, 641; thermic fever (so-called strissis), with special reference to its alleged microbic causation, 549; tropical dysentery, 654; hæmoglobinuric fever and paludism, 656; on Calmette's antivenene, 665
- H. W. G., a surgical dressing table, 1299
- N., bromide of sodium in the treatment of the morphine habit, 188
- MacMunn, Dr. J. A., death of, 1770
- MacNeill, R., the importance of teaching domestic science, 1123
- Macphail, S. R., syphilis and general paralysis, 709; post-operative insanity, 781
- Macpherson, Mr. L., death of, 1222
- Macular area, effect of injury on, 1737
- McQueen, A. D., a case of membranous conjunctivitis treated by antidiathermic serum, 1792
- MacBury, Brigade-Surgeon-Lieutenant-Colonel C. W., defective system of removal of dust and house refuse in London, 1778
- McVie, F., induction of premature labour in a case of cancer of the rectum, 209
- MacWharrie, Deputy Inspector-General, death of, 607
- Madagascar, the plague in, 621, 809, 1620; medical mismanagement in, 1341
- Madden, T. M., treatment of fever following delivery, 97; the treatment of uterine cancer, 98; on Celtic medicine, 1307
- Madeira, practice in, 324
- Madleuer, M., operation on spleenless patient, 1567
- Madrid, creation of State Institute of Serum-therapy, etc., in, 1534
- Maffei, skiagraphy and life assurance, 1024
- Magazines, parish, and medical officer of health, 823
- Magersfontein, the Royal Army Medical Corps at, 1761
- Maggs, W. A., the registration of a dental as a medical student, 882
- Maghull, the epileptic colony at, 933
- Magistrates, medical, 34, 1286, 1310, 1522
- Magnesium sulphate in tropical dysentery, 1413, 1474
- Magnet, a giant, 1715
- Magnus, Sir P., on university education in England and Germany, 705
- Maguire, R., the treatment of pleuritic effusion in childhood, 450, 455
- Maguth, Regina V., 444
- Mahillon, neurasthenia and life assurance, 1023
- Mahomed, A. G. S., lunacy legislation for incipient cases, 704; syphilis and general paralysis, 709; treatment of tuberculosis, 1157
- Mahon, Deputy Inspector-General E. E., prevention and treatment of syphilis in the navy and army, 1070
- Mahood, A., syphilis and general paralysis, 709
- "Maine," the. See Ship
- Makins, G. H., surgical notes from the Orange River, 1809
- Maisch, J. M., A Manual of Organic Materia Medica for the Use of Students, Druggists, Pharmacists, and Physicians, *rev.*, 1366
- Malaria, the possibility of extirpating from certain localities by a new method, 1; quinine in, 22, 85; in the Southern Sudan, 38; and mosquitos, 324, 695, 699, 736, 748, 760, 806, 823, 891, 1321, 1460, 1594, 1649; in lower animals, 685
- Commission. See Sierra Leone
- Malaga, beri-beri in, 608
- Malchow, the sanatorium for the working classes at, 285
- Malcolm, J. D., the menopause, natural and artificial, 974; a complicated convalescence from ovariectomy, 1671; fifty successful consecutive cases of ovariectomy recorded three years after operation, 1679
- Malformations, 1549
- Malherbe, A., operative treatment of chronic suppurations of the attic, 1002
- Malignant growths, the infectivity of, 1195
- Malins, E., vaginal hysterectomy, 1610
- Malpraxis, an action for in New Zealand, 1455
- Malta, report of the health department of, 46
- fever. See Fever
- Mammary gland and ovaries, the interaction between, 830, 832
- Man, effect of the Roentgen rays on, 892; number of nerve cells in the cerebral cortex of, 1379
- Manby, E. P., meat inspection and the abolition of private slaughterhouses, 581, 584
- Manchester, the Chamber of Commerce at and the study of tropical diseases, 289; the port sanitary authority of, 508
- Manders, H., The Ferment Treatment of Cancer and Tuberculosis, *rev.*, 90
- Manifold, Mr. W. H., obituary notice of, 254
- Mann, D., on adulterated textile fabrics, 38
- Manning, H. G., lunacy legislation for incipient cases, 704; legislation for well-to-do inebriates, 721
- Manceuvres, medical arrangements for the, 59
- Manslaughter, verdict of against an unqualified practitioner, 121
- Manson, P., on psilosis, 641; on filarial periodicity, 644; on suprahepatic abscess, 649; on thermic fever, 652; dysentery in the tropics, 654; the need for special training in tropical diseases, 922; on sleeping sickness, 1108
- Manual for the Church Lads' Brigade Medical Corps, *rev.*, 857
- Mapother, E. D., constitutional treatment of skin diseases, 1204
- Marian, A. B., Traité des Maladies de l'Enfance, *rev.*, 87
- Margate Royal Sea-Bathing Hospital. See Hospital
- Marie, A., mysticism and insanity, 935
- Marine, mercantile, first aid in, 184; visual tests in, 958
- Mark Twain on Christian Science, 1123
- Marquis of Lorne on vaccination, 872
- Marriage and venereal disease, 758
- rate, a high, 1380
- Marsden, R. S., meat inspection, 584; overcrowding in secondary schools, *ib.*
- Marsh, H., the medical student and his environment, 1011; senile tuberculosis, 1546
- Marshall, A., corporation meteorologists, 511
- C. D., sympathetic irritation and ophthalmitis, 764; visual tests, 774; primary sarcoma of fornx conjunctivæ, 45; eye symptoms in so-called hay fever, 778; primary neoplasm of optic nerve, 1419
- C. F., early cerebral syphilis, 1718
- C. R., the treatment of digitalis poisoning, an experimental investigation, 1204; the pharmacology of cannabis indica, 1449, 1708
- E. J., Flora of Kent, *rev.*, 1204
- J. de Z., first aid to the injured, 1228
- L., electrolysis of nevus, 67
- Martin, A. H., fees to medical witnesses under the Vaccination Act, 292
- A. M., operation for cerebral abscess, 1424; coxa vara, *ib.*
- J. W., the etiology of infantile convulsions, 696; supernumerary thumb, 1594
- S., the open-air treatment of tuberculosis, 1676
- Mask, improved chloroform, 858
- Mason, J. W., precautions as to plague at British ports, 680
- Massey, G. B., cataphoric treatment of cancer, 22
- Masters, W. H., the causation of night terrors, 485; treatment of headache, 1246
- Mastoid, indications for opening in chronic otitis media, 488
- Mastoiditis, post-influenzal suppurative, operative treatment of, 1005
- Match factories, fragilitas ossium amongst workers in, 470
- makers, prevention of "phossy jaw" in, 669
- Maternity, Royal Edinburgh, etc., instruction at, 548
- Matthews, J., vaccine blowers, 760
- Surgeon-Major V., Volunteer Medical Staff Corps Relief Fund, 1388, 1658, 1718, 1821
- Maunsell, R. C. B., primary sarcoma of lip, 1738
- Mauritius, the plague in, 236, 292, 435, 498, 621, 681, 745, 809, 877, 954, 1040, 1127, 1219, 1312, 1384, 1456, 1492, 1558, 1620, 1702; medical appointments in, 563
- Maxwell, J. L., the relation of bacillus coli communis to other organisms in the urine, 1472
- Maxwell, T., the prevention and treatment of syphilis in the navy and army, 1076
- H. H., The Removal and Disposal of Town Refuse, *rev.*, 1427
- May, H., recent vaccination legislation, 578
- Surgeon P. M., syphilitic disease of the heart and liver, sudden death, 1731
- Mr. W., death of, 124
- Mayer, Dr. J., obituary notice of, 440
- Mayer, F. O., Traité de Diagnostic Médical et de Sémiologie, *rev.*, 1744
- Mayhew, C., an improved exploring syringe, 1298
- Maylard, A. E., the nomenclature of operations on the alimentary canal, 120
- Maynard, C. G., nasal duct dilator, 1737; injury to eyes from explosion of glass bottle, *ib.*; diphtheritic ophthalmia, *ib.*
- Mayo, W. C., an anæsthetic facepiece for edentulous patients, 858
- Mayors, medical, 1457, 1563
- Meade, Mr. R. H., obituary notice of, 1818
- Measles and scarlatina, 756
- Meat inspection, 581
- poisoning cases of, 1367
- Meckel's diverticulum. See Diverticulum
- Medal, the Hanbury, presentation of, 1030
- Medical Council, General, and medical aid associations, 56, 118; direct representation on, 58, 251; the "Minutes" of, 106; and general practitioners, 120, 178; and the organisation of the profession, 314; regulations of as to the registration and education of medical students, 518; regulations as to professional education, 519; regulations of as to State medicine, 554; regulations as to dental surgery, 566; leading article on session of, 1560, 1621; notes on proceedings of, 1568, 1627; president's address, 1569; results of competitions, 1590; the representative of the Society of Apothecaries of London, 1571; death certification, 1573, 1633; restoration of names, 1574, 1629, 1630; illegal certificates, 1574; the minutes of, *ib.*; midwives' certificates, *ib.*; combination of medical corporations with universities, 1577; the Society of Apothecaries and the Conjoint Board in England, *ib.*; the Apothecaries' Hall of Ireland, 1638, 1642; letter to on medical reform, 1579; the case of William Stewart, M. D., 1629; dental cases, *ib.*; alleged employment of unqualified assistant, 1629, 1631; the case of William Matthews Joyce, 1631; the case of Frederick William Kirkham, *ib.*; the title of physician, 1631, 1637; penal and disciplinary powers, 1633; reciprocity of medical practice, 1635, 1637; finances of Irish Branch Council, 1637, 1638; Education Committee, 1637; the English Colleges and the, 1638; finances of the Branch Councils, 1640; report by the Personation Committee, *ib.*; the preliminary examinations, 1640, 1641; dental business, 1642; report of the Pharmacopœia Committee, 1642; annual laws, *ib.*; report of the Public Health Committee, *ib.*; Students Registration Committee, *ib.*; unqualified dispensers, *ib.*; Companies Acts Amendment Bill Committee, 1644; medical aid associations, *ib.*; the effect of erasure from the "Register," *ib.*; foreign candidates for British diplomas, *ib.*; the Rhodesian Medical Ordinance, 1645; the University of Adelaide, *ib.*; vote of thanks to president, *ib.*; university representatives on, 1692; the income of, 1706; the strangers' gallery at the, 1767
- curriculum, the place of pharmacology in, 402, 501; the necessity of requiring a full course of lectures and attendance at a children's hospital as part of the, 478; leading article on the, 514
- Digest. See Digest
- "Directory," the, 448
- ethics, 696; a question of, 1524, 1714
- etiquette, 1051
- Guild. See Guild
- manners among out-patients, 795
- men, motor cars for, 56, 253, 732, 1031, 1240; and unqualified dispensers, 166; the grievances of, 439; as witnesses, 741; and the lay press, 1147; and the Pharmacy Act, 1148; and the study of pathology, 1619
- officers, district, application for increase of salary to, 692; alteration of district of, 693; and vaccination appointments, 1052
- officers of health, county, the varied duties of, 613; and parish magazines, 823; duties of under the Notification Act, 1456
- officers, Poor-law, increase of salaries of, 632, 821; alteration of district of, 1456; duties of in the Hebrides, 1590
- organisation, 735, 750, 812, 880, 957, 1343, 1136, 1225, 1315, 1447, 1516, 1588, 1706; proposed conference on, 1820

- Medical reform.** Dr. W. Jones Morris on, 615; and the Midwives Bill, 1386, 1447, 1517, 1707; and Branches of the British Medical Association, 1618, 1619, 1704, 1755  
— Register, the, and changes of address, 1030  
— registration. *See* Registration  
— service in the field, 1230  
— superstitions, books on, 1658  
**Medicine in the East** End, 121; as a career, 513; psychological, instruction in, 550; State, instruction in, 554; a governor's view of, 633; old and new, 912; the method of studying, 915; the outlook in and its lessons, 916; some motives and methods in, 920; the advance of, 1017; the influence of Zadiq on the progress of, 1120; the Archbishop of Canterbury on, 1215; and pharmacy, 1229; Celtic, 1307; the relation of science to experience in, 1333, 1448; the methods of, 1431; Biblical, 1460, 1524; and pathology, 1586, 1768; Mr. D. L. Moody on, 1623; the method of Sherlock Holmes in, 1808  
**Medicines**, supply of by club surgeons, 43; patent, stamp duty on, 635  
**Mediterranean**, winter resorts on the, 282; plague on Turkish steamers in, 1492  
**Mekhtar**, sketch of life and work of, 1755  
**Melena** from gastric and duodenal ulcer, the wisdom of surgical interference in, 1087  
**Melbourne**, correspondence from, 811; registration of female inmates of hospitals, *ib.*; deaths under anaesthetics, *ib.*; the medical curriculum at, *ib.*; pseudo-tuberculosis of sheep, *ib.*  
**Membrane**, mucus, method of attaching it to the skin after perineal excision of the rectum, 1082  
**Memel**, opening of asylum for lepers at, 310; leprosy in, 625  
**Meningitis**, cerebro-spinal, 22; following penetrating wound of orbit, trephining, recovery, 144; acute streptococcal supervening in the course of chronic parenchymatous nephritis, 1109; Dr. J. Barr on, 1401  
**Menopause**, natural and artificial, 973  
**Mental cases** in private houses, 886  
**Mentone**, experiment on extirpating the mosquito at, 103; the house of rest at, 1715  
**Menzies**, J., the etiology of typhoid fever, 1041  
**Mercantile marine**. *See* Marine  
**Mercury**, metallic as a means of arresting hæmorrhage, 388  
**Mesopotamia**, bilharzia in, 1543  
**Metabolism**, general, value of the large intestine in, 836  
**Meteorologists**, corporation, 297, 511  
**Metham**, Mr. L. P., death of, 62  
**Metropolitan Asylums Board**. *See* Board  
**Meyer**, G., *Handbuch der Krankenversorgung und Krankenpflege*, *rev.*, 1797  
— J., tuberculosis and life assurance, 1023  
**Meyjes**, W. P., glandula thyroidea accessoria at the base of the tongue, 1004  
**Michie**, H., puerperal sepsis, 1480  
**Michigan**, venereal disease and marriage in, 758  
**Michlin**, Mr. M., death of, 1518  
**Microbe**, a new pathogenic of sewage, 69  
**Microphthalmos**, case of, 1197  
**Microscopist's companion**, 1687  
**Midwifery engagements**, 256  
**Midwives**, proposed legislation for, 246, 1700; in Illinois, 757  
— Bill. *See* Bill  
**Militia**, the, promotions and appointments of medical staff of, 60, 441, 570, 1651, 1711, 1770; embodiment of the medical staff corps of, 1391  
**Milk**, sterilisation of, 256, 891; and diarrhoea, 481; the bacillus diphtheriae in, 586; tubercle bacilli in, 625; sterilisation of for British troops in India, 886; a steriliser for, 1298; the pathology of, 1341; unsound condensed, 1654; tuberculous, 1691; and public health, 1704; chocolate with, 1745  
**Miller** v. Kemp, 1327  
— G. V., acute retrobulbar neuritis, 1199  
— S., electrolysis of nevus, 127  
— T. F., cerebro-spinal meningitis, 22  
**Milligan**, W., the operative treatment of post-influenzal suppurative mastoiditis, 1005; cerebellar abscess, 1739; sarcomatous disease of middle ear, 1740  
**Milnes**, G. H., the place of pharmacology in the medical curriculum, 503  
**Mink**, G., suppuration of frontal sinuses, 996  
**Mitral valve**. *See* Heart  
**Mixture** v. tablet, 754, 813  
**Modder river**, medical officers at, 1696  
**Modlin**, I. G., deformity of ankle, 1424  
**Mole**, fibrous, case of, 212  
**Monacé**, British practitioners in, 565  
**Monaghan**, Mr. Coroner Phelan on the Board of Guardians of, 632  
**Monaghan**, Dr. T. J., presentation to, 510  
**Monks**, Lieutenant-Colonel C., metallic mercury as a means of arresting hæmorrhage, 388  
**Montgomerie**, H. M., Penzance and Cornwall as health resorts, 281  
**Montgomery**, W. P., colotomy, 1481  
**Montreal**, correspondence from, 501; the prevention of tuberculosis, debate in the Dominion Parliament, 501; establishment of a sanatorium in the Laurentians, *ib.*; medical registration in the Dominion, *ib.*; the "British Pharmacopoeia" in Canada, 502; research fellowships in pathology at the McGill University, *ib.*; the departure of Dr. Clemence Webster, *ib.*  
**Monypenny**, W., bothriocephalus latus, 1385  
**Moody**, Mr. D. L., on medicine, 1623  
**Moon**, influence of the, 635  
**Moor**, C. G., Aids to the Analysis of Foods and Drugs, *rev.*, 1297  
**Moore**, F. C., ganglionic neuromata of face, 1610  
— J. E., tuberculosis of fascia, 23  
— J. W., the advance of medicine, 1017  
— M. M., first aid to the injured, 1390  
**Morgan**, G., tuberculous adenitis, 458, 460  
— J. H., oedema of arm following axillary abscess, 1419  
— R., difficulties of the public vaccinator, 434  
— Mr. W. L., obituary notice of, 1589  
— Dr. W. W., presentation to, 863  
**Morice**, G., *Annuaire des Eaux Minérales*, 282  
**Morison**, K., repair of divided tendons, 1424; excision of epithelioma of bladder, *ib.*; renal calculus localised by x rays, *ib.*; ascites due to cirrhotic liver treated surgically, 1424  
**Moritz**, E., examination of the heart in life assurance, 953  
**Morley**, Mr. F., death of, 1454  
— "Morning Post," the, on the remuneration of medical witnesses in criminal cases, 1367  
**Morocco**, the plague in, 94  
**Morphine**, injection of in the removal of the wounded, 1766  
— habit, bromide of sodium in the treatment of, 188  
**Morris**, H., primary tumours of the suprarenal gland and their removal by operation, 1336  
— Dr. J., presentation to, 1054  
— M., on tuberculosis, 737  
— Dr. W. J., on medical reform, 615  
**Morrison**, R. T. J., the late Dr. G. F. Crooke, 128, 260, 819  
**Mortality**, comparative of English districts, 1605  
**Morton**, C. A., a successful case of resection of three-quarters of the stomach for malignant disease, 1083  
— Captain J. P., death of, 755  
**Mortuary accommodation**, 1593  
**Mosquito**, the extirpation of, 103, 119, 314; the natural enemies of, 1118  
**Mosquitos**, an outbreak of fever attributed to, 208; and malaria, 324, 695, 699, 736, 748, 760, 806, 823, 891, 1321, 1460, 1594, 1649; the destruction of, 683; the extermination of, 1648  
**Motor cars** for medical men, 57, 253, 732, 1031, 1240  
**Mott**, F. W., the blood from a case of beri-beri, 265; on sleeping sickness, 1108; the pathology of tabes in relation to general paralysis of the insane, 1475, 1736; Archives of Neurology from the Pathological Laboratory of the London County Asylum, Claybury, Essex, *rev.*, 1483; the changes in the central nervous system of two cases of negro lethargy, sequel to Dr. Manson's clinical report, 1666  
**Mouat-Biggs**, C. E. F., splint for fractured clavicle, 1291  
**Mould**, Mr. J. T., obituary notice of, 1139  
— Captain W. T., hæmoglobinuric fever and paludism, 657  
**Mountain sickness**, bleeding from the ears in, 1459, 1524, 1594  
**Moure**, E. J., suppuration of frontal sinuses, 992; chronic suppuration of the attic, 1002  
**Mouth**, rare abnormality of the, 273; deformity of, 1740  
**Moynihan**, B. G. A., innominate aneurysm, 1423; the prevention or anticipation of shock in surgical operations, 1471; hernia of the bladder, 1740  
**Müller**, Dr. H. F., memorial to, 1318  
— Johannes, memorial to, 932; monument to, 1031  
— R., aural effects of modern artillery fire, 1437  
**Muir**, Surgeon-General H. S., medical tests for the public services, 575  
— R., Manual of Bacteriology, *rev.*, 102
- Muir**, W. L., Scottish Poor-law Medical Officers' Association, 1041  
**Mules**, P. H., obscure cases of syphilis, 1481  
**Mullick**, S. K., on psilosis, 641; some of the Mmore common form of tropical diseases met with in general practice in England, 659; treatment of perforated gastric ulcer, 1186; treatment of headaches, 1246  
**Mundé**, multiple surgery on one patient, 671  
**Municipalising** the family, 1694  
**Murmurs**, accidental heart, 22  
**Murphy**, J., on gunshot wounds of the abdomen, 1064  
**Murray**, G. R., open-air treatment of phthisis, 1199; case of hemiplegia demonstrating Babinsky's toe phenomenon, 1424  
— J., the student and his work, 918  
— R. W., ununited fracture in childhood, 627; artificial anus, 1363  
**Museum**, the Virchow. opening of, 42; the annual, 54, 117, 175, 234, 309, 377; the pathological, 384  
— specimens and ambulance lectures, 886  
**Muskens**, L. J. J., retardation of pain-sense in locomotor ataxia, 672; the development of disturbances of sensation in diseases of the spinal cord, 1601  
**Mutoscope**, demonstration of, 360  
**Muzzling order**, revocation of, 1124  
**Myelitis**, acute disseminated, 1609  
**Myers**, C. S., observations on hearing, smell, taste, reaction, and time, 803  
**Myles**, Dr. T., presentation of address to, 1370  
**Mylott**, G. F., rupture of the vagina, 760  
**Myocardium**, the pathology of the, 1285  
**Myoma**, subperitoneal, complicating pregnancy, myomectomy for, 1673; interstitial of uterus, 1793  
**Myomectomy** for subperitoneal myoma complicating pregnancy, 1673  
**Myomata**, uterine, are they usually single or multiple? 1524  
**Myopia**, high, removal of the lens in, 765, 1423  
**Myrtle**, J. A., illegal certificates of proficiency in medicine, surgery, and midwifery, 438, 569, 748, 1043, 1224, 1387  
**Mysticism** and insanity, 935
- N**  
**Nadkarni**, K. M., Essentials of Modern Treatment of Disease, *rev.*, 856  
**Naesmyth**, D., a case of mitral obstruction, thrombosis of the splenic vein, enlargement of the spleen and hæmatemesis, 1415  
**Nævus**, electrolysis of, 67, 127, 388  
**Nail-cutting**, is it a surgical operation? 1377  
**Nairne**, J. S., the influence of prolonged standing in the production of women's diseases, 596; the menopause, natural and artificial, 974  
**Nares**, hæmorrhage through the lachrymal duct after plugging, 1674  
**Names and descriptions**, 1658  
**Nasal**. *See* Nose  
**Nash**, W. G., scarlet fever without eruption, 1674  
**Nason**, E. N., an outbreak of food-poisoning at Nunceaton, 791  
**Natal**, medical legislation in, 126; medical officers with the field force in, 1450  
**Nature**, deviation in and its clinical bearing, 1482  
**Nauheim** as a health resort, 282  
**Navarro**, diabetes and stings of insects, 1521  
**Navy**, the Japanese "Grey Book" on, 1376  
— Royal, promotions and appointments in medical staff of, 59, 122, 320, 386, 441, 505, 570, 631, 691, 755, 818, 885, 960, 1049, 1142, 1233, 1323, 1392, 1452, 1491, 1650, 1711, 1670; the medical service of and Haslar Hospital, 101, 240, medical reform in, 164; leading article on medical service of, 516; regulations for admission to the medical service of, 560; books for examinations for the medical service of, 635; instruction in tropical diseases for medical officers of at Haslar Hospital, 733, 755; report of committee on training of medical officers of, 744; higher ranks in the medical service of the, 884; prevention and treatment of syphilis in, 1070; the physical standard for, 1778; the grievances of the medical service of, 1815  
**Neale**, R., treatment of obstinate hiccup, 1400; the Medical Digest or Busy Practitioners, Vade Mecum, *rev.*, 1484, 1587  
**Neck**, inoperable case of epithelioma of treated with formalin injections, 272; adeno-cystoma of, 1740  
**Necropsies**, in medico-legal cases in Scotland, 819, 1317, 1649  
**Necropsy**, alleged illegal, 1229  
**Needle** for vaginal hysterectomy, 858  
**Negro lethargy**, communications on, 1108; the changes in the central nervous system of two cases of, 1666



- Neilson, R. A., case of rupture of the heart, 143  
 Nelson, J., inaugural address to Ulster Medical Society, 1422  
 Neoplasm, primary, of the optic nerve, 1419  
 Nephrectomy, abdominal, for renal calculus, 270; primary, for complete rupture of a kidney, 1417, 1516  
 Nephritis, treatment of the heart in 22; acute, due to influenza, 274; chronic parenchymatous, acute streptococcal meningitis following in the course of, 1109  
 Nerium oleander, poisonous properties of, 388  
 Nerve, fifth, operation on the second and third divisions of by the Hartley-Krause method, 1080; optic, primary neoplasm of, 1419  
 — cells in the cerebral cortex of man, number of, 1379  
 — "training" a new system and school of, 1302  
 Nerves, ninth, tenth, eleventh, and twelfth cranial, anatomical structure of the, 837  
 Nervous system, the prognosis in certain chronic disease of the, 1291  
 Nesham, Dr. T. G., obituary notice of, 317  
 Netley, presentation of prizes at, 440  
 Neumann, Ueber die Behandlung der Kinderkrankheiten, *rev.*, 89  
 — I, Syphilis, *rev.*, 1429  
 Neuralgia, malarial or climatic, and its treatment, 657; operations on the Gasserian ganglion and second and third divisions of the fifth nerve for by the Hartley-Krause method, 1086; intercostal, 1188  
 Neurasthenia, hydrotherapeutics in, 935; and life assurance, 1023  
 Neuritis, acute retrobulbar, 1199  
 Neuromata, ganglionic of face, 1610  
 Neuron, the, and cell memory, 1378  
 Neuroses, traumatic, in relation to life assurance, 1022  
 Neve, E. F., vesical calculus, rupture of bladder, suprapubic lithotomy, recovery, 1543  
 New Caledonia, the plague in, 1814  
 — South Wales, inebriate legislation in, 298; the public health department in, 672; care of inebriates in, 682; public health reports, 821; the prevention of tuberculosis in, 1206, 1800; insanity in, 1714  
 — York, new lying-in hospital for, 184; the smoke nuisance in, 510  
 — Zealand, correspondence from, 1314; appointment of Government pathologist, *ib.*; provision of therapeutic serum by the Government, *ib.*; proposed medical legislation, *ib.*; irregular practitioners, *ib.*; an action for malpraxis in, 1455  
 Newbolt, cholecystotomy, 1363  
 Newcastle-on-Tyne, proposed Nesham memorial hospital at, 610; meeting of direct representatives at, 1381, 1448, 1501, 1647  
 Newsholme, A., personal communication of tuberculosis, 580; prevention of infection in elementary schools, 589, 592; treatment of tuberculosis, 1158; the study of epidemic diarrhoea, 1477; The Elements of Vital Statistics, *rev.*, 1796  
 Newton, C. R., mosquitos and malaria, 1649  
 Nicholls, F. L., doctor and nurse, 696; suprapubic abscess, 752  
 Nicholson, C. N., the Poor Law in relation to the aged poor, 1694  
 — Dr. W. T., death of, 1518  
 Nicoll, J. H., enterorrhaphy without mechanical aids, 1094; the treatment of urethral stricture, 406  
 Nicolson, D., can the reproachful differences of medical opinion in lunacy cases be obviated? 699  
 Niger coast, diseases of, 259  
 — territories, medical appointments in, 563  
 Night terrors, the causation of, 464  
 Nile, the voyage on the, 68  
 Nipples, sore, treatment of, 1399  
 Nisbet, J. D., Diseases of the Stomach, *rev.*, 1685  
 Nitroglycerine in xeroderma, 1288  
 Niven, Surgeon-Major W., the prevention and treatment of syphilis in the navy and army, 1073  
 Noises (street), 796  
 Nolan, J. J., Professions for Boys, *rev.*, 1297  
 Nordrach-upon-Mendip, the sanatorium at, 388  
 Norman, C., etiology of beri-beri, 686; senile dementia, 1607  
 North America, British, practitioners in, 566  
 Norway, British practitioners in, 565  
 Norwich, voluntary notification of phthisis at, 1375; the prevention of tuberculosis at, 1774  
 Nose, laryngitis secondary to disease of the, 997; purulent discharge from the, 1313; dermoid cyst of, 1419; a method of removal of foreign bodies from, 1473; suprarenal extract in surgery of the, 1740  
 Notes, Literary. See Literary  
 Notice in Indian hotel, 892  
 Nottingham, the prevention of tuberculosis at, 151, 247  
 Nourse, W. J. C., suppuration of frontal sinuses, 995  
 Nova et vetera, 1746  
 Nuneaton, an outbreak of food poisoning at, 791  
 Nurse, the, of the period, 58, 121, 180; the modern, 64, 128; doctor and, 696  
 Nurses, district, 324; midwifery, 572; responsibility of practitioners recommending, 886; in California, 928; registry offices for, 1139, 1226; clinical case book for, 1205; monthly and the medical profession, 1593  
 Nursing in workhouse infirmaries, 62; in army hospitals, 885; voluntary in South Africa, 1130  
 — report and diet table, 1205  
 Nuttall, G. H. F., the part played by insects, arachnoids, and myriapods in the propagation of infective diseases of man and animals, 642  
 Nux vomica, poisoning by tincture of, 10  
 O.  
 Obliteration of the male urethra, case of, 268  
 Obstetrics, textbooks on, 1331  
 Obstruction, acute intestinal caused by adherent vermiform appendix, 188; mitral, cases of, 1415; acute intestinal due to an intussusception of Meckel's diverticulum, 1416  
 O'Callaghan, R., appointed gynaecologist to the French Hospital, 244  
 Ocean bacteria, 864  
 — voyages, the therapeutic value of, 1301; in pulmonary phthisis, 1388, 1817  
 O'Connell, P., mosquitos and malaria, 823, 892  
 O'Connor extension apparatus, 67  
 O'Dwyer, Surgeon-General T. F., on gunshot wounds of the abdomen, 1064; the prevention and treatment of syphilis in the navy and army, 1076  
 Oedema without albuminuria, 1292  
 Oesophagus, human, distribution of glands in, 212; parathyroid tumour causing malignant disease of the, 1003  
 Offenbach as a health resort, 282  
 Ogilvie, G., the prevention and treatment of syphilis in the navy and army, 1074  
 — Surgeon-General O., death of, 1818  
 Ogston, T., the Peace Conference and the Dumdum bullet, 278; the medical services of the army and navy, 337; remarks on the address of, 504, 691, 817, 1324; departure of for South Africa, 1756  
 Ohlemann, F. W. M., Ocular Therapeutics for Physicians and Students, *rev.*, 277  
 Ol. morrhuae comp., 1484  
 Oldfield, J., the relative immunity of dogs to pyogenic infection, 1594  
 Oldham, the election at and antivaccination, 240; vaccination in, 248  
 Oleander, poisonous properties of, 388, 572, 824  
 "Oliver" collecting stretcher, the, 1651  
 Oliver, C. A., Ocular Therapeutics for Physicians and Students, *rev.*, 277  
 — J., chronic hypertrophy and dilatation of the bladder simulating ovarian cyst, death from uræmia, 1287; physico-chemical changes concerned in the production of version of the uterus, 1420  
 — T., plastic or croupous bronchitis, 69  
 Omdurman, the vote of thanks for the campaign at, 122  
 Omentum, carcinomatous, in an umbilical hernia, 1187; hemming the, to prevent its forming visceral adhesions, 1194; hydatid tumour of the, 1293; hydatid cyst in the, obstructing labour, 1603  
 O'Neill, H. G., a cure for consumption, 103  
 Oophorectomy in animals, 424; in recurrent carcinoma of the breast, 1290  
 Operation rooms, a reliable washing tap for, 1082  
 Operations, multiple, on a single patient, 752  
 Ophthalmia, sympathetic, 1386; neonatorum, notification of, *ib.*; diphtheritic, 1737  
 Ophthalmitis, sympathetic, and sympathetic irritation, 761; sympathetic, 1737  
 Ophthalmoplegia externa and paralysis of both facial nerves, 138  
 Ophthalmoscope, a new, 1746  
 "Ophthalmotrician," the, 105  
 Opium, strychnine in poisoning by, 1674; use of in China, 1753  
 Oporto, the plague at, 1794  
 Opticians, diplomas for, 1562  
 Orange River, surgical notes from the, 1809  
 Oration, the Harveian, 1103  
 Orators, post-prandial and the Army Medical Service, 1306  
 Orbit, traumatic wound of followed by meningitis, trephining, recovery, 144  
 Orchitis, en. tics in, 1594  
 Organisation, medical. See Medical  
 Organism, a diphtheria-like, found in pigeons, 1357  
 Orme, W. B., three cases of shark bite, 1533  
 Orr, L., infectious diseases in schools, 22  
 Orthoform, by-effects of, 57  
 Orton, J., ulceration of colon in typhoid fever, 142  
 Osler, W., medical tests for the public services, 574; treatment of tuberculosis, 1155; hypertrophic cirrhosis of the liver with bronzing of the skin, hæmochromatosis, 1595  
 Ossification, abnormal, of the parietal bones in an infant, 468  
 Osteitis deformans, case of, 1289  
 Osteo-arthritis, pulmonary hypertrophic, 1479  
 Osteo-chondro-sarcoma, 1550  
 Osteotomy, new cranial, worked by electric motor, 1798  
 Otitis media, chronic, indications for opening the mastoid in, 488; media, cerebellar abscess secondary to, 1000  
 Out-patients, hospitals and, 612; phthisical persons as, 687; medical manners among, 797  
 Ovaries and mammary glands, the interaction between, 830, 832  
 Ovariectomy, a complicated convalescence from, 1671; fifty consecutive successful cases of, recorded three years after the operation, 1679  
 Ovary, tuberculous, removed by abdominal section, 147; irreducible hernia of in a child, 853  
 Overcrowding in secondary schools, 584  
 Owen, E., ununited fracture in childhood, 449, 450; the treatment of pleuritic effusions in childhood, 454; tuberculosis in childhood, 458; treatment of hernia in children, 473; a case of scurvy-rickets in a boy of 12 years, 1719  
 Oxygen, entrance of into the blood of the lungs, 833  
 Oxytocic, quinine as an, 1240, 1460  
 Oxyurides, an adult infected with for over 12 years, 1732  
 Oysters and cockles, 930  
 — Bill. See Bill  
 P.  
 Page, F., encysted vesical calculus, 1108  
 Paget, C. E., the value of continuous statistical records, 254  
 — Miss R., the Midwives Bill, 59, 437  
 Pain-sense in locomotor ataxia, retardation of, 672  
 Pakes, W. C. C., on infective endocarditis, 1272 the pathology of milk, 1342  
 Palm, T. A., cito, tuto, sed non jucunde, 1400  
 Palmer, Dr. E. C., death of, 1326  
 — J. F., transmission of acquired characters, 1045; deviation in Nature and its clinical bearing, 1482  
 Palsy (birth) with disseminated tumours, 479  
 Paludism and hæmoglobinuric fevers, 654  
 Pancreas, acute infections of the, 1369  
 Pane's antistreptococcus serum, experiments with, 1247  
 Panhysterectomy, myomatous uterus removed by, 147  
 Paraguay, the plague in, 809, 877  
 Paralysis, general, of the insane and syphilis, the relation between, 704, 816; general, early diagnosis of in life assurance, 953; of wrist extensors and elbow flexors, 1198; infantile spastic, surgical treatment of, 1421; general, of the insane, the pathology of tabes in relation to, 1475, 1597, 1604, 1734; asthenic bulbar, 1481; general, in Egypt, 1500; pseudo-hypertrophic, 1609  
 Parasite, malarial quartan, cultivation of in anopheles, 608  
 Parasites, malarial, Professor Koch on, 1030  
 Paresis of external recti, 1197  
 Paris, diphtheria mortality in, 1715  
 Parkes, A. P., hæmoglobinuric fever and paludism, 657  
 — L. C., the insanitary condition of the London streets, 1648  
 Parker, R., lipoma of prolabium, 1200; perforating gastric ulcer, 1480; carcinoma of gall bladder with abscess, 1544  
 Parkinson, J. P., the causes of cough in children, with special reference to practical treatment, 455  
 PARLIAMENT:—Carbolic acid poisoning, 44; re'cruits under standard, *ib.*; the London Government Bill, *ib.*; the sanitary condition of Gibraltar, *ib.*; the Defective and Epileptic Children Bill, 44, 107; the Isolation Hospitals (Amendment) Bill, 44, 107, 169; the Poor-law Acts Amendment Bill, *ib.*; the East London Water Bill, *ib.*; fatal accidents, 107; the Small

- Houses Acquisition Bill, *ib.*; Haslar Hospital, *ib.*; small-pox in Hull, *ib.*; the protection of water supplies, *ib.*; the Education of Children Bill, *ib.*; the Reformatory Schools Amendment Bill, *ib.*; dropped Bills, 107, 245; the Public Health Amendment Bill, 107; the Home Office and dangerous trades, 169; the London University Act (1898) Amendment Bill, 169, 245; the Seats for Shop Assistants (England and Ireland) Bill, 169, 302; the increase of deaths from cancer, 169; the Dumdum bullet, *ib.*; the Sale of Food and Drugs Bill, 169, 245, 302; the case of Dr. Lamont, 245; the plague, *ib.*; the conscientious objector in Scotland, *ib.*; the black smoke nuisance, *ib.*; the Local Government (Scotland) Act (1894) Amendment Bill, *ib.*; medical witnesses' fees, *ib.*; the Army Medical Service Examinations, 302; army chiropodists, *ib.*; the mental condition of convicts, *ib.*; anaesthetics in vivisection, *ib.*; the temperature of the House, *ib.*; the Leicester guardians and vaccination, *ib.*; the Inebriates Act (1896) Amendment Bill, *ib.*; the Oysters Bill, *ib.*; Bills to be passed, *ib.*; Bills to be starred, 386; London water supply, *ib.*; vaccination in Somersetshire, *ib.*; the Aldershot sewage farm, *ib.*; Bills withdrawn, *ib.*; Bills passed, *ib.*; enteric fever in India, 418; the state of the Thames, *ib.*; criminal lunatics, *ib.*; vaccination under the Act of 1898, *ib.*; the muzzling order, *ib.*; tuberculosis, *ib.*; glycerinated calf lymph, *ib.*; prosecutions by vaccination officers, *ib.*; the Appropriation Bill, *ib.*; the work of the session, *ib.*; the new session of, 1125; the debate on the address, *ib.*; the business of the session, *ib.*; the length of the session, *ib.*; questions, *ib.*; the autumn session, 1217; muzzling orders, *ib.*; venereal diseases in the Indian army, *ib.*; State inebriate reformatories, *ib.*; civilian medical aid in the war, *ib.*; the Irish dispensary medical officers and their holidays, *ib.*
- Parsees, the, and their dead, 402
- Parsons, A. K., treatment of tuberculosis, 1157; the accurate diagnosis and successful treatment of perforated gastric ulcer, 1156
- F. H., the income of the General Medical Council, 1706
- H. F., the comparative mortality of English districts, 1605
- J. I., treatment of fever following delivery, 970; sixteen cases of procidentia and two of prolapse of the uterus treated by a new method, 975, 978
- Partner, junior, introduction of, 127
- Partners, old and old patients, 891
- Partnership, bonds of, 823; restrictive clauses in bonds of, 886
- Partnerships, medical, 1327
- Parturition in savages, 936
- Pasteur Institute. *See* Institut
- treatment of hydrophobia in England, 1709
- Patella, fractured, treatment of, 1681
- Patenting of inventions, 1331
- Pathology, in the Congo State, 298; of infective endocarditis, 1269; of acute chorea, 1277; of the myocardium, 1285; of milk, 1341; of plague, 1350; and medicine, 1586 1768; medical men and the study of, 1619
- Pathways, the central nervous for general sensibility, 673
- Patient, non-pauper, attendance on by order of relieving officer, 633; of the firm, fee for attendance on, 635
- Patients, old and old partners, 891; doctor and 1590
- Patten, J. C., thoracic and abdominal organs in the lemur, 212
- Patteson, R. G., treatment of fractured patella, 1681
- Paul, F. T., colectomy, 1480; perforating gastric ulcer, *ib.*
- S. C., a cure for consumption, 194
- Pauper patients, practitioners and, 756, 888; fracture of femur in, 888
- Pavements (wood), 1029
- Payne, J. F., the specific causes of diseases, 1267; on infective endocarditis, 1277; the relation of tabs to general paralysis of the insane, 1604
- Peachey, G., influence of the moon, 635
- Pearse, F., some points on the pathology of plague, 1350; the microscopist's companion, 1687
- Pearson, J. M., another unusual case of blood-poisoning, 1732
- Professor Karl, on genetic selection, 294
- Pechell, M., Professions for Boys, *rev.*, 1297
- Peck, Major F. S., treatment of fever following delivery, 971; treatment of procidentia uteri, 978
- Peck H., the frequency of sick-room infection in typhoid fever, 594, 596
- Peddle, milk and public health, 1704
- Pegler, L. H., on exophthalmic goitre, 999; formalin in atrophic rhinitis, 1000
- Pekin Hospital. *See* Hospital
- Pelvis, diseases of organs of in the female, general disorders originating in, 18; the fetal, 145; cysto-sarcoma of the connective tissue of the, 1608
- Pembrey, M. S., the interaction between the ovaries and the mammary glands, 831; the causes of the entrance of oxygen into the blood in the lungs, 833; transmission of acquired characters, 833; on Chayne-Stokes respiration, 835
- Pembroke Dock, prevention of lead poisoning at, 184
- Penfold, W. J., mitral and tricuspid incompetence, 1795
- "Peninsular," plague on board the, 1119
- Penrose, C., generalisation of salt infusions, 933
- Penruddocke, C., vaccine blowers, 824
- Penzance as a health resort, 281
- Percival, A. S., light sense and colour sense, 1795
- Percussion, recognition of enlargements of the left auricle by, 1167
- Pericarditis following rheumatoid arthritis, 1009; purulent, 1200
- Perkins, Dr. W., presentation to, 1654
- Periodicity, filarial, 644
- Peritonitis, tuberculous, 1420; general septic, operation for, 1424; complicating pregnancy and labour, 1680
- Perkin, W. H., Organic Chemistry, *rev.*, 1612
- Pernet, G., the duties of the profession with regard to alcohol, 439; treatment of obstinate hiccup, 1148
- Persian Gulf, the plague in, 94, 435
- Peru, British practitioners in, 566
- Pestana, Professor C., obituary notice of, 1713
- Peters, E. A., the use of suprarenal extract in conjunction with cocaine to obtain bloodless and painless operation, 85
- Peterson, P., the future of the woman physician, 105
- Petroleum lamp, accidents from, 1715
- Phagedæna, fatal venereal, two cases of, 1084
- Pharmaceutical preparations, 1429
- Pharmacology, the place of in the medical curriculum, 402, 503; of cannabis indica, 1354, 1449, 1517, 1708
- "Pharmacopœia," United States, revision of, 106; proposed international, 316
- Pharmacy, the evolution of, 927; medicine and, 1220; and the "British Pharmacopœia," 1499, 1664, 1727, 1784
- Act. *See* Act
- Phenalgine, 1746
- Philadelphia, the supply of diphtheria antitoxin in, 63
- Philippines, medical supplies for the American army in, 888; medical arrangements for the United States troops in, 1379; the Johns Hopkins University medical mission to, 1382, 1807
- Phillips, E., motor cars for medical men, 57
- F. L., the proposed Conciliation Board, 176, 212; the Conciliation Board and medical aid associations, 1587, 1768
- J., tubal molar pregnancy, 1680; peritonitis complicating pregnancy and labour, *ib.*
- S., cystic disease of the kidneys, 1290
- W. F., clinical thermometry, 1184; the influenza throat, 1350
- "Phossy jaw" in matchmakers, prevention of, 669
- Phototherapy, Finsen's, 825, 1378
- Phthisis, rest and exercise in the open-air treatment of, 189; treatment of by inhalation, 260; open-air treatment of, 635, 1199; persons suffering from as out-patients, 687; Boards of Guardians and, 800; open-air treatment of at Sheffield Royal Infirmary, 956; the form of the chest in and its significance, 1176; form for recording the history and physical signs in, 1205; voluntary notification of, 1375; ocean voyages in, 1388, 1817
- Physician an Armenian of the twelfth century, 1755
- Physiology, recent advances in, 394
- Pick, T. P., Surgery: A Treatise for Students and Practitioners, *rev.*, 1612
- Pickering Union, the Vaccination Act in, 32
- Piering, O., Ueber den Abortus, *rev.*, 854
- Pietermaritzburg, auxiliary base hospital at, 1812
- Pigeons, a diphtheria-like organism found in, 1357
- Pilleau, Deputy Inspector-General, H., death of, 441
- Pillory, the, 299
- Pilots, eyesight of, 883, 1046, 1321; eyesight of in Scotland, 958
- Pink, Sir W., meat inspection, 584
- Pinkerton, J., irreducible hernia of Fallopian tube and ovary in a child. operation, recovery, 853
- Piperazin in gout, 1792
- Pistoia gout powder, 1778
- Plague, the personal experiences of officers of in India, 25; in Egypt, 45, 94, 102, 236, 294, 356, 435, 439, 498, 621, 681, 745, 809, 877, 954, 1040, 1127, 1218, 1384, 1538; in Morocco, 94; in the Persian Gulf, 94, 435; in Hong Kong, 94, 158, 236, 292, 435, 498, 621, 681, 746, 809, 877, 954, 1040, 1127, 1218, 1384, 1492; in the Straits Settlements, 94; in India, 94, 292, 435, 611, 745, 809, 877, 954, 1040, 1042, 1127, 1218, 1312, 1384, 1446, 1456, 1492, 1538, 1620, 1702, 1814; western advance of, 162; in Mauritius, 236, 292, 435, 498, 621, 681, 745, 809, 877, 954, 1040, 1127, 1219, 1312, 1384, 1456, 1492, 1558, 1620, 1702, 1814; in Réunion, 292; in German East Africa, *ib.*; in Spain, *ib.*; the risks of the importation of, 295; at Poona, 356; in Portugal, 484, 498, 621, 611, 745, 808, 877, 954, 1039, 1127, 1218, 1311, 1383, 1456, 1492, 1538, 1620, 1814; in China, 498, 621, 681, 1702; on the Gold Coast, 498; in Europe, 567; precautions against in England, 608; inoculations against in Hubli, 620; sanitation and hot weather, 621; in Russia, 621, 681, 686, 745, 877, 957, 1709; in Italy, 621; in Madagascar, 621, 809, 1620, 1702; precautions as to in British ports, 680; its symptomatology, pathology, treatment, and prophylaxis, 697; re-emergence of in the East and its relations to Europe, 737; precautions taken by the Manchester Port Sanitary authority as to, 745; in Constantinople, *ib.*; preventive measures against, 749; a native view of, 760; the bacteriological diagnosis of, 807; and the destruction of rats, 808; in Portuguese East Africa, 809, 877; in Paraguay, 809, 877; in Turkey, 877; precautions against at Falmouth, 878; French precautions against, 954; on board the "Peninsular," 1119; in Brazil, 1219, 1312, 1384, 1456, 1492; leading article on, 1302; the pathology of, 1250; at Delagoa Bay, 1434; in Algeria, 1438, 1456; on board Turkish steamers in the Mediterranean, 1492; the prevention of in the Straits Settlements, 1496; the cat as a carrier of, 1588; in Northern China, 1620; in South America, 1620, 1814; climate and, 1753; precautions against at Tor and Suez, 1793; at Oporto, 1794; the control of by the medical inspection of passengers, *ib.*; in New Caledonia, 1814
- duty in India, medical practitioners and, 670; appointments for, 808; in India, 1027, 1770; and civil medical officers, 1436
- prophylactic, Haffkine's, experiments to determine the comparative efficacy of the different constituents of, 602; the Viceroy of India on, 1436
- "Planters' doctors," 1460
- Pleurisy following rheumatoid arthritis, 1009
- Plexus, sacral, retroperitoneal tumour connected with, 10
- Plimmer, H. G., some motives and methods in medicine, 920
- Plumbers, registration of, 258, 845
- Plummer, H. B. W., Berger's amputation, 1198
- Pneumonia, discussion on, 22; in the Tochi Valley, 653
- Pneumothorax, due to fractured ribs, 1287
- Poison, Wakambi arrow, 1222
- Poisoning by tincture of nux vomica, 10; by antipyrin, 85; by honey, 674; at Aldershot, 886; by strychnine, death from, 888; by vanilla, 934; by hydrofluoric acid, 1145, 1376; by linimentum opii, 1194; by digitalis, treatment of, 1264; by tyrotoicon 1300; by yew leaves, 1377; by primula obconica, 1548; by opium, strychnine in, 1674; by liquor morphine hydrochloridi, recovery, 1731; by the application of glycerine of belladonna, 1792
- Policy of assurance, the title to, 572
- Pollard, J., exophthalmic goitre, operation, cure, 998
- Pollatshek, A., Die therapeutischen Leistungen des Jahres, 1898, *rev.*, 857
- Pollock, J. E., the open-air treatment of tuberculosis, 1676
- Poole, T. D., effect of legislation on the treatment of disease, 180
- Poona, the plague at, 356; terrible mortality from plague at, 1042
- Poor, free doctors for the, 611; aged, relief for, 1604
- Poore, Dr. G. V., visit of members of Sanitary Institute to garden of at Andover, 862; the Harveian oration, 1103; the open-air treatment of tuberculosis, 1545
- Pope, the, as a patient, 42
- Pope, F. M., the treatment of headaches, 1246; on intestinal antiseptics, 1256

- Popham, Dr. R. B., presentation to, 1819
- Polio, the prevention of tuberculosis in, 247; the District Board of Works at and diagnosis boxes for bacteriological examination of doubtful cases, 312
- Porter, Captain F. J. W., circumcision under cocaine, 84; antityphoid inoculation, 883; absorbent wool sponges, 1709
- Porto Rico, vaccination at, 1532
- Portugal, the prevention of tuberculosis in, 91; alcoholism in, 125; the plague in, 484, 498, 621, 681, 745, 809, 877, 954, 1039, 1127, 1218, 1311, 1383, 1492, 1558, 1620, 1702; British practitioners in, 505; the taxing of the medical profession in, 1716
- Post-graduate study, 550
- Post mortem examinations. *See* Necropsies
- Potter, J. H., alcoholism and its relation to heredity, 880
- Pottery, conference at Home Office as to lead poisoning in, 241; the Home Office and the manufacture of, 1752
- industry, the, in France, 1309
- Pounds, H., abdominal hysterectomy, 48
- Powell, A., obstinate hiccup after operation, 851
- Sir R. D., recent advances in practical medicine, 332; treatment of tuberculosis, 1155; the open-air treatment of tuberculosis, 1544
- Power, D. A., the prognosis and modern treatment of appendicitis, 1467
- Poynton, F. J., a contribution to the study of cardiac overstrain in the young, 474; on infective endocarditis, 1272; the pathology of the myocardium, 1285
- Practice, sale of, 61; the sale of appointments and, 1056; right to commence, 1327
- Practice, unqualified, and death certificates, 506
- Practitioner, unqualified, verdict of manslaughter against a, 121
- “Practitioner,” the, on the International Medical Congress, 636
- Practitioners, private, the relation of to public vaccinators, 155, 248, 434; general, and the General Medical Council, 120, 178; degrees for, 553; brother, professional assistance to, 695; and pauper patients, 756, 888; civil, for army service, 936
- Preble, R. A., on pneumonia, 22
- Pregnancy, tubal molar, 1680; peritonitis complicating, *ib.* in unmarried girls, 1821
- Prendergast, Dr. J. S., death of, 1654
- Preparation, “what is a, 1714?”
- Prescribing, a question in, 1460
- Prescriptions, wholesale, 1624; 1707, 1718, 1769
- Preservatives, use of in food, 1623
- Press, the lay, medical men and, 1147
- Price, A., the proposed Conciliation Board, 67
- Priestley, J., a case of acute infantile hemiplegia with recovery, 469
- Primula obconica, poisoning by, 1543
- “Princess of Wales,” the hospital ship for South Africa, fittings, etc., of, 1488. (*See also* Ship, hospital)
- Printing in colours, a method of, 693
- Prisoners, military, health of, 631; in Scotland, 671
- Prisons, report of Commissioners of, 859; report on dietaries in, 873
- medical service, regulations for admission to, 562
- Privilege, a question of, 41, 60; as to medical certificates, 1652
- Prize, the Alvarenga, award of, 387, 1397; conditions as to, 1397
- the Carmichael, conditions as to, 1438
- the Keith, award of, 1311
- the Lenthal, award of, 490
- the Neill, award of, 364
- William F. Jenks Memorial, subject, etc., of, 68
- essay on epilepsy, 1822
- Probe, the telephone, 1323
- Proctor, B. S., A Manual of Pharmaceutical Testing, *rev.*, 1686
- Profession, the medical, the organisation of, 192; the medical, the duty of with regard to alcohol, 314, 439, 504; the medical, the British Medical Association and its work for, 200; the organisation of and the General Medical Council, 314; the medical, Lord Rosebery and, 363; the and the question of reform, 502; the medical, and secret commissions, 665, 667, 731, 812; the medical, Lord Sandhurst on, 799; the medical, Government sweating of, 886; the medical in South Africa, 1305; the administration of the charitable funds of, 1433, 1514, 1586; the medical, and monthly nurses, 1593; the medical duties of the when called in sudden emergencies, 1701; the medical, taxing of in Portugal, 1716; the medical in France, 1807
- Progress, medical, thirty-five years of, 898
- Prolabium, lipoma of, 1200
- Pruen, S. T., treatment of tuberculosis, 1158; the open-air treatment of tuberculosis, 1545
- Pruritus of jaundice, treatment of, 1331
- Prussia, a medical strike in, 1808
- Pseudo-tuberculosis, the bacillus of, 1357
- Psoriasis, or sprue, its relations (etiological and pathological) to other forms of typical diarrhoea and its treatment, 637
- Psoriasis, treatment of by hot baths, 128
- Psychology of spiritism, 611
- PUBLIC HEALTH—Health of English and Scotch towns, 63, 124, 184, 256, 322, 446, 508, 570, 633, 692, 756, 820, 887, 991, 1052, 1143, 1237, 1327, 1396, 1455, 1520, 1591, 1654, 1713, 1774; vital statistics of London sanitary districts, 256, 1143; English urban mortality, 321, 1236; the Registrar-General's quarterly return, 445, 1395; zymotic mortality in London, 508, 1327
- Puerperal fever. *See* Fever
- Puerperium, treatment of infection in the, 989
- Pupil, the “attention” reflex of, 612
- Purdon, H. S., summer diarrhoea of infants, 68
- Purdy, C. W., Practical Urinalysis and Urinary Diagnosis, *rev.*, 603
- Purser, Professor, proposed testimonial to, 244
- Purslow, C. E., treatment of fever following delivery, 970; difficulty of labour in civilised women, 985
- Puschmann, Professor T., obituary notice of, 1713
- Pustula, malignant, case of, necropsy with bacteriological investigations, 1791
- Pye-Smith, F. J., new aseptic water tap and ward washstand, 1205
- R. J., coxa vara, 1363
- Pylorectomy, case of, 1199
- Q.
- Quack remedies, sale of, 1399
- Qualification, a single, 445; for Poor-law appointments, 1396
- Qualifications, higher, examinations for, 503, 628; competing medical, 695
- Quarantine, reform in, 1386
- Queen, the, at the Isle of Wight County Hospital, 362; opening of the jubilee convalescent home at Bristol by, 1439, 1513
- “Queen's Daughters in India,” 962
- Queensland, lunacy in, 1819
- Quinine, in malaria, 22, 85; in the United States Army, 810; as an antipyretic, 1009; as an oxytocic, 1240, 1460; hypodermic injections of in intense malarial fevers, 1474
- sulphate. *See* Sulphate
- R.
- Rabagliati, A., improved ovum forceps, 1298; suppurative pelvic cellulitis, 1608
- Rabies, the prevention of, 1305
- Race, trachoma and, 57, 179, 754
- Radius, fracture of, 1765
- Railway accidents, 1053
- passengers, the control of plague by the medical inspection of, 1794
- servants, the eyesight of, 297; attendance on, 324; eyesight of in Scotland, 958
- Rait, Dr. J. C., death of, 440
- Râle, cardio-pulmonary, an unusual case of, 83, 1414
- Râles, cardio-pulmonary, 180
- Ramon y Cajal, Dr., visit of to the United States, 104
- Ransome, A., rest and exercise in the open-air treatment of phthisis, 189; treatment of tuberculosis, 1156; the open-air treatment of tuberculosis, 1545
- Rash (caterpillar), 315, 512, 696, 824; urticarial and desquamation in influenza simulating scarlet fever, 1603
- Rating of metropolitan hospitals, 45, 155
- Rats, the destruction of and plague, 808
- Raven, T. F., shock and infectious disease, 956
- Read, C. A. L., the menopause, natural and artificial, 974
- Receipts, unstamped, 962
- Reciprocity with foreign countries, 438
- Records, continuous statistical, the value of, 103, 254
- Recruit, the modern, 1304
- Recti, external, paresis of, 1197
- Rectum, operation for simple stricture of, 10; induction of premature labour in a case of, 209; the functions of as a reservoir, 840; method of attaching mucous membrane to skin after perineal excision of, 1082; extensive trans-sacral excision of for cancer followed by perfect sphincteric control, 1085; excision of for cancer by a new method, 1190
- Red Cross Committee, Bristol Central, appeal for subscriptions to, 931
- Reed, C. A. L., on Lawson Tait, 933
- Rees, D. C., hæmoglobinuric fever and paludism, 656; Calmette's antivenene, 665
- Reeve, K. A., sympathetic irritation and ophthalmitis, 764; the correction of hyperphoria, 777
- Refraction, correction of errors of in the treatment of trachoma, 477
- Regina v. Maguth, 444; v. Brown and others, 1585
- Registration, of plumbers, 258, 845; of the dental as a medical student, 882; certificates of death and, 1239; medical and personation, 1689
- Registry offices for nurses of the sick, 1139, 1226
- Reid, G. A., the duty of the profession with regard to alcohol, 314, 504; alcoholism in relation to heredity, 721; the evidence for and against the transmission of acquired characters, 833, 1226; the causes which render difficult the labours of civilised woman, 983; the treatment of burns and other surface wounds, 1187; heredity in relation to disease, 1348
- J. M., treatment of phthisis by inhalation, 260
- Relieving officers, duties of, 322; attendance on non-pauper patients by order of, 633
- Renal. *See* Kidney
- Renaut, L., the neuron and cell memory, 1378
- Rendle, A. C., hydrobromate of hyoscyne in chorea, 274
- Renner, W., trachoma and race, 754
- Rennie, G. E., a case of Friedreich's ataxia with necropsy, 129
- Major S. J., antivenene in snakebite, 823; case of snakebite treated with Calmette's antivenene serum, recovery, 1412
- Rentoul, R. R., escapes of gas, 636; the direct representative meeting at Newcastle, 1648
- Report, annual of the Metropolitan Asylums Board, 33, 93; on the pollution of the Lee and Stort, 156; of Council of British Medical Association, 215; of Parliamentary Bills Committee, 218; of Scientific Grants Committee, 219; of Inebriates Legislation Committee, 226; of Medical Charities Committee, *ib.*; of Therapeutics Committee, *ib.*; of the Anæsthetics Committee, *ib.*; of General Practitioners and Ethical Committee, 227; of Committee for Control of Railway Servants and Mariners Eyesight, *ib.*; by Mr. V. Horsley to the registered practitioners of England and Wales, 354; of the Departmental Committee on Glanders, 568; of Committee on training of naval medical officers, 744; of Prison Commissioners, 859; of the Asylums Committee of the London County Council, 860; of the Commissioners of Lunacy for 1898, 871; on prison dietaries, 83; of Committee on Dangerous Trades, 874
- Reports and Transactions. *rev.*, 856
- Reservists, the, and the war in South Africa, 1148
- Respiration, failure of during administration of chloroform, 85; Cheyne Stokes, observations on, 835; gastric dilatation in relation to, 1296
- Rest in the open-air treatment of phthisis, 189
- Retinitis, albuminuric, 1182
- Retreats under the Inebriates Act, 799
- Réunion, the plague in, 292
- Reychler, Outlines of Physical Chemistry, *rev.*, 21
- Reynolds-Bale, E. A., Mediterranean winter resorts, 282
- Rheumatic diseases of the ear, 674; bacteriology of, 1348
- Rheumatism, subacute, nursing home for treatment of, 127; acute, the heart in, 1313
- Rhinitis atrophic, formalin in, 999
- Rhinolith, a, 1313
- Rhinology, thirty years' progress in, 401; use of suprarenal extract in, 1004
- Rhinorrhœa, cerebro-spinal, 793, 1474
- Rho, F., on psoriasis, 641; on suprahepatic abscess, 649; on thermic fever, 653; hæmoglobinuric fever and paludism, 656
- Rhodes, Dr. H., obituary notice of, 1653
- Rhodesia, medical legislation in, 160, 417
- Rib, resection of, in suprahepatic abscess, 1675
- Ribs, defective development of, 58, 253; fractured, subcutaneous emphysema and pneumothorax due to, 1287
- Richardson, Deputy-Inspector-General W., death of, 441
- Richet, C., on the “occult,” 611; on nervous vibration, 802
- Richter, V. v., Organic Chemistry, *rev.*, 1021
- Rickards, Surgeon-Major A. K., death of, 1518
- Rickets, notes on treatment of in an out-patient department, 474
- Rieder, H., Atlas of Urinary Sediments with Special Reference to their Clinical Significance, *rev.*, 1020

Ringworm, remarks on, with special reference to the early stage of attack of the hair and the production of pustular inflammation, 1529  
Risk, Major E. J. E., hypodermic injections of quinine in intense malarial fevers, 1474  
Ritchie, J., Manual of Bacteriology, rev., 1201  
Rivers, W. H. R., ethnology of Torres Straits and New Guinea, 803  
Roberts, C., Eastbourne as a health resort, 281  
— Mr. J. B., elected Sheriff of Nottingham, 1500  
— S., Contributions to Orthopædic Surgery, rev., 1203  
— T. P., motor cars, 1240  
Robertson, Dr. A., presentation to, 936  
— J., City of Sheffield, Special Report on the Prevalence of Tuberculosis and the Measures for its Prevention, rev., 1114; meat poisoning at Sheffield, 1368; etiology of diphtheria, 1609  
Robinet, Dr., death of, 1454  
Robinson, F. W., a disclaimer, 696; new cranial osteotome worked by electric motor, 1798  
— H. B., the treatment of pleuritic effusion in childhood, 453, 455; tuberculous adenitis, 460; acute intestinal obstruction due to an intussusception of Meckel's diverticulum, 1416  
— M., A Guide to Urine Testing for Nurses and Others, rev., 1685  
Robson, A. W. M., three cases of removal of the suprarenal capsule, 1100  
Roche, R., threatened death under, 68  
Rockliffe, W. C., a case of penetrating wound of the orbit followed by meningitis, trephining, recovery, 144  
Roentgen ray apparatus for South Africa, 1322  
— rays, effects of on man, 892; in surgical work, 1026, 1138; localisation of bullets by, 1064, 1227; in military surgery, 1391; renal calculus localised by, 1424  
Röpke, F., operation for chronic fronto-ethmoidal suppuration, 993  
Roger, G. H., Introduction à l'Etude de la Médecine, rev., 1428  
Rogers, Sir J. G., the plague in Egypt, 439; the control of epidemic disease in Egypt, 1517  
Rohrer, F., anomalies of the auricle, 1003  
Rolleston, H. D., acute streptococcal meningitis supervening in the course of chronic parenchymatous nephritis, 1109; treatment of perforated gastric ulcer, 1186; the surgical treatment of ascites by the artificial production of peritoneal adhesions, 1679  
Rolsion, J., prevention of infection in schools, 591  
Rome, correspondence from, 249; a mysterious disease in the Alps, 26; the murder of a Roman physician in, 26; the antirabic institute at, 941; Anglo-American Nursing Home in, 1116  
Rope, Mr. H. J., obituary notice of, 754  
Roscoe, Sir H., symbiotic fermentation, 805  
Rose, H. C., treatment of sore nipples, 1399  
— P., illegal certificates, 957  
Rosebery, Lord. See Earl  
Ross, F. W. F., on asymmetry, 840; certain points in the histology of the red blood corpuscles, 845  
— Major R., the possibility of extirpating malaria from certain localities by a new method, 1; an outbreak of fever attributed to mosquitos, 208; on kala-azar, 300; the extirpation of the mosquito, 314; address by, to the Liverpool Chamber of Commerce on the medical expedition to West Africa, 1585  
Rossignol, Dr., as a gunner, 1380  
Rossiter, C. B., a case of poisoning by linimentum opii, with report of the necropsy, 1194  
Roth, B., The Treatment of Lateral Curvature of the Spine, rev., 1743  
Rouget, F. A., magnesium sulphate in tropical dysentery, 1413  
Roumania, British practitioners in, 565; prohibition of stays in the schools of, 1625  
Routh, A., the interaction between the ovaries and the mammary glands, 832  
Rowell, H. E., the South Kensington Fine Art Association, 128  
Rowthorn, W. H., increased representation on the General Medical Council, 251  
— "Rowton houses," 1693  
Rovds, W. A. S., vaccine blowers, 892  
Rubella, the exanthem of, 43  
Rudd, W. E., treatment of psoriasis by hot baths, 128  
Ruffer, A., precautions against plague and cholera at Tor and Suez, 1793  
Rudloff, F., suppuration of frontal sinuses, 995; chronic suppurations of the attic, 1000  
Rupture of the heart, case of, 143  
Rushton, W., the perils of artificial teeth, 814

Russell, W. B., acute nephritis due to influenza, 274; sarcoma of epididymis, removal, 1193  
Russia, British practitioners in, 565; the plague in, 621, 681, 686, 745, 877, 957, 1709  
Ruth, C. E., retroversion of uterus, 23  
Rutherford, Professor, memorial to, 165  
Royal, C., extensive trans-sacral excision of the rectum for cancer followed by perfect sphincteric control, 1085

## S

Sacro-iliac joint disease, 1200  
St. George the Martyr, Southwark, report of medical officer of, 1396  
St. Helena, medical appointments in, 564  
St. Leonard Shoreditch, the guardians of and the supply of antitoxin to pauper patients, 1567  
St. Luke's Day, celebrations on, 932; the service at St. Paul's, 962  
St. John Ambulance. See Ambulance  
Sac, conjunctival, sarcoma of, 1737  
Sailors on active service, medical attendance on wives and families of, 1390, 1495, 1562, 1588, 1611, 1693, 1705, 1752, 1769, 1804  
St. Pancras, insanitary houses in, 732, 891; the public vaccination in, 1397  
St. Paul's cathedral, the service at on St. Luke's Day, 962  
St. Petersburg, post-graduate hostel in, 1394  
Sajous, C. E. de M., The Annual and Analytical Cyclopædia of Practical Medicine, rev., 1428  
Sale of Food and Drugs Act. See Act  
Saline injections, treatment of eclampsia by, 18; in collapse, 636; generalisation of, 933  
Salisbury Plain, the manoeuvres on, 414, 491, 756; the bearer company at, 756; the field cap at, 26  
Salt injections. See Saline  
Salter, S. T., hæmolytic action of toxins, 1357; tetanus immunity, 1358  
Sambon, L. W., on psoriasis, 641; on suprahepatic abscess, 648; on the thermic fever, 650; tropical dysentery, 654; hæmoglobinuric fever and paludism, 656  
Samways, D. W., the extirpation of the mosquito, 119; the defence of the cardiac orifices other than valvular, 1174; ocean voyages in pulmonary phthisis, 1817  
Sanatoria, school, 243; for consumption, 283, 1122, 1658; for consumptives in Scotland, 1305  
Sanderson, J. B. See Burdon-Sanderson  
Sandhurst, the half-yearly inspection at, 59  
Sanitary Inspectors Examination Board. See Board  
San Remo, the home for invalid ladies at, 1522  
Sapolette powder, 1556  
Sarcoma, primary of the fornix conjunctivæ, 774; primary of tongue, two cases of, 1065; of epididymis, 1193; aneurysm simulating, 1292; of the stomach in a child aged 3½ years, 1535; of conjunctival sac, 1737; of the choroid, 26; primary of the lip, 1738; of middle ear, 1741  
Sarcomata, infective, in dogs, 1346  
Saundby, R., secret commissions and the medical profession, 666; the proper objects and necessary limits of medical education, 137, 1446; the influenza heart, 1109  
Savage, G. H., lunacy legislation as it affects the temporary care of incipient cases, 702; anæsthetics and insanity, 1420; the relation of tabes to general paralysis of the insane, 1604; Savages, parturition in, 956  
Savill, T. D., medical tests for the public services, 575; Clinical Lectures on Neurasthenia, rev., 856  
Savory, H., puerperal eclampsia, 145  
Scandinavia, medical mission of M. Huchard to, 1754  
Scarlet fever. See Fever  
Scleratina. See Fever  
Schenck, F., Physiologische Charakteristik der Zelle, rev., 856  
Scheveningen as a health resort, 791  
Schleich's infiltration anæsthesia, 1524  
Schoemberg as a health resort, 1208  
School, Catholic University Medical, instruction at, 542  
— Cooke's Medical, instruction at, 536  
— grammar, charge for attending boarders at, 1637  
— of Instruction, Volunteer Ambulance, opening of winter session at, 960; the proficiency examination of, 1491; annual entertainment and distribution of prizes at, 1726  
— of Medicine of the Royal Colleges, Edinburgh, students at, 255; instruction at, 541  
— of Medicine for Women, London, instruction at, 536; opening address at, 915; distribution of prizes, 950  
— of Pharmacy of the Pharmaceutical Society, opening address at, 927

School of Physic in Ireland, Dublin, instruction at, 541

— for Tropical Diseases, Liverpool, the Manchester Chamber of Commerce and, 289; post-graduate, instruction at, 552; opening of session at, 1305; Government recognition of, 1646

— for Tropical Diseases, London, post-graduate instruction at, 552; date of opening of, 735; opening address at, 922; students, etc., at, 1695

Schoolboy, the teeth of the, 101  
Schools, infectious diseases in, 22; sanatoria for, 243; secondary, overcrowding in, 584; elementary, the means of preventing the spread of infection in, 589; the bacteriology (aërobie) of air as found in, 599; Code of Rules for the Prevention of Infection and Contagious Diseases in, rev., 1203

— medical, entries at, 1126, 1215  
— of Surgery of the Royal College of Surgeons in Ireland, instruction at, 542

Schrieber, Offenbach as a health resort, 282  
Science, the internationality of, 104

Sciences, preliminary, instruction in, 549  
Sclerosis, cerebro-spinal disseminated, 1606

Scleroderma with attacks of local syncope, 1290  
Scotland, the Poor-law medical service in, 237; prisoners in, 671; post-mortem examinations in medico-legal cases in, 819, 1317, 1649; eye-sight of pilots and railway servants in, 958; medical officers in, 1237; sanatoria for consumptives in, 1305; holidays for parish medical officers in, 1389, 1756, 1822; new tuberculosis order in, 1395; public vaccinators in, 1446

Scott, A. T., septic endocarditis, treated with antistreptococcus serum, rapid recovery, 76

— G., practice in Madeira, 324  
— K., destructive ulceration of the eyelids, 778

— W. T., cancer in the lower animals, 882  
Screw, brass, swallowed by an infant aged 15 months, 1542

Scriven, J. S., gowns for medical practitioners, 892

Scudamore, Mr. G., retirement of, 941  
Scurfield, H., sanatoria for consumptives, 1658

Scurvy, the decline of afloat, 733  
— rickets in a boy of 12 years, 1719

Searchlight, a field, 62; acetylene for the wounded, 798

Sea-sickness, treatment of, 934  
Seaton, E. C., vaccination legislation and the prevention of small-pox, 576, 578; personal communication of tuberculosis, 580

Sechehaye, A., Etude sur la localisation des Corps Etrangers au Moyen des Rayons Röntgen, etc., rev., 1204

Secrecy, professional and insurance reports, 324, 952; professional, 1770

Secret, the professional, ship surgeons and, 259  
Sections of Obstetrics and Gynaecology at Portsmouth, 1317

Sections, serial, of the adult human body prepared without freezing, 213

Sedgwick, A., variation and some phenomena connected with reproduction and sex, 805

Self-assurance, morbid, 786

Seligmann, C. G., morbid conditions met with among the natives of British New Guinea, 1277

Sells, H. T., a question in prescribing, 1460  
Senn, N., War Correspondence (Hispano-American War), rev., 602

Sensation, the development of disturbances of in diseases of the spinal cord, 1601

Sensibility, general, the central nervous pathways for, 673

Sepsis, puerperal, treatment of, 1313, 1480  
Septicæmia, antistreptococcus serum in, 48, 78, 253

Serum, treatment of leprosy by, 99  
— antidiaphoretic. See Serum antitoxic

— antistreptococcus in septicæmia, 48, 78; in septic endocarditis, 76; in puerperal fever, 78; the use of, 852; treatment with, 1358, 1359

— antitetanic, sequel to a case of acute tetanus treated by intracranial injection of, 9; treatment of tetanus by intracerebral injections of, 1413; injections of in tetanus, 1793

— antitoxic, for pauper patients, 1347; treatment of diphtheria by, 1603; a case of membranous conjunctivitis treated by, 1792

— antityphoid, a case treated with, 852  
— Pane's antistreptococcus, experiments with, 1247

— of plague, the Pasteur Institute and, 674

Serumtherapeutics and antitoxin treatment, 1018; progress of, 1216

Services, public, medical tests for admission to the, 573, 605, 626, 750, 812, 1319, 1816

- Sewage, a new pathogenic microbe of, 69; treatment of, 804; experiments on at Crossness, 1038
- Sex, mistaken, in adult life, 18; detected by the laryngoscope, 185
- Seychelles, medical appointments in, 563
- Shadwell, St C. B., the plague at Oporto, 1794
- Shark bite, three cases of, 1533
- Sharkey, S. J., idiopathic muscular atrophy, 1617
- Sharp, G., examinations for the higher qualifications, 628; on diphtheria, 1423
- Shattock, S. G., chromocytoclastia, 1357; Appendix XII to the second edition of the Descriptive Catalogue of the Pathological Specimens contained in the Museum of the Royal College of Surgeons of England, *rev.*, 1684
- Shaw, C., sympathetic ophthalmia, 1386; sympathetic ophthalmia, 1737
- H. B., typhoid fever, abscess formation, recovery of typhoid bacillus, failure of Widal's reaction, 1289
- J., mosquitos and malaria, 324
- Shaw-Mackenzie, J. A., treatment of fever following delivery, 970; the syphilitic factor in the diseases of women, 985; the prevention and treatment of syphilis in the navy and army, 1075
- Sheen, A., the British Medical Benevolent Fund, 1709
- A. W., a case of secondary thyroid growth, 1102; carcinomatous omentum in an umbilical hernia, 1187
- Sheep, pseudo-tuberculosis of, 811
- Sheffield, correspondence from, 311, 956, 1586, 1705; epidemic disease, 311; the sewage difficulty, *ib.*; the coroner on post-mortem examinations, 312; the Hospital Saturday Fund, *ib.*; report of medical officers of on tuberculosis, 114; food poisoning at, 1120; meat poisoning at, 1367; an antivivisectionist fiasco, 1586; the musical festival, *ib.*; notification of tuberculosis, 1705
- Shelly, C. E., the pollution of the river Lee, 315
- Shield, Volunteer Ambulance Challenge, competition for, 320; winners of, 631; a correction as to, 756
- Ship, the American hospital, 1452; fittings, etc., of, 1488, 1762
- surgeons and the professional secret, 259
- Shock, the prevention of, 23; treatment of, 672; and infectious disease, 956; in surgical operations, the prevention or anticipation of, 1471; surgical, the treatment of by large doses of strychnine, 1471, 1709
- Shoeburness, an outbreak of typhoid fever at attributed to eating cockles, 1669
- Shop girls, the ailments of, 760
- Shuttleworth, G. E., syphilis and general paralysis, 109; the treatment of epileptics and imbeciles, 711; post-hypnotic appreciation of time, 717
- Sibbald, Sir J., presentation to, 1806
- Sibley, W. K., the Prince of Wales's Hospital fund for London, 1224; the therapeutics of light and heat, 1257
- Sierra Leone, medical expedition to, 37, 167, 175, 364, 568, 674, 675, 746, 798, 869, 1033; arrival of expedition at, 487; medical appointments in, 563; America and the expedition to, 798; ankylostoma in, 1543
- Sigmoid flexure, pedunculated adenoma removed from, 1479; carcinoma of, *ib.*
- Silcock, A. Q., injury to eyes from explosion of glass bottle, 1737; diphtheritic ophthalmia, *ib.*
- Simon, Dr. J., death of, 800
- Simpson, A. R., address to midwifery students at Edinburgh University, 1220
- Mr. J., death of, 1234
- J. P., the strangers' gallery at the General Medical Council, 1767
- W. J., on preventive inoculation, 17; elected honorary president of the International Medical Congress, 44; plague, its symptomatology, pathology, treatment, and prophylaxis, 697; recrudescence of the plague in the East and its relations to Europe, 737
- Sinigar, H., a case of ophthalmoplegia externa and paralysis of both facial nerves, 138
- Sinus, the petro-squamosal, the anatomy and pathological importance of, 480; frontal, diagnosis and endonasal treatment of empyema of, 1008; sphenoidal, fatal case of abscess of, 1423
- Sinuses, frontal, chronic suppuration of, the diagnosis and treatment, 990
- Siriasis. *See* Fever thermic
- Sister Cecilia, presentation to, 1054
- Skerrett, Major F. T., death of, 570
- Skiagraphy and life assurance, 1024
- Skin, method of attaching mucous membrane to after perineal excision of the rectum, 1082; the constitutional treatment of diseases of, 1262; an affection of supposed to be caused by a spider, 1332; hypertrophic cirrhosis of the liver with bronzing of the, 1595; the varieties of tumour of existing in the same individual, 1602; atlases of diseases of, 1778; cases of disease of, 1795
- Skrimshire, Mr. F. W., death of, 1653
- Skull, fracture of the base of the, 1474; compound depressed fracture of the, 1733
- Slaughterhouses, private, the abolition of, 581
- Sleep, sleeplessness, and hypnotics, some points connected with, 4, 72, 134
- Sleeping sickness. *See* Negro lethargy
- Sleeplessness, the treatment of, 161
- Sleman, Surgeon-Captain R. R., the Manual of the Royal Army Medical Corps, 122
- Slums, the lords of the, 1432
- Small, H., legislation for well-to-do inebriates, 721
- Small-pox, in the United States, 103; mortality from in Germany in 1897, 158; in Hull, 166, 1499, 1566, 1805; among the United States troops, 249; the prevention of and recent vaccination legislation, 576; statistics as to mortality from, 1044
- Smart, Miss Adèle, the case of, 121
- Smith v. Burns, 60
- A. J., myomatous uterus removed by pan-hysterectomy, 147
- A. L., ventral hernia, 275
- Captain F., ankylostoma in Sierra Leone, 1543
- F. J., obstinate anaemia associated with peculiar trophic disturbances and with doubtful thrombosis of the longitudinal sinus, 1110
- G. B., the infectivity of malignant growths, 1195; infective sarcomata in dogs, 1346
- H. E., strychnine in opium poisoning, 1674
- J. B., nerium oleander, 388
- N., Growing Children, their Clothes and Deformity, *rev.*, 90; demonstration of the microscope, 360; fracture of the spine in the lower dorsal region, operation 4½ years later, partial restoration of walking powers, 1730
- P., early treatment in strabismus, 1610
- R. S., removal of renal calculi, 1386
- S., treatment of tuberculosis, 1156
- S. K., hernia and civilisation, 751; registry offices for nurses for the sick, 1226
- W., prevention of infection in schools, 591
- Smoke nuisance, the abatement of, 1435, 1565, 1695
- Smyly, W. J., myomatous uterus removed by abdominal hysterectomy, 147; tuberculous ovary removed by abdominal section, *ib.*
- Smyth, S. B., dermatitis venenata, 1385
- Snake bite, antivenene in, 823, 1412, 1732
- Snell, E. H., Liebig's pneumatic chamber, 1056
- S., the prevention of eye accidents occurring in trades, 389, 688, 1481; on the Prevention of Eye Accidents occurring in Trades, *rev.*, 1429
- Sneezing, recurrent, and nasal catarrh, 127
- Snow, H., cancer in the lower animals, 1400
- J. S., suppuration of frontal sinuses, 998; on exophthalmic goitre, 999
- Soap, Allenburys' toilet, 1556
- Sobel, J., dangers of "headache powders," 1673
- Societies, medical aid and friendly, and contract practice, 604; medical aid, 628
- Society of Anaesthetists, annual meeting, list of officers, and dinner of, 1214; anaesthetics and insanity, 1420
- of Apothecaries. *See* Apothecaries
- of Arts, annual "conversazione" of, 63
- Balneological and Climatological, British, meeting of, 1293, 1795
- the Childhood and the education of feeble-minded children, 185
- Clinical, Chelsea, presidential address on deviation in Nature and its clinical bearing, 1482; meeting of, 1550; medical attendance for the families of soldiers on active service, 1588
- Clinical, Ipswich, meeting of, 1426, 1550
- Clinical, of London, new volume of "Transactions," 1109; acute streptococcal meningitis supervening in the course of chronic parenchymatous nephritis, *ib.*; aneurysm of the first part of the arch of the aorta, projecting into the right axilla, *ib.*; obstinate anaemia associated with peculiar trophic disturbances and with doubtful thrombosis of the superior longitudinal sinus, 1110; cerebellar symptoms relieved by trephining, 1289; actinomycosis in process of cure, *ib.*; osteitis deformans, *ib.*; Kraske's operation, *ib.*; old dislocation of the hip with fracture of acetabulum, 1290; cystic disease of the kidneys, *ib.*; gastric dilatation upwards and backwards in its relation to the heart and respiration and its treatment, *ib.*; scleroderma with attacks of local syncope, *ib.*; recurrent carcinoma of the breast treated with thyroid extract and oophorectomy, *ib.*; splint for fractured clavicle, 1291; acute intestinal obstruction due to an intussusception of Meckel's diverticulum, 1416; primary nephrectomy for complete rupture of a kidney, 1417; enlarged spleen with congenital volvulus of the stomach and transverse colon, simulating splenic anaemia, 1418; senile tuberculosis, 1547; excision of the caecum, *ib.*; obstruction of the inferior vena cava, probably syphilitic, 1546; perforating gastric ulcer treated by operation, 1677; arrested development of the speech centre, 1678
- Society, Clinical, of Manchester, annual meeting and list of officers, 1019; the prognosis in certain chronic diseases of the nervous system, 1291; torsion of pedicle of ovarian cyst, 1610; cases, *ib.*; abdominal hysteromyomectomy, *ib.*
- Clinical, Newcastle-on-Tyne, list of officers and meeting of, 1426; meeting of, 1741
- Dermatological, of Great Britain and Ireland, list of officers of, 20; meeting of, 86, 1293, 1550
- Epidemiological, presidential address on the comparative mortality of English districts, 1605; precautions against plague and cholera at Tor and Suez, 1793; the plague at Oporto, 1794; the control of plague by the medical inspection of railway passengers, *ib.*
- Gynaecological, British, deciduoma malignum, 17; general disorders originating in diseases of the female pelvic organs, 18; specimens, 275, 1196, 1420; ventral hernia, 275; paper, *ib.*; after-results of operation for removal of uterus and appendages, 1196; exhibits, 1420; tuberculous peritonitis, *ib.*; physico-chemical changes concerned in the production of version of the uterus, *ib.*; annual dinner of, 1498
- Harveian of London, microphthalmos, 1197; arthrodosis of knee-joint, *ib.*; paresis of external recti, *ib.*; laparotomy for uncontrolled vomiting, 1198; linear lichen planus, *ib.*; myopathy, *ib.*; paralysis of wrist extensors and elbow flexors, *ib.*; carcinoma of testicle, *ib.*; treatment with antistreptococcus serum, 1358; fibroid tumours of the uterus, 1476; annual dinner of, 1591
- of Internal Medicine, Italian, subjects of discussion at annual meeting of, 214
- Medical Benevolent, Surrey, remarks on, 40
- Medical, Birkenhead, meeting of, 1200
- Medical Charitable, West Riding, annual meeting of, 299
- Medical, Continental Anglo-American, meeting of at Portsmouth, 423
- Medical Ethical, Newcastle-on-Tyne, and the meeting of direct representatives at Newcastle, 1381, 1448, 1501, 1647
- Medical, Folkestone, meeting of, 1201, 1427, 1796
- Medical, Glasgow Southern, list of officers of, 1112; annual dinner of, 1201; meeting of, 1425, 1795
- Medical, Hull, conjoint meeting of with the East York and North Lincoln Branch of the British Medical Association on the Medical Reform and Midwives Bill, 1299, 1618
- Medical, Kidderminster, meeting of, 19, 1611, 1796
- Medical, of London, serumtherapeutics and antitoxin treatment, 1018; the infectivity of malignant growths, 1195; case of aphasia, 1418; case of congenital heart disease, *ib.*; case simulating Addison's disease, *ib.*; lockjaw relieved by incision of gum, *ib.*; serpinous ulceration of eyelids, 1419; dermoid cyst of nose, *ib.*; case of hernia cerebri, *ib.*; cases of wired fractures, *ib.*; oedema of arm following axillary abscess, *ib.*; prognosis in appendicitis, with notes of 200 cases, 1547; surgical treatment of ascites by the artificial production of peritoneal adhesions, 1670; fifty successful consecutive cases of ovariectomy recorded three years after the operation, *ib.*
- Medical, Manchester, meeting of, 1112; colotomy, 1481; obscure cases of syphilis, *ib.*; hypertrophic alcoholic cirrhosis, *ib.*; cerebellar abscess, 1739; diagnosis in abdominal surgery, 1740



- Society, Medical, Midland, annual meeting and list of officers, 1482; cancer oris, 1549; osteochondro-sycoma, 1550; joint disease in tabes, *ib.*; appendicitis, *ib.*; vaginal hysterectomy, 1610; bronchocele, *ib.*; early treatment in strabismus, *ib.*; cases, 1794; specimens, *ib.*
- Medical, Northumberland and Durham, election of officers, 1199; introduction of new president, *ib.*; open-air treatment of phthisis, *ib.*; quotidian ague occurring on Tyneside, *ib.*; pancreatic cyst, *ib.*; pylorotomy, *ib.*; cholecystotomy, *ib.*; acute retrobulbar neuritis, *ib.*; functional heart disease with cyanosis, *ib.*; tricuspid stenosis, *ib.*; hæmorrhage into cerebral ventricle, 1200; operation for cerebral abscess, 1424; coxa vara, *ib.*; removal of gall stone from common duct by incision through duodenum, *ib.*; case of hemiplegia demonstrating Babinsky's toe phenomenon, *ib.*; repair of divided tendons, *ib.*; excision of epithelioma of bladder, *ib.*; renal calculus localised by x rays, *ib.*; ascites due to cirrhotic liver treated surgically, *ib.*; operation for general septic peritonitis, *ib.*; excision of knee for tuberculous arthritis, *ib.*; deformity of ankle, *ib.*; vote of condolence, 1425; skin diseases, 1795; mitral and tricuspid incompetence, *ib.*; light sense and colour sense, *ib.*
- of Medical Officers of Health, presidential address on the study of epidemic diarrhoea, 1477
- Medical, Oxford, meeting of, 1294, 1796
- Medical Protection, London and Counties, annual meeting of North London Division of, 64; proposed amalgamation of with Medical Defence Union, 1314, 1796, 1817
- Medical Protection and Medico-Ethical, East Suburban, and ambulance lectures, 1187
- Medical, Rochdale and District, presidential address on the prevention of tuberculosis, 1482
- Medical Sickness and Accident, meeting of Executive Committee of, 155, 1037, 1370, 1748
- Medical, Southport, formation of and list of officers, 633
- Medical, of the State of Philadelphia and presiding opticians, 105
- Medical, Ulster, annual meeting and list of officers, 212; introduction of new president and inaugural address, 1422; annual dinner of, 1624
- Medical, West Penwith, meeting of, 1201
- Medical, Wigan, meeting of, 480, 1201, 1796
- Medical, Windsor and District, constitution of, 146; meeting of, 1294
- Medico-Chirurgical, Bradford, meeting of, 86; pathological specimens, 1608; suppurative pelvic cellulitis, *ib.*; Addison's disease, *ib.*; embolism of central retinal artery, *ib.*; traumatic hysterical monocular deviation, *ib.*; tuberculosis in its relation to public health, 1794
- Medico-Chirurgical, Bristol, annual meeting and list of officers, 1113; meeting of, 1427, 1747
- Medico-Chirurgical, Edinburgh, cases, 146, 1360; specimens, 146, 1360; auditory aphasia, 146; cerebellar ataxia, *ib.*; development of the testicle, *ib.*; examination of the blood in disease, 1360; president's valedictory address, 1362; vote of thanks, *ib.*; election of officers, *ib.*; radical cure of hernia, 1680; cases and demonstrations, 1681
- Medico-Chirurgical, Glasgow, meeting of, 1018, 1425, 1481, 1612; fertilisation and segmentation in the echinus, 1200; gastric surgery, *ib.*; purulent pericarditis, *ib.*
- Medico-Chirurgical, Leeds and West Riding, president's address, 1292; aneurysm simulating sarcoma, *ib.*; oedema without albuminuria, *ib.*; specimens and cases, 1297, 1423, 1549; diphtheria, 1423; removal of the lens for high myopia, *ib.*; fatal case of abscess of the sphenoidal sinus, *ib.*; innominate aneurysm, *ib.*; fallacies connected with tests for aneurysm, 1549; dilated cerebral ventricles, *ib.*; malformation, *ib.*; suprarenal extract in nasal surgery, 1740; hernia of the bladder, *ib.*; other communications, *ib.*
- Medico-Chirurgical, Nottingham, presidential address on puerperal sepsis, 1480; meeting of, 1795
- Medico-Chirurgical, Sheffield, meeting of, 1294; coxa vara, 1363; cases, 1363, 1481, 1600, 1683; aseptic surgery, 1363; eye accidents and trades, 1481; asthenic bulbar paralysis, *ib.*; tinned meat poisoning, *ib.*; pseudo-hypertrophic myositis, 1600; etiology of diphtheria, *ib.*; serum treatment of diphtheria, *ib.*; excision of gangrenous umbilical hernia, 1682; factitious erythema (?), *ib.*; evulsion of lower jaw, *ib.*; intracranial tumour, *ib.*
- Society, Medico-Chirurgical, West London, list of officers of, 211; meeting of, 1018, 1425, 1611; and attendance on the families of soldiers and sailors, 1611
- Medico-Ethical, Bradford, and hospital abuse, 681
- Medico-Ethical, North-East London, and legislation for midwives, 1700
- of Members of the Royal College of Surgeons, petition of to Privy Council, 1394
- National, for the Employment of Epileptics, opening of new homes by, 28; annual meeting of, 43
- Neurological, French, formation of, 96
- Obstetrical, Edinburgh, specimens, 18, 209; members, lately deceased, 18; mistaken sex in adult life, *ib.*; treatment of eclampsia by saline injections, *ib.*; induction of premature labour in a case of cancer of the rectum, 209; a case of fibrous mole, 210; election of an honorary Fellow, *ib.*; president's valedictory address, 1422; solid intraligamentary tumour, *ib.*; election of officers, *ib.*
- Obstetrical of London, the foetal pelvis, 145; persistent mento-posterior position of face, *ib.*; puerperal eclampsia, *ib.*; specimens, 146, 1111, 1360, 1680; hydatidiform degeneration of the chorion, 1110; tubercle of uterus, 1359; antistreptococcus serum, *ib.*; tubal molar pregnancy, 1680; peritonitis complicating pregnancy and labour, *ib.*
- Obstetrical and Gynaecological, North of England, specimens, 1293, 1607; tubal abortion, *ib.*; ovarian tumour complicating labour, *ib.*; hydatid tumour of omentum, *ib.*; treatment of uterine displacement, *ib.*; extirpation of uterus, 1607; tumour of suprarenal capsule, *ib.*; cystosarcoma of the pelvic connective tissue, 1608
- Odontological, of Great Britain, officers of, 34
- Ophthalmological, of the United Kingdom, changes in the conjunctiva produced by chronic inflammation, 144; plastic operation for contracted socket, *ib.*; a case of penetrating wound of the orbit, followed by meningitis, trephining, recovery, *ib.*; card specimens, 144, 1197, 1419; election of officers, 145; president's address, 1196; interstitial keratitis in acquired syphilis, 1197; papers, *ib.*; primary neoplasm of optic nerve, 1419; iritis, a sequel to gonorrhoea, *ib.*; congenital subluxation of lens, 1737; sympathetic ophthalmitis, *ib.*; sarcoma of conjunctival sac, *ib.*; sarcoma of the choroid, *ib.*; embolism of central artery of retina, *ib.*; nasal duct dilator, *ib.*; effect of injury on macular area, *ib.*; injury to eyes from explosion of glass bottle, *ib.*; diphtheritic ophthalmia, *ib.*; growth on eyelid, 1738; other cases, *ib.*
- Orthopaedic, British, meeting of, 19; instrument for congenital misplacement of hip, 1421; cases, etc., *ib.*; surgical treatment of infantile spastic paralysis, *ib.*
- Otological, of the United Kingdom, "initiating committee" of, 93; list of officers, etc. of, 1796
- Pathological, of London, sleeping sickness, 1108; card specimens, 1109; arrangements for meetings of, 1124, 1374; a diphtheria-like organism found in pigeons, 1357; the bacillus of pseudo-tuberculosis, *ib.*; hæmolytic action of toxins, *ib.*; standardisation of antipneumococcus serum, *ib.*; chromocye clumping, *ib.*; diphtheria and tetanus immunity, 1458; vote of thanks, *ib.*; the pathology of tubes in relation to general paralysis of the insane, 1475, 1604, 1724
- Pathological, of Manchester, annual meeting and list of officers, 1113; acute disseminated myelitis, 1600; ganglionic neuromata of face, 1610; cases and specimens, 1610, 1740; sarcomatous disease of middle ear, 1740; adeno-cystoma of neck, *ib.*; deformity of mouth, *ib.*
- Pathological, Reading, meeting of, 1294
- Pathological and Clinical, Glasgow, meeting, 1113, 1482, 1741
- Pharmaceutical, of Great Britain, and practice by companies, 1371
- Red Cross, Italian, report of, 1441
- for the Relief of Widows and Orphans of Medical Men, annual meeting of, 184; quarterly court of directors of, 194, 1237
- Royal, discussion on preventive inoculation, 11; the Malaria Commission of, 1409; anniversary meeting and presidential address, 1613
- Royal, of Edinburgh, officers, etc., of, 1596
- Royal Medical and Chirurgical, the open-air treatment of tuberculosis, 1415, 1433, 1544, 1676; dinner of Fellows of, 1497
- Society, for the Study of Inebriety, and Dr. Norman Kerr, 244; the presidency of, 868
- Therapeutical, Manchester, president's address, 1364; election of officers, *ib.*; glycerophosphate of sodium, 1681; galenical preparations and isolated active principles, 1682
- University College, Bristol, Colston, annual dinner of, 1705
- Victoria Legal Friendly, the surgeoncies of, 1331
- Socket, contracted, plastic operation for, 144
- Sodenthal, as a health resort, 728
- Sodium biurate, the bearing of the gelatinous form of on the pathology and treatment of gout, 1163
- glycerophosphate, the use of, 1681
- salicylate in gout, 1400
- Soil, malarious, influence of lime on, 1625
- Soldiers, homes for, 125; and first aid, 1145; on active service, medical attendance on families of, 1390, 1495, 1562, 1588, 1611, 1693, 1705, 1752, 1769, 1804
- Solids for preparation of saline solution, 1687
- Sommerville, D., medical education, 1223; post-mortem examinations in medico-legal cases in Scotland, 1649
- South Africa as a health resort, 281, 282; British practitioners in, 564; the military medical service in, 795, 817; outfit for, 828, 1399; volunteer ambulances and nursing in, 1136; reservists and the war in, 1148; sanitary officers in, 1211; the Red Cross hospital ship and train for, 1304; the medical profession in, *ib.*; medical arrangements for, 1322, 1371, 1390, 1451, 1452, 1488, 1589, 1612, 1650; Roentgen ray apparatus for, 1322, 1452; service in, 1324; Red Cross ambulance for, 1452; foreign Red Cross ambulance for, *ib.*; the war in, 1487, 1615, 1697, 1757; the Director-General on the medical arrangements for, 1488; the geography and climate of, 1537; consulting surgeons with the army in, 1803. See also Transvaal
- Southam, F. A., torsion of pedicle of ovarian cyst, 1610
- South America, the plague in, 1620, 1814
- Southey, Dr. R., obituary notice of, 1354
- Southport, the report of the meteorological department at, 297
- South Wales, dispute as to colliery surgeons' poundage in, 735
- Spain, the plague in, 202; British practitioners in, 565; the prevention of tuberculosis in, 810
- Spectacle Makers' Company. See Company
- Spectacles, the supply of, 1400
- Speculum, a modified Duplay's nasal, 1686; a modified nasal, 1687
- Speirs, W. R., electrolysis of nævus, 67
- Speech centre, arrested development of, 1678
- Spencer, H. R., the treatment of fever following delivery, with special reference to serumtherapy, 965, 971
- W. G., two cases of fatal venereal phagedæna, 1084
- Spicer, S., suppuration of frontal sinuses, 995
- Spider, an affection of the skin supposed to be caused by, 1332
- Spieß, G., diagnosis and endonasal treatment of empyema of the frontal sinus, 1008
- Spinal canal, hydatid disease of, 1354
- Spine, an analysis of 100 cases of abnormal curvature and other affections of the, 1101; fracture of in lower dorsal region, 1730
- Spiritism, the psychology of, 611
- Spittoon (pocket), 857
- Spleen, enlargement of, 1415; enlarged, with congenital volvulus of the stomach and transverse colon simulating splenic anæmia, 1418; operation on patient without, 1557
- Splenectomy for rupture, successful case of, 476
- Splint for fractured clavicle, 1291
- Sponges, absorbent wool, 1709
- Sprating, W. P., the treatment of epileptics and imbeciles, 1228
- Sprue. See Psilosis
- Squire, A. J. B., removal of superfluous hairs, 187
- J. E., cardio-pulmonary râles, 180; the open-air treatment of tuberculosis, 1545
- Stables, G., on vivisection, 164
- Stains for gonococcus, 324; soloid microscopic, 1745
- Stainthorpe, Dr. T., death of, 631
- Stalkart, hæmoglobinuric fever and paludism 654
- Standing, prolonged, influence of in the production of women's diseases, 596
- Stanley, D., joint disease in tabes, 1550
- Stapes, extraction of, 490
- Stapfer, H., La Kinésithérapie Gynécologique, etc., rev., 855
- Staphylococcus, infection by, 1200
- Stapleton, nursing at the workhouse infirmary at, 62

- Stark, Dr. A. C., death of, 1653  
 Starr, L., An American Textbook of the Diseases of Children, *rev.*, 88  
 Statistical, records (continuous), the value of, 103, 254  
 Stays, prohibition of in Roumanian schools, 1625  
 Stedman, T. L., Twentieth Century Practice, *rev.*, 1683  
 Steel, piece of in the eye, 1363  
 Steell, G., The Use of the Sphygmograph in Clinical Medicine, *rev.*, 1020  
 Steeves, G. W., registry offices for nurses of the sick, 1139  
 Stengel, A., on pneumonia, 22; movable kidney, 23  
 Stenosis, mitral, the relation of to pulmonary tuberculosis, 1170; tricuspid, 1109  
 Stereognostic sense, on loss of the, 1600  
 Stereoscope, the, as a test for inefficiency of the ocular muscles, 776  
 Sterilisation of milk, 256, 891; of milk for British troops in India, 886  
 Steriliser (a milk), 1208  
 Sterling, R., pleuritic effusion in childhood, 454; morbid anatomy of tuberculosis in, 455  
 Sternberg, M., Vegetationsstörungen und Systemkrankungen der Knochen, *rev.*, 1428  
 Steven, J. L., gastric surgery, 1200; purulent pericarditis, *ib.*  
 Stevenson, Colonel W. F., the diagnosis and treatment of gunshot wounds of the abdomen, 1057  
 Stewart, Rev. Dr., a pioneer in the treatment of consumption, 1514, 1587, 1709  
 — A., medical organisation, 1706  
 — C. B., preliminary note on some experiments to determine the comparative efficacy of the different constituents of Haffkine's plague prophylactic, 62; the bacteriological diagnosis of plague, 807  
 — G. C., economy and account keeping, 512  
 — J. P., the relation of tabes to general paralysis, 1736  
 — Sir T. G., illness of, 44, 244; the health of, 364  
 Still, G. F., serous excretion, 688  
 Stimson, L. A., A Practical Treatise on Fractures and Dislocations, *rev.*, 20  
 Stings of insects and diabetes, 1521  
 Stirling, A. W., Glaucoma, its Symptoms, Varieties, Pathology, and Treatment, *rev.*, 1429  
 Stocker v. Long, 121  
 — J. T., the Society of Apothecaries of London, 1586  
 — W. W., the "Medical Directory," 448  
 Stockport, the St. John Ambulance difficulty at, 424, 1237, 1309  
 Stoerck, Professor K., obituary notice of, 816  
 Stoke-on-Trent, the prevention of tuberculosis in, 91  
 Stoker, G., voluntary ambulances and nursing in South Africa, 1136; the Royal Army Medical Corps and its equipment, 1388  
 Stokes, Sir W., appointed honorary president of International Medical Congress, 168  
 Stomach, resection of three-quarters of for malignant disease, 1083; adhesions of as a cause of dyspepsia, 1185; surgery of the, 1200; dilatation of upwards and backwards, and its relation to the heart and respiration, and its treatment, 1290; sarcoma of in a child aged 3½ years, 1535  
 Stomatitis, two cases of, 1386  
 Stort, the pollution of, 156, 254  
 Straits Settlements, the plague in, 94; medical appointments in, 563; the prevention of plague in, 1496  
 Street noises, 796  
 Stretcher, the "Oliver" collecting, 1651  
 Stricture, simple, of rectum, operation for, 10; urethral in a boy aged 11, 143; of the urethra treated by excision of the strictured segment and suture of the divided ends, 267; urethral, treatment of, 1096  
 Strike of colliery surgeons, 619, 868  
 Strikes, medical, abroad, 301  
 Strychnine, death from poisoning by, 888; the treatment of surgical shock by large doses of, 1471, 1708; in opium poisoning, 1674  
 Student, dental, registration of as a medical student, 882; the and his work, 918; the medical and his environment, 1011  
 Sturrock, C. A., a method of removal of foreign bodies from the ear and nose, 1473  
 — P. S., bilharzia in Mesopotamia, 1543  
 Styloid, process (ulnar), condition of in Colles's fracture, 1225  
 Successor, introduction of, 572  
 Sudan, Southern, malaria in, 38  
 Suez, precautions against plague and cholera at, 1793  
 Sugar nutrition, army experiments as to, 1442  
 Sulphate of quinine, proidentia uteri treated by injections of, 975  
 Sulphonal, toxic cumulative effect of, 1249  
 Summer, of 1899, the heat and drought and deaths from diarrhoea, 1377  
 Sun, a case of tetany due to exposure to the, 1474  
 Sundholm, A., Heilungsverhältnisse bei Läsionen und Ernährungsstörungen der Darmwand unter Omentbedeckung, *rev.*, 1296  
 Superannuation of district medical officers, 63; in Ireland, 184; of Poor-law medical officers, a central fund for, 315  
 — Act. See Act  
 Superfetation, books on, 1331  
 Superstition, a lingering, 102  
 Suppuration, chronic, of frontal sinuses, treatment of, 990  
 Suppurations, chronic, of the attic, operative treatment of, 1002  
 Suprarenal capsule, three cases of removal of, 1100; tumour of, 1607  
 — gland, extract of in conjunction with cocaine to obtain painless and bloodless operation, 85; extract of in rhinology, 1004; primary tumours of the and their removal by operation, 1336; extract of in nasal surgery, 1740  
 Surgeon, the veterinary, the training and the work of the, 926; the cleansing of the hands of, 1318, 1708  
 Surgeons, colliery, strike of, 619; colliery, disagreement as to poundage paid to, 735; consulting, with the army in South Africa, 1803  
 Surgeries, L.S.A., and other, 816  
 Surgery, the mechanical factor in, 271; multiple, on one patient, 671; gastric, 1200; aseptic, 1363  
 Surrey, lunacy in, 736  
 Sutherland, G. A., birth palsy with disseminated tumours, 479  
 — J. F., urgency of legislation for the well-to-do inebriate, 718; alcoholism in relation to insanity, 723  
 Sutton, J. B. See Bland-Sutton  
 Swamps of the Dombes, 1216  
 Swanley, the ophthalmic school at, 446  
 Swayne, W. C., treatment of puerperal sepsis, 1313  
 Sweating (Government) of the medical profession, 886  
 Sweden, British practitioners in, 565  
 Switzerland, British practitioners in, 505; medical students in the universities of, 568; insurance against illness and accidents in, 1035  
 Sydney, the Board of Water Supply and Sewerage at, 821  
 Sykes, J. F. J., the transmission of acquired characters, 1316  
 — W., antistreptococcus serum in septicæmia, 48; medical tests for the public services, 575, 750, 1816; on gout, 1167  
 Symonds, C. J., chronic suppuration of frontal sinuses, diagnosis and treatment, 990, 996  
 Symons, H. B. T., the Nile voyage, 68  
 — W. H., the bacillus diptheriæ in milk, 587; the disinfection of books and other articles injured by steam, 588  
 Symptom, E. M., pleuritic effusions in childhood, 454; the causation of night terrors, 465; the treatment of rickets in an out-patient department, 474; cardiac overstrain in the young, 476  
 Synovitis chronic, operative treatment of, 636  
 Syphilis and general paralysis of the insane, the relationship between, 704, 816; in relation to the diseases of women, 985; and life assurance, 1022; in the navy and army, prevention and treatment of, 1070; the rational treatment of, 1076; acquired, interstitial keratitis in, 1107; obscure cases of, 1481; in Egypt, 1500; in Asia Minor, 1675; early cerebral, 1718  
 Syringe, an improved exploring, 1298; a urethral, 1484  
 Syringomyelia, a case of, 140  
 T. See Locomotor ataxia  
 Table, a surgical dressing, 1298  
 Tablet, mixture of, 754, 813  
 — system, the, 883  
 Tablets of pills, 150; of effervescent preparations, *ib.*; of compressed drugs, 1745; fluorescine for ophthalmic work, 1708  
 Tachycardia ending fatally by thrombosis of both femoral arteries, 273  
 Tait, Mr. L., the will of, 387; and America, 933  
 Talbot, R. M., prevention of "phossy jaw" in match makers, 69  
 Talipes varus, operations for, 1331  
 Tap, reliable washing, for operation rooms, 1082; aseptic, 1205  
 Tartar emetic, chloroform after in the reduction of a dislocation, 892  
 Taste fibres, the course of, 845  
 Tate, W., treatment of procidentia uteri, 978; on coliotomy, 981  
 Taylor, F., a fourpenny doctor, 636  
 — J. J., treatment of digitalis poisoning, an experimental investigation, 1264  
 — J. M., Manual of Diseases of Children, *rev.*, 89  
 — J. W., treatment of fever following delivery, 971; the menopause, natural and artificial, 972; on coliotomy, 981; treatment of puerperal infection, 990  
 — T. R., illegal certificates of proficiency in medicine, surgery, and midwifery, 438, 569, 748, 1043, 1315, 1317, 1515, 1587  
 Teacher, J. H., fertilisation and segmentation in the echinus, 1200  
 Teachers, school, examinations in practical hygiene for, 799  
 Teale, T. P., on ether, 1118  
 Teeth of the schoolboy, 101; examination of, 572; early decay of in Britain, 592; artificial, the perils of, 613, 814  
 Teetotalers and inebriate homes, 1693  
 Telegraph Act. See Act  
 Telephones, dentists', 1400  
 Telford-Smith, T., treatment of epileptics and imbeciles, 715  
 Temperature (body) of animals, 858  
 — enement dwellings, 1521  
 Temple, G. H., a case of malignant pustule, necropsy, with bacteriological investigations, 1792  
 Terrier, F., Chirurgie de l'Estomac, *rev.*, 20  
 Terry, Mr. J., death of, 124  
 Test types for the determination of acuteness of vision, 767  
 Testicle, development of the, 146; atrophy of after operation for varicocele, 512; carcinoma of, 1198  
 Testimonials, the humours of, 362  
 Tests, medical, for admission to the public services, 573, 605, 626, 750, 812, 1319; visual, discussion on at the Portsmouth meeting, 766; visual, in the mercantile marine, 957  
 Tetanus, sequel to a case of, treated by intracerebral injections of antitoxin, 9; acute traumatic, rapid and fatal termination, 1010; treatment of by the intracerebral injection of antitoxin, 1413; antitoxin injections in, 1703  
 Tetany, a case of, due to exposure to the sun, 1474  
 Textile goods, adulterated, the medical aspects of, 38  
 Thames, the natural flow of the, 299; purity of water supplied from the, 1696  
 Theatres, operating in London, 298  
 Therapeutics of light and heat, 1257  
 Thermic fever. See Fever  
 Thermometry, clinical, 1184  
 Thin, G., the etiology of malarial fever, 349; psilosis or sprue, its relations (etiological and pathological) to other forms of tropical diarrhoea and its treatment, 637, 641; on thermic fever, 652; hæmoglobinuric fever and paludism, 657  
 Thiry, C., De la Paralysie Générale Progressive dans le Jeune Age (avant 20 ans), *rev.*, 89  
 Thomas, J. L., the second and third divisions of the fifth nerve, 745; two operations upon the Gasserian ganglion and the second and third divisions of the fifth nerve for neuralgia by the Hartley-Krause method, 1080; a reliable washing tap for operation rooms, 1082; the condition of the ulnar styloid process in Colles's fracture, 1225; the cleansing of the surgeon's hands, 1708  
 Thompson, A. H., embolism of central artery of retina, 1737  
 — Miss H. B., the total number of nerve cells in the cerebral cortex of man, 1379  
 Thomson, A., the foetal pelvis, 745  
 — D. G. P., case of laryngeal tumour in an old woman, removal, recovery, 1287  
 — G., vaccination in Oldham, 248  
 — H. C., the pathology of acute chorea, 1277  
 — J. (Brisbane), presidential address to Australasian Medical Congress, 1440  
 — J. (Edinburgh), Guide to the Clinical Examination and Treatment of Sick Children, *rev.*, 87  
 — J. A., Outlines of Zoology, *rev.*, 857

- Thomson, J. R., secret commissions and the medical profession, 666; the powers of the Council, 121; gazetted lieutenant-colonel, 1391; St. C. the cerebro-spinal fluid, 135; spontaneous escape from the nose, 793; supuration of frontal sinuses, 996; treatment of tuberculosis, 1153; treatment of headaches, 1245.
- Thorndike, the fatiguing effects of lessons, 241.
- Thorne, M., ventral hernia after laparotomy, 440; appointed teacher of vaccination, 1229.
- Sir R., obituary notice of, 1771; the funeral of, 1803.
- Thorngood, J. C., ocean voyages in pulmonary phthisis, 1388.
- Thresh, J. C., an outbreak of typhoid fever at Shoeburyness attributed to eating cockles, 1669.
- Throat, the influenza, 1350.
- Thumb, supernumerary, 1594.
- Thurnam, W. R., the open-air treatment of tuberculosis, 1416.
- Thyroid gland, a case of secondary growth in, 1102; extract of in carcinoma of the, 1290; books on treatment of diseases of the, 1777.
- Tickell, H. M., on infective endocarditis, 1276.
- Tidey, S., reciprocity with foreign countries, 438.
- Tilden, W. A., A Short History of the Progress of Scientific Chemistry in our own Times, *rev.*, 1202.
- Tilley, H., a fatal case of chronic frontal sinus empyema, 994; on exophthalmic goitre, 999; formalin in atrophic rhinitis, 1000.
- Time, the mental conditions involved in post-hypnotic appreciation of, 715.
- Timewell, J., insane houses in St. Pancras, 801.
- Tirard, N., the "British Pharmacopœia" and pharmacy, 1409, 1664, 1727, 1784.
- Titles, medical, 445.
- Tobago, medical appointments in, 563.
- Tochi Valley, pneumonia in, 633.
- Todd, A. H. S., emetics in orchitis, 1594.
- Tomlin, R. F., illegal certificates of proficiency in medicine, surgery, and midwifery, 438, 569, 747, 748, 1043, 1138, 1224, 1387, 1515, 1537; the business of the annual meeting, 504.
- Tongue, glandula thyreoides, accessoria at the base of the, 1004; two cases of primary sarcoma of the, 1065.
- Tor, precautions against plague and cholera at, 1793.
- "Touting" for patients, 1777.
- Toxins, hæmolytic action of, 1357.
- Trachea, syphilitic ulcerations of the, 1006.
- Trachoma and race, 57, 179, 754; correction of refractive errors in the treatment of, 777.
- Train, the Red Cross, 1761.
- Trains, worry, and disease, 705.
- Transactions and Reports, *rev.*, 286.
- Transmission of acquired characters, 833, 1045, 1226, 1316.
- Transvaal, medical arrangements for, 795, 817, 862, 959, 1047, 1141, 1232; list of medical officers detailed for service in, 1047; notes on the wars in, 1118, 1210, 1303; ambulance for, 1223, 1380, 1434 (see also South Africa).
- Trephining, in meningitis following traumatic wound of the orbit, 144; cerebellar symptoms relieved by, 1289.
- Tresilian, F., a case of syringomelia, 140.
- Trevolyan, E. F., on infective endocarditis, 1277; the pathology of milk, 1342; hydatid disease of the spinal canal, 1354.
- Treves, F., Intestinal Obstruction, its Varieties, with their Pathology, Diagnosis, and Treatment, *rev.*, 1295; departure of for South Africa, 1380, 1438.
- Trinidad, medical appointments in, 563.
- Trional, toxic cumulative effect of, 1249.
- Tropical disease, the need for special training in, 922.
- Truax, C., The Mechanics of Surgery, comprising detailed Descriptions, Illustrations, and Lists of the Instruments, Appliances, and Furniture necessary in Modern Surgical Art, *rev.*, 1206.
- "Truth" on medical legislation, 167; on doctoring by contract, 604.
- Tubby, A. H., pleuritic effusion in childhood, 454; an operation for the relief of contraction of the forearm and hand following infantile hemiplegia, 466; surgical treatment of infantile spastic paralysis, 1421.
- Tube, Fallopiian, irreducible hernia of in a child, 853.
- Tubercle, the natural history of, 111; the local distribution of, 1350, 1709; of uterus, 1359.
- Tuberculin and milch cattle in India, 757.
- Tuberculosis, of fascia, 23; pelvic, *ib.*; in the German army, 28; the zoological distribution of, 64; the prevention of, 90, 151, 247, 809, 1206, 1482, 1619, 1794, 1799; in cattle in Victoria, 331; in childhood, morbid anatomy of, 455; personal communication of, 580; in childhood, 685, 753, 814, 1046; notification of in the United States, 628; M. Malcolm Morris on, 737; and life assurance, 1023; the preventive and remedial treatment of, 1149; pulmonary, the relation of to mitral stenosis, 1170; prevention of in everyday life, 1172; in dairy cattle, 1213; in India, *ib.*; cutaneous, some sources of infection in, 1353; new order as to in Scotland, 1395; relation of large-celled indurative hyperplasia of the lymphatic glands to, 1408; the open-air treatment of, 1415, 1433, 1544, 1676; the prevention of in cattle, 1437; senile, 1546; guardians and the prevention of, 1563; notification of in Sheffield, 1705; in its relation to public health, 1794.
- Tuberculous diseases, the surgical treatment of, 1659, 1721, 1779.
- Tuchmann, M., The Exploration of the Urethra and Bladder, *rev.*, 1744.
- Tugela, the Royal Army Medical Corps at, 1761.
- Tuke, Sir J. B., valedictory address to the Edinburgh Medico-Chirurgical Society, 1362.
- T. S., lunacy legislation for incipient cases, 704; syphilis and general paralysis, 700; legislation for well-to-do inebriates, 720; alcoholism in relation to heredity, 723.
- Tumour, retroperitoneal, connected with the solar plexus, 10; parathyroid, causing malignant disease of the larynx and œsophagus, 1003; laryngeal in an old woman, removal, recovery, 1280; ovarian, complicating labour, 1293; hydatid of omentum, *ib.*; solid intraligamentary, 1422; of skin, three varieties of existing in one individual, 1602; intracranial, 1682.
- Tumours, renal, the pathology of, 1278; primary of the suprarenal gland and their removal by operation, 1336; of gigantic size, 1354; fibroid of the uterus, 1476.
- Turkey, British practitioners in, 565; the plague in, 877; Asiatic cholera in, 1378.
- Turnbull, Inspector-General, on psilosis, 641; on suprahepatic abscess, 648.
- Turner, A. J., the diphtheria mortality of the three principal Australian colonies for the past fifteen years, 1409; the treatment of diphtheria, 1788.
- A. L., suppuration of frontal sinuses, 996.
- D., motor cars, 1240.
- Dr. F. C., gets hon. D.C.L., Dunelm, 868.
- G. R., actinomycosis in process of cure, 1289; osteitis deformans, *ib.*; the surgical treatment of ascites by the artificial production of peritoneal adhesions, 1679.
- P. D., tubercle of uterus, 1359.
- R., the obstetric binder, 180; Lord Lister and Surgery, *rev.*, 277.
- Sir W., on Sir R. Thorne, 1772.
- W., medical tests for the public services, 575.
- Tyneside, a quotidian ague occurring on, 1199.
- Typhoid fever. See Fever, enteric.
- Typhus fever. See Fever.
- Tyrototoxic poisoning, 1300.
- Tyson, W. J., treatment of tuberculosis, 1155; on gout, 1167; treatment of headaches, 1245; clinical studies, 1619.
- U.
- Uchermann, v., rheumatic diseases of the ear, 674.
- Ulcer, perforating gastric, 851, 1480; gastric and duodenal, the wisdom of surgical interference in hæmatemesis and melæna from, 1087; perforated gastric, the accurate diagnosis and successful treatment of, 1186; perforating gastric, treated by operation, 1677.
- Ulceration, destructive, of the eyelids, 778.
- Ulcerations, syphilitic, of the trachea, 1006.
- Ulna, fracture of, 1765.
- Undulant fever. See Fever, Malta.
- Union, Birmingham and District Medical Practitioners, rules, officers, etc., of, 1812.
- Bradford and West Riding Medical, the relation of public vaccinators to private practitioners, 155.
- British, for the Abolition of Vivisection, the methods of, 163.
- County of Durham Medical, the position of, 953; and the meeting of direct representatives at Newcastle, 1381, 1448, 1501, 1647.
- Medical Defence and medical aid associations, 315; proposed union of with Medical Protection Society, 1314, 1766, 1817; meeting of, 1522.
- New South Wales Medical, annual report of, 614.
- Portsmouth Medical, annual meeting of, 290.
- Yorkshire College Students, opening address of, 1011.
- United Practitioners Bill. See Bill.
- States, dichotomy in, 43, 881; the prevention of tuberculosis in, 92, 247, 1206, 1800; small-pox in the, 103; cremation in the, 125, 1536; notification of tuberculosis in, 728; and the Malaria Commission, 798; sanatorium for consumptive soldiers in, 867; Mr. Lawson Tait and, 933; medical arrangements for the troops of in the Philippines, 1379; therapeutic research in, 1763.
- Universities, American, medical students in, 1441.
- University of Aberdeen, formation of an Anatomical and Anthropological Society at, 61; examiners at, 255; graduation ceremony at, 319; regulations of as to medical and surgical degrees, 526; instruction at, 540; regulations as to diplomas in State medicine, 557; proposed extension of, 1222; the lord-rectorship of, 1455; the extension scheme for, 1755.
- of Bologna, grant for new buildings for, 1763.
- of Brussels, pass lists, 98; the M.D. degree of, 259; degrees for practitioners at, 554.
- of Cambridge, medical and surgical degrees, 61, 1142, 1455, 1590, 1711, 1819; pass lists, 98, 1774, 1819; entries for long vacation course at, 244; regulations of as to medical and surgical degrees, 520; post-graduate study in, 552; regulations of as to State medicine, 555; appointments, 1050, 1142, 1235, 1652, 1810; medicine and science at, 1121; General Medical Council, 1142, 1235; diploma in public health, 1235; matriculation, *ib.*; fellowships, 1236; demonstrator, *ib.*; election to a fellowship, 1394; medical school buildings, *ib.*; sanitary science, 1510; entrance scholarships, *ib.*; medical examination, *ib.*; examiners, 1590; Walsingham medals, *ib.*; pathological teaching at, 1626; honorary fellowship, 1711; Shutlworth scholarship, *ib.*; books for the examination of the D.P.H. of, 1717; recognised medical school, 1819.
- of Chicago and the training of backward children, 1237.
- of Coimbra, students in medical faculty of, 1307.
- of Dublin, degrees at, 98; regulations as to medical and surgical degrees at, 528; regulations as to diplomas in State medicine, 557.
- of Durham, regulations as to medical and surgical degrees at, 522; degrees for practitioners at, 553; regulations as to diplomas in State medicine, 556; pass lists, 756, 820, 887; conferring degrees at, 961.
- of Edinburgh, degrees at, 98; modern languages in, 165; date of opening of session at, 255; pass lists, 318, 443; graduation ceremony at, 443, 1235; regulations of as to medical and surgical degrees, 525; instruction at, 540; regulations as to diplomas in State medicine, 557; the chair of physiology at, 820; practical work at, 892; teaching of the medical classes at, 1032; opening of winter session at, 1125; report of Business Committee of General Council of, 1235; number of students at, 1455; prizes in tropical medicine, 1590; lectureship on antenatal pathology at, 1506.
- of Glasgow, pass lists, 61, 1050; graduation ceremony at, 318, 1304; regulation of as to medical and surgical degrees, 526; instruction at, 541; new anatomical department for, 1221.
- Harvard, the new medical curriculum at, 242; large bequest to medical school of, 269.
- Johns Hopkins, the medical mission of to the Philippines, 1383, 1807.
- of Kasan, statistics of, 1748.
- of Kiel, the rectorship of, 1714.
- of London, and the Imperial Institute buildings, 37, 101, 423; meeting of convocation of, 98, 1050, 1520; pass lists, 319, 507, 1711, 1774, 1819; regulations of as to medical and surgical degrees, 520; degrees for practitioners at, 553; the reconstitution of, 619, 1562, 1749; the remaking of, 920; report on new draft statutes, 960; and medical schools, 1493.
- of Malta, statute 247 of, 67.
- of Melbourne, proposed building for department of hygiene, etc., at, 822.
- of Michigan, pharmacognosy in, 1620.
- of Oxford, regulations of as to medical and surgical degrees, 519; regulations of as to diplomas in State medicine, 555; examination for the M.B. degree, 1326.
- of Paris, the doctorate of pharmacy of, 868.
- of Pavia, the chair of comparative anatomy in, 800.



- University of the Punjab, the Calendar of, 1686  
 — Royal of Ireland, pass lists, 182, 961,  
 1051, 1235; regulations as to medical and sur-  
 gical degrees at, 529; regulations as to di-  
 plomas in State medicine, 558; the Calendar  
 of the, *rev.*, 857; exhibitions, 1394  
 — of St. Andrews, the chair of path-  
 ology at, 364; regulations of as to medical and  
 surgical degrees, 526; proposed new buildings  
 at, 820  
 — of St. Petersburg, the rectorship of,  
 1775  
 — Victoria, medical extension lectures,  
 38; pass lists, 444; regulations as to medical  
 and surgical degrees at, 521; examiners,  
 1394  
 — of Vienna, the deanship of the medi-  
 cal faculty of, 32; students at, 821; opening of  
 new physiological institute at, 1216  
 — of Wales, matriculation candidates  
 at, 182; regulations as to diplomas in State  
 medicine at, 555  
 Upton, J. R., the Hunter case, 1043  
 Uræmia, death from, 1287  
 Uræmic state, unusual dyspnoea in, 851  
 Urethra, treatment of stricture of by excision of  
 the strictured segment and suture of the  
 divided ends, 267; male, a case of obliteration  
 of, 268; treatment of stricture of, 1096  
 Uric acid and the circulation, 1159  
 Urine, suppression of for five days, 1107; the  
 relation of bacillus coli communis to other  
 organisms to other organisms in the, 1472;  
 portable test case for, 1556; infiltration of, 1681  
 Uruguay, British practitioners in, 566  
 Uterus, retroversion of, 23; rupture of, 24;  
 myomatous, removed by panhysterectomy,  
 147; intractable hæmorrhage from, 188;  
 rupture of the at full term, missed labour  
 and delivery nine weeks later, 972; pro-  
 cidencia and prolapse of treated by a new  
 method, 975; 50 cases of coeliotomy for  
 disease of, 978; treatment of cancer of, 981;  
 the surgical treatment of cancer of, 1086;  
 and appendages, after-results of operations  
 for removal of, 1196; treatment of displace-  
 ments of, 1293; cases of disease of, 1313;  
 tubercle of, 1359; physico-chemical changes  
 concerned in the production of version of,  
 1420; fibroid tumours of the, 1476; treatment  
 of fibroids of, 1480; extirpation of, 1607; inter-  
 stitial myoma of, 1793  
 Utopia, a medical, 753
- V.  
 Vaccination, one-mark, 36, 94; gratuitous, 156;  
 insusceptibility to, *ib.*; one or two-mark, *ib.*;  
 in Germany in 1896, 158; "successful," 248; in  
 Oldham, *ib.*; successful, grants for, 376, 446,  
 504, 510, 638, 723; and revaccination in Japan,  
 364; the technique of, 578; in India, 633; the  
 spread of, 859; the Marquis of Lorne on, 872;  
 primary under the new Act, *ib.*; domiciliary  
 and public vaccinators, *ib.*; private by public  
 vaccinators, 873; in the Italian army, 876; at  
 surgery, 1116; from its medico-legal aspects,  
 1313; at Port Rico, 1532; unsuccessful, 1813  
 — Act. *See* Act  
 — appointments and district medical  
 officers, 1052  
 — blunder, a, 609  
 — controversy, the, 1710  
 — fees. *See* Fees  
 — "Inquirer," the in despair, 1695  
 — law in Germany and its enforce-  
 ment, 788  
 — legislation and the prevention of  
 small-pox, 576  
 — officer, the, and his' duties, 1120,  
 1311  
 — prosecutions, 95, 609  
 Vaccinations, antirabic, at the Pasteur Institute,  
 242; public, in Scotland, 1456  
 Vaccinator, public, experience of a, 1116  
 Vaccinators, public, powers and duties of  
 deputies of, 95; public, the relation of to  
 private practitioners, 155, 248, 434; public,  
 appointment of, 388; public, difficulties of,  
 434; public and antivaccination prosecutions,  
 733; public and domiciliary vaccination, 872;  
 limits of duties of, 873; and private vaccina-  
 tion, *ib.*; redistribution of duties of, 1116;  
 attendance of in court, 1219; the Local Govern-  
 ment Board and, 1372  
 Vaccine of yellow fever, 888  
 — blowers 760, 824, 892, 1148  
 — lymph ejectors, 150  
 Vacher, the brain of, 164  
 Vagina, rupture of the, 760; narrow, treatment  
 for, 891  
 Van Geuns, J., professional secrecy and life  
 assurance, 952
- Van Valzah, W. W., Diseases of the Stomach,  
*rev.*, 1685  
 Vanilla, poisoning by, 934  
 Varicocele, atrophy of the testicle after opera-  
 tion for, 512  
 Vasogen preparations, 1745  
 Veins, varicose, fatal hæmorrhage from, 40  
 Veit, J., Handbuch der Gynäkologie, *rev.*, 855  
 Vena cava inferior, obstruction of the, probably  
 syphilitic, 1547  
 Venereal disease, and marriage, 758; the preven-  
 tion of, 815, 881, 1226, 1320  
 Ventilation, improved, 628; a hint for, 1148  
 Ventnor Hospital. *See* Hospital for Consump-  
 tion  
 Ventricle, cerebral, hæmorrhage into, 1200;  
 right, dissecting of aneurysm of, 1344  
 Ventricles, dilated cerebral, 1549  
 Veroo, J. C., carbonic acid gas and heart dis-  
 ease, 182  
 Verhoogen, R., early diagnosis of general para-  
 lysis, 953  
 Vermiform appendix. *See* Appendix  
 Vermont, the work of the State laboratory at, 1806  
 Verriest, the symptomatology of constitutional  
 defects in life assurance, 1023  
 Vesical. *See* Bladder  
 Veterinary education in Bengal, 484  
 Viceroy of India, the and plague inoculation,  
 1436; the appeal of to the educated natives of  
 India, 1496  
 Victoria, dental companies in, 40; tuberculosis  
 in cattle in, 301  
 Victoria Cross, the medical officers and, 320  
 Villages, first aid lectures for, 1147  
 Vines, Mr. E. P., death of, 1518  
 Violence at the East End, 165  
 Virchow, Professor, presentation of address to,  
 1223; the jubilee of as Professor Ordinarius at  
 Berlin University, 1497  
 Virgin Islands, British practitioners in, 565  
 Virginia, yellow fever in, 484  
 Visual tests. *See* Tests  
 Vivisection, the ethics of, 866  
 "Vivres du sac" (reserve rations), 442  
 Voelcker, A., arrested development of speech  
 centre, 1678  
 Vocalisation, artificial after laryngectomy, 625  
 Voice, the American, 39  
 Volunteer Medical Staff Corps, promotions and  
 appointments in, 386, 692, 818, 1049, 1392; relief  
 fund for, 1588, 1658, 1718, 1770, 1821  
 Volunteers, promotions and appointments in  
 medical staff of, 60, 122, 182, 255, 320, 386, 441,  
 506, 570, 631, 692, 755, 818, 885, 960, 1047, 1142, 1233,  
 1324, 1392, 1491, 1651, 1711, 1770  
 Vomiting, uncontrollable, laparotomy for, 1198  
 Vosges, health resorts on the, 611
- W.  
 Wade, Sir W., the pistoia gout powder, 1778  
 Waggett, E., suppurations of frontal sinuses,  
 995; cerebellar abscess, secondary to suppur-  
 ative otitis media, evacuation, recovery, 1000  
 Wakambi arrow poison, 1222  
 Wakefield, Ensor, v., 47, 60  
 Wales, Central, the spas of, 791  
 Walker, Mr. F. H., death of, 1518  
 — H., constitutional treatment of skin  
 diseases, 1264; An Introduction to: Dermatol-  
 ogy, *rev.*, 1483  
 — S., gowns for medical practitioners, 503  
 Wallace, Dr. Alexander, obituary notice of, 1139  
 — A., the unconsciousness of anæsthesia,  
 315  
 — C. S., congenital dislocation of both  
 hips, 1618  
 — E. J., medical tests for the public  
 services, 574  
 Wallace-James J. G., a pioneer in the treatment  
 of consumption, 1709  
 Wallasey, new hospital for, 175  
 Wallis, F. C., cases of wired fractures, 1419  
 Walls, W. K., extirpation of uterus, 1607  
 Walsh, D., reform in the coroner's court, 586  
 Walsbam, H., the relation of pulmonary tuber-  
 culosis to mitral stenosis, 1170; cases treated  
 with erythrol tetranitrate, 1259; the relation of  
 large-celled indurative hyperplasia of the  
 lymphatic glands to tuberculosis, 1408  
 — W. J., operative treatment of various  
 internal derangements of the knee-joint, 261  
 Walter, E. R., an outbreak of typhoid fever at  
 Shoburness, attributed to eating cockles,  
 1669  
 Walters, F. R., the open-air treatment of tuber-  
 culosis, 1677  
 Wannan, W. A., treatment of sore nipples, 1399  
 War, the Crimean, the lessons of, 205; in the  
 Transvaal, notes on, 1118, 1210, 1303; Græco-  
 Turkish, honours for, 1324; the Boer, medical  
 aspects of, 1430, 1485, 1556, 1697, 1759, 1810; in  
 South Africa, 1487, 1558, 1615, 1697, 1809; Spanish-  
 American, the medical aspects of the, 1687;  
 Peninsular, a surgical episode of the, 1746  
 Warburton, Colonel W. P., appointed super-  
 intendent of the Royal Infirmary, Edinburgh,  
 1565  
 Ward, A. H., the prevention and treatment of  
 syphilis in the navy and army, 1076; the  
 rational treatment of syphilis, *ib.*  
 — E., aneurysm simulating sarcoma, 1292  
 Warden, A. A., on coeliotomy, 981; treatment of  
 puerperal infection, 969  
 Waring, A., brass screw swallowed by an in-  
 fant, aged 15 months, 1542  
 — Dr. F. J. A., death of, 1813  
 Warrington, W. B., association of albumosuria  
 with bone disease, 1740  
 Washbourn, J. W., the infectivity of malignant  
 growths, 1195; experiments with Pane's anti-  
 streptococcus serum, 1247; the pathology of  
 infective endocarditis, 1269, 1276; infective  
 sarcomata in dogs, 1346; treatment with anti-  
 streptococcus serum, 1358; the open-air treat-  
 ment of tuberculosis, 1677  
 Washstand, aseptic for wards, 1205  
 Wasiliew, M. A., Die Traumen der mannlichen  
 Harnrohre, *rev.*, 277  
 Wassermann on vanilla poisoning, 934  
 Water, books on the analysis of, 187; scarcity of  
 in the East End, 681; hot, irrigation of the  
 intestines with in collapse during labour,  
 1287; analysis of in London, 1305, 1565; re-  
 moval of lead from by filtration, 1459; supplied  
 from the Thames, purity of, 1666  
 — supply, the present and future of London,  
 495; a sufficient, 1052; information as to, 1328  
 Waterloo, Sir C. Bell and the wounded at, 1495  
 Waters, potable, transport of, 633  
 Watkins-Pitchford, Rev. W. M., the uncon-  
 sciousness of anæsthesia, 179  
 — W., preventive measures  
 against plague, 749  
 Watson, C., Encyclopædia Medica, *rev.*, 723  
 — James, on psilosis, 639; on thermic fever,  
 653  
 — John, case of suprahepatic abscess, in-  
 cision, resection of rib, recovery, 1675  
 — W. S., the open air treatment of tuber-  
 culosis, 1677  
 Watt, Surgeon-General W. G., death of, 441  
 Weather, the hot, and diarrhoea, 297  
 Weatherly, L. A., Hohenhonnef, a sanatorium  
 for paying patients, 285; lunacy legislation for  
 incipient cases, 704; syphilis and general  
 paralysis, 708; can we instil rational ideas re-  
 garding insanity into the public mind?  
 709  
 Webber, H. W., cancer in the lower animals,  
 882  
 Weber, Sir H., the open-air treatment of tuber-  
 culosis, 1545  
 — P., the open-air treatment of tuberculosis,  
 1677  
 Webster, G. W., accidental heart murmurs, 22  
 Weill-Manton, fraud in matters of life assurance,  
 1023  
 Weir, A. McC., the income of the General Medical  
 Council, 1706  
 Welch, Surgeon-Colonel F. H., medical tests for  
 the public services, 576; the prevention and  
 treatment of syphilis in the navy and army,  
 1076  
 Wells, A. P., carbonic acid gas in heart disease,  
 1182  
 — E. F., on pneumonia, 22  
 — W. H., Manual of Diseases of Children,  
*rev.*, 89  
 West, S., albuminuric retinitis, 1182  
 West Hartlepool, endowment for new hospital  
 for, 95  
 — Indies, handbook of towns in, 972  
 — Riding, the annual report of the medical  
 officers to the county council of, 613  
 Westcott, T. S., An American Textbook of the  
 Diseases of Children, *rev.*, 88  
 — W. W., reform in the coroner's court  
 586  
 Western Australia, hospital abuse in, 865  
 Westfield, Dr. G., death of, 1140  
 Westmorland, the prevention of tuberculosis  
 in, 91  
 Westport, the election of an Irish dispensary  
 doctor at, 1497  
 Whaley, Mr. J. C., death of, 1317  
 Wheeler, Dr. W. I. de C., obituary notice of,  
 1589  
 "Wheeling" on the diagnosis of heart disease,  
 864  
 Whipping post, the, 299  
 White, C. P., a case of primary carcinomatous  
 cyst of the liver with secondary deposits in  
 the lungs and bones, 1347

- White, G. B. M., carcinoma of testicle, 1158  
— Mr. J., death of, 807; obituary notice of, 958  
— Captain J. C., Bubonic Plague at Hardwar,  
North-west Provinces, *rev.*, 724  
— S., aseptic surgery, 1303  
— W. H., case of adiposis dolorosa, 1533; 1769;  
the relation of tabes to general paralysis of  
the insane, 1604  
Whitechapel, the guardians of and medical  
attendance on paupers, 611  
Whiteford, C. H., the mechanical factor in sur-  
gery, 271; hemming the omentum to prevent  
its forming visceral adhesions, 1194  
Whitehead, A. L., suprarenal extract in nasal  
surgery, 1740  
Whitelocke, R. H. A., treatment of hernia in  
children, 472; treatment of fever following de-  
livery, 970  
Whitfield, A., linear lichen planus, 1198  
Whitson, J., the F.F.P.S.G., 119  
Who's Who for 1900, *rev.*, 1745  
Widal's reaction, in typhoid fever, 213; in  
typhoid fever, failure of, 1289  
Wilberforce, malaria-borne fever at, 746  
Wild, R. B., on intestinal antiseptics, 1257; the  
constitutional treatment of skin diseases,  
1262; some sources of cutaneous infection,  
1353; the pharmacology of cannabis indica,  
1354  
Wilkes, Mr. W. D., death of, 1454  
Wilkin, G. C., hospital abuse, 503  
Wilkinson, G., excision of gangrenous umbilical  
hernia, 1682  
William, C. T., treatment of tuberculosis, 1155;  
carbonic acid gas in heart disease, 1181  
— D., Medical Diseases of Infancy and  
Childhood, *rev.*, 88  
— D. J., two cases of cysticercus, 143  
— G. C., intercostal neuralgia, 1188  
— J. D., an improved ovum forceps, 1612  
— P. W., on exophthalmic goitre, 999;  
formalin in atrophic rhinitis, 1000; purulent  
discharge from the nose, 1313  
— R., piece of steel in the eye, 1363  
— W. R., defective development of ribs,  
etc., 58; multiple operations on a single  
patient, 75; cancer in the lower animals,  
85, 1046; the surgical treatment of uterine  
cancer, 1086; the pathology of renal tumours,  
1281; tumours of gigantic size, 1354; are ute-  
rine myomata usually single or multiple?  
1524; the nature of the cancerous process, 1817  
Williams-Freeman, J. P., bone grafting, 1512  
Williamson, H., retroperitoneal tumour con-  
nected with the sacral plexus, 10; hydatid-  
form degeneration of the chorion, 1110  
— J. M., cases of uterine disease, 1313  
— R. T., on loss of stereognostic sense,  
1600  
Willcock, E. H., the mechanical treatment of  
certain diseases of the chest, with special  
reference to emphysema, 1265  
Willson, R., the Hunter fund, 95, 260, 891  
Wilson, Major E. M., Notes on Malaria in Con-  
nection with Meteorological Conditions at  
Sierra Leone, *rev.*, 1202  
— G., presidential address in the Section  
of State Medicine at the annual meeting of the  
British Medical Association, 346; personal  
communication of tuberculosis, 581  
Windward Islands, medical appointments in,  
503  
Winterbotham, Mr. L., obituary notice of,  
508  
Withernea, the prevention of tuberculosis in,  
91, 809  
Witnesses, medical men as, 741; medical, at  
police-courts, 962; medical, in criminal cases,  
the remuneration of, 1217, 1367, 1813  
Wohlmann, A. S., bacteriology of rheumatic and  
allied diseases, 1348  
Wolstenholme, R. H., the proposed Conciliation  
Board, 312  
Woman, old, laryngeal tumour in, removal,  
recovery, 1287  
— physician, future of the, 105  
Wombstone, specimen of, 1041  
Women, as local administrators, 162; medical  
education of, 549; influence of prolonged  
standing on the diseases of, 596; and the  
Owens College medical department, 933;  
civilised causes of difficult labours of, 981;  
the syphilitic factor in diseases of, 985; and  
agriculture, 1212; admission of to learned  
societies, 1329; inebriate, home for, 1457; early  
insanity in, 1703, 1821  
Woodford House, *See* Hospital for Insane  
Wood pavements, 1029  
Wood, F. C., electrolysis of nevus, 67  
— F. L., sarcoma of epididymis, recovery,  
1193  
— General L., as house-surgeon, 64; as  
governor of Santiago, 243  
— Lieutenant-Colonel O., on thermic fever,  
652  
— W., Elements of Practical Materia Medica  
and Pharmacy for Medical Students, *rev.*, 1366  
Woodhead, G. S., the training and the work of  
the veterinary surgeon, 926  
Woods, H., examination for higher qualifica-  
tions, 502; attempted amalgamation of de-  
fence societies, 1314  
Worcestershire, the county council of and  
scientific medicine, 922  
Workhouse, treatment of children remanded to,  
63  
— infirmaries. *See* Infirmaries  
Workhouses, care of insane in, 1124  
Working classes, open-air sanatorium for, 891;  
housing of the, 1119  
Workmen's Compensation Act. *See* Act  
Worrall, R., needle for vaginal hysterectomy,  
858  
Worry, trains, and disease, 795  
Wounded, removal of, morphine injections,  
1766  
Wrench, E. M., the lessons of the Crimean war,  
295  
Wright, A. E., on preventive inoculation, 16;  
antityphoid inoculation, a personal explana-  
tion, 119  
— C. J., presidential address to Leeds and  
West Riding Medico-Chirurgical Society, 1292  
— D., The Treatment of Hemorrhoids and  
Rectal Prolapse by means of Interstitial In-  
jection, *rev.*, 1204  
— Hamilton, a contribution to the study  
of the posterior columns of the spinal cord,  
131  
— Herbert, the causation of night terrors,  
465; operation for contraction of the forearm,  
468  
Wyatt-Smith, F., should doctors be allowed to  
dispense? 252  
Wybauw, albuminuria and life assurance, 1024  
Wynberg, the wounded at, 1380  
  
X.  
Xeroderma, nitroglycerine in, 1288  
  
Y.  
Yarr-Major, M. T., trachoma and race, 179; a  
further contribution to the study of malarial  
eye affections, 658, 1056  
Yearbook of the Scientific and Learned Societies  
of Great Britain, *rev.*, 856  
Yearsley, M., the use of suprarenal extract in  
rhinology, 1004  
Yellow fever. *See* Fever  
Yeo, I. B., on intestinal antiseptics, 1250  
Yersin, Dr., special mission of to Cochin China,  
1655  
Yew leaves, poisoning by, 1377  
Yonge, E. S., orthoform, 57; adeno-cystoma of  
neck, 1740  
Young, M., the South Kensington Fine Art As-  
sociation, 67; to get rid of ants, 448  
— Captain W., hypodermic injection of  
quinine in malaria, 85  
  
Z.  
Zadig, the influence of on the progress of medi-  
cine, 1120  
Zandy, Offenbach as a health resort, 282  
Zuntz, L., Untersuchungen ueber das Gaswech-  
sel und Energieumsatz des Radfahrers, *rev.*,  
150

## INDEX TO THE EPITOME FOR VOLUME II FOR 1899.

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

- A  
Abbé, extensive injuries of chest and abdomen,  
135; x-ray detection of renal calculus, 480  
Abdomen, extensive injuries of, 135; excision  
of the sympathetic in the, 159; siphon punc-  
ture in operation on the, 390  
Abdominal section, treatment of patients after,  
90; for peritonitis due to lumbricus, 331  
— sections, three in the same patient  
in five years, 177  
Abegg, stypticin in uterine hæmorrhages, 412  
Abortion in scleroderma, 87; attempted, tetanus  
following, 219  
Abscess, of the brain, treatment of, 100; cere-  
bral, following on orbital phlegmon, 257; sub-  
phrenic, 492  
Absorption, has the bladder any power of? 326  
Abuladse, is eclampsia due to infection? 393  
Acetanilid as a substitute for many proprietary  
drugs and mixtures, 88  
Acetyl-salicylic acid. *See* Aspirin  
Acne, the galvanic cautery in, 314; potassium  
iodide in the treatment of, 435  
Acotin, a new local anæsthetic, 363  
Actinomyces abdominal, fish bones and, 210  
Adams, antidote to carbolic acid, 511  
Addison's disease. *See* Disease  
Adenoids, rapid disappearance of, 317  
Adeno-sarcoma of mamma, 137  
Adrenals, lesions of and Addison's disease,  
171  
Adrian, inoculations of animals with syphilis,  
270  
Ahman, mercuriol in syphilis, 342  
Aieroli, confusive pneumonia, 256  
Air, in veins and transfusion, 16  
Albert, vesical calculus around a catheter, 485  
Albuminoid bodies of the thyroid gland, 233  
Albuminuria, hereditary, 424  
Allaria, early syphilitic nephritis, 403  
Allen, eclampsia treated by saline injections, 84  
Alopecia areata, treatment of by chemical rays,  
307  
Altitudes, high, causes of immunity against  
tuberculosis in, 311  
Ameiss, influenza complicating uterine disease  
and pregnancy, 106  
Anemia, pernicious, treatment of, 510  
"Anemia necrosis" of the intestine, 371  
Anæsthesia (chloroform) jaundice after, 61; a  
new method of, 126  
Anæsthetic, ethyl chloride as an, 399  
Anæsthetics, the influence of on renal imperme-  
ability, 384  
Analeptics of the respiration, 129  
Anastomosis, gastro-intestinal, as a palliative  
measure, 428  
Anceau, vanadium in the treatment of tubercle,  
434  
Aneurysm, aortic, tracheal tugging in, 3; in con-  
genital syphilis, 160; of aorta, in a child, 476  
Angina, faucial, isolation of, 36  
Angioma, capillary, of placenta, 483  
Angio-lipoma, subcutaneous, of trunk, 217  
Animals, adult, implantation of embryonic cells  
in, 168; inoculations of with syphilis, 270  
Annequin, treatment of varicocele, 315  
Anthrax, lingual, 27  
Antidote to carbolic acid, 511  
Antipyrin intoxication, 34; "black penis" due to,  
226  
Antitoxin treatment of diphtheria, 451  
Anus, imperforate, 332  
Aorta, the Roentgen rays in the diagnosis of  
diseases of, 347; aneurysm of, in a child, 476  
Aortic insufficiency, precystolic murmur in, 423  
Apert, cardio thoracic malformations, 151  
Aponeuritis, plantar, 98  
  
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.

- Appendages.** See Uterus  
 Appendicitis, erroneously diagnosed, 29; the pathology of, 132; valvular from sequelae, 174; volvulus of ileum, from bands after, 243; suppurative and hernia after operations, 244; and typhoid fever, 312; fatal, 335; acute, operation for, 458  
 Appendix vermiformis, foreign bodies in the, 193; strangulated hernia of, no appendicitis, 216; the, in the rare quiescent periods, 239  
 Apyrexia in tuberculosis, 387  
 Aqueous, absorption of in the human eye, 454  
 Arcangeli, why does laparotomy cure tuberculous peritonitis? 316  
 Arm, congenital absence of muscles of the, 76  
 Armand, intrauterine taken for extrauterine pregnancy, 337; hydramnion mistaken for extrauterine pregnancy, 447  
 Armstrong, the surgical treatment of typhoid perforation, 279  
 Arnaud, the antecedents of general paralytics, 97  
 Arsenic, poisoning by per vaginam, 9; as a preventive against typhoidism, 341; treatment of chorea by massive doses of, 381  
 Artery, internal iliac, ligation of, 82  
 Asphyxia in the newborn, 375  
 Aspirin (acetyl-salicylic acid), 14, 325, 452  
 Asthma, dyspeptic, 367  
 Ataxy, hereditary, cerebellar, 348  
 Athletes, the heart of, 386  
 Athletics, effects of on the heart and circulation, 422  
 Atmokausis uteri, value of, 431  
 Atrophy, Bernhardt's neuritic spinal muscular, 345; optic-nerve, pathological anatomy of, 491  
 Aubano, posterior spinal lesions in paralysis, 229  
 Auché, placental transmissions of tubercle, 130  
 Audeoud, recovery from syphilitic hydrocephalus, 294  
 Auglade, the cells of the brain cortex in eclampsia, 230  
 Automatism, ambulatory, 458
- B.**
- Babinski, the great-toe reflex in epilepsy, 234  
 Baccarini, geophagia, 475  
 Bacillus, proteus vulgaris, meat poisoning caused by, 21; typhoid, ovarian cyst infected by, 302; of leprosy, 310  
 Bacteria, penetration of into eggs, 346  
 Bacterium of eclampsia, 453  
 Bain, effect of baths, massage and exercises on the blood pressure, 111  
 Banti, emphysema, 494  
 Bar, kidney disease and puerperal eclampsia, 70  
 Barbani, has the bladder any power of absorption? 326  
 Barratt, chemistry of nerve degeneration, 185  
 Barriou, treatment of gonorrhoea and urethritis, 417  
 Barth, etiology of the vomiting of pregnancy, 144  
 Bassi, dirotism of the pulse and heart, 232  
 Baths in tabes dorsalis, 89; effect of on the blood pressure, 111  
 Baudet, ligation of internal iliac artery, 82  
 Bayer, hæmorrhagic pulmonary infarct after radical cure of reducible hernia, 372  
 Beck, absorption of ichthyol through the skin, 166  
 Bedon, neurasthenia, 77  
 Benckiser, labour impeded by tumours, 181  
 Benoit, absorption of the aqueous in the human eye, 454  
 Bérard, fatal obstruction from pelvic hæmatocele, 8  
 Berger, treatment of tuberculosis of the testes, 5; luxation of semilunar bone, 138  
 Bergman, ambulatory automatism, 458  
 Bernard, Addison's disease and lesions of the adrenals, 171  
 Bernay, stricture of ileum after taxis, 295  
 Bernhard, delivery in prolapse of uterus, 33  
 Bernhardt, so-called recurrent facial palsy, 313; neuritic spinal muscular atrophy, 345  
 Berthier, dermoid of mesentery easily enucleable, 125; gangrene of the extremities in pneumonia, 404  
 Bertino, congenital eventration, 438  
 Bebbe, degeneration of medullated nerve fibre, 455  
 Bevan, new incision for exposure of the bile ducts, 192  
 Bier, effect of cocaine on the spinal cord, 222  
 Bile ducts, new incision for exposure of, 192  
 Birch-Hirschfeld, implantation of embryonic cells in adult animals, 168  
 Bisenthal, sanose, 72  
 Bishop, acetanilid as a substitute for many proprietary drugs and mixtures, 88
- Bjorkstén, action of streptococci and their toxin upon various organs, 402  
 "Black penis" due to antipyrin, 226  
 Bladder, sloughing of after fracture of os pubis recovery, 194; has it any power of absorption? 326; total resection of the, 406; old extrauterine pregnancy involving, 430  
 Blanc, removal of seven uterine fibroids with preservation of the uterus, 86; diverticulitis, 94  
 Blindness, cortical, 441  
 Bloebaum, the galvanic cautery in acne, 344  
 Blondel, uterus bipartitus unicollis, normal labours, 282  
 Blood, examination of in gynecology, 285; the rôle of iron in forming, 287  
 — pressure, effect of baths, massage and exercises on, 111  
 Blum, the iodine treatment of syphilis, 183  
 Bock, hydatid mole in a virgin, membranous dysmenorrhoea, 85  
 Bodon, the surgical treatment of pulsating exophthalmos, 389  
 Boinet, functions of the suprarenal capsules, 271  
 Bone, semilunar, luxation of, 138  
 Bonhoffer, pathological anatomy of alcoholic delirium, 169  
 Bonfield, treatment of patients after abdominal section, 90  
 Bonne, syndrome of Landry, its pathology and bacteriology, 489  
 Botryomycosis in man, 479  
 Bottini, enlarged prostate, 237; prostatic ischuria, 277  
 Bouchacourt, the pelvis in the newborn infant, 11; frontal encephalocele, 253  
 Boudin, strangulated hernia of Fallopian tube, 162; fracture of os pubis, sloughing of bladder, recovery, 194; strangulated hernia of appendix, no appendicitis, 216  
 Bougies, sterilisation of, 391  
 Boursier, pedunculated fibroma of clitoris, 218  
 Bové, suppurative of appendages traced to gonorrhoea, 509  
 Bovis, plantar aponeuritis, 98  
 Brain, treatment of abscess of, 100; tetanus traumaticus treated by emulsion of, 204; the cells of the cortex of in eclampsia, 230  
 Brancati, serum diagnosis of typhoid, 456  
 Breast, adeno-sarcoma of, 137; right, fibro-sarcoma of, 500; advanced cancer of and pregnancy, 508  
 Brewer, chloride of gold and sodium as a tonic, 512  
 Brindeau, the pelvis in the newborn infant, 11  
 Brissaud, "chorée variable" of, 133  
 Brocq, orthoform in skin diseases, 91  
 Brohl, difficult diagnosis of abdominal tumours in women, 198  
 Bromide of camphor in epilepsy, 113  
 Brüchanow, papilloma of choroid plexus in a child, 211  
 Brünings, lipoma of uterus, 108  
 Bruschetti, immunity in tuberculosis, 75  
 Bucco, penetration of bacteria into eggs, 346  
 Budin, lactation by albuminuric mothers, 124  
 Burtz, extirpation of the spleen, 409
- C.**
- Cabannes, facial hemihypertrophy, 24  
 Cacodylate of sodium, rectal injection of, 304  
 Cacodylic acid, 71  
 Cade, pyelo-nephritis of pregnancy, 31  
 Cæcum, cancerous, excision of, 245  
 Cæsarean section in puerperal eclampsia, 360  
 Caffero, the protective action of the lungs, 272  
 Calculi, renal, x ray detection of, 480  
 Calculus, ovarian, pains due to, 415; vesical, around a catheter, 485  
 Callari, artificial serum in toxic dermatitis, 306  
 Campo, micro-organisms of the mouth of the newborn, 327  
 Cancer, primary, of Fallopian tube, 122, 179; ligation of the arterial supply of the uterus for, 162; futility of hysterectomy for, 199; primary, of the female urethra, 246; extirpation of the rectum and sigmoid flexure for, 314; suprapubic cystotomy for repeated thrice, 410; urethral, artificial urethra in the treatment of, 465; of vertebrae, normal pregnancy in a case of paralysis from, 468; advanced of breast and pregnancy, 508  
 Capsule, renal, dropsy of, 501  
 Caracolo, treatment of chronic nephritis, 35  
 Carcolic acid, antiseptic, 511  
 Carlier, intracapsular nephrectomy for pyelo-nephritis, 350  
 Carrasquilla, the bacillus of leprosy, 310  
 Cataract extraction in the dog, 333  
 Catheter, vesical calculus around a, 485
- Catheters, sterilisation of, 391  
 Cavart, treatment of gonorrhoea and urethritis, 417  
 Cells, embryonic, implantation of in adult animals, 168; of the brain cortex in eclampsia, 230  
 Chambrelant, placental transmissions of tubercle, 130; hydramnion, cystocia, placental disease, 413  
 Chandoye, treatment of compound fracture of the leg, 6  
 Charles, operative interference in labour with deformity of pelvis, 139  
 Chaurard, fatal hepatic colic, 80  
 Chaulmoogra oil, subcutaneous injections of in leprosy, 382  
 Chauveau, rapid disappearance of adenoids, 317  
 Chavane, lactation by albuminuric mothers, 124; eclampsia and suckling, 319  
 Cheesman, primary hæmorrhagic effusions into pleura and peritoneum, 225  
 Chemistry of nerve degeneration, 185  
 Chest, extensive injuries of, 135  
 Chestnut prickles, wounds of the eye from, 242  
 Chiari, phthisis obliterans of the hepatic veins, 365  
 Chicago, the antitoxin treatment of diptheria at, 451  
 Child, papilloma of choroid plexus in a, 211; newborn, operation on umbilical hernia in, 397; aneurysm of aorta in a, 476  
 Children, ichthabin in diseases of, 182; spontaneous gangrene in, 255; anæmic, hypodermic feeding with yolk of egg in, 267; meningial affections in, 369  
 Chloride of gold and sodium as a tonic, 512  
 Chloroform, jaundice after anaesthesia from, 61  
 Cholecystotomy, 499  
 Chorea, treatment of by massive doses of arsenic, 381  
 "Chorée variable" of Brissaud, 133  
 Cima, leucocytosis in whooping cough, 514  
 Circulation, effect of athletics on, 422  
 Citrophén, 251  
 Class, the micro-organism of scarlet fever, 420  
 Clavicles, simultaneous fracture of both, 276  
 Clitoris, pedunculated fibroma of, 218  
 Cobb, treatment of epistaxis, 471  
 Cocaine, effects of on the spinal cord, 222  
 Coe, paresis due to ovarian calculus, 415  
 Coles, posterior rotation of occiput in vertex presentation, 394  
 Colic, fatal hepatic, 80  
 Colles's law, exception to, 383  
 Collins, treatment of abscess of the brain, 100  
 Colin, traumatic rupture of, 478  
 Conjunctiva, pseudo-gonococcus on the, 318  
 Consumption, home treatment of, 469  
 Cord spinal, a new syndrome consecutive to injury, 2; lesions of in tetanus, 38; effects of cocaine on, 222  
 — umbilical, round thighs, fracture of foetal femora, 357  
 Cornea, infection of, of a serpiginous type, 238  
 Corpus callosum, tumours of the, 275  
 Cough, the pyrosis, 23  
 Courmont, syndrome of Landry, its pathology and bacteriology, 489  
 Courtois, streptococci and scarlet fever, 513  
 Couvelaire, "chorée variable" of Brissaud, 133  
 Cramp, idiopathic, of the tongue, 189  
 Cream mixtures, infant feeding with, 145  
 Crouch, the causes of immunity against tuberculosis in high altitudes, 311  
 Crouzat, detachment of the hymen during labour, 12  
 Crouzon, "chorée variable" of Brissaud, 133  
 Cushing, traumatic jejunal fistula, 351; diffuse gonococcal peritonitis, 421  
 Cyst, broad ligament, rupture of, 13; hydatid, of parotid gland, 121; traumatic pancreatic, peritonitis after tapping, 207; ovarian, infected by typhoid bacillus, 302; mesenteric, in women, 506  
 Cysticercus of the heart, 10  
 Cystocoele, cysto hysteropexy for, 261  
 Cysto hysteropexy for cystocoele, 261  
 Cystotomy, suprapubic and perineal, 176; suprapubic for cancer repeated thrice, 410  
 Czempin, Rokitsansky's tumour, in malignant obstruction, 69
- D.**
- Dachyevich, metritis disseicans, 320  
 Damas, intrauterine taken for extrauterine pregnancy, 337; hydramnion mistaken for extrauterine pregnancy, 447  
 Dandridge, suprapubic and perineal cystotomy, 176  
 Danel, primary cancer of Fallopian tube, 122; subcutaneous angio-lipoma of trunk, 217

Danger signals of the pre-eclamptic state, 188  
Davidsohn, Fango treatment, 112  
Death in status epilepticus, 40  
Deaver, operative treatment of movable kidney, 461  
De Fursac, male hysteria, 116  
De Kleck, the pathology of appendicitis, 132  
Delanglade, imperforate anus, 332  
Delirium, cordis, 117; alcoholic, pathological anatomy of, 169  
Delivery, in prolapse of uterus, 33; of after-coming head, 123  
Delore, large fibroid of the broad ligament, panhysterectomy, 180; botryomycosis in man, 479  
Del Pozo, treatment of chorea by massive doses of arsenic, 381  
Dematteis, mercurial ointment in erysipelas, 487  
Dennis, jaundice after chloroform anaesthesia, 61  
Dentition, precocious, 25  
Denue, sciatic scoliosis, 354  
Dermatitis, toxic, artificial serum in, 306  
Dermato-mycosis, acute, 60; case of, 440  
Dermoid, of mesentery easily enucleable, 125; suppurating, perforation of parietes, by, 505  
Deschamps, resection of the superior ganglion of the cervical sympathetic for epilepsy, 64; wounds of the eye from chestnut prickles, 242  
De Sinéty, hypertrophy of anterior vaginal column, pseudo-hemaphroditism, 220  
De Timani, ozæna, 490  
Diabetic patients, operations on, 110  
Diastasis, congenital of symphysis pubis, 262  
Diet, in liver disease, 201; sick, the relative value of white and dark meat in, 398  
Digestion, effect of resection of two metres of small intestine on, 81  
Diphtheria, the antitoxin treatment of, 451  
Disease, laughter in, 273  
Addison's and lesions of the adrenals, 171  
Graves's, "constitutional iodism" and thyroidism, 286  
Diseases, acute, management of the critical stage of, 362; gastric, chemical diagnosis of, 474  
Diverticula, deep-seated œsophageal, 296  
Diverticulitis, 94  
Diverticulum, patulous, Meckel's operation, 63  
Dog, cataract extraction in the, 333  
Doleris, vaginal hysterectomy, fatal appendicitis, 335  
Donadieu-Lavit, traumatism and tabes, 291  
Donald, inversion of uterus, reduced by douche, 414  
Donath, resection of genito-crural nerve for neuralgia spermatica, 136  
Douche, inversion of uterus reduced by, 414  
Duchamp, fibro-sarcoma of right breast, 500  
Drainage and irrigation, treatment of endometritis by, 30  
Dreesman, extensive resection of intestine, 191  
Dropsy of renal capsule, 501  
Duodenoplasty for ulcer, 462  
Dysmenorrhœa membranous, with hydatid mole in a virgin, 85  
Dystocia, case of, 413  
Dysuria, resection of pudic nerves in, 463  
E.  
Ear, vicarious menstruation from the, 142  
Eclampsia, puerperal, kidney disease and, 70; treated by saline injections, 84; the cells of the brain cortex in, 230; and suckling, 319; puerperal, Cæsarean section in, 360; is it due to infection? 303; the bacterium of, 453; puerperal, with erythema multiforme, 504  
Eczema, chronic in infants, treatment of, 18  
Edgecombe, effect of baths, massage, and exercises on the blood pressure, 111  
Effusion, right pleural, in heart disease, 1  
Effusions, primary hæmorrhagic into pleuræ and peritoneum, 235  
Eggs, of tapeworms, peritoneal affection resembling tuberculosis caused by, 231; penetration of bacteria into, 346  
Ehrmann, urotropin in urinary diseases, 184; tannaforn in skin diseases, 224  
Eilers, the surgery of gall stones, 26  
Einhorn, therapeutic effects of heroin, 416  
Electrolysis, cupric, treatment of trachoma by, 73  
Elephantiasis congenita, 186  
Elsching, pathological anatomy of optic-nerve atrophy, 491  
Ely, primary, hæmorrhagic effusion into pleuræ and peritoneum, 235  
Emmenagogue, extractum radices tang-kui as 31, 313

Emphysema, note on, 494  
Encephalocele, frontal, 253  
Encephalopathy, syphilitic, following recent infection, 22  
Endermol, in scabies, 223  
Endometritis, treatment of by drainage and irrigation, 30  
Entozoa in the uterus, 107  
Enuresis diurna, treatment of, 470  
Eosinophilia, lymphatic tumours and, 411  
Epilepsy, pulse and temperature in, 50; resection of superior ganglion of cervical sympathetic for, 64; bromide of camphor in, 113; the great-toe reflex in, 234; non-traumatic Jacksonian, successfully treated by trephining, 240  
Epileptic seizures and hemiplegia, 187  
Epistaxis, spontaneous recurrent, 400; treatment of, 471  
Erysipelas, mercurial ointment in, 487  
Erythema multiforme in puerperal eclampsia, 504  
Estrabaut, acute obstruction in pyonephrosis, 175  
Ethyl chloride as a general anaesthetic, 399  
Eventration congenital, 438  
Evers, naphthalin poisoning, 227  
Ewing, pathological changes in the nervous system in artificial pyrexia, 20  
Exclusion, intestinal, 373  
Exercises, effect of on the blood pressure, 111  
Exophthalmos, pulsating, the surgical treatment of, 389  
Extractum radices tang-kui as an emmenagogue, 343  
Exudation, pelvic, treated by pressure, 301  
Eye, wounds, of the from chestnut prickles, 242; peronin, a new local anaesthetic on the, 340; human, absorption of the aqueous in the, 454  
Eyelids, eruption of varicella confined to, 172  
Eynard, rupture of broad ligament cyst, 13  
F.  
Fabozzi, tuberculous peritonitis treated by injections of iodine, 201  
Face, hemihypertrophy of, 24  
Family, the same, four cases of monstrosity in, 131  
Fango treatment, 112  
Fanoni, the serum treatment of pneumonia, 361  
Feige, delirium cordis, 117  
Femora, fetal, fracture of cord round thighs, 357  
Fenyvessy, v., absorption of ichthyol through the skin, 166  
Fever, enteric, surgical treatment of perforation in, 279; the surgery of, 299; ulcers of vagina and vulva in, 303; and appendicitis, 312; and heart diseases, 329; serum diagnosis of, 456  
scarlet, the micro-organism of, 420; and streptococci, 513  
yellow, treatment of by potassium bitartrate and salol, 436  
Fibroid, large, of broad ligament, panhysterectomy, 150  
Fibroids, removal of seven uterine, with preservation of the uterus, 86; uterine, the diagnosis and treatment of, 161  
Fibroma, pedunculated, of clitoris, 218; of the mesentery, 356  
Fibro-sarcoma of right breast, 500  
Fibula, congenital absence of both, 153  
Fieux, hydramnion, dystocia, placental disease, 413; hereditary albuminuria, 424  
Fish bones and abdominal actinomycosis, 210  
Fistula of urachus, 102; traumatic jejunal, 351; urachal, extirpation of urachus for, 408; urachal, cure of, 460  
Flatau, value of atmokausis uteri, 431  
Floekinger, aspirin, 452  
Fluids and air, injection of into the stomach from the upper part of the œsophagus, 405  
Fœtus, rhinocelous, 289; anencephalic in pregnancy in a uterus bilocularis, 445  
Foreign bodies in the vermiform appendix, 103  
body in the pleura, 214  
Formalin in surgical tuberculosis, 28  
Fossa, ileo-cæcal, strangulated hernia in, 241  
Fournier, the nervous effects of secondary syphilis, 156; "black penis" due to anti-pyry, 226; syphilis rebellious to specific treatment, 401  
Fowler's solution, rectal injections of, 304  
Fracture, compound of leg, treatment of, 6; simultaneous of both clavicles, 276; congenital, of thighs, 515  
Fraenkel, tracheal tugging in aortic aneurysm, 3; pathology of paralysis agitans, 472  
Frank, malposition of left kidney and uterus unicornis, 110  
Franz, acute iodine poisoning, 143  
Freeman, sterilisation of the hands, 370

Freund, radiotherapy, 165; medical use of the x rays, 403  
Frickhanger, vaginal fixation of uterus, rupture of in subsequent labour, 141  
Friedenheim, primary cancer of the Fallopian tube, 179  
Fringuet, infectious jaundice, 154  
Fry, occipito-posterior presentations, 264  
Fürstner, acute disseminated myelitis, 252  
G.  
Galactocoele in the male, 104  
Galeazzi, the influence of anaesthetics on renal permeability, 384  
Galeotti, inoculation against the plague, 450  
Gall stones, the surgery of, 26  
Galvano-cautery, the, in acne, 344  
Ganglion, superior of cervical sympathetic, resection of for epilepsy, 64  
Gangrene, spontaneous, in children, 255; of the extremities in pneumonia, 404  
Gardini, pregnancy in a uterus bilocularis, anencephalic fœtus, 445  
Garten, implantation of embryonic cells in adult animals, 168  
Gastric. See Stomach  
Gaupp, cortical blindness, 441  
Gautier, cacodylic acid, 71  
Geipel, congenital absence of shoulder and arm muscles, 76  
Gelatine, hæmostatic use of, 488  
Geophagia, 475  
Georgi, infusion and its value in general practice, 265  
Geppert, a new method of anaesthesia, 126  
Gestation in rudimentary cornu in uterus bicornis, 10; ruptured tubal, simultaneous with strangulated umbilical hernia, 247; interstitial, fatal rupture, 336  
Gianni, right pleural effusion in heart disease, 1  
Gianturco, ouabain, 309  
Gijsselman, cacodylic acid, 71  
Giofredi, injections of piperazin in gouty tophi, 268  
Giordano, cysticercus of the heart, 19  
Giron, large ischiatic hernia, 215  
Gland, parotid. See Parotid  
suprarenal. See Suprarenal  
thyroid. See Thyroid  
Glaucoma, resection of cervical sympathetic in the treatment of, 353  
Gloves use of in surgical operations, 278  
Glückmann, meat poisoning caused by bacillus proteus vulgaris, 21  
Gluck, artificial larynx, 298  
Glutol, 449  
Glycosuria gravidarum et puerperalis, 31  
Golet, treatment of endometritis by drainage and irrigation, 30  
Goitre, family, 425  
Golbi, presystolic murmur in aortic insufficiency, 423  
Goldberg, artificial urethra in the treatment of urethral cancer, 465  
Gonococæmia, 290  
Gonorrhœa, treatment and prophylaxis of, 203; protargol in, 269; treatment of, 417; suppuration of appendages traced to, 509  
Gradenitz, physometra or tympania uteri, 467  
Gradwohl, intrauterine epidemic cerebro-spinal meningitis, 446  
Gräupner, baths in tabes dorsalis, 89  
Graves's disease. See Disease  
Grawitz, treatment of pernicious anaemia, 510  
Great-toe reflex in epilepsy, 234  
Green, fracture of foetal femora, cord round thighs, 357; congenital fracture of thighs, 515  
Griess, blood examination in gynaecology, 285  
Grillo, the influence of anaesthetics on renal permeability, 354  
Groove, delto-pectoral, suppuration in the, 392  
Grube, peripheral gouty neuritis, 96  
Grünbaum, suprarenal gland as a hæmostatic, 15  
Guezzeiti, ulcerative stomatitis, 308  
Guivard, orthoform, 146; tuberculous strictures of intestine, 502  
Gynaecology, blood examination in, 285  
H.  
Habhegger, chloride of gold and sodium as a tonic, 512  
Hæmatocoele, pelvic, fatal obstruction from, 8  
Hæmatoma of placenta, 503  
Hæmorrhage from vagina of infant, 109; uterine, stypticin in, 412; periodical, from Fallopian tubes, 466  
Hæmostatic, suprarenal gland as a, 15  
Hæmostatics, non-ecbolic drugs as, 359  
Hahn, pneumatosis cystoides intestinum, 7  
formalin in surgical tuberculosis, 28  
Hair ball removed from stomach, 459

Hajak, nasal disease and headache, 78  
 Haban, uterus bicornis bicollis, normal labours, 281; pelvic exudation treated by pressure, 301  
 Haltenbol, cataract extraction in the dog, 333  
 Hands, sterilisation of the, 370  
 Harbitz, hypernephromata, 39  
 Harley, the chemical diagnosis of gastric diseases, 474  
 Harnack, poisonous properties of heroin, 169  
 Hartmann, abdominal operation for disease of appendages, 395  
 Hasket, holocaine in ophthalmology, 92  
 Haslé, bromide of camphor in epilepsy, 113  
 Haushalter, meningeal affections in children, 369  
 Head, after-coming, delivery of, 123  
 Headache, nasal disease and, 78  
 Hearing, effect of destruction of labyrinth on, 95  
 Heart, right pleural effusion in disease of, 1; cysticercus of the, 19; delirium of, 117; wound of the, 120; and pericardium, wounds of the, 173; dicrotism of the, 232; suture of the for penetrating wounds, 258; disease of and typhoid fever, 329; the Roentgen rays in diagnosis of diseases of the, 347; the, of athletes, 386; effect of athletics on, 422  
 Hecker, pathology of congenital syphilis, 205  
 Helbing, peritoneal affection resembling tuberculosis caused by the eggs of tapeworms, 231  
 Heldingsfeld, citrophens, 251  
 Hemihypertrophy, facial, 24  
 Hemiplegia, epileptic seizures and, 187  
 Henry, glutol, 449  
 Hepatectomy, 499  
 Heredity and infectious phlebitis, 334  
 Hernia, strangulated, of Fallopiian tube, 162; large ischiatic, 215; strangulated, of appendix, no appendicitis, 216; strangulated, in ileo-cæcal fossa, 241; and suppurative appendicitis after operation, 244; strangulated umbilical simultaneous with ruptured tubal gestation, 247; fibroid uterus used to close, 322; reducible, hæmorrhagic pulmonary infarct after radical cure of, 372; umbilical, operation on in a newborn child, 397; femoral, lymphangioma of ileum in sac, 477  
 Heroin, poisonous properties of, 167; therapeutic effects of, 416  
 Héstle, four cases of monstrosity in the same family, 131  
 Hillmann, Cæsarean section in puerperal eclampsia, 360  
 Hirtz, xypoid rheumatism, 79  
 Hoffmann, peripheral paralysis of the hypoglossal nerve, 207  
 Hofmann, the rôle of iron in forming blood, 287  
 Holländer, family goitre, 425  
 Holland, treatment of lupus by x rays, 364  
 Holocaine in ophthalmology, 92  
 Holst, hæmorrhagic nephritis as a manifestation of a general infection, 292  
 Homburger, ichthalbin in children's diseases, 182  
 Homen, action of streptococci and their toxin upon various organs, 402  
 Hopfgarten, femoral hernia, lymphangioma of ileum in sac, 477  
 Horveno, paralyses in whooping-cough, 349  
 Hour-glass contraction of membranes in first stage of labour, 197  
 Hue, old extrauterine pregnancy involving the bladder, 430  
 Hüftl, resection of genito-crural nerve for neuralgia spermatica, 136  
 Hutchinson, aneurysm in congenital syphilis, 160  
 Hydramnion, case of, 413; mistaken for extrauterine pregnancy, 447  
 Hydrocephalus, syphilitic, recovery from, 294  
 Hydrochloric acid in the gastric contents, new test for, 496  
 Hydrops hypostrophos, 328  
 Hydroorrhæa gravidarum, 376  
 Hymen, detachment of during labour, 12; unruptured, in labour, 248  
 Hyperidrosis, partial, 155  
 Hypernephromata, 39  
 Hysterectomy for spontaneous rupture of uterus, 196; fertility of for cancer, 199; vaginal, fatal appendicitis, 335  
 Hysteria, male, 116; surgical operations in, 442  
 Hysteroepilepsy, pulse and temperature in, 59  
 Hysteropepy, strangulation twelve years after, 249  
 I.  
 Ichthalbin in children's diseases, 182  
 Ichthyol in phthisis, 147; absorption of through the skin, 166  
 Ileum, volvulus of from bands after appendicitis, 243; stricture of, after taxis, 295; lymphangioma of in sac of femoral hernia, 477

Ileus, hysterical, 443  
 Immunity in tuberculosis, 75  
 Implus, analectics of the respiration, 129  
 Impressions, maternal, 283  
 Incision, new, for exposure of the bile ducts, 192  
 Inebriety, maternal, influence of on the offspring, 377  
 Infant, newborn, the pelvis in, 11; hæmorrhage from vagina of, 109  
 Infantilis, mitral stenosis with, 62  
 Infants, treatment of chronic eczema in, 18; fed artificially, increase of weight of, 128; feeding of with cream mixtures, 145  
 Infarct, hæmorrhagic pulmonary after radical cure of reducible hernia, 372  
 Infection, is eclampsia due to? 393  
 Influenza complicating uterine disease and pregnancy, 106  
 ——— bronchitis in pregnancy, 396  
 Infusion and its value in general practice, 265  
 Injection, subdural, puerperal tetanus treated by, 105  
 Inoculation against the plague, 450  
 Intestine, small, resection of nearly 2 metres of and its effect on digestion, 81; extensive resection of, 191; "anæmia necrosis" of the, 371; tuberculous, strictures of, 502  
 Intubation in private practice, 101, 448  
 Inversion of uterus reduced by douche, 414  
 Iodide of potassium. See Potassium  
 Iodine, acute poisoning by, 148; treatment of syphilis by, 183; tuberculous peritonitis treated by injections of, 202  
 Iodipin as a test for the functional activity of the stomach, 385  
 Iodism, constitutional, thyroidism, and Graves's disease, 286  
 Iris, primary tuberculosis of the, 195  
 Iron, rôle of in forming blood, 227  
 Irrigation and drainage, treatment of endometritis by, 30  
 Ischuria, prostatic, 277  
 Isolation of faucial angina, 36  
 J.  
 Jaboulay, duodenoplasty for ulcer, 462  
 Janz, splenectomy for primary hypertrophy, 330  
 Jaundice after chloroform anaesthesia, 61; infectious, 154  
 Jaunin, "constitutional iodism," thyroidism, and Graves's disease, 286  
 Jersild, treatment of alopecia areata by chemical rays, 367  
 Jewett, danger signals of the pre-eclamptic state, 188  
 Jewitt, Peltzer's method employed by the patient on herself, 163  
 Jivopistzeff, periodical hæmorrhage from Fallopiian tubes, 466  
 Joal, urticaria produced by odours, 293  
 Joint affections in syringomyelia, 206  
 Jonnesco, ligature of the arterial supply of the uterus for cancer, 164; resection of cervical sympathetic in the treatment of glaucoma, 353  
 Joukovsky, precocious dentition, 25  
 Juffinger, primary tuberculous ulcer in the pharynx, 157  
 Julian y Genella, transfusion and air in veins, 16  
 K.  
 Kamm, effect of destruction of labyrinth on hearing, 95  
 Kaposi, partial hyperidrosis, 155  
 Katsurada, abdominal section for peritonitis due to lumbricus, 331  
 Keen, resection of the liver, 407  
 Kehr, the surgery of gall stones, 26  
 Keiper treatment of trachoma by cupric electrolysis, 73  
 Kelly, the localisation of obscure pain in the side, 4  
 Kendirojy, ligature of internal iliac artery, 82  
 Kernig's sign in meningitis, 209  
 Kiderlen, congenital sacral tumour, 352  
 Kidney, left, malposition of, 110; the influence of anaesthetics on permeability of, 384; movable, operative treatment of, 461  
 Kidneys, disease of and puerperal eclampsia, 70  
 Kirmisson, galactocoele in the male, 104; dropsy of renal capsule, 501  
 Koch, mutase, 228  
 Kocher, "anæmia necrosis" of the intestine, 371  
 Kockel, arsenical poisoning per vaginam, 9  
 Koplik, increase in weight of infants fed artificially, 128  
 Kopp, the treatment and prophylaxis of gonorrhœa, 203  
 Krapp, asphyxia in the newborn, 375  
 Krönig, injection of fluids and air into the

stomach from the upper part of the œsophagus, 405  
 Krokiewicz, tetanus traumaticus cured by injections of brain emulsion, 204  
 Kruch, primary tuberculosis of the iris, 195  
 Krukenberg, pseudo-gonococcus in the conjunctiva, 318  
 Kuh, unusual cases of myxœdema, 366  
 L.  
 Labium, lipoma of, 507  
 Labour, detachment of hymen during, 12; with deformity of pelvis, operative interference in, 139; rupture of uterus after, 141; impeded by tumours, 181; hour-glass contraction of membranes in first stage of, 197; unruptured hymen in, 248; premature, hæmatoma of placenta, 503  
 Labours, normal, with uterus bicornis bicollis, 281; normal with uterus bipartitus unicolis, 282  
 Labyrinth, effect of destruction of on hearing, 95  
 Lacomme, mitral stenosis with infantilis, 62  
 Lactation by albuminuric mothers, 124  
 Laisné, lymphatic tumours and eosinophilia, 411  
 Lambin, action of x rays on the skin, 266  
 Lambinon, influenza-bronchitis in pregnancy, 396  
 Landau, the diagnosis and treatment of uterine fibroids, 161  
 Landauer, deep-seated œsophageal diverticula, 206  
 Landi, dyspeptic asthma, 367  
 Landry, syndrome of, its pathology and bacteriology, 489  
 Lanz, the appendix in the quiescent period, 239  
 Laparotomy, why does it cure tuberculous peritonitis, 316  
 Laroynne, cysto-hysteropepy for cystocoele, 261  
 Lartigan, ulcers of vulva and vagina in typhoid, 393  
 Larynx, artificial, 298  
 Lauenstein, siphon puncture in abdominal operations, 390  
 Laughter in disease, 273  
 Le Breton, subphrenic abscess, 492  
 Le Dentu, intestinal exclusion, 373  
 Ledue, glycosuria gravidarum et puerperalis, 32  
 Lefèvre, causes of sterility, 284  
 Leg, treatment of compound fracture of, 6  
 Lennander, the prevention of post-operative thrombosis in the veins of the lower extremities, 65  
 Lenoble, abortion in scleroderma, 87  
 Leopold, intestinal obstruction eleven years after ovariectomy, 221  
 Lepage, premature labour, hæmatoma of placenta, 503  
 Leprosy, the bacillus of, 310; subcutaneous injections of chaulmoogra oil in, 381  
 Lermoyez, vicarious menstruation from the ear, 142  
 Leube, antipyrin intoxication, 34  
 Leucocytosis, diphtheritic, 28; in whooping-cough, 514  
 Levisseur, potassium iodide in the treatment of acne, 435  
 Levnirovitch, the bacterium of eclampsia, 453  
 Lewin, is sorrel (rumex acetosa) poisonous? 134  
 Lewis, maternal impressions, 283  
 Leyden, v., puerperal tetanus treated by subdural injection, 105  
 Ligament, broad, rupture of cyst of, 13; broad, large fibroid of panhysterectomy, 180  
 Ligature of internal iliac artery, 82  
 Ligatures, reindeer tendon for, 103  
 Linzelsheim, v., nature and treatment of streptococcal infection, 127  
 Lipoma, of uterus, 108; of labium, 507  
 Liver, wounded, suture of the, 158; diet in disease of, 201; resection of the, 407  
 Loeffler, primary tuberculosis of the ovaries, 429  
 Loison, wounds of the heart and pericardium, 173  
 Lomonaco, quinine and the malaria parasite, 323  
 Lorenz, uterus didelphys, pregnancy, 338  
 Lucke, the surgery of gall stones, 26  
 Luithlen, pemphigus neonatorum, 170  
 Lumbricus, abdominal section for peritonitis due to, 331  
 Lungs, the protective action of the, 272  
 Lupus, erythematous, treatment of, 74; treatment of by x rays, 364; internal medication for, 418  
 Luxation of semilunar bone, 138  
 Lymphangioma of ileum in sac of femoral hernia, 477



M.  
Mabille, arsenic as a preventive against thyro-  
idism, 341  
McCone, transplantation of ovaries, 263  
MacCormac, narcolepsy, 493  
Magaigne, diverticulitis, 94  
Mainzer, elephantiasis congenita, 186  
Makins, traumatic rupture of colon, 478  
Malaria, quinine and the parasite of, 323  
Male, galactocoele in the, 104  
Malformations, cardio-thoracic, 151  
Mally, post-anæsthetic paralyses, 260  
Mamma. *See* Breast  
Man, botryomycosis in, 479  
Manierre, pregnancy in rudimentary horn of  
uterus unicornis, 321  
Marchand, the pulse and temperature in epi-  
lepsy, epileptic vertigo, and hystero-epilepsy,  
59  
Marie, dermoid of mesentery easily enucleable,  
125  
Mariottini, diphtheritic leucocytosis, 288  
Massage, effect of on the blood pressure, 111  
Masuyama, treatment of diabetic steatorrhœa  
with pancreas preparations, 433  
Matthes, spinal cord lesions in tetanus, 38  
Mazzitelli, congenital absence of both fibulae,  
153  
Meat, white and dark, the relative value of in  
sick diet, 398  
— poisoning caused by bacillus proteus vul-  
garis, 21  
Meckel's diverticulum. *See* Diverticulum  
Membrana tympani, treatment of perforations  
of, 149  
Membranes, hour-glass contraction of in the  
first stage of labour, 197  
Mendelsohn, treatment of myocarditis, 486  
Meningitis, Kernig's sign in, 209; intrauterine  
epidemic cerebro-spinal, 446  
Menstruation, vicarious, from the ear, 142  
Mercier, normal pregnancy in a case of para-  
lysis from cancer of vertebrae, 468; pregnancy  
and advanced cancer of heart, 508  
Mercuriol in syphilis, 342  
Merlin, naphthalan, 37  
Mesentery, dermoid of easily enucleable, 125;  
fibroma of, 356  
Metritis, dissecans, 320; purulent, in a nulli-  
para, 432  
Meuse, paraform in warts, 380  
Micro-organism of scarlet fever, 420  
Micro-organisms of the mouth of the newborn,  
377  
Milian, the great omentum, the surgeon's friend,  
118; dermoid of mesentery easily enucleable,  
125  
Mingazzini, syphilitic encephalopathy following  
recent infection, 22  
Minni, suture of the heart for penetrating  
wounds, 258  
Mircoli, apyrexia in tuberculosis, 387  
Mitchell, foreign bodies in the vermiform ap-  
pendix, 193; causes of immunity against tuber-  
culosis in high altitudes, 311  
Mixer, fish bones and abdominal actinomycosis,  
210; suprapubic cystotomy for cancer re-  
peated thrice, 410; sarcoma of uterus, 484  
Modlinski, total resection of the bladder, 406  
Mönckeberg, degeneration of medullated nerve  
fibres, 455  
Moizard, typhoid fever and appendicitis, 312  
Mole, hydatid, in a virgin, 85  
Mollard, stricture of ileum after taxis, 295  
Monks, hepatectomy, cholecystotomy, resection  
of part of stomach, recovery, 499  
Monod, excision of cancerous cæcum, 245; ex-  
tirpation of urachus for urachal fistula, 408;  
cure of urachal fistula, 460  
Monstrosity, four cases of in the same family,  
131  
Monteverdi, the influence of syphilis on tuber-  
culosis, 150  
Montgomery, does the removal of the ovaries  
exert a beneficial influence on the subsequent  
progress of malignant disease? 67  
Morano, pilocarpin in the treatment of retinal  
detachment, 324  
Morestin, hydatid cyst of parotid gland, 121;  
treatment of phlebitis of the saphenoid vein  
by resection, 236; suppuration in the delto-  
pectoral groove, 392  
Morian, patulous Meckel's diverticulum, opera-  
tion, 63  
Morris, appendicitis erroneously diagnosed, 29  
Mossé, typhoid fever and heart disease, 329  
Mothers, albuminuric, lactation by, 124  
Mott, chemistry of nerve degeneration, 185  
Mouth of the newborn, micro-organisms of,  
327  
Mueller, extractum radices tang-kui as an  
emmenagogue, 343

Muggia, hypodermic feeding with yolk of egg  
in anæmic children, 267  
Murmur, presystolic, in aortic insufficiency,  
423  
Muscles of the shoulder and arm, congenital  
absence of, 76  
Muscattello, diffuse gonococcal peritonitis, 421  
Mutase, 223  
Mycotic infection of the nervous centres, 254  
Myelitis, acute disseminated, 252  
Myocarditis, treatment of, 486  
Myxœdema, unusual case of, 366

## N.

Naphthalan, 37  
Naphthalin, poisoning by, 114, 227  
Narcolepsy, case of, 493  
Nasal. *See* Nose  
Nasier, spontaneous recurrent epistaxis, 400  
Neck, excision of the sympathetic in, 159  
Nephrectomy versus nephrotomy, 66; intra-  
capsular, for pyelonephritis, 350  
Nephritis, chronic, treatment of, 35; hæmor-  
rhagic as a manifestation of general infection,  
292; early syphilitic, 495  
Nephrotomy versus nephrectomy, 66  
Nerve, genito-crural, resection of for neuralgia  
spermatica, 136; sympathetic, excision of  
in the neck and abdomen, 159; chemistry of  
degeneration of, 185; hypoglossal, peripheral  
paralysis of the, 207; cervical sympathetic,  
resection of in the treatment of glaucoma,  
353; optic, pathological anatomy of atrophy of,  
491  
— fibres, medullated, degeneration of, 455  
Nerves, pudic, resection of in dysuria, 463;  
peripheral, lesions of in tuberculosis, 473  
Nervous centres, mycotic infection of the, 254  
— system, pathological changes in in artifi-  
ficial pyrexia, 20  
Neubauer, acute dermato-mycosis, 60  
Neuberger-Nurnberg, treatment of chronic  
eczema in infants, 18  
Neuhau, exception to Colles's law, 383  
Neuralgia, spermatic, resection of genito-crural  
nerve for, 136  
Neurasthenia, 200 cases of, 77; a urinary symptom  
in, 99  
Neuritis, peripheral gouty, 96; apoplectic form,  
368  
Newborn, micro-organisms of the mouth of, 327;  
asphyxia in the, 375  
Nichols, hæmostatic use of gelatine, 488  
Nicolayen, treatment of enuresis diurna, 470  
Nicolli, sterilisation of catheters and bougies,  
391  
Noble, operations on diabetic patients, 119  
Nose, disease of and headache, 78  
Nosotti, protargol in gonorrhœa, 269  
Nuel, absorption of the aqueous in the human  
eye, 454  
Nuguera, xeroform, 419  
Nullipara, purulent metritis in a, 432  
Nunez, treatment of yellow fever by potassium  
nitrate and salol, 436  
Nutrition by the rectum exclusively, 250

## O.

Obstruction, fatal, from pelvic hæmatocele, 8;  
malignant, from Rokitsansky's tumour, 69;  
acute, in pyonephrosis, 175; intestinal, eleven  
years after ovariectomy, 221  
Occiput, posterior rotation of in vertex presen-  
tation, 394  
Odours, urticaria produced by, 293  
Oesophagus, deep seated diverticula of, 296;  
injection of fluids and air into the stomach  
from the upper part of the, 405  
Offer, the relative value of, white and dark meat  
in sick diet, 398  
Offspring, influence of maternal inebriety on,  
377  
Ointment, mercurial, in erysipelas, 487  
Oker-Blom, uterus duplex separatus in a multi-  
para, 355  
Omentum, the great, the surgeon's friend, 118  
Operations on diabetic patients, 119; suppu-  
rative appendicitis and hernia after, 244  
Ophthalmology, cocaine in, 92  
Oppenheim, dermato-mycosis, 440  
Orloff, psychosis polynœuritic, 388  
Orthoform in skin diseases, 91; experiments  
with, 146  
Osler, home treatment of consumption, 469  
Os pubis, fracture of, sloughing of bladder, re-  
covery, 194  
Osterloh, capillary angioma of placenta, 483  
Oswald, albuminoid bodies of the thyroid gland,  
233; thyreoglobulin, 378  
Otis, the tuberculin test, 457  
Ouabain, 309  
Ovaries, does the removal of exert a beneficial

influence on the subsequent progress of malig-  
nant disease? 67; transplantation of, 263;  
primary tuberculosis of the, 429  
Ovariectomy, intestinal obstruction eleven years  
after, 221  
Ozæna, microbes of, 490

## P.

Pain, obscure in the side, localisation of, 4  
Pains due to ovarian calculus, 415  
Pairot, mycotic infection of the nervous centres,  
254  
Palancar, adenocarcinoma of mamma, 137  
Palsy, so-called recurrent facial, 313  
Pancreas, traumatic cyst of, peritonitis after  
tapping, 297; treatment of diabetic steator-  
rhœa with preparations of, 433; the diagnosis  
of obscure tumours of the head of the, 439  
Panhysterectomy for large fibroid of blood liga-  
ment, 180  
Panichi, gonococœmia, 290; quinine and the  
malaria parasite, 323  
Papilloma of choroid plexus in a child, 211  
Paraform in warts, 380  
Paralyses, post-anæsthetic, 260; in whooping  
cough, 349  
Paralysis, peripheral of the hypoglossal nerve,  
207; posterior, spinal lesions in, 229; from  
cancer of vertebrae, normal pregnancy in a  
case of, 468; agitans, pathology of, 472  
Paralytic, general, the antecedents of, 97  
Paraplegia during parturition, 68  
Parietes, perforation of by suppurating dermoid,  
505  
Parotid gland, hydatid cyst of, 121  
Parturition, paraplegia during, 68  
Pathology of paralysis agitans, 472  
Pechkranz, the pyrosis cough, 23  
Peltzer's method employed by the patient on  
herself, 163  
Pelvis, operative interference in labour, with  
deformity of, 139; treatment of inflammation  
on through the vagina, 140  
Pemphigus neonatorum, 170  
Perforation, of membrana tympani treatment  
of, 149; typhoid, surgical treatment of, 279  
Pericardium and heart, wounds of, 173  
Peritoneum, affection of, resembling tubercu-  
losis caused by egg of tapeworms, 231; primary  
hæmorrhagic effusions into the, 235  
Peritonitis, tuberculous, treated by injections  
of iodine, 202; after tapping traumatic pan-  
creatic cyst, 297; tuberculous, why does  
laparotomy cure it? 316; due to lumbricus,  
abdominal section for, 331; diffuse gonococcal,  
421; purulent, operation for, 458  
Peronin, a new local anæsthetic for the eye,  
340  
Personal, idiopathic cramp of the tongue, 189  
Petersen, the surgical treatment of non-malig-  
nant disease of stomach, 257  
Petit, corneal infection of a serpiginous type,  
238  
Petroff, purulent metritis in a nullipara, 432  
Pettesohn, treatment of perforation of the mem-  
brana tympani, 149  
Pharynx, primary tuberculous ulcer in the,  
157  
Philip, pathology of paralysis agitans, 472  
Philipsson, internal medication for lupus, 418  
Phlebitis of the saphenous vein, treatment of  
by resection, 236; infectious, and heredity,  
334  
Phlegmon, orbital, cerebral abscess following  
on, 259  
Phthisis, the curability of, 17; ichthyol in, 147;  
obliterans, of the hepatic veins, 365  
Physometra or tympania uteri, 467  
Pierre, eclampsia and suckling, 319  
Pigot, treatment of gonorrhœa and urethritis,  
417  
Pilocarpin in the treatment of retinal detach-  
ment, 324  
Piperazin, injections of in gouty tophi, 268  
Placenta, transmission of tubercle by, 130;  
disease of, 413; capillary angioma of, 483;  
hæmatoma of, 503  
Plague, inoculation against, 450  
Pleura, foreign body in the, 214  
Pleuræ, primary hæmorrhagic effusions into the,  
235  
Plexus, choroid, papilloma of in a child, 211  
Pluyette, simultaneous fracture of both clavicles,  
276  
Pneumatosis cystoides intestinorum, 7  
Pneumonia, contusive, 256; its rarer results and  
complications, 274; the serum treatment of,  
361; gangrene of the extremities in, 404  
Poisoning, arsenical, per vaginam, 9; by resorcin,  
93; by naphthalin, 114, 227; acute, by iodine,  
148

Polienoff, perforation of parietes by suppurating dermoid, 305  
 Polypus, vaginal, malignancy of, 143  
 Potassium bitartrate and salol, the treatment of yellow fever by, 436  
     iodine in the treatment of acne.

435

    permanganate in psoriasis, 225  
 Pousson, prostatectomy, 213  
 Pre-eclamptic state, danger signals of, 188  
 Pregnancy, pyelo-nephritis of, 31; influenza complicating, 106; etiology of the vomiting of, 144; in rudimentary horn of uterus unicornis, 321; intrauterine taken for extrauterine, 337; in uterus didelphys, 338; influenza-bronchitis in, 396; old extrauterine involving the bladder, 430; in a uterus bilocularis, anencephalic foetus, 445; extrauterine, hydramnion mistaken for, 447; normal in a case of paralysis from cancer of vertebrae, 468; abdominal, successful operation for, 481; and advanced cancer of breast, 508  
 Freobrajensky, joint affections in syringomyelia, 206  
 Presentations, occipito-posterior, 264  
 Pressure, pelvic exudation treated by, 301  
 Protargol in gonorrhoea, 269  
 Prostate, enlarged, 237; malignant disease of, 426  
 Prostatectomy, perineal, 83; fourteen cases of, 213  
 Fryor, treatment of pelvic inflammation through the vagina, 140; three abdominal sections on the same patient in five years, 177  
 Pseudo-gonococcus in the conjunctiva, 318  
 Pseudo-hermaphroditism, case of, 220  
 Psoriasis, potassium permanganate in, 225  
 Psychosis polyneuritica, 388  
 Pulse, the, in epilepsy, epileptic vertigo, and hystero-epilepsy, 59; dicrotism of the, 232  
 Pupil phenomenon, an undescribed, 190  
 Pyelo-nephritis of pregnancy, 31; intracapsular nephrectomy, or, 350  
 Pyonephrosis, acute obstruction in, 175  
 Pyrexia, artificial, pathological changes in the nervous system in, 20  
 Pyrosis cough, the, 23

## Q.

Quirta, peronin, a new local anæsthetic for the eye, 340  
 Quinine and the malaria parasite, 323

## R.

Radiotherapy, 165  
 Rahmstedt, lingual anthrax, 27  
 Ramsay, primary malignant tumours of the suprarenal glands, 115  
 Randolph, acoin, a new local anæsthetic, 362  
 Rasch, hysterical skin affections, 208; potassium permanganate in psoriasis, 225  
 Raylin, laughter in disease, 273  
 Raymond, apoplectiform neuritis, 368  
 Rays, chemical, treatment of alopecia areata by, 307  
 Rectum, nutrition exclusively by, 250; extirpation of for cancer, 314  
 Reinach, infant feeding with cream mixtures, 145  
 Reindeer tendon for sutures and ligatures, 103  
 Renant, rectal injections of Fowler's solution and of cacodylate of sodium, 304  
 Resection, treatment of phlebitis of the saphenous vein by, 236  
 Resorcin, poisoning by, 93  
 Respiration, anæsthetics of the, 129  
 Retina, pilocarpin in the treatment of detachment of, 324  
 Rheumatism, xypoid, 79  
 Rieder, therapeutic experiments with the Roentgen rays in infectious diseases, 200  
 Ries incontinence of urine from dilated female urethra, 482  
 Riese, strangulated hernia in ileocaecal fossa, 241  
 Ringworm (tokelau), treatment of, 339  
 Rchemont, isolation of faucial angina, 36  
 Rochet, resection of pudic nerves in dysuria, 463  
 Roentgen rays, therapeutic experiments with in infectious processes, 200; action of on the skin, 266; in the diagnosis of diseases of the heart and aorta, 347; treatment of lupus by, 364; medical use of the, 403; detection of renal calculi, by, 480  
 Rogers, aneurysm of aorta in a child, 476  
 Rokitsansky's tumour, malignant obstruction, 63  
 Rontier, volvulus of sigmoid, operation, recovery, 497  
 Rosenbach, management of the critical stage of acute diseases, 362

Rosenquist, the relative value of white and dark meat in sick diet, 398  
 Rossi, non-ecolic hæmostatic remedies, 359  
 Rossolimo, hereditary cerebellar ataxy, 348  
 Rost, nutrition by the rectum exclusively, 250  
 Roussel, infectious phlebitis and heredity, 334  
 Roustau, xypoid rheumatism, 79  
 Routier, gastro-intestinal anastomosis as a palliative measure, 428  
 Roux, mycotic infection of the nervous centres, 254  
 Ruggi, excision of the sympathetic in the neck and abdomen, 159  
 Rumex acetosa. See Sorrel  
 Rush, wound of the heart, 120

## S.

Sabrazes, facial hemihypertrophy, 24  
 Sacquépée, volvulus of ileum from bands after appendicitis, 243; the surgery of typhoid fever, 299  
 Saline injections, eclampsia treated by, 84  
 Salol and potassium nitrate, treatment of yellow fever by, 436  
 Sander, surgical operations in hysteria, 442  
 Sanose, 72  
 Santucci, fistula of urachus, 101  
 Sarcoma of uterus, 484  
 Sattler, eruption of varicella confined to the eyelids, 172  
 Scabies, endermol in, 223  
 Scapula, congenital displacement of, 152  
 Schauta, congenital diastasis of the symphysis pubis, 262  
 Schilling, tetany after partial thyroidectomy, 280  
 Schlatter, resection of nearly 2 metres of small intestine and its effect on digestion, 81  
 Schlesinger, intubation in private practice, 101; hydrops hypostrophos, 328  
 Schloffer, the use of gloves in surgical operations, 278; hysterical ileus, 443  
 Schlutius, vaporisatio uteri, 464  
 Schmidt, peripheral nerve lesion in tuberculosis, 473  
 Schoff, hair ball removed from stomach, 459  
 Schramm, primary cancer of the female urethra, 246; mesenteric cyst in women, 506  
 Schrötter, v., the curability of phthisis, 17  
 Schuchardt, extirpation of the rectum and sigmoid flexure for cancer, 314  
 Schuffer, tumours of the corpus callosum, 275  
 Schuster, Roentgen rays in the diagnosis of diseases of the heart and aorta, 347  
 Schwarz, diet in liver diseases, 201  
 Schwalbe, poisoning by resorcin, 93  
 Scleroderma, abortion in, 87  
 Scoliosis, sciatic, 354  
 Segond, strangulation, twelve years after hysterectomy, 249  
 Sello, pneumonia, its rarer results and complications, 271  
 Sensation in transplanted skin-flaps, 427  
 Sepet, a urinary symptom in neurasthenia, 99  
 Sergeant, Addison's disease and lesions of the adrenals, 171  
 Serpiginous infection of the cornea, 238  
 Serum, syphilitic treatment of syphilis by, 305; artificial, in toxic dermatitis, 300; treatment of pneumonia by, 361; diagnosis of typhoid by, 456  
 Severeano, foreign body in the pleura, 214  
 Shoulder, congenital absence of muscles of, 76  
 Side, localisation of obscure pain in the, 4  
 Siemerling, Bernhardt's neuritic spinal muscular atrophy, 345  
 Sigmoid flexure, extirpation of, for cancer, 314; volvulus of, operation, recovery, 497  
 Silfast, action of streptococci and their toxins upon various organs, 402  
 Simons, entozoa in the uterus, 107  
 Siphon puncture in abdominal operations, 390  
 Siringo new test for hydrochloric acid in the gastric contents, 496  
 Skin, orthoform in diseases of, 91; absorption of ichthyol through the, 166; hysterical affections of the, 208; tannaform in diseases of the, 224; action of x rays on the, 266  
     flaps, transplanted, sensation in, 427  
 Smith, C., interstitial gestation, fatal rupture, 336  
 Sneguireff, reindeer tendons for sutures and ligatures, 103  
 Sorrel, is it poisonous? 134  
 Soulière, orthoform, 146  
 Souligoux, volvulus from sequelæ of appendicitis, 174  
 Soukhanoff, psychosis polyneuritica, 388  
 Spine, posterior lesion of in paralysis, 229  
 Spinal cord. See Cord  
 Spleen, extirpation of the, 409; rupture of, 444  
 Splenectomy for primary hypertrophy, 330  
 Spondylolisthesis, symphysiotomy for, 300

Stahl, delivery of after-coming head, 123  
 Status epilepticus, death in, 40; the nervous system in, 437  
 Steatorrhœa, diabetic, treatment of with pancreas preparations, 433  
 Stefanili, tuberculous peritonitis treated by injections of iodine, 202  
 Stein, iodopin as a test for the functional activity of the stomach, 385  
 Stengel, effect of athletics on the heart and circulation, 422  
 Stenosis, mitral, with infantillism, 62  
 Sterilisation of the hands, 370; of catheters and bougies, 391  
 Sterility, causes of, 284  
 Stocker, treatment of adherent retroflexion of the uterus, 374  
 Stomach, the surgical treatment of non-malignant disease of the, 257; iodopin as a test for the functional activity of the, 385; injections of fluids and air into from the upper part of the oesophagus, 405; hair ball removed from, 459; the chemical diagnosis of diseases of, 474; new test for hydrochloric acid in the contents of, 496; resection of part of, 499  
 Stomatitis ulcerative, 308  
 Stouffs, phocomelous letus, 289  
 Strangulation from pedicle of Fallopian tube, 178; twelve years after hysterectomy, 249  
 Stransky, sensation in transplanted skin-flaps, 427  
 Stratz, fibroid uterus used to close a hernia, 322  
 Streptococcal infections, nature and treatment of, 127  
 Streptococci and their toxic action of upon various organs, 402; and scarlet fever, 513  
 Strictures, tuberculous, of intestine, 502  
 Stypticin in uterine hæmorrhage, 412  
 Subbotic, suture of the wounded liver, 158  
 Suckling and eclampsia, 319  
 Sullivan, influence of maternal inebriety on the offspring, 377  
 Suppuration, in delto-pectoral groove, 392; of appendages, traced to gonorrhœa, 509  
 Suprarenal capsules, functions of the, 271  
     gland as a hæmostatic, 15; primary malignant tumours of, 115  
 Suture of the wound and liver, 158  
 Sutures, reindeer tendon for, 103  
 Sweating, excessive, treatment of, 379  
 Symphysiotomy for spondylolisthesis, 300  
 Symphysis pubis, congenital diastasis of, 262  
 Syms, prostatectomy, 83  
 Syndrome, a new, consecutive to injury of the spinal cord, 2; of Landry, its pathology and bacteriology, 489  
 Syphilis, influence of on tuberculosis, 150; secondary, the nervous effects of, 156; congenital aneurysm in, 160; iodine treatment of, 183; congenital, pathology of, 205; inoculation of animals with, 270; serum treatment of, 305; mercuriol in, 342; rebellious to specific treatment, 401  
 Syringomyelia, joint affections in, 206  
 Syringomyelocele, twins with, 358  
 Sztencel, unruptured hymen in labour, 248  
 Szulislawski, cerebral abscess following orbital phlegmon, 259

## T.

Tabes dorsalis, baths in, 89; and traumatism, 201  
 Tallquist, action of streptococci and their toxin upon various organs, 402  
 Tang-kui. See Extractum  
 Tannaform in skin disease, 224  
 Tapeworm, peritoneal affection resembling tuberculosis caused by eggs of, 231  
 Taxis, stricture of ileum after, 295  
 Temperature, the, in epilepsy, epileptic vertigo and hystero-epilepsy, 59  
 Terrier, futility of hysterectomy for cancer, 199  
 Testes, treatment of tuberculosis of the, 5  
 Tetanus, spinal cord lesions in, 38; puerperal, treated by subdural injection, 105; traumatic, treated by injections of brain emulsion, 204; following attempted abortion, 219  
 Tetany after partial thyroidectomy, 280  
 Thighs, congenital fracture of, 515  
 Thomas, treatment of gonorrhœa and urethritis, 417  
 Thomson, hysterectomy for spontaneous rupture of uterus, 196  
 Thrombosis, post-operative, in the veins of the lower extremities, prevention of, 65  
 Thyroglobulin, 238  
 Thyroid gland, albuminoid bodies of the, 233  
 Thyroidectomy, partial, tetany after, 280  
 Thyroidism, "constitutional codism" and Graves's disease, 286; arsenic as a preventive against, 342  
 Trier, simultaneous ruptured tubal pregnancy

- and strangulated umbilical hernia, 247; operation for acute appendicitis and purulent peritonitis, 498
- Tokelau ringworm, treatment of, 339
- Tongue, idiopathic, cramp of the, 189
- Tophi, gouty, injections of piperazin in, 26
- Touche, epileptic seizures and hemiplegia, 187
- Tourtaulsi Bey, subcutaneous injections of chaulmoogra oil in leprosy, 382
- Trachoma, treatment of by cupric electrolysis, 73
- Transfusion and air in veins, 16
- Traumatism and tabes, 291
- Trendelenburg, rupture of spleen, 444
- Trephining, non-traumatic Jacksonian epilepsy successfully treated by, 240
- Tribondeau, treatment of tokelau ringworm, 339
- Trumpp, intubation in private practice, 448
- Trunk, subcutaneous angio-lipoma of, 217
- Tube, Fallopian, primary cancer of, 122, 179; Fallopian, strangulated hernia of, 162; Fallopian, strangulation from pedicle of, 178
- Tubercle, placental, transmissions of, 130; vanadium in the treatment of, 434
- Tuberculin test, the, 457
- Tuberculosis, of the testis, treatment of, 5; surgical, formalin in, 28; immunity in, 75; influence of syphilis on, 150; primary, of the iris, 195; peritoneal affection resembling, caused by eggs of tapeworms, 231; causes of immunity against in high altitudes, 311; apyrexia in, 387; primary of the ovaries, 429; peripheral nerve lesions in, 473
- Tubes, Fallopian, peridical hæmorrhage from, 466
- Tucker, hour-glass contraction of membranes in the first stage of labour, 197
- Tugging, tracheal, in aortic aneurysm, 3
- Tumour, Rokitsky's, malignant obstruction, 69; congenital sacral, 352
- Tumours, primary malignant of the suprarenal gland, 115; labour impeded by, 181; abdominal in women, difficult diagnosis of, 198; of the corpus callosum, 275; lymphatic and eosinophilia, 411; obscure, of the head of the pancreas, diagnosis of, 439
- Turrene, tetanus following attempted abortion, 219
- Twombly, lipoma of labium, 507
- Twins with syringo-myelocoele, 358
- Tympania uteri, 467
- Typhoid fever. *See* Fever, enteric
- U.
- Ulcer, primary tuberculous, in the pharynx, 157; duodenoplasty for, 462
- Ulcers of vulva and vagina in typhoid, 303
- Urachus, fistula of, 102; extirpation of for urachal fistula, 408
- Urethra, female, primary cancer of the, 246; artificial in the treatment of urethral cancer, 465; dilated female, incontinence of urine from, 482
- Urethritis, treatment of, 417
- Urinary diseases, urotropin in, 184
- Urine, incontinence of from dilated female urethra, 482
- Urotropin in urinary diseases, 184
- Urriola, a new syndrome consecutive to injury of the spinal cord, 2
- 152
- Urticaria produced by odour, 293
- Uterus, unicollis, gestation in rudimentary cornu, 10; delivery in prolapse of, 33; preservation of after removal of seven fibroids of, 86; influenza complicating disease of, 106; entozoa in the, 107; lipoma of, 108; unicornis, 110; vaginal fixation of, and subsequent rupture during labour, 141; the diagnosis and treatment of fibroids of, 161; ligature of the arterial supply of for cancer, 164; hysterectomy for spontaneous rupture of, 196; bicornis bicollis, normal labours, 281; bipartitus unicollis, normal labours, 282; unicornis, pregnancy in rudimentary horn of, 321; fibroid, used to close a hernia, 322; fatal rupture of in interstitial gestation, 336; didelphys, pregnancy, 338; duplex separatus, in a multipara, 355; treatment of adherent retroflexion of, 374; abdominal operation for disease of appendages of, 395; stypticin in hæmorrhage from, 412; inversion of reduced by douche, 414; value of atmokausis of, 431; bilocularis, pregnancy in, anencephalic foetus, 445; vaporisation of, 464; tympania of, 467; sarcoma of, 484; suppuration of appendages of traced to gonorrhœa, 509
- V.
- Vagina, arsenical poisoning by the, 9; of infant, hæmorrhage from, 109; treatment of pelvic inflammation through the, 140; malignancy of polypus of, 143; hypertrophy of anterior column of, pseudo-hermaphroditism, 220; ulceration of in typhoid, 303
- Vallon, male hysteria, 116
- Vanadium in the treatment of tubercle, 434
- Van der Hoeven, hydrorrhœa gravidarum, 376
- Van der Laan, traumatic pancreatic cyst, peritonitis after tapping, 297
- Van Hassel, abdominal pregnancy, successful operation, 481
- Van Neissen, inoculation of animals with syphilis, 270
- Vaporisatio uteri, 464
- Varicella, eruption of confined to the eyelids, 172
- Varicocele, relative frequency of on the right or left side, 212; treatment of, 115
- Vasten, strangulation from pedicle of Fallopian tube, 178
- Vedora, relative frequency of varicocele on the right or left side, 212
- Vein, saphenous, treatment of phlebitis of by resection, 236
- Veins, air in and transfusion, 16; of the lower extremities, prevention of post-operative thrombosis in, 65; hepatic, phthisis obliterans of, 365
- Vetlesen, treatment of enuresis diurna, 470
- Vermiform appendix. *See* Appendix
- Vertebrae, normal pregnancy in a case of paralysis from cancer of, 468
- Vertex presentation, posterior rotation of occiput in, 394
- Vertigo, epileptic, the pulse and temperature in, 59
- Vinay, pyelo-nephritis of pregnancy, 31
- Vincent, non-traumatic Jacksonian epilepsy successfully treated by trephining, 240
- Viriden, congenital displacement of scapula, 152
- Virgin, hydatid mole in a, 85
- Volvulus, from sequelæ of appendicitis, 174; of Voleum from bands after appendicitis, 243; of sigmoid, operation, recovery, 497
- Vomiting of pregnancy, etiology of, 144
- W.
- Waldstein, hæmorrhage from vagina of infant, new growths, 109
- Wallgren, ovarian cyst infected by typhoid bacillus, 302
- Walravens, operation on umbilical hernia in a newborn child, 397
- Warts, paraform in, 380
- Weber, death in status epilepticus, 40; treatment of excessive sweating, 379; the nervous system in status epilepticus, 437
- Weight, increase of in infants fed artificially, 128
- Wertheimer, ichthyol in phthisis, 147
- Westphal, an undescribed pupil phenomenon, 190
- Whitehouse, treatment of lupus erythematosus, 74
- Whooping-cough, paralysis in, 349; leucocytosis in, 514
- Widals, lymphatic tumours and eosinophilia, 411
- Wiesner, ethyl chloride as a general anæsthetic, 399
- Williams, the heart of athletes, 386
- (Whitridge), spondylolisthesis, symphysiotomy, 300
- Winkler, iodipin as a test of the functional activity of the stomach, 385
- Witebsky, malignancy of vaginal polypus, 143
- Witthauer, aspirin, 325
- Wohlgenuth, aspirin (acetyl-salicylic acid), 14
- Wolff, malignant disease of prostate, 426
- Wolters, endermol in scabies, 223
- Women, difficult diagnosis of abdominal tumours in, 198; mesenteric cyst in, 506
- Woolsey, suppurative appendicitis and hernia after operations, 244
- Wound of the heart, 120
- Wounds, of the heart and pericardium, 173
- penetrating of the heart, suture of, 258
- Wright, twins with syringo-myelocoele, 358
- X.
- X-rays. *See* Roentgen
- Xeroform, 419
- Y.
- Yellow fever. *See* Fever
- Yolk of egg, hypodermic feeding with in anæmic children, 267
- Z.
- Zamschine, uterus bicornis, gestation in rudimentary cornu, 10
- Zangerle, naphthalin poisoning, 114
- Zoja, the diagnosis of obscure tumours of the head of the pancreas, 439
- Zuppinger, spontaneous gangrene in children, 255



as cases of heart failure, but they are not properly regarded as cases of simple heart failure.

That the condition of the kidneys is an important factor in the result I have no doubt; but they are not cases of uræmia in the usual acceptance of this term. Convulsions I have never observed, and coma is absent, being replaced by an exactly opposite condition. I have never seen a case in which these symptoms had developed recover under any form of treatment; but of late I have endeavoured to anticipate their occurrence in cases with scanty albuminous urine by the injection of pilocarpin (gr.  $\frac{1}{16}$ ) and hot-air baths, as in the case of E. C. given above. I believe nasal cases are particularly liable to develop these symptoms, and such cases ought to receive a large initial dose of antitoxin, although their condition at the time may not appear serious.

If we classify our cases since the commencement of the antitoxin period according to the day of the illness on which antitoxin was first administered, we obtain the following:

	Cases.	Deaths.	Mortality.
Treatment commenced on 1st day ...	7	—	
" " 2nd " ...	39	2	
" " 3rd " ...	50	6	
" " 4th " ...	51	4	
Total ...	147	12	8.2 per cent.
" " 5th " or later ...	131	22	16.8 "
Cases of uncertain duration...	33	6	18.4 "

The two cases fatal from pneumonia, although antitoxin was administered on the second day of illness, have already been mentioned. Of the six deaths among those admitted on the third day, one occurred during the first period of antitoxin treatment when the doses administered were too small. Of the remaining five, four died from pneumonia; the last case was an infant of 18 months, admitted moribund from toxæmia on the third day of illness, and has been already alluded to. It is the only case we have seen since 1895 in which death occurred from uncomplicated diphtheria treated with antitoxin during the first three days of the disease.

These results emphasise the importance of early treatment. Every medical practitioner ought to have a supply of diphtheria serum and a suitable syringe at hand. In the large towns there is no difficulty in obtaining a supply, and it is easy to keep a few bottles of the liquid serum and to replace them as needed. The liquid preparation is the easiest for use, and may be kept for six months or more without losing its efficacy. Practitioners in the bush townships should keep a supply of the dried serum, which can probably be relied on to retain its strength unimpaired for years. It is absurd that a practitioner several days' journey from the metropolis, meeting with a case of diphtheria, should have to telegraph for antitoxin. This is too often not of any use to him by the time he gets it.

All other forms of treatment are of very minor importance. Routine applications to the throat have been altogether abandoned in the Children's Hospital. We only use them when the membrane is sloughy and offensive. It has been argued on theoretical grounds that as antitoxin only neutralises the poison, something should be done to kill the bacilli. But I have found by bacteriological examination that in the majority of cases the bacilli disappear within a few weeks without any local treatment; and in those cases in which they persisted longer I have been unable to hasten their disappearance by such treatment. Local applications are, in nine cases out of ten, unnecessary; and unnecessary treatment is bad treatment. When, however, there is much nasal discharge, gentle syringing with salt and water (a teaspoonful to a pint) is advisable. Internal medication has also been abandoned as a routine measure. When the pulse is showing signs of failure, we have given digitalis, strychnine, and alcohol in moderate doses, and these may be of some service. When the urine is very scanty and albuminous, I have lately administered pilocarpin hypodermically (the dose should not exceed gr.  $\frac{1}{16}$ ), followed by a hot-air bath, administered by covering the child with a cradle and blankets, under which

the moist hot air of a spirit lamp flame is conducted through a bent metal tube. In cases dying from bronchial membrane or pneumonia, inhalation of oxygen gas is of value in relieving distress and promoting euthanasia. I have not seen it save life.

To sum up the whole matter, the treatment of diphtheria consists in the administration of antitoxin early and in sufficient dose. A trustworthy preparation of known antitoxin strength should be employed. There need be no fear of administering an overdose; the only objection to giving an unnecessarily large dose is its cost. To give too little for this reason is a very poor economy. The saving in the number of doctor's visits, not to mention funeral expenses, much more than covers the cost of the serum. In the case of poor patients I have been accustomed to explain the danger of the disease, and have never found them object to the expense of the remedy. Those who cannot afford this are suitable cases for hospital treatment. I would certainly decline to take any responsibility, or to continue to attend a case, if the treatment were objected to, and I hope other practitioners would do likewise. I would appeal particularly to those engaged in club practice, who are more bound to their patients, to explain to them the need for immediate injection of serum or immediate removal to hospital. Too many patients of this kind have been brought to us too late.

We may say that if patients and medical men did their duty, the former in calling assistance early, the latter in applying the remedy early and in sufficient dose, the death-rate from diphtheria might be reduced to a small fraction of what it is at present, although it has been materially lowered in this colony of late years. Indeed, with the necessary qualifications, we may say no child ought to die of diphtheria. There are no doubt some cases complicated by pneumonia at a very early stage, some others at a distance from medical aid, some few in which the diagnosis in the early stages is extremely obscure. Cases sometimes occur of laryngeal diphtheria without any visible membrane, and these are sometimes very hard to distinguish from catarrhal laryngitis. In cases of doubt a full dose of antitoxin should be given. Sometimes an attack of diphtheria becomes engrafted on a previous catarrh or tonsillitis, and is then very likely to be overlooked in the early stages. But these are all rare exceptions, for the most part death from this disease is avoidable and ought to be prevented.

#### NOTES AND REFERENCES.

<sup>1</sup> Goodall, BRITISH MEDICAL JOURNAL, 1899, vol. i, p. 197. <sup>2</sup> *Intercolonial Medical Journal*, October, 1896. The figures given of the preantitoxin period contain a few unimportant errors which are here corrected. <sup>3</sup> Owing to pressure of other work, I ceased making these examinations, but I hope they will be soon resumed by the hospital residents, for which purpose a laboratory is being fitted up. <sup>4</sup> Cases showing merely hoarseness, croupy cough, or even visible membrane in the epiglottis are excluded. It is always possible to distinguish laryngeal stridor from pharyngeal, stertorous breathing.

## MEMORANDA:

### MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

#### A CASE OF MALIGNANT PUSTULE: NECROPSY, WITH BACTERIOLOGICAL INVESTIGATIONS.

On June 4th I was called to see a girl, aged 17, said to be suffering from œdema of the glottis. I found her moribund, and presenting symptoms which suggested the possibility of anthrax—namely, a pustule at the angle of the mouth, swelling and redness of the cheek, general cyanosis and insensibility which was of very rapid onset. The pustule was atypical.

The history was as follows: Eight days previously the patient spent the day in the country at a village C.; three days later she developed a pustule, rapidly became worse, and died within five days of the appearance of the local lesion. She did not dress meat, handle hides or wool, and had nothing to do with animals.

A *post-mortem* examination was made thirteen hours after death, when the pustule appeared more typical; it was black in the centre, about the size of a threepenny piece, but had

no vesicles surrounding it. Inside the cheek were many small purulent points like small ulcers. The right side of the heart contained much *ante-mortem* clot, as also did the pulmonary artery. The lungs had many petechiæ scattered over their surface, and several points of pus. There was no pneumonia. The pleural cavity contained a small amount of fluid. The liver and spleen were congested, normal in size, and not friable. The intestines were in many places thickly sprinkled with jelly-like bodies containing pigment, and the peritoneum showed many small hæmorrhages. The other viscera were normal. Microscopic examination did not reveal bacilli in the pustule or any of the organs. Potato cultures were made from the clot in the pulmonary artery, and incubated at 27° C. for twenty-four hours. Sufficient growth occurred to enable a confirmatory diagnosis of anthrax to be made microscopically. These specimens were in every respect quite typical.

Inquiry was then made at the village C., when it was discovered that no fewer than five animals had died under somewhat suspicious circumstances two days before the girl's visit. She had walked through a yard where some dead meat had been thrown to a dog, and immediately afterwards had picked off some dirt from her heel. A dealer in carcasses had purchased the animals in question to sell for fowls' food and dogs' meat; a visit was paid to his "stable," which was freshly cleaned and quicklime. Some lime was scraped away, and a small piece of red hair taken for investigation, as also were many specimens of mould, grass, etc., from each place where it was ascertained that the patient had been.

The result of subsequent examination was negative in the case of each specimen except the hair; from this latter numbers of bacilli of different kinds were grown upon potato and blood serum, and after going through five selected inoculations a fairly pure culture was obtained on blood serum at 34° C., presenting the usual microscopic appearance of anthrax bacilli and their spores. A one-twelfth oil immersion lens was used, showing the typical encapsuled bacilli, sporing without bulging, square-ended, and answering to the known micrometric standard, namely, 1 to 1½ microns in breadth, 3 to 10 in length.

I have to thank Dr. John Wallace for his assistance in this investigation, and for his help in the microscopic work.

In conclusion, there are three points in this case which appear worthy of notice: First, the rarity of reported cases of malignant pustule in women who have nothing to do with animals, skins, or wools; secondly, the possibility of such cases being easily overlooked; thirdly, the great difficulty of detecting anthrax among stock before an epidemic occurs, as in this instance a large number of animals have died of variously-named diseases at or near C., but the authorities know of no case of splenic fever in that district.

Weston-super-Mare.

GEORGE H. TEMPLE, M.B.

#### A CASE OF MEMBRANOUS CONJUNCTIVITIS TREATED BY ANTIDIPHThERIAL SERUM.

On July 18th an infant, aged 8 months, was brought to me suffering from an affection of the eyes. An examination disclosed that the palpebral conjunctivæ of the eyes were covered with a whitish membrane, which could be detached entire. The membrane was opaque, and of considerable consistency. The conjunctivæ did not bleed on removal of the membranes, but they were oedematous, and their vascularity much increased. There was no sore throat, and no history of diphtheria. The temperature was 101°. No secondary enlargements of glands could be made out. No treatment was applied beyond irrigating the conjunctivæ with a weak antiseptic solution. On the evening of the same day the membranes had reformed. I detached them, and forwarded one in a sterilised tube to Mason College, Birmingham, for bacteriological examination. The report thereon stated the presence of the diphtheria bacillus. Next day I visited the child, and found that the membranes had completely reformed. The parents declined any local interference. I notified the case as one of diphtheria. On the following morning, July 20th the parents, having meanwhile consented, I injected 6 c.cm. of antidiphtheritic serum, and again removed the membranes. Temperature 100.8°. On July 21st the membranes were less opaque,

and more friable. Temperature 100.6°. I again injected 6 c.cm. of the serum. Next morning there was simply a trace of membrane which became more marked towards evening, when I again injected 5 c.cm. of the serum. The temperature was normal. Next day there was a slight trace, and on the following day, July 24th, the eyes were clear. No recurrence has since been observed, and, with the exception of marked anæmia, there were no sequelæ.

Clinically, the case might have been regarded as a simple croupous conjunctivitis. The surfaces of the conjunctivæ after detachment of the membranes did not present the characteristic bleeding points usually found after detachment of diphtheritic membrane. The temperature and discovery of diphtheria bacilli, and the rapid disappearance under the serum treatment would point to the case having been one of true diphtheria. The ocular conjunctivæ were never involved. A case occurred in this practice some years ago, presenting much the same appearance, which was regarded as diphtheritic, and in the absence of serum treatment led to the destruction of the eye.

Old Hill, Staffs.

A. D. McQUEEN, M.B.

#### PIPERAZIN IN GOUT.

In the spring of 1896 I published in the BRITISH MEDICAL JOURNAL a striking case of a gouty patient of mine who had attacks of acute gout every year or oftener whom I advised to take piperazin, and who to the time of his death some years after never had another attack of acute gout. Since then I have had other most striking experiences, for instance:

One of the most ubiquitous, active, and tireless men in Harrogate at this day is a gentleman well over 60, who owes his vigour and health to his habit of taking piperazin. I found him three years ago a great invalid, with a man in attendance upon him throughout every night relieving his wife and daughter who took day duty. About ten months ago I was called to see him, and found him in bed with gout in both feet. He observed my chagrin, and quickly told me it was his own fault—that he had been very well and very busy lately, and had neglected his piperazin.

Harrogate is justly famous as a resort of the gouty; its famous sulphur baths are unequalled. With these baths and the daily unloading of the colon by our sulphur water few cases fail to get complete relief during an ordinary visit; but in the worst cases, where the health is badly broken, or where the patient can spare only a week or ten days, the addition of piperazin to the treatment is invaluable.

In every instance where I come across a gouty patient I never lose the opportunity of impressing him with two facts, namely, that as long as he lives he will daily generate gout products which will undermine his health if allowed to remain in his system, and that piperazin is a sure solvent of these products. The expense and the trouble of taking it are its only drawbacks, but I impress on the gouty that it is as necessary for them as their daily bread.

Harrogate.

WILLIAM FEARNLEY, M.D.

#### POISONING BY THE APPLICATION OF GLYCERINE OF BELLADONNA.

SEEING two cases of poisoning by the application of belladonna plaster, reported in the BRITISH MEDICAL JOURNAL of April 8th and May 27th, I thought the following case, where toxic symptoms set in a few hours after the application of glycerine of belladonna, may prove interesting. A woman was delivered of a stillborn infant, and, as she complained of pain and tenderness in both breasts a few days after delivery, I ordered an application of glycerine of belladonna. This was applied in the morning, and I was summoned the same evening with a report that she was dangerously ill. The news rather surprised me, for I had left her in the morning apparently well. When I saw her, I found her delirious with hallucinations; there was difficulty in swallowing, and her pupils were widely dilated. There was a free application of the glycerine of belladonna on the breasts. I stopped the application, had her breasts thoroughly washed, and gave her a hypodermic injection of liq. strychninæ. She recovered slowly, and it was some days before her vision was perfect.

Rajamah, Ceylon.

H. P. JOSEPH.

died at Blackheath on November 14th, aged 64. He was appointed Assistant-Surgeon, January 20th, 1860, and Surgeon-Major twelve years later. He retired from the service, with the honorary rank of Brigade-Surgeon, April 4th, 1882. He had no war record in the *Army Lists*.

Brigade-Surgeon GEORGE WILLIAM JAMESON, late Bengal Establishment, died recently at Blackheath at the age of 64. He joined the department as Assistant-Surgeon, January 20th, 1860, and retired with the honorary rank of Brigade-Surgeon, April 4th, 1882.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

*Appointments.*—Dr. S. Ruhemann has been appointed University Lecturer in Organic Chemistry. Mr. F. G. Parsons, F.R.C.S., has been appointed an Additional Examiner in Anatomy, Professor E. Ward an Additional Examiner in Surgery, and Dr. Inasbaird Owen an Additional Examiner in Medicine for the M.B. degree.

*Recognised Medical School.*—The University of St. Andrews (including the University College, Dundee) has been added to the list of recognised schools of medicine by the Medical Board.

*Degrees.*—At the congregation on December 14th the following were admitted to the degrees of M.B. and B.C.: J. A. H. Brincker, B.A., St. John's; C. D. Somers, M.A., Pembroke.

**THIRD EXAMINATION FOR MEDICAL AND SURGICAL DEGREES.**—The following have passed this examination in the subject noted:—

*Part II. Medicine, etc.*—R. Ainsworth, B.A., Pemb.; W. L. Ascherson, Non-Coll.; A. E. Bodington, M.A., Cai.; W. P. S. Branson, B.A., Trin.; J. W. E. Cole, B.A., Corp. Chr.; E. Cox, B.A., Cai.; S. W. Curl, B.A., Down; F. C. Eve, B.A., Emm.; A. T. Fraser, B.A., Cai.; A. C. Fry, M.A., Pemb.; T. Gillespie, B.A., Joh.; H. Glasier, M.A., Emm.; H. M. Harwood, B.A., Trin.; C. L. Hawkins, B.A., Emm.; E. W. Hedley, M.A., King's; G. H. Hunt, M.A., Cla.; O. Inchley, M.A., Joh.; A. Killick, B.A., Down; J. E. Linnell, B.A., H. Selw.; N. J. McCaskie, B.A., Cai.; A. E. Martin, B.A., Down; W. H. Maxwell, B.A., Trin.; W. T. Mullings, B.A., Christ's; J. P. L. Mummery, B.A., Cai.; J. A. Nixon, B.A., Cai.; G. E. Orme, B.A., Cai.; S. V. Pearson, B.A., Emm.; J. C. A. Rigby, B.A., Cai.; R. N. Salaman, B.A., Trin. H.; R. E. Sedgwick, B.A., Cai.; F. Shuffelebotham, B.A., Trin.; J. F. Skrimshire, Joh.; F. T. Talbot, B.A., King's; E. Talbot, M.A., Trin.; R. S. Trevor, M.A., Cla.; B. R. B. Truman, B.A., Trin. H.; R. F. C. Ward, B.A., Joh.; D. P. Watson, B.A., Trin.; E. A. Wilson, B.A., Cai.; W. B. Minton, M.A., Cla.

### UNIVERSITY OF LONDON.

**M.S. EXAMINATION.**—The following have satisfied the examiners: W. F. V. Bonney, M.D., Middlesex Hospital; W. S. Handley, M.D., Guy's Hospital; W. T. Milton, Guy's Hospital.

### SOCIETY OF APOTHECARIES OF LONDON.

**PASS LIST, DECEMBER, 1899.**—The following candidates passed in:

*Surgery.*—T. B. Haig (Section I), St. Bartholomew's Hospital; J. B. Hall (Section II), Leeds; T. E. Holman, Guy's Hospital; C. Johnson (Section I), Durham and London Hospital; G. G. Membrey (Section II), Toronto; O. H. Rogerson (Section II), Leeds; M. J. Ryan, St. Bartholomew's Hospital; O. C. Sibley, Middlesex Hospital; H. E. Weston (Section I), St. George's Hospital.

*Medicine.*—G. H. Bedford (Section II), Guy's Hospital; W. F. C. Bennett (Section II), Sheffield; E. Grange, Edinburgh and London Hospital; K. Grube, Bonn; H. N. Horton (Section II), Middlesex Hospital; G. G. Membrey (Section II), Toronto; O. H. Rogerson (Sections I and II), Leeds; G. H. Watson, St. Bartholomew's Hospital.

*Forensic Medicine.*—F. C. H. Dady, Bombay; F. Elias, London Hospital; E. Grange, Edinburgh and London Hospital; K. Grube, Bonn; O. H. Rogerson, Leeds; G. H. Watson, St. Bartholomew's Hospital.

*Midwifery.*—C. B. S. Amos, Royal Free Hospital; C. E. Brooks, Manchester; W. A. C. Cox, St. Mary's Hospital; W. D. French, University College Hospital; J. C. Furness, Glasgow and Charing Cross Hospital; G. R. Lucas, Edinburgh and Charing Cross Hospital; W. Roberts, University College Hospital; O. H. Rogerson, Leeds; C. V. Smith, University College Hospital; C. C. Worts, Guy's Hospital.

The diploma of the Society was granted to Messrs. G. H. Bedford, C. E. Brooks, F. Elias, J. B. Hall, G. G. Membrey, O. H. Rogerson, O. C. Sibley, and C. C. Worts.

## HOSPITAL AND DISPENSARY MANAGEMENT.

**WONFORD HOUSE HOSPITAL FOR THE INSANE, NEAR EXETER.** The total number of cases under treatment at this institution during the year 1898 was 140. The total number admitted was 25, and the number of deaths and discharges was 31. There remained in the hospital at the end of the year 118. The record of recoveries was an exceptionally good one, the percentage, calculated on the number admitted, was 66.6, a ratio that has only once been exceeded in the history of this hospital, the average rate of recovery for the last 15 years standing at the very satisfactory figure of 46.7 per cent. Dr. Maury Deas reports the general health of the institution to have been satisfactory, and nothing more serious has been recorded than an attack of epidemic influenza. This, moreover, was confined to the female division, where 15 cases occurred. Of the 5 deaths 1 was due to cerebral tumour and hæmorrhage. The death-rate was only 4 per cent. The charitable side of the work of the hospital is not lost sight of by the Committee. Fifty-six cases were maintained at reduced rates, and 3 were kept free of expense.

### THE MONMOUTH ASYLUM.

This institution receives rate-supported patients chargeable to the counties of Monmouth, Brecon, and Radnor, as well as the borough of Newport. Of the 1,050 patients remaining on the books at the close of 1898, 65 were patients boarded therein from other counties. There were 239 admitted, and 201 discharged and died. The recovery rate was 31.4 per cent., and the death-rate 10.7 per cent., calculated upon the average number resident. The deaths were all due to ordinary causes. In this, as in most other asylums throughout the country, overcrowding and the proposed remedy for it holds an important place in the annual report, and Dr. Glendinning emphasises as the most important event of the year the erection of temporary buildings for 50 patients of both sexes, which, he says, will afford suitable and comfortable accommodation, and will be the means of relieving the present overcrowding. In this well-managed asylum, as in the great majority of our asylums, lectures are given by the medical officers to the nurses, male and female, and 22 passed the examination of the Medico-Psychological Association for proficiency in nursing.

### CUMBERLAND AND WESTMORLAND ASYLUM.

THE number of patients at the end of 1898 was higher by 29 than at the beginning of the year, and Dr. Farquharson, the new medical superintendent, reports that, with the exception of an outbreak of erysipelas, the health of the patients had been fairly good. A considerable number had been confined to bed in the infirmary wards, but a large proportion of them suffered from senile decay, still they cause considerable strain upon the staff, as they entail feeding and nursing carefully to avoid bedsores and other lesions consequent upon their low vitality. One patient who was not suspected of suicidal tendency committed suicide by cutting his throat. The average number of patients resident was 637. There were 180 admissions; 93 were discharged, with a recovery rate of 35 per cent.; and 58 patients died, with a death-rate of 9.1 per cent., calculated upon the daily average number of patients resident.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### ZYMOTIC DISEASE IN EDINBURGH.

THE state of Edinburgh with reference to zymotic disease during the past three months merits a brief note of comment. Probably never in the history of the city have there been so few cases of disease, and never in the history of the City Hospital have there been so few cases under treatment at this season. During the period from September 30th till December 23rd only 502 cases have been intimated, and there have been only 44 deaths. In detail these are the figures:

	Intimations.	Deaths.
Typhoid fever	71	11
Diphtheria	84	7
Scarlet fever	306	12
Measles	41	2
Whooping-cough	—	10
Erysipelas	—	2

The two latter diseases are not notified.

There have been no cases of small-pox or typhus fever. But a yet more remarkable point is that in the week ending December 6th not a single death occurred from any zymotic disease whatsoever, a fact without precedent in the history of the city at this particular period of the year. Not only so, but in that particular week the notifications fell to 30, the smallest number in any one week in the period under review. In the preceding week, that ending on December 2nd, there were 40 notifications and only 1 death. These facts and figures are all the more noteworthy in that after an unusually hot summer there is generally a greater incidence of zymotic disease. Whence, then, the great immunity of Edinburgh? In many districts of Scotland there has been a great prevalence of enteric and scarlet fevers, with, in some localities, a high death-rate, during these three months in question. Referring again to the Edinburgh figures, the low mortality relatively to the intimated cases is to be noted, especially in diphtheria, scarlet fever, and measles.

## INDIA AND THE COLONIES.

### QUEENSLAND.

*Lunacy.*—The report of the Inspector of the Hospitals for the Insane for 1898 shows that the total number of patients brought under the official cognisance of the Inspector for the year was 1,800, and the average daily number resident in the asylums was 1,540. There were 293 patients admitted, being 43 more than the previous year; this increase is ascribed by Dr. Hogg to the after-effects of dengue and influenza. The discharges numbered 113, and the recovery-rate was 35.5 per cent., calculated upon the number admitted. There are 94 coloured aliens in the various institutions, and the question is raised as to whether it would not be cheaper and better to remove many of them to their own country, seeing that it costs the Government £25 a year to maintain each of them.

**PRESENTATION.**—Dr. R. Brooks Popham, who is leaving England for South Africa, has been presented with a silver salver, with suitable inscription and a travelling flask "from a few poor but grateful patients, as a token of respect and in recognition of many acts of kindness."

## MEDICAL NEWS.

THE Societa Freniatria Italiana has nominated Dr. Ireland, Mavisbush House, Polton, as a corresponding member. This Society answers to the Medico-Psychological Association of Great Britain, and the President is Professor Tamburini, of Modena.

THE APPOINTMENT OF A VACCINATION OFFICER AT LEICESTER.—The Leicester Board of Guardians held a special meeting on December 22nd, and appointed Mr. Kyte out of six selected candidates who had signified that they would carry out the duties according to Act of Parliament as vaccination officer; 30 voted for Mr. Kyte, 1 against, and 4 were neutral.

PRESENTATION.—The members of the Liverpool Medical Institution are presenting Mr. W. Jones, who has been resident librarian to the institution for twenty-one years, with a testimonial. A small Committee was formed in June, consisting of Drs. Robertson, Burton, Clarke, C.C., and Richardson, with Dr. Rentoul as Honorary Secretary and Treasurer. The proposal has been responded to by 225 of the 283 members, and it is expected that the presentation will amount to 200 guineas. Perhaps of more value to Mr. Jones will be the very appreciative letters which have accompanied the donations.

THE proposed Conference on Medical Organisation, the scope and object of which have been pretty fully explained in the prolonged correspondence which has taken place in our columns, is to be held during the first week in May either in Manchester or in London. It will last, we are informed, for two or possibly three days, and the last day will be devoted to the discussion of the best methods of organising the profession. Among other subjects suggested for discussion are Direct Representatives on the General Medical Council, Contract Practice, the Midwives Question, Medical Charities and the Representation of the Profession on their Management, Medical Education and especially the provision of one portal, and the Medical Acts and their Amendment. Further particulars can be obtained from Dr. S. Crawshaw, Honorary Secretary of the Conference Committee, Trafalgar Square, Ashton-under-Lyne.

## MEDICAL VACANCIES.

The following vacancies are announced:

- ABERYSTWYTH INFIRMARY.**—House-Surgeon. Salary, £150 per annum, with usual residential allowances (stimulants excepted). Applications to the Secretary by January 20th, 1900.
- ASTON-UNDER-LYNE DISTRICT INFIRMARY.**—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications, marked outside "Applications for the Office of House-Surgeon," to the Secretary by January 9th, 1900.
- BELGRAVE HOSPITAL FOR CHILDREN.**—Dental Surgeon. Applications to the Honorary Secretary, 77 and 79, Gloucester Street, S.W., by January 2nd, 1900.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL.**—Assistant House-Surgeon. Salary, £50 per annum, with apartments and board. Applications to the Chairman of the Medical Board by January 15th, 1900.
- BRISTOL, CITY AND COUNTY OF.**—Workhouse Medical Officer. Salary, £250 per annum, and allowances of £80 per annum for rent. Applications, on forms provided, to the Clerk to the Guardians, St. Peter's Hospital, Bristol, by January 10th, 1900.
- BRISTOL ROYAL HOSPITAL FOR SICK WOMEN AND CHILDREN.**—House-Surgeon. Salary, £100 per annum, with room and attendance. Applications, endorsed "House-Surgeon," to the Secretary by January 2nd, 1900.
- CENTRAL LONDON OPHTHALMIC HOSPITAL.** Gray's Inn Road, W.C.—House-Surgeon. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by January 9th, 1900.
- CITY DISPENSARY.** 45, Walling Street, E.C.—Physician. Must be F. or M.R.C.P. Lond. Applications to the Secretary by January 13th, 1900.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.** Victoria Park—Second House-Physician. Appointment for six months. Board and residence provided, and salary at the rate of £30 per annum. Applications to the Secretary by January 10th, 1900.
- DEBBYSHIRE ROYAL INFIRMARY.**—Resident House-Physician. Appointment for twelve months, with possibility of extension. Salary, £90 per annum, with apartments and board. Application to the Secretary by January 5th, 1900.
- DUBLIN: CITY OF DUBLIN HOSPITAL.**—Vacancy on the Surgical Staff. Applications to the Honorary Secretary, Medical Board, by January 5th, 1900.
- GREAT NORTHERN CENTRAL HOSPITAL.** Holloway Road, N.—Assistant Anaesthetist. Appointment for six months, but eligible for re-election. Honorarium at the rate of 10 guineas per annum. Applications to the Secretary by January 15th, 1900.
- HITCHIN: THREE COUNTIES ASYLUM.**—Second Assistant Medical Officer; unmarried and under 35 years of age. Salary commencing at £150 per annum, with board, apartments, etc. Applications to F. G. Butler, Clerk to the Visiting Committee, St. Neots, Hunts, by January 11th, 1900.
- HOSPITAL FOR WOMEN.** 40th Square, W.—Assistant-Surgeon, must be F.R.C.S. Eng. Applications to the Secretary by January 3rd, 1900.
- LEICESTER INFIRMARY.**—House-Physician. Salary, £100 per annum, with board, apartments, and washing. Applications to the Secretary, 24, Friar Lane, Leicester, by January 1st, 1900.
- LONDON HOSPITAL.** Whitechapel Road, E.—(1) Assistant Physician; must be M.R.C.P. Lond. (2) Dental Surgeon. Applications to the House-Governor by January 23rd and January 6th, 1900, respectively.
- MIDDLESEX HOSPITAL.**—(1) Director of the Cancer Research Laboratories. Salary, £100 per annum, with honorarium of £50 after second year of office. (2) Assistant Anaesthetist. Applications to the Secretary-Superintendent by January 10th and January 6th, 1900, respectively.

- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.** Queen Square, W.—Senior House-Physician. Junior House-Physician is applicant, and if appointed they will be a vacancy as Junior. Salary, as Senior £100 per annum, as Junior £50, with board and apartments. Applications to the Secretary by January 3rd, 1900.
- NORTH LONDON HOSPITAL FOR CONSUMPTION.** Hampstead.—(1) Resident Medical Officer. Appointment for twelve months. Honorarium £100. (2) Assistant Resident Medical Officer. Appointment for six months. Honorarium at the rate of £60 per annum. Applications to the Secretary by January 6th, 1900.
- PLAISTOW: ST. MARY'S CHILDREN'S HOSPITAL.**—Senior Resident Medical Officer. Appointment for one year. Salary, £80 per annum, with residence, board, and washing. Applications to the Secretary by January 4th, 1900.
- ROYAL COLLEGE OF PHYSICIANS.** London.—Milroy Lecturer for 1901. Applications to the Registrar by January 5th, 1900.
- ST. MARLEBONE GENERAL DISPENSARY.** Welbeck Street, W.—Resident Medical Officer. Salary, 100 guineas per annum, with annual increase of 10 guineas to maximum of 120 guineas, with furnished apartments, c.c. Applications to the Secretary by January 2nd, 1900.
- ST. MARY, ISLINGTON.**—Medical Superintendent for the New Infirmary, Highgate; not less than 35 years of age. Salary, £500 per annum, with furnished residence, etc. Applications, on forms provided, to be sent to the Clerk to the Guardians, St. John's Road, Upper Holloway, by January 3rd, 1900.
- ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.**—Demonstrator of Physiology. Applications to the Dean by January 2nd, 1900.
- SHEFFIELD ROYAL INFIRMARY.**—Junior Assistant House-Surgeon. Salary, £50 per annum, with board, lodging, and washing. Applications to the Medical Staff, under cover to the Secretary, by January 24th, 1900.
- YORK.**—Medical Officer of Health of the City. Salary, £400 per annum. Must devote his whole time to the duties, and reside in the City. Medical Officer of Health, "to the Town Clerk, Guildhall, York, by January 4th, 1900.

## MEDICAL APPOINTMENTS.

- BAUMANN, E. P., M.B. Edin., M.R.C.S. Eng.,** appointed House-Surgeon to the Glasgow Maternity Hospital.
- BENNETT, W. F. C., L.R.C.P.E., L.R.C.S.E.,** appointed Assistant House-Surgeon to the Rochester Hospital and Dispensary, vice Arthur H. Gaddesden, M.R.C.S., L.R.C.P., resigned.
- FLEMING, G., M.B., C.M., M.R.C.P.E.,** appointed Medical Officer to the Ombudsley District of the Droitwich Union, vice G. Capel Hall, late Surgeon-Captain I.M.S., retired.
- GOUGH, John Harley, F.R.C.S. Edin., L.R.C.P. Lond.,** appointed Honorary Physician to the Western Hospital for Consumption, Torquay, vice T. E. Lombe, M.D., appointed Consulting Physician.
- HAYES, Reginald H., M.R.C.S.,** appointed Assistant Anaesthetist to the Royal Ear Hospital.
- ROSE, George, M.R., C.M., D.P.H. Abdn.,** appointed Surgeon to the Royal Aberdeen Hospital for Sick Children, vice Robert John Garden, M.D., resigned.
- SPURGIN, Wm. Hy., M.R.C.S. Eng.,** appointed Medical Officer to the Western Division of the Post Office, Newcastle-on-Tyne.
- STURROCK, A. Corsar, M.A., M.D. Edin.,** appointed Resident Medical Officer to the Manchester Royal Infirmary.
- WOOD, Stanley, L.R.C.P., M.R.C.S.,** appointed Medical Attendant at the Cambridge Borough Infectious Diseases Hospital.
- ROYAL LONDON OPHTHALMIC HOSPITAL, CITY ROAD, E.C.**—The following appointments have been made:  
 Curator—W. T. Lister, B.A., M.B., F.R.C.S.  
 Senior House-Surgeon—W. E. Smith, M.B., C.M.  
 Junior House-Surgeon—A. MacCallan, B.A., M.B., B.O., F.R.C.S., L.R.C.P.  
 Junior Out-patient Surgical Officer—F. A. C. Tyrrell, B.A., M.B., B.O., M.R.C.S., L.R.C.P.

## DIARY FOR NEXT WEEK.

### WEDNESDAY.

- Obstetrical Society of London.** 8 P.M.—Specimens will be shown by Drs. Boden, Maccaughton-Jones, John Phillips, and others. Paper—Dr. Herbert Spencer: Four Cases of Rupture of the Uterus successfully treated by Packing the Tear per Vaginum with Iodoform Gauze.

### THURSDAY.

- Roentgen Society.** 20, Hanover Square, W., 8 P.M.—Mr. Chisholm Williams: The Interpretation of Skiagraphs.
- Harveian Society of London.** 8.30 P.M.—Clinical evening.

### FRIDAY.

- Laryngological Society of London.** 20, Hanover Square, 4.30 P.M.—Annual general meeting. Lantern demonstrations of Normal and Pathological Preparations of the Nose and Throat will be given by Dr. Watson Williams and Dr. Jobson Horne. Cases will be shown by Sir Felix Semon, Mr. Waller Spencer, Dr. Fitzgerald Powell, Dr. Herbert Tilley, Mr. L. A. Laurence, Mr. Stephen Paget, Mr. Lake, and others.

## 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 order or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

### BIRTHS.

- BOKENHAM.**—On December 25th, at 10, Devonshire Street, Portland Place, W., the wife of Thomas J. Bokenham, M.R.C.S., L.R.C.P., of a daughter.
- BROWN.**—On December 27th, at 6, Gibson Square, Islington, N., the wife of George Brown, M.R.C.S. Eng., of a son.
- KIRKPATRICK.**—At 1, Leeds Road, Attercliffe, Sheffield, on December 7th, the wife of Alex. Kirkpatrick, M.B., of a daughter.

### MARRIAGES.

- CLARKE—GRAY.**—On December 21st, at St. John's Church, Dudley, by the Vicar, the Rev. H. L. Nott, M.A., H. E. Stanhope Clarke, M.R.C.P., of 173, Dudley Road, Wolverhampton, elder son of Henry Barnes Clarke, of Malvern and Hanley Castle, to Maud Mary, third daughter of the late John Eaton Gray, of Tipton. No cards.
- MAXWELL-JONAS.**—At the Cathedral, Hong Kong, on December 16th, John Preston Maxwell, M.B., B.S. Lond., F.R.C.S., to Lily E. Isaacson Jonas, Cordova, Burnt Ash Hill, Lee, S.E. (by telegram.)

### DEATHS.

- DALY.**—On November 22nd, of acute Bright's disease while visiting at the residence of her brother, M. B. Cooper, in Garner, Iowa, U. S. America, Mrs. Athalia Cooper Daly, wife of Dr. W. H. Daly, of Pittsburgh, Pennsylvania, U. S. America.
- HARTZELL.**—On December 13th, at Dover, Ara, the wife of Edward Bush Hartzell, M.R.C.S., L.R.C.P., of 1, Mycroft Street, Fulham.

### HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

**CANCER, Brompton (Free).** *Attendances.*—Daily, 2. *Operations.*—Tu. W. F., 2.  
**CENTRAL LONDON OPHTHALMIC.** *Attendances.*—Daily, 1. *Operations.*—Daily.  
**CENTRAL LONDON THROAT, NOSE, AND EAR.** *Attendances.*—M. W. Th. S., 2; Tu. F., 5. *Operations.*—I. P., Tu. F., 2.50; o.p., F., 2.  
**CHALKING CROSS.** *Attendances.*—Medical and Surgical, daily, 1: Women, W. 1; S. 9.30; Skin, M. Th. 1; Dental, W. Th. 1.35; Ear, Tu. F., 9.30; Electro-Therapeutics, Tu. Th. 9.30; Children, Tu. F., 1; Roentgen, W., 9.45; Orthopaedic, Th., 1. *Operations.*—W. Th. F., 3; S., 2.  
**CHELSEA HOSPITAL FOR WOMEN.** *Attendances.*—Daily, 1.30. *Operations.*—M. Th. F., 2.  
**CITY ORTHOPAEDIC.** *Attendances.*—M. Tu. Th. F., 2. *Operations.*—M., 4.  
**EAST LONDON HOSPITAL FOR CHILDREN.** *Operations.*—M. W. Th. F., 2.  
**GREAT NORTHERN CENTRAL.** *Attendances.*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th. 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2. *Operations.*—M. W. Th. F., 2.  
**GUYS.** *Attendances.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. Th. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 2. *Operations.*—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.  
**HOSPITAL FOR WOMEN, Soho.** *Attendances.*—M., 9; Tu. W., 12; Th., 9; F. S., 12. *Operations.*—Th., 2.  
**KING'S COLLEGE.** *Attendances.*—Medical and Surgical, daily, 2; Obstetric, daily, 2; o.p., daily, 1.30; Eye, M. Th. 1.30; Ear, Th. 2.30; Throat, M., 1.30 F., 2; Dental, M., Th., 10; Skin, M., 10. *Operations.*—W. Th. F., 2.  
**LONDON.** *Attendances.*—Medical, daily, 1 p.; 2; o.p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, Tu., 9. *Operations.*—Daily, 2.  
**LONDON TEMPERANCE.** *Attendances.*—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30. *Operations.*—M. Th., 4.30.  
**LONDON THROAT, Great Portland Street.** *Attendances.*—Daily, 2; Tu. F., 6. *Operations.*—Daily, 9.30.  
**METROPOLITAN.** *Attendances.*—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. *Operations.*—Tu. W., 2.30; Th., 4.  
**MIDDLESEX.** *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o.p., M., 9; W., 1.30; Ear, Tu. F., 9; Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. *Operations.*—Daily, 1.30.  
**NATIONAL ORTHOPAEDIC.** *Attendances.*—M. Tu. Th. F., 2. *Operations.*—W., 10.  
**NEW HOSPITAL FOR WOMEN.** *Attendances.*—Daily, 2; Ophthalmic, W. S., 9.30. *Operations.*—Tu. F., 9.  
**NORTH-WEST LONDON.** *Attendances.*—Medical, daily, exc. S., 2; S., 10; Surgical, daily, exc. W., 2; W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations.*—Th., 2.30.  
**ROYAL EAR, Frith Street.** *Attendances.*—M. W. F., 3; Tu. F., 9.30 and 7.30. *Operations.*—Tu., 3.  
**ROYAL EYE, Southwark.** *Attendances.*—Daily, 2. *Operations.*—Daily.  
**ROYAL FREE.** *Attendances.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, W., 9. *Operations.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.  
**ROYAL LONDON OPHTHALMIC.** *Attendances.*—Daily, 9. *Operations.*—Daily, 10.  
**ROYAL ORTHOPAEDIC.** *Attendances.*—Daily, 2. *Operations.*—M., 2.  
**ROYAL WESTMINSTER OPHTHALMIC.** *Attendances.*—Daily, 1. *Operations.*—Daily, 2.  
**ST. BARTHOLOMEW'S.** *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2 o.p., W. S., 2; Eye, M. Tu. W. Th. S., 2; o.p., M. Th. 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9; Electrical, M. Tu. Th. F., 1.30. *Operations.*—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariotomy, F., 2.  
**ST. GEORGE'S.** *Attendances.*—Medical and Surgical, daily, 1 p.; 1.30; Obstetric, 1 p., Tu. F., 1.45; o.p., M. Tu. 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopaedic, F., 12; Dental, M. Tu. F., 12. *Operations.*—Daily, 1; Ophthalmic, W., 1; Dental, Th., 9.  
**ST. MARK'S.** *Attendances.*—Fistula and Diseases of the Rectum, males, S., 2; females, W., 9.30. *Operations.*—Tu., 2.30; Th., 2.  
**ST. MARY'S.** *Attendances.*—Medical and Surgical, daily, 1.45; o.p., 12.45; Obstetric, Tu. F., 1.45; o.p., M. Th., 1; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. Th., 9; Electro-Therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. *Operations.*—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.  
**ST. PETER'S.** *Attendances.*—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations.*—W. F., 2.  
**ST. THOMAS'S.** *Attendances.*—Medical and Surgical, M. Tu. Th. F., 2 o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., Th., 1.30; Skin, F., 1.30; Throat, Th., 1.30; Children, S., 1.30; Electro-Therapeutics, o.p., Th., 2; Dental Diseases, o.p., Th., 2; Dental, Tu. F., 10. *Operations.*—M. W. Th. S., 2; Tu. F., 3.30; (Ophthalmic), Th., 2.  
**SAMARITAN FREE FOR WOMEN AND CHILDREN.** *Attendances.*—Daily, 1.30. *Operations.*—Gynaecological, M., 2; W., 2.30.  
**THROAT, Golden Square.** *Attendances.*—Daily, 1.30; Tu. F., 6.30. *Operations.*—Daily, exc. M., 10.  
**UNIVERSITY COLLEGE.** *Attendances.*—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W., 1.30; Ear, M. Th., 9; Skin, Tu. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. *Operations.*—Tu. W. Th., 2.  
**WEST LONDON.** *Attendances.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 2; S., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electro-Therapeutics, M. Th., 2; Skin, M. F., 2; Throat and Nose, Tu., 2; S., 10. *Operations.*—Daily, about 2.30; F., 10.  
**WESTMINSTER.** *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, Tu. F., 9.30; Ear, Tu., 1.30; Skin, W., 1.30; Dental, W. S., 9.15. *Operations.*—M. Tu. W., 2.

### LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

**COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.**

**COMMUNICATIONS** respecting Editorial matters should be addressed to the Editor, 1, Agar Street, Strand, W.C. London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 423, Strand, W.C. London.

**ORIGINAL ARTICLES AND LETTERS** forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.

**AUTHORS** desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 423, Strand, W.C., on receipt of proof.

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

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

**MANUSCRIPTS** forwarded to the OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

**TELEGRAPHIC ADDRESS.**—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Atiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

**Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.**

#### QUERIES.

Dr. A. DE WATTEVILLE (Welbeck Street) writes: A lady, holding a London certificate for massage, etc., speaking both French and English, has asked me whether there is any chance of finding some work to do in Cairo or Alexandria. As I do not feel competent to give an opinion, may I ask for information?

#### ACCIDENT CLUBS.

A CORRESPONDENT writes that he has been asked by the manager of some local cement works to contract to attend to accidents occurring at his works for the weekly payment of one penny for each man employed. He states that they number about 60, and he should like to know if the terms offered could be considered adequate.

\*\* The adequacy or otherwise of payment would depend on the average number of accidents occurring annually at these works. If accidents are at all frequent the terms quoted are very inadequate.

#### LOCAL INJECTION OF EUCAINE.

R. asks for facts as to the use of eucaine in operation cases. He wishes to remove a tumour from the breast, and wishes to know the manner, dose, etc., of the drug, its dangers, etc.

\*\* We may refer our correspondent to a paper on Eucaine as a Local Anaesthetic in the Surgery of the Throat, Nose, and Ear, by W. Jobson Horne, M.B., and M. Yearsley, F.R.C.S. (BRITISH MEDICAL JOURNAL, November 27th, 1897, page 1560), and also to the BRITISH MEDICAL JOURNAL, January 16th, 1897, page 134.

#### ANSWERS.

"DILEMMA."—(1) No. (2) Yes, subject to the risk of being misunderstood.

MEMBER B.M.A.—It is impossible to express a trustworthy opinion in reply to questions 1 and 2. As to question 3 it is not impossible that a patient might develop an attack of scarlet fever twenty-nine days after commencement of exposure to infection, but this is a different thing to the period of incubation. Second attacks of scarlet fever shortly after a first have been supposed to occur.

#### PREGNANCY IN UNMARRIED GIRLS.

"VIRIDIS" should inform his patient what is the matter with her, and persuade her either to tell her mother or to allow him to do so. If he cannot persuade her to do so, he must use his own judgment, and if he thinks that his silence would lead to greater harm than his speaking he must accept the risk to himself, and take the course that seems to him for the patient's good. From such a course, taken *bona fide*, he incurs very small risk.

#### BOOKS ON DIETETICS.

ENQUIRER.—In answer to our correspondent's question we would refer him to *Foods: Their Composition and Analysis*, by Alexander Wynter Blyth, fourth edition (London: Charles Griffin and Co., 1896, 21s.); *Foods*, by Edward Smith, eighth edition (London: Kegan Paul, Trench, Trübner, and Co., 1883, 5s.); and a *Treatise on Food and Dietetics*, by F. W. Pavy, second edition (London: J. and A. Churchill, 1875, 15s.). We know of no book which gives an analysis of the proprietary articles mentioned. We would refer our correspondent to the *Collected Contributions on Digestion and Diet*, by Sir William Roberts, second edition (London: Smith, Elder, and Co., 1897, 5s.).

#### NOTES, LETTERS, Etc.

#### VOLUNTEER MEDICAL STAFF CORPS RELIEF FUND.

SURGEON-MAJOR VALENTINE MATTHEWS, V.M.S.C., Honorary Secretary, Headquarters, London Company, V.M.S.C., 51, Calthorpe Street, W.C., writes: This fund is established to assist the families on or off the strength of non-commissioned officers and men of Royal Army Medical Corps on active service in South Africa. All moneys received will be handed over to the Royal Army Medical Corps Depot Mobilisation Relief Fund, Aldershot, the Honorary Secretary of which will be glad to hear of any cases of distress needing immediate assistance, whether the husbands were mobilised at Aldershot or not.

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		Per Staff-Serg. Beetham	2 2 0

#### THE OBLIGATION TO REPORT CASES OF LEAD POISONING.

DR. THOMAS FENTEM (Bakewell) writes: Until lately I held the same opinion as that which is expressed in the last sentence of the paragraph under the above heading in the BRITISH MEDICAL JOURNAL for December 2nd, page 1564, to wit: It is incumbent on medical practitioners, therefore, to report to the Home Office all cases of lead poisoning ..... due to occupation. Recent experience has led me to change that opinion, and, in face of your paragraph, my experience may be of some interest. On December 5th, 1898, I notified to the Home Office a case of lead poisoning occurring in a painter, and as a result a packet of forms on which to notify cases in the future was sent to me.