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INDEX TO VOLUME II FOR 1907.

A.

- Abdominal aorta, case of aneurysm of (T. Garnet S. Leary, with note on pathological appearance by Constance Ellis), 714
- Abdominal cavity, gauze five months in, 44
- Abdominal hysterectomy. *See* Hysterectomy
- Abdominal incisions, direction of (A. Ernest Maylard), 895; correspondence on, 1105, 1280, 1466
- Abdominal operations, care of the patient during serious (H. Bellamy Gardner), 14
- Abdominal operations, success in (J. H. Dauber), 792
- Abdominal operations, review of books on, 207
- Abdominal pain, review of books on, 1652
- Abdominal sections in hospital practice, notes on a series of 100 consecutive cases (J. Inglis Parsons), 452
- Abdominal surgery, some experiences in (F. T. Paul), 1113
- Aberdare, infant mortality at, 111
- Aberdeen, health of, 550; Professor Finlay on alcohol, 1182
- Abortifacient pills, 1860
- Abortion, determinants of, and how to combat them (James Oliver), 1567
- Abortion, tubal, case of (Frank A. Nyulasy), 1570
- ABRAHAM, PHINEAS S.: Ringworm question in elementary schools, 387
- Abscess, appendical, perforated gangrenous appendix: appendectomy and recovery (reported by Richard Slocock), 83
- Abscess, bone, due to a bacillus allied to *B. paratyphosus* (F. G. Bushnell), 1775
- Abscess, brain, complicating case of acute middle-ear suppuration (W. S. Syme), 981
- Abscess of liver, one hundred cases (James Cantlie), 1342
- Abscess, retropharyngeal (H. Irving Pinches), 813; (W. H. Vickery), 1237
- Abscess of spleen in Andaman Islands, 8
- Absorbent reducing paste, composition of, 25
- Absorption from the peritoneal cavity (B. H. Buxton), 1421
- Académie de Médecine, prizes, 1793
- Academy, Royal, of Medicine in Ireland, 1087, 1426, 1586, 1712; election of officers, 1087; ligature of innominate artery (Sir Thomas Myles), 1426; President's address, 1586; exhibits, 1586. *Section of Pathology*: Villous tumour of the bladder (Dr. Boxwell), 1712; thrombosis of arm with gangrene (Dr. O'Carroll), 1712; laryngeal specimens, (Professor White), 1712. *Section of Surgery*: Ascites and the Palma-Morison operation (W. I. de C. Wheeler), 1713; mucous colitis and appendicostomy (Seton Pringle), 1713
- Accuracy of thought in medicine (W. Hale White), 250
- Acetonaemic conditions of children (Frederick Langmead), 819; discussion, 821; correspondence on, 1238, 1380
- Achondroplasia (?), case of (Dr. Fobhouse), 85
- Achondroplasia (H. H. Clarke), 1261; (J. A. C. Macewen), 1646
- ACKLAND, JOHN MCKNO: Relation of dental surgery to medicine, 1483
- ACKLAND, W. R.: Notes on some cases of neuralgia, 1499
- ACLAND, THEODORE DYKE: Need for the inspection of all residential secondary schools in matters relating to sanitation and hygiene, 496
- Act, Employment of Children, 1449; London County Council and, 1449
- Act, new Food, 1613
- Act, Medical, Amendment of, 1907, 818
- Act, the Midwives, 843, 1010, 1084, 1357, 1601; in Manchester, 843; in Balford, 1010; payment of medical men called in to assist midwives, 1084, 1357; the working of, 1601; North Riding of Yorkshire, 1602
- Act, Notification, and infectious hospitals, 1192
- Act, Provision of Meals, 1742; Newport and, 1742
- Act, Early Notification of Births. *See* Bill
- Act, Workmen's Compensation, 22, 40, 61, 121, 167, 220, 237, 768, 942, 1022, 1109, 1469, 1626, 1734, 1751; review of books on, 22; leading article on, 40; definition of "workman," 61; industrial diseases, 121; duties of medical men under the Act, 121; epileptics and, 167; Home Secretary cancels all existing appointments as medical referees, 220; medical referees under, 237, 1022; note on, 766; domestic servants and, 942, 1022; hospital nurses, 1109; district medical officers, 1101; county court case, 1469; cases, 1626, 1751; medical fees in, 1734
- Acts, Inebriates, report of inspector under, 1083
- Acts, Public Health, 103, 295
- ADAM, JAMES: Acute pneumonia in children, 51
- ADDINGTON, the Prime Minister, note on, 269
- Addison's anaemia. *See* Anaemia
- Address in Medicine, 250; leading article on, 277
- Address in Surgery, 255; leading article on, 278. *See also* Association, annual meeting
- Adenoids, curette for, 1720
- Adenoids in eye disease (Dr. Killen), 1585
- Adulteration of flour, 839. *See also* Food adulteration
- Advertisement, fraudulent, 174
- Advertisements, immoral, crusade against, 226
- Advertiser, ingenious, 366
- Africa, conditions of practice in, 615
- Africa, East. *See* East
- Africa general service medal, 1468
- Africa, South. *See* South
- Africa, West. *See* West
- After-care Association. *See* Association
- Age, medico-legal aspects of, 783
- Agra, sanitary report of, 1632
- Ahlfeld's method of disinfection of hand in midwifery, 1859
- AIKMAN, DR.: Case, 1517
- Air subcutaneous injections of, as a means of relieving certain painful manifestations, 1297, 1569
- Alabone treatment, 1472
- Alaxa, 24
- Albumen, tests for, 1636
- Albuminuria from a life assurance point of view (Robert Wilkinson), 1774
- Albumosuria, myelopathic, case of (W. Langdon Brown), 686
- AICINDOR, JOHN: Intense hepatic congestion in an infant, 1581
- Alcohol and "hobnail" liver, 1276, 1362, 1376, 1467, 1559
- Alcohol and insanity (F. W. Mott), 797; discussion, 801; leading article on, 835; correspondence on, 1021
- Alcohol, Professor Finlay on, 1182
- Alcohol and mountaineering, 485
- Alcohol, review of books on, 21, 459
- Alcohol, scientific investigation of, 922
- Alcohol and taxation in Russia, 1844
- Alcoholic beverages, sale of in sanatoriums, 772
- Alcoholic patent medicines, 1800
- Alcoholism, exhibition on, 842
- Alcoholism, mortality from in France, 1683
- Alcoholism, practical measures to discourage, 1555. *See also* Inebriety
- ALDRED, WILFRED A.: Two cases of poisoning by weed killer, 626
- ALEXANDER of Abonoteichos, a notorious quack, 1356
- ALEXANDER, DAVID A.: The stethoscope, 184
- ALEXANDER, FORBES JAMES: Two cases of umbilical fistula, 1237
- Alfreton medical practitioners decide as to rate of pay of sick clubs, 1793
- Algeria, plague in, 1170
- Algiron, 208
- Alkaloids and their derivatives, plea for uniformity in the nomenclature of, 560
- ALLAN, J.: Poisoning by bromoform, 299
- Allan's antifat, 209
- ALLBUTT, T. CLIFFORD: K.C.B. conferred upon, 1451; (editor) *A System of Medicine by Many Writers*, rev., 88; what do we mean by tachycardia? 938
- ALLCHIN, W. H., knighthood conferred upon, 1452
- ALLEN, H. E.: *The Medical Register*, 855
- Alopecia areata, removed from list of diseases which came under law relating to epidemics in the schools of Paris, 141; treatment of, 491
- Alsace-Lorraine, small-pox in, 771
- Alvarenga Prize awarded to W. Lewis Chapman, 1265
- Amateur in drugs. *See* Drugs
- Ambiguous reactions in sugar testing (Stephen G. Longworth), 19
- Ambulance, metropolitan street, 854, 1637, 1841; leading article on, 1607; city of London police, 1178
- Ambulance teams, 770
- Ambulance. *See also* St. John
- America. *See* United States
- America, North, conditions of practice in, 615
- America, South, conditions of practice in, 615
- American Medical Association. *See* Association
- American Medical Directory*, rev., 23; note on, 492
- American men of science, 1546
- American students in German universities, 1800
- Ametropia after removal of the lens, spectacles in (Archibald Stanley Percival), 1776
- Amputation, interscapulo-thoracic (Edred M. Corner), 822
- Anaemia, Addison's, specific infective nature of, its course and treatment (William Hunter), 1299; leading article on, 1358
- Anaemia, in ankylostomiasis (Arthur E. Boycott), 1318; discussion, 1320
- Anaemia, pernicious, discussion on, 1299, 1311; leading article on, 1358
- Anaemia, pernicious, two cases of, with unusual features (J. Fortune), 1041
- Anaesthesia, ether, by the open method (H. Bellamy Gardner), 1516; (Francis W. Bailey), 1823; (Alexander Brownlee, with remarks by J. Lynn Thomas), 1824; correspondence on, 1621, 1747
- Anaesthesia, local, syringe for, 91
- Anaesthesia, local, in tooth extraction, syringe for, 91
- Anaesthesia, lumbar. *See* Lumbar
- Anaesthesia, relative value of inhalation and injection methods of inducing (H. P. Dean), 869; discussion, 872; correspondence on, 1023
- Anaesthetic hairwash, dangers of, 776
- Anaesthetic shampoo, 764
- Anaesthetics, review of books on, 22
- Analgesic, spinal, stovaine as (J. Hogarth Pringle), 12
- Anaphylaxis, 688
- Anastomosis between the common bile duct and the duodenum for obstructive jaundice (Andrew Fullerton), 1118
- Anatomical results of efficient mastication (F. J. Bennett), 1502
- Anatomy, review of books on, 391, 827, 1039, 1718, 1783
- Ancient Britain and the Invasion of Julius Caesar*, 1788
- Andaman Islands, abscess of spleen in, 8
- ANDERS, HOWARD S.: *Physical Diagnosis, with Case Examples of the Inductive Method*, rev., 911
- ANDERSON, A. M.: Special report on dangerous or injurious processes in the coating of metal with lead or a mixture of lead and tin, 1799
- ANDERSON, JOHN F.: *Studies upon Hyper-susceptibility and Immunity*, 1089
- ANDERSON, LOUISA GARRETT: Case of sarcoma of small intestine, 886
- ANDERSON, Major: Abscess of spleen in malarial persons in Andaman Islands, 8
- ANDERSON, Lieutenant-Colonel R., elected Mayor of Bury St. Edmunds, 1449
- ANDERSON, Sir THOMAS MCCALL, appointed Honorary Physician to the King, 227
- ANDERSON, W. MONRO: Ether administration by the open method, 1747
- ANDREWS, F. W.: *Lessons in Disinfection and Sterilization*, rev., 913
- ANDREWS, MARION: Triple pregnancy, 1584; operation for ovarian cysts during pregnancy, 1584

- ANDREWS, RUSSELL: Treatment of puerperal eclampsia, 1829.
- Aneurysm of abdominal aorta (T. Garnet S. Leary, with note on the pathological appearance by Constance Ellis), 714.
- Aneurysm of dorsalis pedis artery (Archibald Cuff), 16.
- Aneurysm of the foot (Alex. R. Tweedie), 713.
- Aneurysms, frequency of in the Royal Navy (Fleet Surgeon P. W. Bassett-Smith), 510.
- Angers, centenary of the Medical School of, 1603.
- Angioma, cavernous, in the temporo-sphenoidal lobe of the brain (Margaret B. Dobson), 144.
- Angio-neurotic oedema. *See* Oedema.
- Aniline industry, death of the founder of, 163.
- Animal tuberculosis. *See* Tuberculosis.
- Ankylostomiasis, anaemia in (Arthur E. Boycott), 1318.
- ANNANDALE, THOMAS, death of, 1850.
- Anosmia, functional element in certain forms of (P. McBride), 945.
- Anthrax at Bradford, 48, 412, 1851.
- Anthrax, notification of in Scotland, 549.
- Anthropological Institute. *See* Institute.
- Antimalarial sanitation (W. J. B. Simpson), 1044; (Hans Ziemann), 1046; discussion, 1048.
- Antipon, composition of, 25.
- Antiquackery League, German, 1095.
- Antitoxin, diphtheria, 547; limited value of as a prophylactic (Owen H. Peters), 865; paper on (H. Draper Bishop), 1518.
- Antituberculosis league in Belgium, 220.
- Antityphoid inoculation in the army, 295.
- Antivivisectionism in America, 1611. *See also* Vivisection.
- Antivivisectionists, the Pope and, 1849.
- Anus, complete separation of rectum from (P. Rhys Griffiths), 21.
- Aorta, abdominal, aneurysm of (T. Garnet S. Leary, with note on the pathological appearance by Constance Ellis), 714.
- Apothecaries Act, 1907, 118.
- Apothecaries' Hall of Ireland, information concerning medical study, 578.
- Apothecaries' Society of London, pass lists and degrees, 121, 240, 556, 1109, 1282, 1687; regulations concerning the study of medicine, 573; dinner, 1287; "derangement of epiphys," 1628; vacancies on the Guild, 1834.
- Appeals, 784, 1195, 1628.
- Appendical abscess. *See* Abscess.
- Appendectomy, case of, in which the appendix was quite separate from the caecum (J. T. Williams), 908.
- Appendectomy and hysterectomy performed on a patient of 74 (John D. Malcolm), 1571.
- Appendicitis, acute, one year's work in (Arthur H. Burgess), 70.
- Appendicitis complicated by intestinal haemorrhage (reported by G. S. Thompson), 1711.
- Appendicitis, diagnosis and treatment of, (William Henry B. Brook), 67; (A. Ernest Maylard), 1648.
- Appendicitis, diagnosis of, 1851.
- Appendicitis, gangrenous, note on a bacillus found in a case of (Aldo Castellani), 1512.
- Appendicitis, prevention of (W. J. Tyson), 1141.
- Appendicitis and secondary syphilis, 1683.
- Appendicitis, suppurative, in a patient with transposed viscera (Harold Hebblethwaite), 1579.
- Appendicostomy, mucous colitis and (Seton Pringle), 1713.
- Appendix, suppurating, strangulation of a hernia by (reported by E. Chichester), 1648.
- Appendix, vermiform, acute volvulus of: operation: recovery (Sinclair White), 987.
- Appendix, vermiform, primary sarcoma of (T. Carwardine), 1771.
- Appointments in the Colonies, 614.
- Appropriation Bill. *See* Bill.
- Arabian school, physicians of the, 537.
- ARCHER, ROBERT SAMUELS, obituary notice of, 416.
- Argentina, meat inspection in, 410; League against Tuberculosis founds prizes, 834; leprosy in, 1106.
- Arm, thrombosis of, with gangrene (Dr. O'Carroll), 1712.
- ARMIT, H. W.: Medical inspection of school children, 1745.
- ARMUGAM, T. V.: Transplantation of ureters, 388; case of gall stone of common duct, 1681.
- Army, frozen meat for, 167; antityphoid inoculation in, 295; preventive medicine in (Inspector-General J. Porter), 503; teaching of hygiene in (Major R. J. Blackham), 521; discussion on, 523.
- Army, British, health of, 1738.
- Army, British, medical service of, 59, 118, 172, 183, 231, 242, 418, 610, 1088, 1097, 1110, 1182, 1184, 1188, 1284, 1380, 1445, 1450, 1467, 1468, 1557, 1612, 1617, 1678, 1752, 1802, 1855; Volunteer Medical Association, 59; new Indian military decoration, 59; R.A.M.C. examination of Majors for promotion, 118; R.A.M.C. in Australia, 172; in Scotland, 231; deputy to the principal medical officer in India, 183; officers selected for rewards, 242; successful candidates, 418; United Services Medical Society, 1190; revised rates of pay, 1284; Africa general service medal, 1463; Director-General of the Army Medical Service, 1752; Volunteer Ambulance School of Instruction, 17-2.
- Army, British, medical service of the Territorial Force, 1088, 1097, 1110, 1182, 1184, 1188, 1943, 1265, 1271, 1380, 1445, 1460, 1557, 1612, 1617, 1622, 1741, 1742, 1802, 1855; leading articles on, 1088, 1265, 1450; plan of organization, 1188; address by Sir Alfred Keogh, 1182, 1243, 1446, 1612, 1617, 1741, 1742, 1802; correspondence on, 1184, 1467, 1557, 1622, 1855; notes on, 1271; titles of officers, 1380; conference in London, 1445; hospitals for (leading article), 1450.
- Army, British, Royal Army College Clinical Hospital of, 1678.
- Army, British, Royal Army Medical Corps, regulations for admission, 610; information concerning, 610; examinations, 1811.
- Army, French, condition of soldiers' teeth in, 1184; prophylaxis of venereal diseases in, 1683.
- Army, Indian, 59, 418, 491, 556, 612, 689, 755, 776, 856, 1628; new military decoration, 59; successful candidates, 418; specialist pay, 419, 755; correspondence on, 491; Government restrictions on medical fees, 556, 689; staff officers for medical mobilization in India, 557; regulations for admission and information concerning, 612; specialist appointments in, 755; command of station hospitals in India, 776; prospects in the service, 776; medical relief in India, 777; time spent on half-pay, 856; Government restrictions on medical fees, 1626.
- Army, United States, 63; women of the medical corps to collect a fund for purpose of furnishing a room in the new Army General Hospital in memory of officers of the army, 63.
- Arrangement with specialists, 1800.
- Arroyo Arenas, sanatorium at, 207.
- Arsenate of iron, soluble, 24.
- Arterial blood. *See* Blood.
- Arteries, coronary, do the finer branches anastomose? 766.
- Artery, dorsalis pedis, spontaneous aneurysm of (Archibald Cuff), 16.
- Artery, innominate, ligature of (Sir Thomas Myles), 1426.
- Artery, middle meningeal, rupture of: operation: recovery (William Billington), 987.
- Artery, popliteal, leaking aneurysm of, 1287.
- Arthritis and erythema nodosum (J. Odery Symes), 202.
- Arthritis, pneumococcal, in children (Cyril A. R. Nitch), 729.
- Arthritis, rheumatoid (J. W. Martin), 823.
- Arthritis, rheumatoid, and the morbid conditions which simulate it (A. P. Luff), 1143, 1148; discussion, 1144.
- Arthropoda, blood-sucking, review of books on, 207.
- Ascites and the Talma-Morison operation (W. I. de C. Wheeler), 1713.
- Aseptic funnel douche, 1720.
- ASHBY, H.: Some cases of unexplained fevers in infants and children, 1239, 1637.
- ASHMEAD, ALBERT S.: Leprosy in Japan, 1261.
- ASHTON, W. EASTERLY: *Textbook on the Practice of Gynaecology for Practitioners and Students*, rev., 1527.
- Aspirin, 783.
- Assam, sanitary report of, 1449.
- Assault, an, 183.
- Assistant health officerships. *See* Health Association, After-care, 1179; convalescence from mental disease, 1179.
- Association, American Climatological, *Transactions*, rev., 530.
- Association, American Medical, 92; oration on State Medicine, 92.
- Association, Automobile Co-operative, 469.
- Association, Barry Nursing, 770.
- Association, British, 275, 346, 532; seventy-seventh annual meeting, 275; President's address, 275; action of anaesthetics, 346; three stages of anaesthesia, 346; dosage of chloroform, 349; deaths under anaesthetics, 346; safe administration of chloroform, 347; vivisection, 348; imitation and initiation, 348; old methods and new, 349; physiology in the University of London, 349; discussion, 349; physiological and therapeutical use of alcohol, 350; election of President, 352; date of next meeting, 352; *Sections of Educational Science and Anthropology*, 532; anthropometry in schools, 532; *Section of Zoology*, 533; physical basis of inheritance, 533; thickness of the skull in mammals, 533; *Section of Botany*, 533; *Section of Physiology*, 135; nervous impulse, 535; spinal reflexes, 535.
- Association, British Dental: Annual meeting of North Midland Branch, 165.
- Association, British Medical: Annual meeting, 38, 40, 108, 224, 245, 277, 280, 356, 368, 1671, 1689; leading article on, 38, 277, 356, 1671; annual meetings of 1906 and 1909, 40, 1671; the Exeter meeting, 224; leading article on, 277; "Book of the South-West," 224; President's address, 245; address in medicine, 250; leading article on, 277; address in surgery, 255; leading article on, 278; religious services, 280; election of treasurer, 281; civic greeting, 281; entertainments, 281; garden party, 282; number of members present, 282; summary of proceedings of sections, 285, 322; golf match, 368; leading article on the annual meeting 1908, 1671; annual meeting at Sheffield 1908, 1689; note on Sheffield, 1689.
- Association, British Medical: Annual meeting, the utility of (leading article), 1559.
- Association, British Medical: Annual Representative meeting, 160, 282, 1618, 1684, 1747; leading article on, 160; summary of proceedings, 282; procedure of, 1618, 1747; Central Council and, 1684. *See also* Supplement Index.
- Association, British Medical: Birmingham Branch, 1343, 1585; perforated duodenal ulcer (Frank Barnes), 1343; infective endocarditis (Dr. Foxwell), 1343; gangrenous sigmoid colon removed from a case of acute volvulus under spinal anaesthesia (George Heath), 1343; exophthalmic goitre with cirrhosis of liver (Dr. Miller), 1343; cysts of intestinal wall (Dr. Miller), 1343; acute lymphatic leukaemia (Mr. Milward), 1343; cases, 1585.
- Association, British Medical: Ceylon Branch, 833; *Journal*, rev., 833.
- Association, British Medical: Metropolitan Counties Branch, Ealing Division, clinical meeting, 1777.
- Association, British Medical: North Lancashire and South Westmorland Branch, 88, 1777; annual meeting, 86; medical aspects of elementary schools (A. J. Cross), 86; cases, 87, 1777.
- Association, British Medical: South-Eastern Branch, Brighton Division, 85; case of (?) achondroplasia (Dr. Hobhouse), 85; cerebral diplegia (Dr. Hobhouse), 86; sarcoma (Mr. Hutchison), 86.
- Association, British Medical: Southern Branch, Guernsey and Alderney Division, 1517; clinical meeting, 1517; diphtheria and antitoxin (H. Draper Bishop), 1513.
- Association, British Medical: Ulster Branch, 144, 1583; president's address, 84, 1583; typhoid fever with unusual complications (Dr. Calwell), 84; splenomegaly polycythaemia (W. B. McQuitty), 84; excision of rectum for carcinoma (Mr. Fullerton), 85; gastro-entrostomy for ruptured duodenal ulcer (Mr. Fullerton), 85; retroperitoneal lipoma (R. J. Johnstone), 85; coccygeal cyst (Dr. Dempsey), 85; hysterectomy for ruptured uterus (Dr. Darling), 85; case of heart block (J. L. Rentoul), 85; cases, 85, 1585; errata, 146; triple pregnancy (Marion Andrews), 1584; operation for ovarian cysts during pregnancy (Marion Andrews), 1584; tuberculous kidney (Andrew Fullerton), 1584; radical cure of hernia (Dr. Thompson), 1585; neuro-paralytic keratitis (Cecil Shaw), 1585; adenoids in eye disease (Dr. Killen), 1585; tuberculous tumour of iris (Dr. Killen), 1585.
- Association, British Medical, Central Council and the Representative Meeting, 1684.
- Association, British Medical, Chairman of Council, 45.
- Association, British Medical, clinical and scientific proceedings, 84, 1343, 1517, 1583.
- Association, British Medical, country members of, 1375, 1462.
- Association, British Medical, and the General Medical Council, 118, 173, 235.
- Association, British Medical, the new offices, 1661.
- Association, British Medical, general practitioners and, 1375.
- Association, British Medical: The Referendum (leading article), 759; correspondence on, 849, 939, 1016, 1101, 1184, 1278, 1372, 1461, 1556, 1619, 1804, 1853.
- Association, British Medical, scholarships and grants, 108.
- Association, British Medical: Science Committee, award of Middlemore Prize, 108.
- Association, British Medical: Science Committee reports, 16, 1579; Report CII, upon the bacteriology of the summer diarrhoea of infants (H. de R. Morgan), 16; Report CIII, Haldane-Smith method of estimating the oxygen tension of arterial blood (W. A. Osborne), 1579; Report CIV, Clinical method for estimating the coagulation time of the blood (J. P. McGowan), 1550.
- Association, British Medical: The Sections, 285, 322, 408, 426, 631, 656, 795, 812, 869, 912, 1043, 1120, 1211, 1299, 1399, 1483. *Section of Dental Surgery*: Summary of proceedings, 289, 330; report of proceedings, 1483. *Section of Diseases of Children*: Summary of proceedings, 286, 324; telegram of sympathy from France, 409; report of proceedings, 716, 812. *Section of Electro-Therapeutics*: Summary of proceedings, 286, 326; report of proceedings, 631. *Section of Laryngology, Otolaryngology, and Rhinology*: Summary of proceedings, 288, 329; report of proceedings, 952. *Section of Medicine*: Summary of proceedings, 285, 323; report of proceedings, 1120. *Naval and Military Section*: Summary

- of proceedings, 290; report of proceedings, 603. *Section of Obstetrics and Gynaecology*: Summary of proceedings, 289, 332; report of proceedings, 426. *Section of Ophthalmology*: Summary of proceedings, 288, 328; report of proceedings, 1211. *Section of Pathology*: Summary of proceedings, 285, 322; report of proceedings, 1299, 1359, 1508. *Section of Psychological Medicine*: Summary of proceedings, 286, 325; report of proceedings, 795. *Section of State Medicine*: Summary of proceedings, 289, 332; report of proceedings, 656. *Section of Surgery*: Summary of proceedings, 287, 327; report of proceedings, 869. *Section of Tropical Diseases*: Summary of proceedings, 287, 327; report of proceedings, 1043, 1320.
- Association, British Medical, transformation of (Alfred Cox), 499
- Association, Canadian Medical, 994, 1073; fortieth annual meeting, 994; first general meeting, 994; demonstrations, 994; addresses, 994; second general meeting, 995; Medical Protective Society, 995; Sections, 995, 1074; Address in Medicine, 995; new constitution, next meeting, 995; Address in Pathology, 1073; closing entertainment, 1074; remarks, 1074
- Association of Certifying Factory Surgeons, annual meeting, 1260
- Association, French Surgical, 154, 220, 917
- Association, French Urological, 681
- Association for Feeble-minded, National, eleventh annual report, 164; annual meeting, 1369
- Association, German Medical, for Repression of Quackery, 1546
- Association of Honorary Medical Officers of Liverpool Medical Charities, 1459
- Association, Irish Medical Schools' and Graduates', 227, 322, 1659
- Association, Irish Poor-law, annual meeting, 695
- Association, Life Assurance Medical Officers', 1087
- Association, London Post-Graduate, 601
- Association of Medical Women in India, *Journal of*, 1448
- Association of Medical Officers of the Militia of Canada, 1101
- Association, Medical Press, International, 393
- Association, Medico-Psychological, 341, 378, 1649, 1716; quarterly meeting, 341; further bacteriological and experimental investigations into the pathology of general paralysis (W. Ford Robertson and Douglas McRae), 341; sixty-sixth annual meeting, 678; induction of new President, 678; presidential address, 678; sanatorium treatment of insanity, 680; dinner, 680; psychiatry as a part of public medicine, 680; psychology of crime, 680; etiology of general paralysis, 680; Dr. Middlemas relates two cases, 1649; psychology of crime (Albert Wilson), 1715
- Association, National, for Prevention of Consumption, *See* Tuberculosis
- Association, Peckham Nursing, annual meeting, 1172
- Association, Pharmaceutical, American, 1841
- Association, Police Surgeons', United Kingdom, 1447; annual meeting, 1447
- Association, Poor-law Unions, Deputation to Herbert Samuel, M.P., 409, 477
- Association, Poor-law Infirmary Matrons', 204
- Association, Poor-law Medical Officers', 37, 1192; annual general meeting, 37; council meeting, 1192
- Association, Public Vaccinators', 52, 1100, 1352
- Association, Pure Milk, 697
- Association of Registered Medical Women, 1068; family history and home surroundings of children in the London centres for the mentally defective (Mrs. Dickinson Berry), 1068
- Association, Roads Improvement, 537
- Association, Sanitary (Scotland) Incorporated, 113, 691; thirty-third congress, 691; presidential address, 691; cerebro-spinal fever, 691; preservation of infants, 691; inspection of meat, 691; inspection and distribution of fish, 692; supervision of milk supplies, 692; training of inspectors of meat and other foods, 692; resolutions, 692; dinner, 693
- Association of Sanitary Inspectors (Scotland), annual congress, 114
- Association of Sanitary Inspectors (South Wales), annual meeting, 336
- Association, Scottish Medical Diplomates, 37; third annual general meeting, 37
- Association, State Children's, 1841
- Association, Stomatological, International, 834
- Association, University Dental, 233
- Association, International Urological, 1460, 1611
- Association, Volunteer Medical. *See* Volunteer
- Association, Women's Health, 1368, 1457
- Assurance, life, habitual intemperance and 240
- Astigmometer, portable (Karl Grossmann), 1224
- Asylum, Ayr, new hospital at, 694
- Asylum, Carmarthen, Joint Counties, 858
- Asylum, Cork District, annual report, 242
- Asylum, Cumberland and Westmorland, 782
- Asylum, Derby Borough, annual report, 242
- Asylum, Dorset County, annual report, 358
- Asylum, Earlswood, Redhill, Surrey, 1563
- Asylum, Edinburgh Royal, 169, 1285; centenary celebration, 169; annual report, 1285
- Asylum, Egyptian, insanity in, 848
- Asylum, Galway, v. Galway Workhouse, 1616, 1744
- Asylum, Glamorgan County, 42nd annual report, 1194
- Asylum, Hereford County and City, 781
- Asylum, Herts County, Hill End, case of severe head injury in a psychasthenic (Bernard Hart), 389
- Asylum, Jamaica Lunatic, 63; annual report, 63
- Asylum, James Murray's Royal, Perth, 1563
- Asylum, Kesteven County, 1562
- Asylum, Kingseat, Aberdeen, annual report, 858
- Asylum, Lancaster Royal Albert, 1858
- Asylum, Leicestershire, the new, 1554
- Asylum, Long Grove (the new London County Council Asylum), 276
- Asylum, Monmouth, Abergavenny, annual report, 783
- Asylum, Nottingham City, Mapperley Hill, 1286
- Asylum, Roxburgh, Berwick, and Selkirk District, 857
- Asylum, Salop and Montgomery, 1471
- Asylum, Somerset and Bath, Wells, annual report, 1285
- Asylum, Suffolk District, 1754
- Asylum, Surrey County, Brookwood, 782
- Asylum, new, at Vienna, 1014
- Asylum, Watford District, salary of medical superintendent, 551
- Asylum, West Sussex County, Chichester, annual report, 1563
- Asylum, West Riding, cavernous angioma in the temporo-sphenoidal lobe of the brain (Margaret B. Dobson), 144; annual report, 1562
- Asylum, Wilts County, annual report, 1027
- Asylum, Worcester County and City, annual report, 1193
- Ataxia, unusual case of (F. S. Heaney), 1426
- Atcham combined district, report of M. O. H., 781
- ATKINS, W. R. GELSTON: Cryoscopy of urine, 1578
- ATKINSON, STANLEY B.: *The Office of Midwife (in England and Wales) under the Midwives Act, 1902, 2 Edw. VII, Cap. 17*, rev., 460; the late Dr. Robert Barnes and the Shadwell Hospital, 1021
- ATKINSON, T. RUELL: Case of wasp sting, 1148; large fatty liver in an infant: sudden death, 1711
- Atlas, New Sydenham Society's. *See* Society
- Atoxyl in sleeping sickness (leading article), 1733
- Atoxyl in syphilis, 293
- Atoxyl in treatment of sleeping sickness (Sir Robert Boyce), 624
- Atresia vaginae and delivery (Amand Routh), 1149
- ATWATER, W. O., obituary notice of, 1108
- Auditory cortical centre, bilateral lesion of, complete deafness and aphasia (F. W. Mott), 310
- Augmentation in the arms of medical men. *See* Medical men
- Aural polypi. *See* Polyp
- Aural suppuration, duty of restoring hearing by operation in chronic (Charles J. Heath), 80; correspondence on, 175, 236, 298, 366
- AUSTIN, L. J.: Some experiences with the tuberculin ophthalmic reaction, 1520
- Australia, plague in, 120, 461, 559, 856, 1170, 1449, 1730
- Australia and tuberculous immigrants, 46; tropical medicine in, 1001; proprietary remedies in, 172, 1004, 1177
- Australia, notes from, 414; medical inspection of school children in South Australia, 414
- Australian aborigines, 1852
- Australasia, conditions of practice in, 615
- Austria, hospital statistics in, 267; public health and lunacy reform in, Bills promised, 410; health of labourers, 698; new Public Health Bill, 951
- Austria, conditions of practice in, 614
- Austrian Chamber of Deputies decides to form sanitary committee, 362
- Austrian universities, medical students in, 1444. *See also* Vienna
- Automobile club, medical, foundation of in Vienna, 1429
- AUVRAY, M.: *Chirurgie du Foie et des Voies Biliares*, rev., 265
- Bacillus in blood of persons suffering from general paralysis of the insane (George M. Robertson), 806
- BACON, G.: *Manual of Otolaryngology*, rev., 266
- Bacteria in aerated water, 1755
- Bacterial vaccines, three cases treated by (reported by M. L. B. Rodd), 204
- Bactericidal action, phagocytosis and (George Dean), 1409
- Bacteriological treatment of paralysis. *See* Paralysis
- Bacteriologist at the Local Government Board, 46
- Bacteriology, plea for the study of by the general practitioner (J. Arnall Jones), 1764
- BAILEY, C. FRED.: X-ray method for immediate localization of foreign bodies, 1207
- BAILEY, FRANCIS W.: Ether administration by the open method, 1621, 1823
- BAKER, ARTHUR W. W.: Difficult eruption of the third molar, 1501
- BAKER, Dr., removal of as M.O.H. for Winterton, 1797
- BALE, WM. BARKER: Average fee of Poor-law medical officer, 1376
- BALFOUR, ANDREW, memorial to, 114; peculiar blood condition, probably parasitic, in Soudanese fowls, 1330
- BALLANCE, HAMILTON A.: The Referendum, 1017
- BALLANTYNE, ARTHUR J.: Ocular symptoms in cerebro-spinal meningitis, 190
- Ballinagh dispensary medical officer. *See* Dispensary
- Balneological Society. *See* Society
- BALTHAZARD: *Précis de Pathologie Interne*, rev., 829
- BANDELLER: *Lehrbuch der spezifischen Diagnostik und Therapie der Tuberkulose*, 1795
- Bangkok, proposed new hospital in, 1001
- Bankruptcy of a partner, 121
- BANKS, Sir JOHN, 296
- Bantam cock, peck from, causes wound of cornea and traumatic cataract (reported by T. Harrison Butler), 752
- BAR, PAUL, succeeds Professor Budin in Chair of Obstetrics in Medical Faculty of Paris, 315, 1013
- BARKER, L. F.: *Anatomical Terminology, with special reference to the B.N.A.*, rev., 1783
- BARLING, GILBERT: Some observations on nephrectomy, 73
- BARLOW, Sir THOMAS: Appreciation of Sir William Broadbent, 179; work of the Clinical Society of London, 1094; writes introduction to *A School for Mothers*, 1787
- BARNES, FRANK: Perforated duodenal ulcer, 1343
- BARNES, HENRY: Stone coffin and chalice found in St Nicholas, Carlisle, 22
- BARNES, ROBERT: Estate of, 157; and the Shadwell Hospital, 1021
- BARNETT, H. NORMAN: *Sea-sickness: its True Cause and Cure*, rev., 1593
- BARNETT, L. E.: Presidential address and New Zealand Branch, 847
- BARR, Sir JAMES: Appreciation of Sir William Gairdner, 59; effects of respiration on the circulation, 702; the pleurae: pleural effusion and its treatment, 1289, 1806
- BARR, J. STODDART: Frequency and significance of optic neuritis and other vascular changes in retinae of patients suffering purulent middle-ear disease (J. Stoddart Barr and John Rowan), 1480
- BARRACLOUGH, H. C.: Bursting of a golf ball, 560
- BARRY, DAVID: Appointment to chair of physiology at Queen's College, Cork, 1012
- Barry Nursing Association. *See* Association
- Basal meningitis. *See* Meningitis
- BASSETT-SMITH, Fleet Surgeon P. W.: *Therapeutical Treatment of Mediterranean Fever by Means of Vaccines*, etc., rev., 321; frequency of aneurysms in the Royal Navy, 510; history of the work done in connexion with Mediterranean fever, 1830
- BASTELICA, Count COSTA DE, obituary notice of, 123
- BATEMAN, A. GEORGE: A warning, 944
- BATTEN, F. E.: Lumbar puncture, 741
- Battersea, Early Notification of Births Bill and, 1670
- BAYON, P. G. E.: Peritheliomata and endotheliomata and their position in oncology, 1400
- BAZETT, HENRY: "An appeal from gynaecologists," 554
- BEARDS, CLIFFORD: Case showing the Stokes-Adams phenomena, 1039
- BEATSON, Colonel C. H., C.B. conferred upon, 41
- BEATSON, G. T., K.C.B. conferred upon, 1452, 1458; an unusual motor-car accident, 1641
- BEATTIE, JAMES M.: Sporozoon in aural polypi, 1402
- BEATTY, R. P.: Diphtheria of glans penis following circumcision, 1582
- BEAUMONT, W. M.: *Injuries of the Eyes of the Employed and the Workmen's Compensation Act: Problems in Prognosis*, rev., 22; Synergic movements of the eyelids and mouth, 629
- BECKETT, T. G.: Phlebotomy and Roentgen rays, 1064
- BECK'S illustrated catalogue of microscopes, 530
- BEDDOE, JOHN, presentation of portrait of, 111

- BEDDOES, THOMAS LOVELL, 1171
 Bedside manner 1845
 Bee stings and rheumatism, 63
 Beef, tuberculous, 1857
 BEGG, CHARLES: Complications found in chronic case of sprue, 1347
 Beggars, "unqualified," 753
 Belfast, health of, 49, 170, 233, 296, 771, 1012, 1368, 1616; notification of tuberculosis in, 109; consumption hospital at, 167, 929; the Health Commission, 273, 293, 363; final sittings, 296; hospitality of the High Sheriff, 296; rioting in, on the nights of August 11th and 12th, 413; notification of deaths in, 561; opening of new sanatorium for consumption at, 929; proposed tuberculosis exhibition at, 1012; observations on the recent outbreak of cerebro-spinal fever in (A. Gardner Robb), 1129; opening of the winter session of the medical school, 1158; registration of deaths in, 1457; forthcoming tuberculosis exhibition at, 1551, 1682, 1744; "Belfast University," 1551; health of the school children, 1616; tuberculosis museum, 1616; isolation accommodation at, 1744
 Belgium, school for mothers in, 50; conditions of practice in, 615; medical members of Parliament, 1087; proposed Bill for the regulation of medical practice in, 1678
 BELL, CHARLES E.: Strangulation of small intestine through rent in mesentery, 1710
 Belladonna, poisoning by (Connor Maguire), 1515
 Benares, house flies in, 1170
 Bendigo, miners' phthisis in, 839
 Bengal (Eastern) sanitary report, 1449
 Bennett Medal and Prize, 1854
 BENNETT, REGINALD R. (editor): *Pharmacopoeia of the University College Hospital*, 1907, rev. 1242
 BENNIE, P. BRUCE: *Rational and Effective Treatment of Hip-Disease*, rev. 950
 BEN-ON, M.: Poisoning by bromoform, 204
 BENTHALL, ALBERT: Medical referees under the Workmen's Compensation Act 1906, 237
 Requests to hospitals and medical charities, 15, 122, 157, 159, 274, 284, 302, 318, 373, 402, 457, 465, 537, 625, 681, 783, 950, 988, 1001, 1022, 1065, 1152, 1172, 1538, 1563, 1594, 1749, 1752, 1761, 1773, 1777
 BERGELL, P.: Pathogenesis of malignant tumours 161
 BERGER, EMIL: *Ueber Augenerkrankungen sexuellen Ursprunges bei Frauen*, rev. 991
 Beri-beri etiology and pathological histology of (R. Tanner Hewlett and W. E. de Korté), 201, 1281
 Beri-beri at Newcastle upon-Tyne, 1615
 Beri-beri, the kidneys in, 1105
 Beri-beri, review of books on, 754
 BÉRIEL, DR.: *Syphilis du Poumon chez l'Enfant et chez l'Adulte*, rev. 392
 Berlin, special correspondence from, 50, 698, 772, 1554; Professor von Leyden, 50; sale of medical practices, 50; cholera in Western Russia, 698; the Charité Hospital, 698; a medical tour, 698; sale of alcoholic beverages in sanatoriums, 772; sale of poisons by medical men, 772; *Berliner klinische Wochenschrift*, 1554; practical measures to discourage alcoholism, 1555; statistics of the Beilitz Sanatorium, 1555; Professor Koch's return to Berlin, 1555
 Berlin, post graduate lectures in, 1538
 Berlin Cancer Institute, 925
 BERNARD, WALTER, proposed testimonial to, 335
 BERRY, MRS. DICKINSON: Family history and home surroundings of mentally defective children in London centres, 1038
 BERRY, JAMES: Operation for goitre, 147
 BERRY, WILLIAM, presentation to, 1731
 BESREDKA: Toxicity of therapeutic serums, 1676
 BEUKMANN, DE. See De
 BEZOLD, FRIEDRICH: *Lehrbuch der Ohrenheilkunde für Ärzte und Studierende*, rev., 266
 Bibliography, medical, 1171
 Bicycle, motor. See Motor
 BIER, Professor: Injections of blood in malignant tumours (leading article), 404
 BIGG, EDWARD: Theocine sodium acetate, 1196
 BIGG, HEATHER: Hospital funds and the exclusion of Scottish diplomats from the majority of hospitals, 117
 BIGGS, M. G.: Use and abuse of forceps in midwifery practice, 1068
 Bilateral lesion of auditory cortical centre. See Auditory
 Bile duct, congenital syphilitic obstruction of the common (H. D. Rolleston), 947
 Bile ducts, congenital obliteration of (J. G. Emanuel), 385
 Bile secretion, pressure of, and mechanism of bile absorption in obstruction of bile duct (Percy T. Herring and Sutherland Simpson), 913
 Bilharzia disease in Cyprus (George A. Williamson), 1333
 Bilharziosis, review of books on, 523
 Bill, Appropriation, 479
 Bill, Butter and margarine, 294, 410, 479
 Bill, Education, 409, 547; (administrative provisions), 409, 547
 Bill, Expiring Laws Continuance, 546
 Bill, Finance, 108
 Bill, King Edward's Hospital Fund. See Fund
 Bill, Medical Practice by Companies, prohibition of 109
 Bill, Early Notification of Births, 364, 414, 483, 540, 545, 696, 701, 853, 941, 944, 1182, 1266, 1271, 1367, 1549, 1612, 1615, 1670, 1688, 1740, 1743, 1777, 1801, 1802, 1804; correspondence on, 364, 414, 485, 853, 941, 1804; leading article on, 540; questions in Parliament, 545; views of the profession in Manchester, 696, 1211, 1801; circular from Local Government Board on, 943; circular from Local Government Board in Scotland on, 1182; note on, 1266; Bradford and, 1367, 1802; Swinton and, 1549; in Liverpool, 1612, 1740; in West Yorkshire, 1615; at Battersea, 1670; in Manchester, 1688; in Dublin, 1743; discussion on in Aberdeen, 1777
 Bill, Public Health, 45, 229, 295, 362, 409, 479, 547; questions in Parliament, 45, 229, 295, 362, 409, 479, 547; (regulations as to food), 362, 479
 Bill, Public Health (Scotland) Amendment, 363, 547
 Bill, Purity of Milk Supplies (Scotland), 476
 Bill, Vaccination, 352, 409, 546
 Bill, Vaccination (Scotland), 229, 362, 410, 479, 546
 BILLINGS, FRANK (Editor): *Modern Clinical Medicine: Diseases of the Digestive System*, rev., 1717
 BILLINGS, Staff Surgeon WILLIAM THOMAS, obituary notice of, 1025
 BILLINGTON, WILLIAM: Rupture of middle meningeal artery, operation, recovery, 987; movable kidney from a surgical standpoint, 1575, 1687
 Bimetric minimeter, 24
 Biometrics and the Drapers' Company, 414
 Birmingham, notes from, 231, 297, 412, 551, 1367, 1460, 1612, 1681, 1801; Medical Benevolent Society, 231; the General Hospital, 231; health of the city of Birmingham, 297, 1460; Worcester and Warwick Infantry Brigade Bearer Company (R.A.M.C. Vols.), 412; infant mortality, 551; Hospital Saturday and Sunday Funds, 1367; Queen Alexandra Sanatorium, Davos, 1367; Children's Hospital, 1460; Royal Army Medical Corps, territorial army, 1612; Institute of Hygiene, 1612; Huxley Lecture, 1681; teeth of school children, 1681; factory girls and drinking clubs, 1682; medical students' dinner, 1801
 Birmingham University. See University
 BIRRELL, AUGUSTINE, on Irish university education, 1457
 BIRT, Lieutenant Colonel C.: South African diseases, 1335; Mediterranean fever in South Africa, 1336
 Birthday honours, 41, 1451
 BISHOP, E. STANMORE: Mobile kidney, with a description of a new operation for its treatment, 901
 BISHOP, H. DRAPER: Diphtheria and antitoxin, 1518
 BLACKHAM, Major R. J.: Teaching of hygiene in the army, 521; *Midwives' Pocket Register and Casebook*, rev., 1070; *Household Emergency and Reference Chart*, 1111
 Blackwater fever. See Fever
 Bladder, femoral hernia and (J. D. Malcolm), 1237
 Bladder, ruptured, case of (reported by J. McK. Harrison), 526
 Bladder, villous tumour of (Dr. Boxwell), 1712
 BLAKE, CLARENCE JOHN: *Operative Otolaryngology: Surgical Pathology and Treatment of Diseases of the Ear*, rev., 1591
 BLANCHARD, DR.: Rare human parasite in a boy, 1042
 BLAND-SUTTON, J.: Indications for performing cholecystectomy, 877
 BLASCHKE, PAUL: *Dolmetscher am Krankenbette*, rev., 392
 Blindness, causes of (Simeon Snell), 1215; discussion, 1217
 Blindness, word, 4 cases of congenital, occurring in the same family (James Hinshelwood), 1229; discussion, 1232
 Blond, arterial, Haldane-Smith method of estimating the oxygen tension of (W. A. Osborne), 1579
 Blood, coagulating time of, clinical method of estimating (J. P. McGowan), 180; (Charles Mercier), 1774
 Blood, fatty degeneration of (S. G. Shattock and L. S. Dudgeon), 1066
 Blood films, observations on, with special reference to the presence of haemoconia (Frederick Porter), 1773
 Blood in malignant disease, 1753
 Blood injections in malignant tumours, 404
 Blood pressure in fainting fits, 686; in spa practice (Dr. Edgecombe), 1778
 Blood-making organs, review of books on, 1431
 Blood serum, influencing phagocytosis, method of recognizing the presence of specific substances in (C. Peel Ritchie), 1419
 Blood, transfusion of, 1006
 BLUMENFELD, FELIX: *Verhandlungen des Veretins Süddeutscher Laryngologen*, rev., 913
 Board of Education and a Medical Bureau, 166; its attitude to school hygiene (leading article), 760; institution of a medical department, 779; chief medical officership of, 854, 940; and medical inspection of schools, 1019, 1103. See also School Children and Schools
 Board, Local Government, 46, 107, 171, 760, 1671; bacteriologist at, 46; impotence of, 107; and Haverfordwest, 171; scientific investigations for, in Eng'land, 780; annual report of medical officers to, 1071, 1162
 Board, Local Government, of Ireland, 412, 481, 1098; inquiries at Limerick, 412; judicial proceedings of, 481, 1098; annual report of, 1098
 Board, Local Government, of Scotland, regulations re cholera, yellow fever, and plague, 758
 Board, Metropolitan Asylums, 1177, 1267, 1695; nursing under, 1177, 1267; and phthisis, 1695
 Board, Central Midwives, 64, 243, 402, 1536; correspondence re, 64, 243; number of candidates who presented themselves for examinations, 402; result of October examinations, 1536
 BOAS, I.: *Diseases of the Stomach*, rev., 1651
 Bodies found in ticks (F. Crighton Wellman), 142
 Body temperature, continuous record of, 620
 BÖHM, A. A.: *A Textbook of Histology, including Microscopic Technique*, rev., 1783
 Boils, abortive, treatment of, 1812
 Bold advertisement, 51
 BOLTON, JOS. S.: What can the family doctor do for the inebriate? 851
 BOMARE, JACQUES FRANÇOIS BERNARD VALMONT DE, 914
 Bombay, sanitary report of, 275; assistant health officerships, 466
 BOND, C. J.: On the urinary mucous tract, and not the blood stream, as the route of invasion by pathogenic organisms under certain conditions, 1639
 Bone abscess. See Abscess
 Bone hobbin or button for enterorrhaphy, suggestions for (J. Cropper), 1581
 Bone-grafting and regeneration (H. V. Drew), 908
 BOODLE, R. M.: Treatment of Colles's fracture of the wrist, 987
 "Book of the South-West," 224, 1623
 Boot, a new, 1784
 Boracic acid poisoning, 1695
 Borax as a food preservative, 109
 BORD, BENJAMIN: Appendicitis and secondary syphilis, 1563
 BOSE, C. L.: Diabetes in the tropics, 1654
 BOSE, RAI KOILAS CHUNDER: Diabetes in the tropics, 1053
 Boston, relief of consumption in, 780; proposed foundation of a paediatric society in, 1731
 BOSWELL, DUDLEY W.: Reports case of cerebro-spinal meningitis, with immediate recovery after trephining, 1776
 Bot fly, camel, new use for, 1287
 Bottlemakers' cataract. See Cataract
 BOURGET, LOUIS VON: *Die Krankheiten des Mayens und Ihre Behandlung*, rev., 205
 BOURKE, Colonel G. D., C.B. conferred upon, 41
 Bourne Rural District, report of M.O.H., 241
 BOURNEVILLE (and his assistants): *Recherches Cliniques et Thérapeutiques sur l'Épilepsie, l'Hystérie, et l'Idiotie*, rev., 459
 Bovine viruses, pathogenic effects of, 210; leading article on, 222
 BOWLAN, MARCUS MARWOOD: Practical teaching of midwifery, 1557
 BOXWELL, DR.: Villous tumour of the bladder, 1712
 BOYCE, Sir RUBERT: Treatment of sleeping sickness and other trypanosomiasis by the atoxyl and mercury method, 624
 BOYCOTT, ARTHUR E.: Anaemia in ankylostomiasis, 1318
 BRADDON, W. LEONARD: *Cause and Prevention of Beri-beri*, rev., 154
 Bradford, Anthrax at, 48, 412, 1315; municipalization of the charities of, 110; municipal milk dépôt, 168; police surgeons'hip, 231, 411, 928; open-air sanatorium at, 552; refuse destruction in, 563; health of, 845; City Health Committee, 928; meals for school children in, 1011; sewage, 1273; Bradford small-pox hospital as a consumptive sanatorium, 1681; Notification of Births Act, 1367, 182; St. Catherine's Home for Cancer, 1802
 Bradford Division and the Medical Secretary, 1150
 BRADFORD, J. R.: Unusual cases of diabetes, 1065
 BRADLAW, HENRY J., Surgeon Dentist, Limited, 1367
 Bradshaw lecture: a comment, 1748
 Bradshaw lecture. See Lecture
 BRADSHAW, Surgeon-Major-General A. F., appointed Consulting Physician Queen Alexandra's Military Hospital, 1841
 BRADSHAW, THOMAS R.: Is a round-table conference possible? 1619
 Bradycardia, epileptoid attacks in (Fred. Hugh Clarke), 308; case of (A. E. Remmett Weaver), 711. See also Tachycardia
 Brain abscess. See Abscess

- BRAINE, FRANCIS WOODHOUS, obituary notice of, 1379
- BRAMWELL, BYRON: Teaching and learning medicine, 1094; *Clinical Studies a Quarterly Journal of Clinical Medicine*, rev., 1594
- Branch surgeries, 1468
- Branchial fistula. See Fistula
- BRANTHWAITE, R. WELSH: nebrity, its causation and control, 1029; note on, 1083; alcohol and hobnail liver, 1376
- BRENNAN, MARK A., obituary notice of, 302
- BREWER, W. K.: Assistant health officerships, Bombay, 486
- BREWERTON, ELMORE: *Textbook of Ophthalmic Operations*, rev., 267
- BRIANT, A. J.: Motor bicycle side-slip, 1028
- BRIERLEY, JAMES BRASSEY: Association and the General Medical Council 1235: the Referendum, 1102
- Bristol, notes from, 111, 843, 927, 1011, 1100, 1274, 1368, 1459, 1547, 1680, 1741; D. John Beddoe, F.R.S., 111; admission of women to the medical school, 111; St. John Ambulance, 111; plurality of hospital appointments, 843, 927, 1100; medical appointments at the Bristol Royal Infirmary, 101, 1100, 1274, 1368, 1459, 1547, 1680, 1741; medical school annual dinner, 1100; settlement of the difficulty at the Royal Infirmary, 157, 1680; medical inspection of schools, 1681
- Bristol Medical Reading Society (L. M. Griffiths), 1084
- British Army. See Army
- British Association. See Association
- British Columbia, conditions of practice in, 615
- British Medical Association. See Association
- British Medical Benevolent Fund. See Fund
- British Museum, some of its first officers, 914
- British Pharmaceutical Code, rev., 1240
- British practitioners abroad, conditions of practice, 614
- BROADBENT, BENJAMIN: Early Notification of Births Bill, 384
- BROADBENT, G. H.: The Referendum, 939, 1103, 1374, 1556
- BROADBENT, SIR WILLIAM: death of, 104; obituary notice of, 177, 239; appreciation of, 239; estate of, 294
- Brookhurst Fund. See Fund
- BRODEN, A.: *Rapport sur les Travaux der Laboratoire Médical de Leopoldville de 1900 à 1905*, rev., 1347
- BRODIE, C. GORDON: *Dissections Illustrated: A Graphic Handbook for Students of Human Anatomy*, rev., 827
- Bromoforn, poisoning by (M. Benson), 204; (J. A. Langdon), 164; correspondence on, 299
- BRONNER, ADOLPH: Thrombosis of lateral sinus and obliteration of jugular vein, 982
- BROOK, E. H., reports a case for diagnosis, 1065
- BROOK, WM. HENRY J.: Diagnosis and treatment of appendicitis, 67
- BROUARDEL, Professor, monument to, 108
- BROUARDEL, P.: *Nouveau Traité de Médecine et de Thérapeutique*, rev., 205; *Traité d'Hygiène*, rev., 911
- BROWN, BURTON: Scientific treatment of dyspepsia, 1239
- BROWN, Dr., of Bapur: On the healthiness of plant life, 1793
- BROWN, GEORGE, obituary notice of, 1754
- BROWN, GRAHAM: *Medical Diagnosis*, rev., 911
- BROWN, Dr. JOHN: On vivisection, 1736
- BROWN, LAWRENCE: Inheritance of pulmonary tuberculosis, 555, 1104, 1623
- BROWN, WALTER P.: Maintenance of the honour and interests of the profession, 850
- BROWN, W. LASEDON: Case of myelopathic albuminuria, 326
- "Brown dog" of Battersea, 1609, 1737, 1800
- BROWNE, C. R.: Circumcision by the bite of dog, 860
- BROWNE, E. A.: *Squint*, rev., 1241
- BROWNE, SIR THOMAS: Bibliography of his *Religio Medici*, 94
- BROWNING, CARL H.: Experimental Chemotherapy in trypanosome infections, 1405
- BROWNLEE, ALEXANDER: Open continuous drop method of administering ether, 1824
- BROWNLEE, JOHN: *Statistical Studies in Immunity*, 838
- BRUCE, W. IRONSIDE: A system of radiography, 638; discussion, 638: *A System of Radiography, with an Atlas of the Normal*, rev., 991; sciatica and hip-joint disease, 1648
- BRUCE, WILLIAM: Board of Education and medical inspection of schools, 1103
- BRUCE-PORTER, H. E.: A doctor's water rate, 64
- BRUMBY, W. H., announces his intention of quarantining all persons suffering from advanced tuberculosis, 114
- BRUNS, LUDWIG: *Die Geschwülste des Nervensystems*, rev., 1590
- BRUNTON, ALICE H., accorded diploma of Officer de l'Instruction Publique, 629
- BRUNTON, SIR LAUDER: *Collected Papers on Circulation and Respiration*, rev., 310: evidence of before Royal Commission on Vivisection, 998; introductory address at London School of Tropical Medicine, 1315
- BRYCE, THOMAS H., Keith Prize awarded to, 413
- BYRON, MUNGO: Case of ptomaine poisoning from mutton, with marked bradycardia, 1710
- BUCHANAN, A. M.: *Manual of Anatomy, Systematic and Practical, including Embryology*, rev., 827; *Manual of Anatomy to be obtained in one volume*, 833
- BUCHANAN, Major W. J.: Cerebro-spinal fever and dust, 852
- BUCKMASTER, G. A.: Representation of the Medical Faculty on the Senate of the University of London, 1372
- Buenos Aires, Institute of Criminology in, 1262
- BUFFON, GEORGE LOUIS LE CLERC DE, 1261
- BUIST, R. C.: The Referendum, 1374; opinion of the British Medical Association, 1374
- Bulford camp, typhoid fever at, 410
- Bulgaria, mineral springs in, 536; national physique in (leading article), 540; conditions of practice in, 615
- Bullet wound, cases of (reported by S. McNaughton), 1827
- BUNGE, G. V.: *Textbook of Organic Chemistry for Medical Students*, rev., 1832
- BURFORD, G. H.: Evidence of before the Royal Commission on Vivisection, 1665
- BURGESS, ARTHUR H.: One year's work in acute appendicitis, 70
- Burgess's lion ointment, composition of, 393
- Burial at sea, 42
- Burial, live, case of intentional, 1610
- Burmah, sanitary report, 276
- BURNHAM, F. W. E.: Vagitus uterinus, 492
- Burns, fatal, in children, 1740
- Burns and scalds afloat, treatment of (Staff Surgeon P. T. Sutcliffe), 523
- BURR, C. B.: *Primer of Psychology and Mental Disease*, rev., 912
- BURROWS, HAROLD: *Manual for Nurses in Abdominal Surgery*, rev., 529
- BUSHE, Surgeon C. K.: Treatment of syphilis afloat, 511
- BUSHNELL, F. G.: Mycosis fungoides, 1403; bone abscess due to a bacillus allied to *B. paratyphosus*, 1775
- BUTLER, T. HARRISON, reports case of wound of cornea and traumatic cataract caused by peck from a bantam cock, 752
- BUTLIN, HENRY TRENTHAM: On the contagion of cancer in human beings: auto-inoculation, 255; representation of the Medical Faculty on the Senate of the University of London, 1463
- Butter and Margarine Bill. See Bill
- Butter, milk-blended, 411
- BUTTERS, GEORGE: Thickening of the skin of the sole, 620
- Buttons or bone bobbin for enterorrhaphy, suggestions for (J. Cropper), 1581
- BUXTON, E. H.: Absorption from the peritoneal cavity, 1421
- BUXTON, DUPLEY WILMOT: *Anaesthetics: their Use and Administration*, rev., 22
- BUZZARD, E. FARQUHAR: Lumbar puncture, its diagnostic and therapeutic value, 739
- CALVES for vaccine, cost of, 46
- CALWELL, Dr.: Typhoid fever with unusual complications, 84
- CAMACHO, MARTIN: *Recherches sur l'Involution Uterine*, rev., 458
- Cambridge University. See University
- Camel bot-fly. See Bot
- CAMERON, Sir CHARLES, tribute to, 1387
- CAMERON, JAMES: Hospital funds and the exclusion of Scottish diplomats from the majority of London hospitals, 50
- CAMERON, S. J.: Fibroids and fibro-myomatous tumours in unusual sites, 448
- CAMMIDGE, P. J.: "Pancreatic" reaction in urine, 116
- CAMPBELL, ARTHUR: Royal Society and the test for colour blindness, 1622
- CAMPBELL, HARRY: Diuretic action of theosine sodium acetate, 388
- Canada, notes from, 767, 1101; Dr. R. A. Reeve of Toronto, 767; Ontario Medical Council, 767; sanatorium for advanced consumption, 767; tariffs, 767; Association of Medical Officers of the Militia of Canada, 1101
- Canada, medical journals in, 1356
- Canadian Medical Association. See Association
- Cancer canard, 244
- Cancer of cervix, operative treatment of (Cuthbert Lockyer), 443; correspondence on, 554, 703, 776
- Cancer, contagion of in human beings, auto-inoculation (Henry Trentham Butlin), 255
- Cancer, cutaneous, inflammatory changes in posterior spinal root ganglia in cases of (G. Lenthal Cheadle), 140
- Cancer, earlier recognition of, 704, 854
- Cancer, excision of rectum for (Mr. Fullerton), 86
- Cancer exhibition, 541
- Cancer hospital. See Hospital
- Cancer, increase of (A. Laphorn Smith), 220
- Cancer institute, the Berlin, 925
- Cancer Institute at Heidelberg, proposed, 1792
- Cancer of both knee-joints secondary to uterine cancer, 361
- Cancer, mammary, radical treatment of (leading article), 663
- Cancer problem (Charles Gordon Mackay), 138; correspondence on, 299
- Cancer problem: a suggestion (F. B. Skerrett), 1206
- Cancer publications which have appeared since 1902, 1448
- Cancer question, educational aspects of (Charles P. Childie), 135
- Cancer research, 1611, 1724, 1773; in Germany, 1724, 1773
- Cancer Research Fund. See Fund
- Cancer, review of books on, 460
- Cancer, Royal Commission on, 46
- Cancer, St. Catherine's Home for, Bradford, 1802
- Cancer, uterine, measures to be recommended to secure the earlier recognition of (Herbert R. Spencer), 431; discussion on, 434, 439
- Cancer, vital statistics of, 158
- Cancer, X-ray treatment of, statistics of (J. Delprat Harris), 644
- CANDLER, J. P.: Investigation into the incidence of diphtheroid organisms in general paralysis of the insane, 806; some motile elements seen in certain cerebro-spinal fluids, 1559
- Canterbury notes from, 1742; Territorial Army Medical Corps, 1742
- CANTLIE, JAMES: Introductory address as President of Tropical Diseases Section, 1043; anatomical studies of the rectum and sigmoid flexure in relation to the causes and treatment of mucus in the stools, associated with intestinal flux, 1340; 100 cases of liver abscess, 1342
- Canton, climate of, 1287
- Canvassing for clubs, 1467
- Cape Colony, notes from, 1369; insanity in 1906, 1369
- Cape Colony, conditions of practice in, 615; Amendment of the Medical Act 1907, 848
- CAPIES, ROBERT: Malignant endocarditis lasting over six months without bruit, 1825
- Carbon monoxide, poisoning by, 1750
- Carcinoma. See Cancer
- Card, a, 1109
- Cardiff: the workhouse and the isolation of consumptives, 846; Health Laboratory of Cardiff and County, 846
- CAREY, R. J., presentation to, 1670
- CARMICHAEL, THOMAS, and vivisection, 1537
- CARMICHAEL, E. S.: Correlation of ovarian and uterine functions, 1572
- CARROLL, Major JAMES, obituary notice of, 1107
- CARR-WHITE, P.: Open-air treatment of acute pneumonia, 1515
- CARSWELL, JOHN, testimonial to, 335, 1274
- CARTER, J. T.: Some points on the growth of the jaws, 1714
- CARTER, Deputy Surgeon-General ROWLAND WINBURN, obituary notice of, 1193, 1284
- CARTER, WILLIAM, retirement of, 1710
- CARWARDINE, T.: Acute generalizing peritonitis, 1565; primary sarcoma of vermiform appendix, 1771

Case for diagnosis (reported by E. H. Brook), 1065
CASH, G.: *Our Slaughterhouse System: a Plea for Reform*, rev., 676
CASSIRER, R.: *Die Encephalitis*, rev., 1524
CASTELLANI, ALDO: Note on the spirochaete of yaws (*Spirochaeta pertenue*), 1511; note on a bacillus found in a case of gangrenous appendicitis, 1512
Cataract, oldest existing illustration of operation for (Professor Hirschberg), 32; (Camille Viellard, 94)
Cataract, bottle-makers' (William Robinson), 381; correspondence on, 555
Cataract extraction, prolapse of iris in simple (A. C. Roper), 1236
Catarrh, spring, clinical observations on (Lieutenant-Colonel H. Herbert), 1232; discussion, 1233
Catgut, chromicized, absorption of, 1812
Catgut ligatures, unabsorbed (P. Dee), 263
Catheters, sterilized lubricant for, 526, 859, 1028, 1564
CATON, RICHARD: Prevention of valvular disease, 515; Liverpool housing, 486; nominated Lord Mayor of Liverpool, 834; elected Lord Mayor of Liverpool, 1459
CATTELL, J. KEEN: *Statistical Study of American Men of Science*, 1546
CAVE, EDWARD J.: Spa treatment of neurasthenia, 127
Cavernous angioma. See *Angioma*
Caxton Convalescent Home. See *Convalescent*
CAYLA, F.: *Régimes Pathologiques et Régime Po-Jah*, rev., 205
Celebrated in advertisement, 560
Cell changes in dourine and sleeping sickness (F. W. Mott and Helen G. Stewart), 1327
CELLI, A.: *Manuale dell'Igienista*, rev., 673
Central Emergency Fund. See *Fund*
Cerebellar haemorrhage. See *Haemorrhage*
Cerebral diplegia (Dr. Hobhouse), 66
Cerebral lesions, sudden: their diagnosis and immediate treatment (Sir William R. Gowers), 1
Cerebral tumour. See *Tumour*
Cerebral vascular lesions, pathology and treatment of (James S. Corner), 1523
Cerebro-spinal fluid in human trypanosomiasis, 758
Cerebro-spinal fluids, some motile elements seen in certain (Frank C. Eve), 1393; correspondence on, 1559
CERNÉ, Dr.: The gynaecological stomach, 293
Certification of alcoholic dement, 1285
Cervix, artificial dilatation of, to hasten delivery at full time (Robert Jardine), 426, 431; discussion on, 429
Cervix, cancer of. See *Cancer*
Cervix uteri, new cupping instrument for, 1833
CESTAN: *Précis de Pathologie Interne*, rev., 829
Ceylon, notes from, 1183, 1370; public health and medical institutions, 1183; public health in 1306, 1370
Ceylon, climate of (W. H. de Silva), 1338; demonstration, 1340
Ceylon, lepra ophthalmica in (W. H. de Silva), 1235
CHALDECOTT, J. HENRY: Use of cocaine in the morphine habit, a warning, 555
CHAPMAN, W. LOUIS, Alvarenga prize awarded to, 1265
Charcot's library presented to Salpêtrière Hospital, 1554
CHARD, R. A. S.: Ships' surgeons, 1112
CHAKRAVARTI, SATYASARAN: Diabetes in the tropics, 1056
Charities Register and Digest, rev., 23
Charity benefits of the Pari-Mutuel system, 1460
Charity green fly, 166
CHARLES, Sir K. HAYLOCK: Diabetes in the tropics, 1051, 1063
CHAVIGNY, P.: *Diagnostic des Maladies Simulées*, 102
CHEADLE, Dr.: Appreciation of Sir William Broadbent, 181
CHREATLE, A. H.: *Some Points in the Surgical Anatomy of the Temporal Bone from Birth to Adult Life*, rev., 89
CHREATLE, G. LENTHAL: Inflammatory changes in posterior spinal root ganglia in cases of cutaneous cancer, 140; operative treatment of carcinoma of cervix, 554
Cheddington, new water system for, 37
Chelio-pompholyx following parturition (Douglas Macdonald), 1237
Cheltenham and its M.O.H., 1731
Chemistry, physiological, review of books on, 524, 1832
Chemistry of the purin bodies, review of books on, 1592
Chemistry, syntheical, and biology (leading article), 1173; note on, 1564
Chemotherapy, experimental, in trypanosome infections (Carl H. Browning), 1405
Chestnut districts (Mid), report of M.O.H., 781
Cheshunt Urban District, report of M.O.H., 781
Chicago, medical inspection of schools in, 655; "health clearing house" in, 1800
CHICHESTER, E., reports case of cystic calculus, 1516; reports case of strangulation of a hernia by a suppurating appendix, 1648

CHIENE, GEORGE: Preliminary note on a simple operation for uncomplicated oblique inguinal hernia in young adults, 1369
CHIENE, JOHN, career of, 1767
Child with multiple deformities (Edward Jepson), 1647
Child, the unborn, its care and its rights (F. Arthur Helme), 421; leading article on, 473
Child-bearing age, 1286
Childbed, influenza and, 1365
CHILDS, CHARLES P.: Educational aspect of the cancer question, 135; case of successful resection of nine and a half feet of small intestine for gangrene, 891
Children, acute pneumonia in, 51; pneumococcal arthritis in (Cyril A. R. Nitch), 729; acute nephritis in, discussion on, 730; prolapse of rectum in (P. Lockhart Mummery), 812; discussion, 813; purpura (H. K. Dean), 815; acetonaemic conditions of (Frederick Langmead), 819; discussion, 821; correspondence on, 1288, 1380; tuberculin treatment of tuberculosis in (Clive Riviere), 1131; dental diseases in, 1485
Children, feeble-minded care of, 1359
Children, sick, at Stoke Workhouse, 846
Children, tuberculous, care of (T. N. Kelyack), 750
Children, underfed, 1603
Children's work in medicine (L. W. Marshall), 1522
China, the awakening of, 544
China, small-pox and vaccination in, 118
Chinese hospital in New York, 1262
CHITTENDEN, Professor, the diets of, 420
CHITTENDEN, RUSSELL H.: *The Nutrition of Man*, rev., 264
Chloroform, deaths under in general hospitals, 1750, 1860
Chlorosis, tuberculous (Alex. James), 1816
Choice of a medical career. See *Medical*
Cholecystectomy: Indications for performing (J. Bland-Sutton), 877, 883; (A. W. Mayo Robson), 1117; discussion, 880
Cholera in Russia, 680, 698
Cholesterin (E. Craven Moore), 1715
Chorea, cinctifuga in, 1380
Chorion-epithelioma (Walter C. Swayne), 440
Chorion-epithelioma, case of hysterectomy, recovery (D. G. Hunter), 1517
Christian science in fiction, 163, 221, 235, 300, 764, 859, 1021, 1543; leading article on, 221; correspondence on, 235, 300, 859; Mrs. Eddy recognizes death, 841, 1021; Christian science cure, 1543, 1696
CHRISTIAN, M.: How to cleanse glasses of germs, 1008
CHRISTOPHERS, Captain S. R.: Development of *Protoplasma cants* in the tick, 1333; *Sexual Cycle of Leucocytozoon cants* in the Tick, rev., 1347
CHROBAK, Professor: resignation of, 173
CHURCHWARD, ALBERT: Origin of "circumcision" 51
Chylothorax, case of (J. Penn Milton), 1210
Ciliary body, gummata of (G. Victor Miller), 82
Cinctifuga in chorea, 1380
Circulars to patients, 1857
Circulation, effects of respiration on (Patrick Watson Williams), 369; correspondence on, 702, 938
Circumcision, origin of, 51, 117, 243, 303
Circumcision by the bite of a dog, 880
Circumcision, diphtheria of glans penis following (Russell O'Brien), 908; (R. P. Beatty), 1582
Cirrhosis of liver with exophthalmic goitre (Dr. Miller), 1343
Cirrhosis of liver, hypertrophic, in an infant (H. S. Willson), 203
CLARKE, FRED. HUGH: Occurrence of epileptoid attacks in tachycardia and bradycardia, 308
CLARKE, H. H.: Achondroplasia, 1261
CLARKE, J. MICHELL: Case of lymphadenoma treated by x rays, 1137
CLARKE, JOHN E.: Erythema nodosum, 420
CLARKE, J. TERTIUS: Fraudulent advertisement, 174
Clarke's world-famed blood mixture, composition of, 530
CLAUDE, H.: *Précis de Pathologie Interne*, rev., 829
Claymore School, Pangbourne, Bucks, scholarships at, 29
CLAYTON, F. W. A.: Treatment of wounded in fleet actions, 1280
Clinical Medicine, London School of. See *London*
Clinical Pathology. See *Pathology*
Clopic spasm. See *Spasm*
Clover's ether inhaler, 1027
Club certificates and quack treatment, 1191
Club contracts, 1260
Clubs, canvassing for, 1467
CLUBBE, C. P. B.: dinner to, 50
COATES, HARCOURT, estate of, 402
Cocaine, sale of in New York, 1194; forbidden in Illinois, 1788
Cocaine in the morphine habit, use of: a warning, 555
Cocaine in nasal operations, 708
COCK, JOHN: The weather of June, 1907, and June, 1745, 124
COCKERELL, T. D. A.: Fossilized tsetse fly, 537

COHNHEIM, 'AUL: *Die Krankheiten des Verdauungstrakts*, rev., 1717
COLCLOUGH, W. FRANK: Theocine sodium acetate, 764
Colitis, lesions of sigmoid flexure as a cause of (P. Lockhart Mummery), 884
Colitis, mucosa, and appendicostomy (Seton Fringle), 171
Colitis, mucosa, fat assimilation and, 655; treatment of, 1472
College, Anderson's, Glasgow, information concerning medical study, 592
College, Armstrong, Newcastle, 1282; *Calendar*, 1282
College, Epson, 37, 268, 1172, 1749, 1805; annual general meeting, 37; founder's day, 268; proposed memorial to Archdeacon Robinson Thornton, 1172; correspondence on, 1749, 1805
College, King's, 581, 933, 1083; information concerning medical study, 581; opening of the winter session of the medical school, 933; scholarships, 1083
College, London Medical Graduates' and Polytechnic, information concerning, 601
College, Post-graduate, North-East London, 159, 502; vacation course, 159. See also *Post-graduate*
College, Queen's, Belfast, 593, 777, 847; information concerning medical study, 593; annual report, 777; opening of new laboratories, 847
College, Queen's, York, 593, 619, 1012; information concerning medical study, 593; report of President, 619; new chairs, appointments, 1012
College, Queen's, Balfour, 593; information concerning medical study, 593
College, Royal Army Medical. See *Army, British*
College, Royal, of Physicians of Edinburgh, 240, 1467; quarterly meeting, 240, 1467; the late Sir William Tennant Gairdner, 240; admission to membership, 240, 1467; admission to licence, 240, 1467; recognition of lecturers, 240; curriculum and examinations, 240; expulsion of licentiate, 240; admission to the fellowship, 1467; School of Medicine of the Royal Colleges, 1468; Hill Pattison Struther's Bursary, 1468; Wood Bursary award, 1468
College, Royal, of Physicians of Edinburgh, Royal College of Surgeons of Edinburgh and Faculty of Physicians and Surgeons of Glasgow, 240; quarterly examination, 240; pass lists and degrees, 240
College, Royal, of Physicians of Ireland, 182, 578, 1282; admission to membership, 182; information concerning medical study, 578; election of officers, 1282; election of fellows, 1282
College, Royal, of Physicians of London, 418, 488, 572, 1377, 1809; quarterly meeting, 418; lectures, 418; fellowship, 418, 1377; membership, 418, 1377; licence, 418, 1377, 1809; diplomas in public health, 418; communications, 418, 1377; college officers, 418; Baly medal, 418; reports, 418, 1377; census, 488; examiners, 488; regulations concerning the study of medicine, 572; Jenks scholarship, 1377; accounts, 1377; restoration of membership, 1377; Imperial Cancer Research Fund, 1377; committee of management, 1377
College, Royal, of Surgeons of Edinburgh, 240, 576, 1188, 1857; pass lists and degrees, 240; information concerning study of medicine, 576; presidential election, 1188; the fellowship, 1188; election of Fellows, 1857
College, Royal, of Surgeons of England, 120, 182, 387, 572, 616, 912, 1108, 1282, 1560, 1623, 1809; elections of members of Council, 120; Arnott legacy and gift, 182; election of president and vice-presidents, 182; vacancy on court of examiners, 182; donations, 182; election of lecturers, 182; issue of diplomas, 367, 1560; member of court of examiners, 367, 1809; catalogue of osteological specimens, 367; regulations concerning the study of medicine, 572; dental surgery diplomas and degrees, 616, 1809; *Descriptive and Illustrated Catalogue of the Physiological Series of Comparative Anatomy contained in the Museum of the Royal College of Surgeons of England*, rev., 912, 1108; the late Mr. Timothy Holmes, 1108; the late Professor Charles Stewart, 1108; annual meeting of fellows and members, 1108, 1623; Executive Committee of the Imperial Cancer Research Fund, 1108; London ambulance service, 1108; *The Calendar*, 1282; meeting of fellows and members, 1282; primary examinations for the fellowship, 1560; Bradshaw lecture, 1560; court of examiners, 1560, 1809; gift of books, 1560; annual report of Council, 1624; pass lists, 1624, 1809; appointment of conservator, 1809; dates of the Fellowship examinations, 1809; curriculum in dental surgery, 1809
College, Royal, of Surgeons in Ireland, 61, 120, 182, 578, 616, 1180, 1468, 1628; *Barter anatomical prize*, 61; competitions, 120; Fellowship examination, 182; information concerning medical study, 578; dental surgery diplomas and degrees, 616; reopening of library, 1180; alteration in regulations respecting admission to fellowship, 1468; admission to fellowship, 1626

College, St. Mungo's, Glasgow, information concerning medical study, 591
 College, Trinity, Dublin, 61, 120, 604, 1168, 1282, 1378, 1560, 1687, 1803; pass lists and degrees, 61, 120, 1282, 1378, 1560, 1687; post-graduate study, 604; new science laboratories, 1168; attitude of re University education in Ireland, 1803
 College, University, Aberystwith, 1377; opening of new laboratories, 1377
 College, University, Bristol, 111, 588, 1000; admission of women to the medical school, 111; information concerning medical study, 588; annual distribution of prizes and opening of winter session, 1000
 College, University, Cardiff, 61, 588, 1026; studentships, 61; information concerning medical study, 588; scholarships, 1026
 College, University, London, 88, 583, 603, 931, 942, 1809; proposed residential hall, 88; information concerning medical study, 583; post-graduate study, 603; course on school hygiene, 619; opening of the winter session of the medical school, 931; *Calendar*, 942, 1809
 College, University, of North Wales, 182; visit of the King and Queen, 182
 Colleges, University, Treasury grants to, 535
 Colles's fracture. *See* Fracture
 COLLIER, W.: The Referendum, 1016
 Colne, report of M.O.H., 241
 Colon, review of books on, 1591
 Colon, sigmoid. *See* Sigmoid
 Colonial Office economies, 1560
 Colonies, appointments in, 614
 Colonies, Crown, conditions of practice in, 615
 Colour-blindness. Royal Society and a test for, 1558, 1622, 1855
 Colour photographs of skin disease (Dr. Taylor and Dr. McKenna), 1588
 Colwyn Bay, water supply of, 229
 COLYER, J. F.: Irregularities in the teeth of animals, 1503
 COMBE, A.: *L'Auto-intoxication Intestinale*, rev., 1718
 Common duct. *See* Duct
 Common reason for changing the doctor, 1736, 1860
 Composition of certain secret remedies. *See* Secret
 Compressed tablets, 461
 Conception after suppurative of uterine appendages, 1844
 Conciliation Internationale, and a system of international correspondence. *See* International
 Congress, Antialcohol, International, 1000
 Congress, British Pharmacological, 334
 Congress on Care of Lunatics, Third International, 1194
 Congress of Climatotherapy and Urban Hygiene, 310, 1749
 Congress on Diseases of Occupation, Italian, 390
 Congress, Esperanto, 1448
 Congress, First Aid, International, 1793
 Congress of French Alienist Physicians, 685
 Congress, German Balneological, 1167
 Congress, Gynaecological, International, 362
 Congress, Housing, International, 408
 Congress of Hygiene and Demography, International, 149, 402, 632, 537, 830, 915, 992, 1009, 1074, 1154, 1263; President and Vice-Presidents, 537; preliminary reception, 830; inaugural meeting, 829; organization of the congress, 915, 1078; entertainments, 915, 1078; sections, 915, 916, 993, 1074, 1255; Lord Mayor's banquet, 915; British delegates, 916; congress banquet, 917; general meeting, 992; foundation of International Society of Tropical Medicine, 1009; language difficulty, 1078; the Exhibition, 1159; visit to the Berlin institutes, 1159; visit to Hamburg, 1160
 Congress, Provision of Insane, International, 119
 Congress, Medical, Australasian, 1908, 409, 478
 Congress, Medical, Fourteenth International, *Transactions*, 537
 Congress, Medical, International, 1909, 1596; sections, 1596; programme, 1593; publication, 1596; languages, 1596; official address, 1596; festivities, 1596
 Congress, Medical, Italian, 1001
 Congress of Medical Practitioners at Lille, 1603
 Congress of Medicine, French, 390, 1013
 Congress of Medicine, French International, 149
 Congress, Physiological, Seventh International, 406, 462; nervous system and the action of some drugs, 462; vascular tonus, 432; nature's physiological experiments on the nervous system, 463; the stepping reflex, 463; visual acuity and retinal stimulation, 463; gastric digestion, 463; pancreatic digestion, 463; absorption of alcohol, 464; transplantation of ovaries, 464; maturation of ova in the herring, 464; extracts of organs and their effects, 464; gaseous exchanges, 464; survival phenomena in severed head of fish, 465; nature of rigor mortis, 465; traction of the tongue: a caution, 465; section of the vagi nerves, 435; action of phosphorus on bone growth, 465
 Congress of Physiotherapy, International, 322, 1449

Congress of Psychiatry and Neurology, 1447
 Congress of School Hygiene, International, 216, 295, 352, 396, 403, 415, 465, 470, 483, 702; questions in Parliament, 295; opening ceremony, 352; medical examination of school children, 352; mind, brain, and education, 354; medical and hygienic inspection, 355; medical supervision of secondary schools, 356; medical inspection of school children, 397; treatment at school in its social, economic, and professional aspects, 398; definition, causes, and prevention of blindness, 399; classification of children in blind schools, 400; congress dinner, 401; International Council of School Hygiene, 401; leading article on, 403, 470; correspondence on, 415, 483, 702; physical development of public school boys, 465; milk supply of residential schools, 466; a school diary, 467; health training of teachers, 467; school dancing for girls, 468; tuberculosis in schools, 468; a correction, 469
 Congress of Stomatology, 149
 Congress of Tuberculosis, International, 917, 1678
 Congress of University Students, 169
 Congress of Urology, French, 318
 Congress of Urology, German, 1172
 Congresses, International, 405
 Conjoint Board in England, pass-lists and degrees, 120, 367, 1188, 1560, 1809; regulations concerning the study of medicine, 572; preventive medicine, 607
 Conjoint Board in Ireland, pass-lists and degrees, 120, 367, 1188, 1560, 1809; regulations concerning the study of medicine, 572; preventive medicine, 608
 Conjoint Board in Scotland, pass-lists and degrees, 367, 1182; regulations concerning the study of medicine, 575; preventive medicine, 608
 Conjunctivitis, critical study of organic preparations of silver in the treatment of (John Muir Kelly), 1475
 Conjunctivitis, streptococcal (H. H. B. Cunningham), 142
 Conjunctivitis, some types of (H. H. B. Cunningham), 1473
 Conscientious objection. *See* Vaccination
 Consultants' fee. *See* Fee
 Consumption catechism, 304
 Consumption. *See* Tuberculosis
 Consumptives, industrial settlement for, 227; relief of in Boston, 780
 Contagious disease, among natives in the Transvaal, 848; in French Communal schools, 1013
 Contract practice, 461, 851, 940, 1260, 1448, 1618, 1731; fees paid to club surgeons, 461; improvement of the conditions of, 851, 940; club contracts, 1260; London and Manchester Assurance Company, 1448; in South Wales, 1618; case of abuse of, 1731
 Contracts not to practise, 121, 706
 Convalescent home, at Penmaenmawr, 110; the Caxton, 1449
 Conviction under the Medical Acts, 558
 Cook and Sons' tours, 758
 COOKE, ALFRED SQUARE, obituary notice of, 122
 Cooke's school, information concerning, 584
 COOMBS, CARRY: Congenital hypotonia, 64; myocardial lesions of the rheumatic infection, 1513
 COOPER, ARTHUR: Diagnosis of primary syphilis, 1195
 Copenhagen, State Serum Institute of Denmark at, 217
 COBBES, A.: The stethoscope, 184
 Corea, establishment of a vaccination institute at Seoul, 1483
 Cornea, vesicular affections of (W. T. Holmes Spicer), 1234
 Cornea, wound of, and traumatic cataract caused by peck from a bantam cock (reported by T. Harrison Butler), 752
 CORNER, EDRED M.: Interscapulo-thoracic amputation, 822
 CORNER, JAMES S.: Pathology and treatment of cerebral vascular lesions, 1523
 CORNIL, V.: *Manuel d'Histologie Pathologique*, rev., 827
 Coroners and inquests in Ireland, 1022
 Coroners and medical fees, 1191
 Corporation officialism, 926
 Correction. *See* Erratum
 Correspondence, 50, 115, 173, 235, 297, 364, 414, 485, 553, 699, 772, 849, 938, 1014, 1101, 1184, 1276, 1371, 1461, 1555, 1618, 1684, 1745, 1804, 1854; proposed Institute of Medical Sciences at South Kensington, 50; teaching of hygiene and temperance in public elementary schools, 50, 118; hospital funds and the exclusion of Scottish diplomats from the majority of London hospitals, 50, 117; bold advertisement, 51; acute pneumonia in children, 51; origin of "circumcision," 51, 117; average level of the diaphragm, 52; fracture of the lacrymal bone with perforation of the lacrymal sac, 52; remuneration of ships' surgeons, 52; evolution of the stethoscope, 115; treatment of acute intussusception, 115; tuberculous soldiers, 116; "pancreatic" reaction in the urine, 116; eggs in the diet of infants, 117; sweating of the medical profession by public bodies, 117, 298, 775, 851;

small-pox and vaccination in China, 118; the Association and the General Medical Council, 118, 173, 236; the Apothecaries Act 1907, 118; fraudulent advertisement, 174; West African Medical Service, 174; Kister's operation of post-auricular mental anastomosis and Mr. Heath's claim, 176, 236, 258, 366; midwives in country districts, 176; Sir William Gairdner and the morphine episode, 176; the new Vaccination Order, 176; "Christian Science in Fiction," 235, 300, 1021; health visitors as unqualified assistants, 276, 365; holiday practice, 237, 299, 365; medical referees under the Workmen's Compensation Act, 237; vibrating sensation in diseases of the nervous system, 238; proportional voting, 297; intrameatal treatment of suppurative otitis, 298; cancer problem, 299; poisoning by bromoform, 299; gonococcal pyaemia, 299, 487; "an amateur in drugs," 299; hand refractometer and astigmatometer, 355; Early Notification of Births Bill, 414, 485, 553, 701, 853, 941, 1804; Biometrics and the Drapers' Company, 414; inheritance of pulmonary tuberculosis, 414, 555, 701, 1104, 1677, 1623, 1806; International Congress of School Hygiene, 415, 485, 702; systematized muscular exercises in the treatment of clonic spasm, 415; early local treatment of syphilis, 415; intestinal sand, 416; training of school teachers in hygiene, 483, 849, 1014; Liverpool housing, 466; assistant health officerships, Bombay, 486; oldest Edinburgh medical graduate, 486; Dr. Waller's address on the action of Anaesthetics, 487, 535; influence of tobacco smoking on health, 487; "an appeal from gynaecologists," 554, 704; operative treatment of carcinoma of cervix, 554, 703, 776; bottle-maker's cataract, 556; use of cocaine in the morphine habit, a warning, 555; Central Emergency Fund, 556, 1854; maintenance of the honour and interests of the medical profession, 699, 773, 849, 1020; effects of respiration on the circulation, 702, 938; tuberculosis and schools, 703; earlier recognition of cancer, 704, 854; medical inspection of schools, 712, 1019, 1103, 1376, 1685, 1745, 1808, 1834; dangers of an anaesthetic hair-wash, 776; improvement of the conditions of contract practice, 851, 940; what do we mean by tachycardia? 852, 938; cerebro-spinal fever and dust, 852, 939; leprosy and fish, 852, 1106; stages of drunkenness, 853; diarrhoea mortality and its causes, 853; chief medical officership of the Board of Education, 854, 940, 1019, 1103; metropolitan street ambulances, 854; the *Medical Register*, 855; prevention of ophthalmia in the newborn, 938; the Referendum, 939, 1016, 1101, 1184, 1278, 1372, 1461, 1556, 1618, 1804; war against quackery, 940, 1104, 1187; medical witnesses' fees, 941; alcohol and insanity, 1021; the late Dr. Robert Barnes and the Shadwell Hospital, 1021; Mrs. Eddy and death, 1021; Board of Education and medical inspection of schools, 1019, 1103; direction of abdominal incisions, 1105, 1280, 1466; kidneys in beriberi, 1105, 1281; hypnotism as a therapeutic agent, 1106, 1621; disorganization of the public health service, 1106, 1187; instruction of midwives, 1106, 1187; territorial army medical corps, 1184, 1467, 1557, 1622, 1855; London Provident Dispensaries Council, 1186; the orthodiscoscope, 1187; "hobnail" liver and alcohol, 1276, 1375, 1457, 1559; work of Irish dispensary doctors, 1279; treatment of wounded in fleet actions, 1280; prospects of promotion for medical officers, Royal Navy, 1281; drunkenness in women, 1281; public vaccination, 1281; augmentations in the arms of medical men, 1281; representation of the Medical Faculty on the Senate of the University of London, 1371, 1462, 1556, 1620, 1749; country members of the British Medical Association, 1375, 1462; general practitioner and the British Medical Association, 1375; medical education, 1376; average fee of Poor-law medical officer, 1376; is a round table conference possible? 1461, 1555, 1619, 1804; a protest, 1466; treatment of suppurative otitis without a radical operation, 1466; canvassing for clubs, 1467; University of London and St. George's Hospital, 1556, 1620; practical teaching of midwifery, 1557; Royal Society and a test for colour-blindness, 1558, 1622, 1855; proboscis of the house-fly (*Musca domestica*), 1558; subcutaneous injections of air, 1559; diseases of twins, 1559; some motile elements seen in certain cerebro-spinal fluids, 1559; Colonial Office economies, 1560; contract practice in South Wales, 1618; procedure of the Representative Meeting, 1618, 1747; Mr. Lecky and vivisection, 1620; ether administration by the open method, 1621, 1747; Worthling and its health repute, 1622; infants' schools, 1622; "Book of the South-West," 1623; Joint Poor-law Committee Medical Relief Section, 1684; Central Council and the Representative Meeting, 1684; movable kidney from a surgical standpoint, 1687, 1748, 1855; travelling ophthalmic hospitals in Egypt, 1687; Liverpool Royal Infirmary, election of honorary surgeon, 1687; Bradshaw Lecture: a comment,

- 1748; acute generalizing peritonitis and its treatment, 1748; Bristol Royal Infirmary, 1748; Epsom College, 1749, 1805; pleural effusion, 1805; taxation of motor cars, 1808; public vaccination in Oldham, 1808; the late Sir W. T. Gairdner and Messrs. Oppenheimer, 1809; literary knowledge of the profession, 1856
- COSTA.** See Da Costa
- COULTER, R. J.:** Treatment of alternating squint, 1234
- COULTER, ROBERT MILLAR,** Companionship of the Order of St. Michael and St. George conferred upon, 1452
- Council, General Medical,** 118, 173, 235, 563, 1679, 1738; and the Association, 118, 173, 235; regulations of concerning the profession of medicine, 563; University of Wales, 1679; amendment of the Medical Acts, 1679; Coventry Dispensary, 1679; administration of anaesthetics for unregistered dentists, 1679; Education Committee, 1679; action taken in cases of conviction in courts of law, 1738; alleged canvassing, 1738; case of "covering," 1739; charge of employing an unqualified assistant, 1739; dental business, 1739; professional misconduct, 1739; dental companies, 1739; colonial legislation, 1739; Nova Scotia, 1739; appointment of an assistant secretary to the Council, 1739. See also Supplement Index
- Council, London County,** scholarships, 1087; and the Employment of Children Act, 1449; and medical lecturers, 1670
- Councils, county, and medical inspection of schools,** 1192
- Country members of the British Medical Association,** 1375, 1462
- County Council.** See Council
- Coventry dispute,** 477, 1679. See also Dispensary
- Cowsheds in rural districts,** 1009
- COX, ALFRED:** Transformation of the British Medical Association, 499; maintenance of the honour and interests of the medical profession, 849; the Referendum, 1373; Central Emergency Fund, 1854
- CRACKENTHORPE, MONTAGUE:** *Population and Progress*, 1005
- CRAEMER, FRIEDRICH:** *Die Einwirkung der Genussmittel auf den menschlichen Organismus speziell auf die Verdauungs-Organen—(1) Tabak, Kaffee, und Tee, und Verdauung; (2) Alkohol und Verdauung*, rev., 1831
- CRAIG, JAMES:** Medical cases demonstrated in the Meath Hospital, Dublin, 709; choice of a medical career, with remarks on medical ethics and etiquette, 1035
- Cranial nerves.** See Nerves
- CRAYN, R. MUSGRAVE:** Diarrhoea mortality and its causes, 853; medical inspection of school children, 1655
- CRAWSHAW, SAMUEL:** Early Notification of Births Bill, 486; maintenance of the honour and interests of the medical profession, 699
- Cray waterworks,** 1013
- CREASY, L. E.:** *Nisbet's Medical Directory*, 63
- Cremation (James W. Riley),** 1768
- Crewe, report of M.O.H.,** 241
- CRICHTON, D.:** *Pulmonary Tuberculosis, its Predisposition, Environment, and Treatment*, rev., 206
- CRICHTON, GEORGE:** The Referendum, 1018, 1555
- CRILE, Dr.:** Transfusion of blood, 1006
- Crime, psychology of (Albert Wilson),** 1715
- Criminal cases, medical examinations in,** 1109
- Criminal responsibility,** 685
- Criminology, Institute of, in Buenos Aires,** 1262
- Crippled children in Manchester,** 110
- Crocodiles and sleeping sickness,** 1357
- CROFTON, W. M.:** Treatment of delayed resolution after pneumonia, 1209
- CROOKE-LAWLESS, Surgeon Lieutenant-Colonel W. R.,** Companion of the Order of Indian Empire conferred upon, 41
- CROPPER, J.:** Suggestion for a bone bobbin or button for enterorrhaphy, 1581; abortive treatment of boils, 1812
- CROSBY, THOMAS BOOR,** honour of knighthood conferred upon, 41
- CROSS, A. J.:** Medical aspect of public elementary schools, 86
- CROSS, Dr. A.:** A warning to doctors' wives, 1812
- CROSS, EDWARD J.:** Midwives in country districts, 176
- CROSS, F. RICHARDSON:** Iridocyclitis, 1226
- Crown colonies.** See Colonies
- CRUCHET, RENÉ:** *Traité des torticolis spasmodiques, spasmes, rythmiques du cou, torticolis mental, etc.*, rev., 1592
- Crusade against immoral advertisements.** See Advertisements
- Cryoscopy of urine (W. R. Gelston Atkins),** 1578
- Cryptoscope in operations for renal calculi (A. D. Reid),** 650
- Cuba, yellow fever in,** 1172
- CUFF, ARCHIBALD:** Spontaneous aneurysm of dorsalis pedis artery, 16
- Culex pipiens, life-cycle of a species of herpetomonas found in (Captain W. S. Patton),** 78
- Culices in Vienna,** 173
- CULLINGWORTH, CHARLES J.:** Earlier recognition of cancer, 704
- Cult of the clean sheet,** 1849
- CUNNINGHAM, D. J.:** *Manual of Practical Anatomy*, rev., 1069
- CUNNINGHAM, H. H. B.:** Case of streptococcal conjunctivitis, 142; some types of conjunctivitis, 1473
- Cupping instrument for cervix uteri,** 1833
- Curette for adenoids,** 1720
- CURGENGEN, J. SADLER:** Motor bicycle side-slip, 1028
- CURRIE, JAMES,** and the first use of the thermometer in clinical observation, 269
- CUTFIELD, ARTHUR:** Trypsin treatment in malignant disease, 525
- CUTHBERT, THOMAS MARTIN:** Acetonaemic conditions in children, 1288
- Cyclical vomiting.** See Vomiting
- Cyclitis, infective, in relation to penetrating wounds of the eyeball (Percy Dunn),** 193
- CYON, E. VON:** *Die Nerven des Herzens, ihre Anatomie und Physiologie*, rev., 320
- Cyprus, bilharzia disease in (George A. Williams),** 1333
- Cyst, ovarian, suppurating in caused by the Bacillus typhosus (F. E. Taylor),** 88
- Cystic calculus.** See Calculus
- Cysts of intestinal wall (Dr. Miller),** 1343
- Cysts, ovarian, operation for during pregnancy (Marion Andrews),** 1584
- Cysts, suppurating vaginal (J. B. Hellier),** 76
- CZERNIAK, WILHELM:** *Die Augenärztlichen Operationen*, rev., 1241
- D.
- D. P. H.,** 420
- DA COSTA, JOHN CHALMERS:** *Modern Surgery, General and Operative*, rev., 90
- DABBS, GEORGE H. R.:** Lubricant for catheters, 859, 1564
- Dairies and tuberculosis in Iowa,** 988
- Dairy farms and the milk standard,** 481
- Dairy folk-lore in Norfolk,** 1178
- Dakhyl v. Labouchere,** 1453, 1468
- DALLY, J. F. HALIS:** Average level of the diaphragm, 52; the orthodiagraph, 651
- DAMPIER-BENNETT, ARTHUR G.:** Origin of circumcision, 243; *Physical Methods in the Treatment of Heart Disease*, rev., 1527
- DARWIN, CHARLES,** 1839
- DAUBER, J. H.:** A consideration of some of the factors which contribute to success in abdominal operations, 792
- DAURER, JOHN H.:** Paying beds in London hospitals, 1239
- DAVIDSON, JAMES FRASER,** obituary notice of, 1754
- DAVIDSON, J. MACKENZIE:** X rays and sensitive plates, 632
- DAVIES, Lieutenant-Colonel A. M.:** Enteric fever; its spread by personal infection, and preventive measures on active service, 535
- DAVIES, SEYMOUR W.:** Poisoning by mercuric potassium iodide, 1775
- Davos, Queen Alexandra Sanatorium at,** 1367
- DAVY, HENRY:** Science in its application to national health, 245; is a round-table conference possible? 1556
- DAWSON, BERTRAND,** appointed physician-extraordinary to the King, 227
- DAY, WILLIAM HENRY,** obituary notice of, 1192
- Day of rest for doctors,** 45
- De Korté.** See Korté
- Dead bodies in the streets of Hong Kong,** dumping, 234
- Deaf, oral system of teaching,** 44
- DEAN, GEORGE:** Phagocytosis and bactericidal action, 1409
- DEAN, H. P.:** Relative value of inhalation and injection methods of inducing anaesthesia, 869
- DEAN, H. R.:** Observations on the purpura of children, 815
- DEANESLY, EDWARD:** *Modern Methods in Diagnosis in Urinary Surgery*, rev., 990
- "Death blow" to vaccination, the latest,** 1544
- Death certification in the United States,** 1599
- Death from a single pellet wound (J. Bruce Ronaldson),** 1826
- Death registration, at Lisburn,** 410; in Belfast, 1457
- Deaths under chloroform.** See Chloroform
- Deaths in the profession abroad:** 123, 181, 239, 490, 857, 1025, 1193, 1284, 1627, 1858; Augustus Charles Bernays, 123; Augustus Vermer, 123; A. Charrin, 123; Alexander Buljinski, 123; Dr. Villard, 123; Giuseppe Corradi, 181; Moritz Litten, 181; Jules Dubrisay, 181; André Cannieu, 181; N. E. Sokoloff, 181; Felix Formento, 181; J. J. Grancher, 181; William B. Fletcher, 239; L. Lepage, 239; Salomon Flesch, 239; Franz Brenner, 239; A. Aubeau, 239; W. Koster, 491; William Le Grange Ralph, 491; P. Berthod, 491; Edmund Hansen Grut, 491; H. Hoyer, 491; Berthold Bosse, 491; Alexander Gehl, 491; Albert Weiss, 491; Seneca D. Powell, 857; Eduard Hitzig, 857, 1284; Anton Loew, 857; A. Gué, 857; Gaylord P. Clark, 857; J. Tillemont Foutes, 1025; William Marshall, 1025; Francis H. Markoe, 1025; Adrien Doyon, 1025; Johann Kessel, 1193; Dr. Guiraud, 1193; Joel Wilbur Hyde, 1193; Peter M. Wise, 1193; Rudolf Blasius, 1193; Leopold Glücker, 1193; Robby Kossmann, 1193; Livius Fürst, 1193; N. Vaschide, 1193; Victor Emanuel von Severin, 1284; A. Sevestre, 1284; Domenico Capozzi, 1284; Henri Lucien Folet, 1627; D. Sievetz, 1627; Barbosa du Bocage, 1627; Dr. Hache, 1627; W. Nieberding, 1627; Etienne Clement, 1627; Manuel Nicolan Bettencourt Pitta, 1858; Ludwig Csáky, 1858; Francesco Businelli, 1858; Th. Stulzin, 1858; Ludwig Hirt, 1858; Dr. Unruh, 1858; Arber Pollack, 1858; E. Goujon, 1858
- DE BRUHMANN:** Yaws and syphilis, 1363
- DEBOVE, Professor:** Some obstacles to medical progress, 1453
- Decapsulation of kidney.** See Kidney
- DEE, P.:** Unabsorbed catgut ligatures, 253
- Deformities, multiple, child with (Edward Jepson),** 1647
- DELBET, PIERRE:** *Nouveau Traité de Chirurgie*, rev., 909
- DE LESSERT, ALFRED ALEXANDER,** obituary notice of, 123
- Delivery at full time, artificial dilatation of cervix for.** See Cervix
- Dementia, periodic, three cases of (Charles Arthur Mercier),** 803; discussion, 804
- DANECHAU:** Results of stomach surgery, 1842
- Denmark, State Serum Institute of,** 217; conditions of practice in, 615
- DENT, ERNEST A.:** Locomotor ataxia, its early recognition and general treatment, 1821
- Dental Association.** See Association
- Dental caries in childhood, medical aspects of (George F. Still),** 1485
- Dental disease in children (George F. Still),** 1485; (Edmund Owen), 1487; (J. G. Turner), 1488; discussion, 1495
- Dental diseases in children, causes, effects and treatment of (Edmund Owen),** 1487
- Dental surgery in antiquity,** 1268
- Dental surgery, information concerning regulation re diplomas and degrees,** 616
- Dental surgery, relation of to medicine (John McKno Ackland),** 1483
- Dentist company, proceedings against,** 1367
- Dentist, unregistered, association with,** 1109, 1378
- Dentistry, future of,** 1611
- Dentu, Le.** See Le
- Depilatories,** 1628
- Dermatitis caused by lysol,** 1380
- Dermatology, some problems of,** 1610
- Dermatology, review of books on,** 89, 989
- Desgenettes and General Bonaparte, story of,** 158
- De Silva.** See Silva
- DEVENTER, J. B. VAN:** *Atlas of Cutaneous Morbid Histology*, rev., 89
- DEWAR, MICHAEL:** The Referendum, 1279
- Diabetes, unusual cases of (J. R. Bradford),** 1065
- Diabetes in Egypt (F. M. Sandwith),** 1059
- Diabetes in the Tropics (Sir R. Havelock Charles),** 1051, 1063; (Rai Kailas Chunder Bose), 1053; (C. L. Bose), 1054; (Satyasaran Chakravarti), 1056; (Rai Devendranath Roy), 1057; (F. M. Sandwith), 1059; discussion, 1059
- Diagnosis, two cases of mistaken (T. Gerald Garry),** 1827
- Diagnostic misadventure,** 922
- Diaphragm, average level of,** 52
- Diaries, rev.,** 1720
- Diarrhoea, chronic, treatment of,** 492
- Diarrhoea mortality and its causes,** 853, 1288
- Diarrhoea, summer, of infants, bacteriology of (H. de R. Morgan),** 16
- DIBDIN, W. J.:** *Recent Improvements in Methods for the Biological Treatment of Sewage*, rev., 675
- DICK, J. STAVELEY:** Maintenance of the honour and interests of the profession, 774
- DICKSON, W. E. CARNEGIE:** Acute streptococcal septicaemia occurring at the menstrual period, 791
- DICKINSON, VINCENT:** Operative treatment of carcinoma of cervix, 776
- Dictionaries, review of,** 1349
- Dictionary, new English, medical terms in,** 41, 1007
- Diet, personal factor in (Chas. J. Macalister),** 1238
- Diet and metabolism,** 1269
- Diet, review of books on,** 264, 527
- Dietary, purin-free.** See Purin
- Digestion, review of books on,** 205, 1717, 1831
- Digestive disorders, lactic acid and (T. Blanchard Sellers),** 526
- Diphtheria antitoxin, 547; (H. Drape Bishop),** 1518; as a prophylactic, limited value of (Owen H. Peters), 865, 1589
- Diphtheria in Edinburgh,** 113, 170
- Diphtheria of glans penis following circumcision (Russell O'Brien),** 908; (R. P. Beatty), 1582
- Dipsomaniac, home for,** 1286
- Director-General of the Army Medical Service,** 1752

- Directories*, review of, 23
 Disclaimers, 243, 1750
 Discussions at medical societies. *See* Societies
 Dish washing, sanitary, 1008
 Disinfection of schools. *See* Schools
 Dispensaries, provident, London Council of, 1186
 Dispensary, the Coventry, 469, 1679; appointments, 469. *See also* Coventry
 Dispensary doctors, Irish, the work of, 1279
 Dispensary election, alleged corruption at, 1183, 1616
 Dispensary, Leeds Public, 526, 1548, 1614; annual meeting, 928; post-graduate course at, 1548; changes in the honorary staff, 1614
 Dispensary medical officer, the Ballinagh, 410
 Dispensary medical officers and their substitutes, 335
 Dispensary, Pontefract, 1681
 District medical officer. *See* Medical
 Diuretic action of the theosine. *See* Theosine
 Diurnal course of efficiency (leading article), 1541
 Diverticulum, Meckel's, some cases in which it was present (H. Tyrrell Gray), 833; discussion, 826
 DIXON, FREDERICK: "Christian Science in Fiction," 235, 301; "a Christian Science cure," 1696
 DIXON, W. E.: Organotherapy, 722; physiological action of the placenta, 1150; alcoholism and hobnail liver, 1569
 DIXON, W. J.: Motor-bicycles, side-slip, 1028
 DOBSON, MARGARET B.: Cavernous angioma in the temporo-sphenoidal lobe of the brain, 144
 Doctor as baby dealer, 1288, 1860
 Doctor, common reason for changing the, 1756, 1880
 Doctor, is he a Shylock? 841
 Doctor, the family, what can he do for the inebriate? (Jos. S. Bolton), 951
 Doctor and magistrate, 488
 Doctor in the newspapers, 1797
 Doctor in politics, 1545
 Doctors, lady, status of, 407
 Doctors, day of rest for, 45
 Doctors, Henry II of France and, 1839
 Doctors in Russia, 1675
 Doctor's water rate, 64, 183
 Doctors' wives, warning to, 1812
 DODDS, H. B.: Modification of Leishman's method of estimating the opsonic index, 948
 DOLAN, THOMAS MICHAEL, presentation to, 697; death of, 1180; obituary notice of, 1283
 DOLDE, JEAN JACQUES, 1356
 Domestic drainage, 243, 368
 Domestic Servants and the Workmen's Compensation Act, 942
 DOMVILLE, EDWARD J.: *Manual for Hospital Nurses and others engaged in attending on the Sick*, rev., 1242
 DONALDSON, Lieutenant-Colonel ROBERT DICKIE, obituary notice of, 558
 DONALDSON, ROBERT: Pericollitis sinistra with abscess formation, recovery, 1705
 Doncaster, underfed school children in, 1737
 DÖNNITZ, W.: *Die wirtschaftlich wichtigen Zeichen mit besonderer Berücksichtigung Afrikas*, rev., 207
 DONKIN, H. B.: "Hobnail" liver and alcohol, 1276
 Door plates, multiple, 419
 DORE, S.: *Light and X-ray Treatment of Skin Diseases*, rev., 1527
 DOUBLE. *See* Le Double
 Douche, aseptic funnel, 1720
 DOUGLAS-CRAWFORD, Mr.: Elongated meso-caecum, 1427
 Dourine, cell changes in (F. W. Mott and Helen G. Stewart), 1327
 DOWNES, HAROLD: Tuberculin ophthalmic reaction, 1647; finger cracks, 1696
 Dr. John Hooper's female pills, composition of, 1653
 Dr. Davis's famous female pills, composition of, 1654
 Dr. Davis's famous female mixture, 1654
 Dr. Schäfer's antisanguin, composition of, 677
 DRAGE, LOVELL: Bold advertisement, 51
 DREDGE, Captain JAMES ALLEN, obituary notice of, 1193, 1470
 DRESCHFELD, JULIUS, estate of, 263; proposed memorial to, 1010, 1181, 1367
 Dress reform, 543
 DREW, H. V.: Bone grafting and regeneration, 908
 DREYER, GEORGE, appointed to Chair of Pathology at Oxford, 107
 Drowned, resuscitation of the apparently, 1600
 Drugs, an amateur in, 162; correspondence on, 299
 Drugs, influence of on glycosuria, 542
 Drugs, Irish dispensary, 770
 DRUMMOND, DAVID: Mental origin of neurasthenia and its bearing on treatment, 1813
 Drunk or sober? 856
 Drunkenness, seven stages of, 543, 853
 Drunkenness in women, 1281
 DRYSDALE, CHARLES ROBERT, obituary notice of, 1811
 Dublin, post-graduate course at, 694
 Dublin University. *See* University
 DUCKERING, G. ELMHIRST: Special report on dangerous or injurious processes in the coating of metal with lead or a mixture of lead and tin, 1799
 Duct, common, gall stone in (T. V. Armugam), 1581
 Ductless glands. *See* Glands
 DUDGEON, L. S.: Fatty degeneration of the blood, 1068; relationship between avian and human tuberculosis, 1519
 DUFF, GRANT: "Verify your references," 1547
 Dugong oil, 1528
 DUKE, ALEXANDER: Perils of sterilization, 303
 Dumas's Paris pills, composition of, 1655
 DUNCAN, G. W.: Central Midwives Board, 243
 DUNCAN, J. W.: Tests for albumen, 1696
 DUNCOMBE, H. F.: A district of West Africa, 292
 Dundee Medical School, 1617
 DUNGERN, EMIL FRH. VON: *Das Wesen der Bösartigen Geschwülste, eine Biologische Studie*, rev., 460
 DUNLOP, B.: International Congress of School Hygiene, 485
 DUNN, PERCY: Infective cyclitis in relation to penetrating wounds of the eyeball, 193; Central Council and the Representative Meeting, 1684
 DUNSMORE, JAMES, obituary notice of, 238
 Duodenal ulcer. *See* Ulcer
 Durham, notes from, 47; county consumption sanatoriums, 47
 Dust and cerebro-spinal fever, 852, 939
 Dust-extracting machines, 63
 DOTTA, D.: Case of leaking aneurysm of the popliteal artery, 1287
 DUTTON, EVERETT, memorial to, 1546
 Dying patients, transfer of, 244
 DYSON, Lieutenant-Colonel H. J., obituary notice of, 1024
 Dyspepsia, scientific treatment of (Burton Brown), 1239
 Dystrophy, two cases of hereditary (W. Ogilvie and P. G. Easton), 867
- E.
- Ear, middle. *See* Middle and Aural
 Ear, review of books on, 89
 Ears, importance of nasal accessory sinuses in relation to (George Jackson), 969
 East Africa Protectorate, notes from, 234; climate and health, 234
 East Africa, German, official report on sanitary condition of the colonies, rev., 1347
 EASTERBROOK, C. C.: Open-air treatment of insanity, 1093
 EASTON, P. G.: Two cases of hereditary dystrophy, 867
 Ebbw Vale dispute, 170, 335, 359; new phase in, 359
 Ebbw Vale doctors' fund, 335, 359
 Eclampsia in three sisters, 368
 Eclampsia, puerperal, decapsulation of kidney in, 43
 Eclampsia, puerperal, treatment of (Russell Andrews), 1829
 Ectopic gestation. *See* Gestation
 EDDY, Mrs., recognizes death, 841, 1021. *See also* Christian science
 EDE, FRANCES: Finger cracks, 1755
 EDER, M. D.: Origin of circumcision, 117
 EDGE, FREDERICK: Note on the technique of abdominal hysterectomy for fibroids, 447; movable kidney from a surgical standpoint, 1855
 EDGE, S. F.: Physiological effects of his record motor drive, 100
 EDGEcombe, Dr.: Blood pressure in Spa practice, 1778
 Edinburgh medical graduate, the oldest, 486
 Edinburgh, post-graduate study at, 604, 940
 Edinburgh Royal Infirmary Residents' Club, annual dinner, 48; *See also* Infirmary
 Edinburgh, School of Medicine of the Royal Colleges, 113; diphtheria in, 113, 170
 Edinburgh Stereoscopic Atlas of Obstetrics, 1660
 Edinburgh University, formation of a Yorkshire Association of Graduates of, 1547
 Edinburgh University Club of London, dinner, 1357
 Edinburgh University. *See* University
 EDRIE-GREEN, F. W.: Proboscis of the house-fly (*Musca domestica*), 1558
 EDINGTON, G. H.: Some malformations of the penis, 725; hygrota colli and branchial fistula, 904
 Education Bill. *See* Bill
 Education Board. *See* Board
 Education, English and German (Sir Felix Semon), 1197; leading article on, 1263
 Educational aspect of the cancer question (Charles P. Child), 135
 Efficiency, diurnal course of (leading article), 1541
 Eggs in the diet of infants, 63, 117, 124
 Egypt, notes from, 848; insanity and the insane asylum, 848
 Egypt, conditions of practice in, 615; diabetes in (F. M. Sandwith), 1059; four years' work with the ophthalmic hospitals in (A. F. MacCallan), 1072; note on, 1091; annual pilgrimages from, 1087; travelling ophthalmic hospitals in, 1687
 Egyptian School of Medicine, 1678
 Einthoven's galvanometer. *See* Galvanometer
 EISENDRAH, D. N.: *Textbook of Clinical Anatomy*, rev., 1719
 Electrical department at Exeter Hospital, 107. *See also* Hospital
 Electricity, dangers of, 1869
 Electro-diagnosis of oculo-motor paralysis (K. A. Wertheim Salomonson), 650
 Electro-therapeutics and the action of electric currents, Einthoven's galvanometer (K. A. Wertheim Salomonson), 645; some oscillograph tracings of medical coil currents (Henry Lewis Jones), 645; therapeutic value of alternating currents of low frequency (E. Reginald Morton), 645; rationale of static currents (F. Howard Humphris), 646; influence of high-frequency currents on the urinary system (W. F. Somerville), 647; electro-diagnosis of oculo-motor paralysis (K. A. Wertheim Salomonson), 650
 Elevation and temperature, 1724
 ELLIOTT, GEORGE FREDERICK, obituary notice of, 1107
 ELLIOTT, JOHN F.: Perils of sterilization, 244
 ELLIS, CONSTANCE: Note on pathological appearances of a case of aneurysm of abdominal aorta without symptoms, 714
 ELLIS, HERBERT MACKAY, K.C.B. conferred upon, 41
 ELMSLIE, R. C.: Töpfer's reagent as a test for hydrochloric acid, 1342
 ELSCHNIG, ANTON: *Die Augenärztlichen Operationen*, rev., 1241
 EMANUEL, J. G.: Case of congenital obliteration of the bile ducts in which there was fibrosis of the pancreas and of the spleen, 385
 Embolus, an operation for (W. Sampson Handley), 712; (B. G. A. Moynihan), 826
 Embryology, review of books on, 828
 Emergency Fund. *See* Fund
 Emergency medical visits, 231
 Emmenagogues in the newspapers (leading article) 1672
 Emotions, galvanometer as a measurer of (Frederick Peterson), 804
 Employment of Children Act. *See* Act
 Empyema of accessory nasal cavities, complications of (A. Onodi), 970
 Encephalitis, review of books on, 1524
 Endocarditis, infective (Dr. Foxwell), 1343
 Endocarditis, malignant, lasting over six months without bruit (Robert Capes), 1885
 Endotheliomata, position of in oncology (P. G. E. Bayon), 1400
 England and Wales, lunacy in, 757, 831; leading article on, 918
 England's greatest men, 1179
 English and German medical education. *See* Medical
 English life tables, 755
 Enterorrhaphy, suggestion for a bone bobbin or button for (J. Cropper), 1581
 Enterospasm, fatal, diverticula on jejunum (reported by C. W. Branch), 988
 Enucleation of prostate. *See* Prostate
 Epilepsy, nature of (A. E. Russell), 1586
 Epilepsy, review of books on, 459
 Epilepsy pills, composition of, 677
 Epileptics and the Workmen's Compensation Act, 167
 Epileptoid attacks in tachycardia and bradycardia (Fred. Hugh Clarke), 308. *See also* Tachycardia
 Epitaphs, some, 1564
 Epithelioma of vagina, showing autoinoculation or contact infection (A. J. Wilson), 794
 Epsom College. *See* College
 Erratum, 146, 182, 420, 492, 1028, 1812
 ERSKINE, JAMES: Sweating of the medical profession by public bodies, 775
 Erysipelas and tubercle, 64
 Erythema nodosum, arthritis and (J. Odery Symes), 202; correspondence on, 420
 ESMARCK, FRIEDRICH: *First Aid to the Injured*, rev., 1242
 Esperanto Congress. *See* Congress
 Essex, insanitary school in, 479; report of M.O.H., 1470
 ESSEX, J. R., presentation to, 1100
 ETESON, Deputy Surgeon-General ALFRED: C.B. conferred upon, 41
 Ether administration, open method. *See* Anaesthesia, Ether
 Ether anaesthesia. *See* Anaesthesia
 Ether inhaler, Clover's, 1027
 Ethical rules for Divisions, 230, 768
 Eucaïne, sale of in New York, 1194
 Eucaïne in nasal operations, 708
 Eugenics and statecraft (leading article), 759
 European troops in the tropics, 359
 EUSTACE, G. W., elected Mayor of Arundel, 1449
 EVANS, THOMAS W., leaves estate to found a museum in Philadelphia, 1731
 EVE, FRANK C.: Some motile elements seen in certain cerebro-spinal fluids, 1399
 Evolution and animal life, 1788

EWART, WILLIAM: Eggs in the diet of infants. 117; *Marine Climates in the Treatment of Tuberculosis*, rev., 829

Excreta in camp and on the line on march. disposal of (Surgeon-Colonel P. Broome Giles), 517

Exeter, book about, 221

Exeter meeting. See Association, British Medical, Annual Meeting, 224

Exeter, notes from, 1741; Territorial Army Medical Corps, 1741

Exhibition of instruments, drugs, food, etc., 1000

Exhumation of the body of an infant, 1751

Exophthalmic goitre. See Goitre

Extras for patients ordered by district medical officer, 122

Extrauterine fetation. See Fetation

Eye artificial, improved form of (Karl Grossmann), 1223

Eye changes in nephritis in children (Sydney Stephenson), 735

Eye disease, adenoids in (Dr. Killen), 1585

Eye-ball, infective cyclitis in relation to penetrating wounds of (Percy Dunn), 193

Eye-ball, eyelids and orbit, wounds and injuries of (Siméon Seill), 1623

Eye-brows, dyeing of, 420

Eyelids and mouth, synergic movements of (W. M. Beaumont), 629

Eyesight of the poorer city children (H. Wright Thomson), 627

EYRE, JOHN J.: Treatment of gouty neuritis, 420

F.

Facial nerve, origin of. See Nerve

Factories and workshops, report of chief inspector, 1903, 154; women workers, 154; electrical works, 154; lead poisoning and anthrax, 154

Factory girls and drinking clubs, 1682

Factory girls' fund. See Fund

Factory surgeons and their critics, 1801

Factory Surgeons' Association. See Association

Faculty of Physicians and Surgeons of Glasgow, information concerning the study of medicine, 576; elections, 1468

Faeces, examination of, 491, 623

Faeces, estimation of fat in (A. Walker Hall), 1399

FAICHNIE, Major N.: Water supply in camps on the line of march, and in battle, 517

Fainting fits, pulse and blood-pressure in, 636

FAIRBANK, H. A. T.: Sarcomata of the jaws, 1503

FALKENBURG: *Ph. Kindersterblichkeit besonders in den Niederlanden*, 1255

Fallopian tube, review of books on, 392

Familiar letter, in a new light, 1196

FANOLI, G.: *La Tuberculosis*, rev., 206

FARQUHARSON, A. C.: Early notification of Births Act, 941

Fasciol ointment, composition of, 677

Fasciol piles capsule, composition of, 677

Fat, abnormal assimilation, associated with some diseases of the intestine (Owen T. Williams), 199

Fat, relation of to cation disease, 43

Fat in faeces, estimation of (A. Walker Hall), 1399

Fat assimilation and mucous colitis, 655

Fatty degeneration of blood. See Blood

FAYER, Sir JOSEPH, remarkable anniversary of, 1166

FEBRE, L.F. See Fe

Fee for amputations on paupers in cottage hospital, 1627

Fee, consultant's, 1103

Fee, medical witness's, in civil cases, 419

Fee of Poor-law medical officer, average, 178, 1364, 1376, 472

Feeble-minded Association. See Association

Feeble-minded, care of in Manchester, 1255

Feeble-minded children. See Children

Feeding of school children. See School

Fees for certification of pauper lunatics, 1910

Fees, court, of medical officer's of health, 707

Fees paid to club surgeons, 461

Fees during introduction, 156

Fees for life assurance examination, 1472

Fees, lunacy, and workhouse medical officer's, 942; and guardians, 1023

Fees, medical witnesses, 365, 706, 771, 777, 941, 1001, 1191; in Crown cases, 771; at inquests, 777; and insurance companies, 1001; in compensation cases, 1022, 1734; and coroners, 1191; of medical experts in thaw trial, 1195

Fees, medical, Government restrictions on in India, 1646

Fees, notification, 62

Fees for public vaccination, 1005, 1363

Fees for revaccination, 705

Fees, vaccination, 412, 846

FEINDEL, E.: *Ties and their Treatment*, rev., 391

FELDMAN, W. M.: *The Child, Its Rearing, Development, and Aliments*, rev., 171

"Female medicines," composition of, 1653

Femoral hernia. See Hernia

Femur, sarcoma of. See Sarcoma

FENN, EDWARD LIVING: obituary notice of, 1811

FENWICK, CIENNEL: Rate of formation of vesical calculi, 674; case of cerebellar haemorrhage, 715

FENWICK, W. HURRY: Shadowgraph bougie in ureteric surgery, 181

FERRIS, J. S.: Public vaccination, 1281

Fetation, extrauterine, operation, recovery (Herbert Smith), 1515

Fever, blackwater, practical notes on the treatment of (W. T. Prout), 1324

Fever, cerebro-spinal, 48, 49, 104, 113, 170, 220, 231, 335, 413, 544, 872, 939, 1096, 1129, 1803; in Scotland, 48, 113, 170, 231, 335, 413, 1096, 1803; in Ireland, 49, 1123; in Prussia, 221; notification of, 335, 544; notification of, in London, 544; and dust, 852, 939; and posterior basal meningitis, 101

Fever, cerebro-spinal, case of, with immediate recovery after trephining (reported by Dudley W. Boswell), 1776

Fever, cerebro-spinal, ocular symptoms and (Arthur J. Fallantyne), 190

Fever, cerebro-spinal, observations on the recent outbreak in Belfast (A. Gardner Robb), 1129; discussion, 1131

Fever, cerebro-spinal, opsonic and agglutinative power of blood serum in (Thomas Houston), 1414

Fever, cerebro-spinal, outbreak of epidemic of (William Robertson), 185, 939

Fever, cerebro-spinal, complicated by parturition (F. D. Williamson), 1295

Fever, cerebro-spinal, epidemic, with typhoid agglutinins in the blood (Wm. St. Clair Symmers and W. James Wilson), 713

Fever, enteric, 44, 84, 143, 222, 282, 361, 410, 479, 525, 821, 846; and the puerperium, 44; case of, with unusual complications (Dr. Caldwell), 84; iodine and (George V. Perez), 143; (David Walsh), 282; at Peterhead, 232; idiopathic muscular atrophy and, 361; at Burford Camp, 410; on the *Persic*, 479; in New Jersey, 829; at Outpool, 846

Fever, enteric, its spread by personal infection, and preventive measures on active service (Lieutenant-Colonel A. M. Davies), 505; discussion on, 510

Fever, enteric, during active service (Lieutenant-Colonel R. Caldwell), 513; discussion, 515

Fever, enteric, second attack of: perforation: laparotomy: death (E. S. Moorhead), 1148

Fever in infants and children, some cases of unexplained (Henry Ashby), 1239, 1637

Fever, enteric, review of books on, 1593

Fever, Malta, new name for, 1546

Fever, Mediterranean, in South Africa (Lieutenant-Colonel C. Birt), 1336

Fever, Mediterranean, history of the work done in connexion with (Fleet-Surgeon Bassett-Smith), 1280

Fever, periodic, and lymphocytosis, 1552

Fever, puerperal, 292, 844; mortality from, 292; in Manchester, 844

Fever, relapsing, part played by *Pediculus corporis* in the transmission of (F. Percival Mackie), 1706

Fever, scarlet, possible explanation of late return cases in (William Habgood), 1709

Fever, scarlet, post-scarlatinal desquamation (F. J. Vincent Hall), 20; patients discharged from hospital, 781

Fever, "sweating," in La Rochelle, 29

Fever, typhus, 1615

Fever, yellow, in Cuba, 1172

Fibroids, abdominal, hysterectomy for (Frederick Edge), 447

Fibroids and fibro-myomatous tumours in unusual sites (S. J. Cameron), 448

Fibroids, uterine, indications for operations on and the methods of performing them (Paul Strassmann), 446

Fibroma of pelvis, oedematous (Dr. Tate), 1149

Fibula and tibia, uncommon injury to (R. D. Patterson), 1516

FIESSNER, CH.: *Clinique Thérapeutique du Praticien*, rev., 265

Filigrees of silver wire. See Silver

Finance Bill. See Bill

Financial position of the general practitioner (leading article), 684

Finger cracks, 1696, 1755

Finger nails exfoliation, 184, 1755

Finger prints as substitutes for signatures, 1288

FINLAY, Professor: On alcohol, 1182

Finlayson memorial lectureship, 335

Fire risks of hospitals, 1609

FISCHER, EMIL: *Synthesetische chemie und biologie*, 1173; *Untersuchungen in der Purggruppe*, rev., 1592

FISCHER, MARTIN H.: *The Physiology of Alimentation*, rev., 1831

Fish and leprosy, 852, 1106

FISH, HENRY MANNING: Study of optic neuritis in connexion with nasal accessory sinus disease, 1218

FISHER, IRVING: *Effect of Diet on Endurance*, rev., 264; *Influence of Flesh Eating on Endurance*, rev., 264

FISHER, J. HERBERT: Interstitial keratitis and acquired syphilis, 1519

FISHER, THEODORE: Causation of cyclical vomiting, 544

Fishes, temperature of, 1682

Fistula, brachial, and hygioma colli (G. H. Edington), 904

Fistula, umbilical, two cases of (Forbes James Alexander), 1237

FITZWILLIAMS, DUNCAN C. L.: Intussusception in children, 1548

Flannelette, dangers of, 1364

Flannelette, non-inflammable, 150

Fleas as carriers of disease, 1195

Fleet actions, treatment of wounded in (Fleet Surgeon A. Gaskell), 504; correspondence on, 1280

FLEMING, CHARLES E. S.: Maintenance of the honour and interests of the medical profession, 1010; medical inspection of school children, 1747

FLETCHER, PHINEAS: Curious poem, *The Purple Island*, by, 35

Flies, house, in Ennares, 1170; and disease, 1564, 1612

Fly, house, proboscis of, 1558

FLORECE, J. E.: *Le Travail Intellectuel et les Fonctions de l'Organisme*, 529

Flour, adulteration of, 239

FLOWER, Sir WILLIAM HENRY: *Catalogue of the Specimens Illustrating the Osteology and Dentition of Vertebrate Animals, Recent and Extinct, contained in the Museum of the Royal College of Surgeons of England*, rev., 913

"Folklore in the Old Testament," 1448

FONTAINE-MORRIS, 1755

Fontenoy, wounded of, 1006

Food Act. See Act

Food adulteration in New South Wales, 49, 549, 182

Food of our forefathers, 1788

Food preservative, borax as, 109

Food, pure, 25

Foot, aneurysm of (Alex. R. Tweedie), 713

Foot, removal of foreign bodies from (J. B. Nias), 1143

Foot, Morton's. See Morton

FORBES, J. GRAHAM: Lumbar puncture, 741

FORCHHEIMER, F.: *Prophylaxis and Treatment of Internal Disease*, rev., 321

FORDYCE, A. DINGWALL: Infant feeding, 1828

Foreign bodies, removal of from hand or foot (J. B. Nias), 1148

Foreign bodies, x-ray method for immediate localization of (C. Fred Bailey), 1207

Forensic medicine, review of books on, 1719

Forgotten swab, another warning (G. T. Gifford), 1042

Formates, compound solutions of the, 203

Formates in rheumatism, 184, 203

Formic acid salts, action of (Dr. Goodall and Isabel Mitchell), 1712

Formulary, new unofficial, 225

FORONDA, DON MANUEL DE: Treatment of infectious diseases by red light, 32

FORSYTH, DAVID: Relation between the thyroid and parathyroid glands, 1425, 1508

FORTUNE, J.: Two cases of pernicious anaemia with unusual features, 1041

FOTHERGILL, CLAUD F.: *Blood Examination and its Value in Tropical Diseases*, rev., 1348; case of septicaemia with interesting reactions to treatment and recovery, 1771

FOTHERGILL, M. ROWLAND: The Referendum, 1018, 1165, 1461

FOTHERGILL, W. E.: *Manual of Midwifery*, rev., 458; *Course of Lectures to Midwives and Maternity Nurses*, rev., 460

Fournier's hygienic mixture for females (extra strong), composition of, 1655

Fowl, incomplete hermaphroditism in (S. G. Shattock and C. G. Seligmann), 1068

FOWLER, J. K.: Presidential address of Medical Society of London, 1065

FOWLER, TREVOR: Medical practitioners and public health, 1763

Fowls, Sudanese, peculiar blood condition, probably parasitic, in (Andrew Balfour), 1330

FOXWELL, Dr.: Infective endocarditis, 1343

FOYE, G. BAYNTON: Motor cars for medical men, 1756

Fracture, Colles's, of wrist, treatment of (R. M. Boodle), 587

Fracture of lacrymal bone with perforation of lacrymal sac, 62

Fractures, two unusual (Richard Miller), 525

Framboesia tropica. See Yaws

France, foundation of a medico-historical society in, 158; Minister of Public Instruction issues circular letter setting forth precautions to be taken against spread of certain infectious diseases in public primary schools, 858; plague in, 1449

France, conditions of practice in, 615. See also Paris

FRANCIS, G. P.: elected mayor of Brecon, 1449

FRÄNKEL, SIGMUND: *Descriptive Biochemie mit besonderer Berücksichtigung der Chemischen Arbeitsmethoden*, rev., 1332

FRANZ, PAUL C.: Theory and practice of orthodigraph, 316

FRASER, LACHLAN: Case of ruptured tunica vaginalis, 1711

Fraudulent advertisement. See Advertisement

FRAZER, J. G.: "Folklore in the Old Testament," 1448

FRAZER, PETER, resignation of, 770; enters foreign mission service, 770
French Army. See Army
French Chamber of Deputies votes £1,000 for the purchase of radium, 1460
French Government wishes to restrict use of opium in the Far East, 1793
French Minister of Finance introduces bill to provide for creation of hydro-mineral stations, 220
French Surgical Association. See Association
French Urological Association. See Association
FREYER, P. J.: Further series of cases of total enucleation of the enlarged prostate, 889; appointed Casualty surgeon, Queen Alexandra's Military Hospital, 1841
FRIEDLÄNDER, FRIEDRICH VON: *Chirurgische Diagnostik*, rev., 910
Friendly societies and the medical profession, 171, 1852
Frozen meat. See Meat
Frontal sinusitis. See Sinusitis
Fruit pickers, accommodation for, 62
FULLER, J. R.: Teaching of hygiene and temperance in public elementary schools, 118
FULLERTON, Mr.: Excision of rectum for carcinoma, 85; gastro-enterostomy for ruptured duodenal ulcer, 85
FULLERTON, ANDREW: Anastomosis between the common bile duct and the duodenum for obstructive jaundice, 1118; tuberculous kidney, 1584; movable kidney from a surgical standpoint, 1743
FULLERTON, ROBERT: Teratoma arising from right tonsillar region, 963
FULLERTON, Major THOMAS A., obituary notice of, 490
Fund, British Medical Benevolent, 268, 937, 1255, 1602
Fund, Brocklehurst, 1755, 1860
Fund, Imperial Cancer Research, 26; annual meeting, 25; report of Executive committee, 26; General Superintendent's report, 26; Honorary Treasurer's report, 28; the Bischoffheim donation, 29; speech by the Prince of Wales, 29
Fund, Central Emergency, 475; correspondence on, 556, 619, 773, 849, 1020, 1854
Fund, Factory Girls' Holiday, 220
Fund, Hospital Saturday, 1367; in Birmingham, 1367
Fund, Hospital Sunday, 91, 552, 1688, 1793; amount collected in metropolitan area, 91; collections in Manchester and Salford, 552; this year's collection in places of worship, 1688; report, 1793
Fund, King Edward's Hospital, for London, Bill, 45, 109; questions in Parliament, 45, 109; meeting of General Council to make awards and grants for present year, 1791; future of the Fund, 1792; members of council and committees for 1908, 1841
Fund, King Edward's Hospital, gift to, 322
Fund, Lord Mayor's Cripple, 407
Fund, Moir Memorial, 482
Fund, National Union of Teachers' Benevolent, and specialists, 1600
Fund, South Wales Contract Practice, 1609
Fungus poisoning, 766
Tunnel douche, aseptic, 1720

G.

GADD, H. WIPPELL: *Synopsis of the British Pharmacopoeia*, 1898, rev., 530
GAIRDNER, ERIC D.: Maintenance of the honour and interests of the profession, 850; the late Sir W. T. Garner and Messrs. Oppenheimer, 1809
GAIRDNER, Sir WILLIAM TENNANT: obituary notice of, 53; and the morphine episode, 176; appreciation of, 366; estate of, 681; and Messrs. Oppenheimer, 1809
Galabin's pessary, improved, 91
Gall stone in the common duct (T. V. Armugam), 1581
Galvanometer as a measurer of emotions (Frederick Peterson), 801
Galvanometer, Einthoven's (K. A. Wertheim Salomonson), 645
Galvanometer in the study of mental diseases (leading article), 1175
Galway Workhouse v. Galway Asylum, 1616, 1744
Game, unsound, 1749
Gangrene, successful resection of 9½ ft. of small intestine for (Charles P. Childe), 891
Garden cities, 408
GARDNER, H. BELLAMY: Care of the patient during serious abdominal operations, 14; ether anaesthesia by the open method, 1516
GARDNER-MEDWIN, F. M.: Roth-Drager anaesthesia apparatus, 1427
GARRIGUES, HENRY J.: *Textbook of the Science and Art of Obstetrics*, rev., 459
GARRY, T. GERALD: Two cases of mistaken diagnosis, 1827

Gas in the peritoneal cavity, diagnosis of (Edward Goody), 674
GASKELL, Fleet Surgeon A.: Treatment of wounded in fleet actions, 504
Gastrectomy, complete (B. G. A. Moynihan), 1780
Gastric ulcer. See Ulcer
Gastro-enterostomy for ruptured duodenal ulcer (Mr. Fullerton), 85
Gauze five months in abdominal cavity, 44
GEE, SAMUEL: *Auscultation and Percussion*, rev., 146; *Medical Lectures and Clinical Aphorisms* rev., 146
General Medical Council. See Council
General Paralysis. See Paralysis
General practitioner, financial position of (leading article), 684
General practitioner and the Association, 1375
General practitioner, plea for the study of bacteriology by (J. Arnall Jones), 1764
Geneva convention at sea, 226
Geneva, plague plots of, 99
Genito-urinary organs, prognosis in relation to treatment of tuberculosis of (Rickman J. Godlee), 1697
Genito-urinary surgery, review of books on, 990
Geology and medicine, 923
Geological Society. See Society
GERATY, T.: Lubricant for catheters, 1028
German antiquackery league, 1095
German Central Cancer Research Committee, 1721, 1773
German East Africa. See East
German and English medical education. See Medical
German medical press and doctors who write articles recommending proprietary remedies, 1838
German scientists and medical practitioners, meeting, 1014
German Society of Neurologists. See Society
German universities, American students in, 1800
Germany, small-pox in, 225, 270
Germany, conditions of practice in, 615
Germany, mortality of the frontier provinces from small-pox and other causes, 270
Gestation, ectopic, is it becoming more frequent? 1677
Ghent, school for mothers in, 50
GIACOMO, Master, 537
Gibraltar, notes from, 1184; hospitals and public health, 1184
GIBSON, GEORGE A.: Appreciation of Sir William Gairdner, 59
GIBSON, L. P.: Notes on S. F. Edge's record motor drive, 100
GIDDINGS, R. R.: Chief medical officership of the Board of Education, 940
GIFFORD, G. T.: A forgotten swab: another warning, 1042
GILBERT, A.: *Nouveau Traité de Médecine et de Thérapeutique*, rev., 205
GILCHRIST, A. W.: Necessity of increasing the degree of immunity against small-pox, 662
GILES, Surgeon-Colonel P. BROOME: Position of the volunteer stretcher bearer, 516; disposal of excreta in camp and on the line of march, 517; Territorial Army Medical Corps, 1184
GILL, JOSEPH WILLIAM: Bee stings and rheumatism, 63
GILLES, Abbot of Saint Martin of Tournai, operated on for cataract in 1351, 94
GIMLETTE, Deputy Inspector-General T. G., C.B. conferred upon, 41
Girgenti Home, 1750
Glamorgan, health of, 1072
Glanders, notification of in Scotland, 549; glands, ductless, precocity in relation to (Leonard G. Guthrie), 747
Glands, thyroid and parathyroid, relation between (David Forsyth), 1425, 1508
Glans penis, diphtheria of, following circumcision. See Diphtheria
"Glasptic" spray and nebulizer, 267
Glasgow Board Schools, physical condition of the children in, 482
Glasgow, clinical teaching in, 1458
Glasgow Club dinner at Manchester 1459, 1681
Glasgow fever hospitals, 930
Glasgow Infirmary. See Infirmary
Glasgow post-graduate study in 604
Glasgow University Club, 1459, 1731
Glasgow University. See University
Glaucoma, pathogenesis of, and the rationale of its treatment (Thomas Henderson), 1236
GLEIG, G. R.: *Life of Robert, First Lord Clive*, rev., 677
GLENDINNING, BRYDEN, receives permission to accept insignia of Caballero of Order of Carlos III, 758
Gloves for x-ray workers, 184
Glycosuria, influence of drugs on, 512
Goat's milk, composition of, 1380
GODLEE, RICKMAN J.: Prognosis in relation to treatment of tuberculosis of genito-urinary organs, 1697
GODSON, CLAUDE: Earlier recognition of cancer of uterus, 854
Goitre, operation for (James Berry), 1427
Goitre cure, composition of, 677
Goitre, exophthalmic, with cirrhosis of liver (Dr. Miller), 1343

Gold Coast, health of, 681; letter from, to the Oxford Medical Publications, 1788
GOULD, A. KVALYN: Doctor as baby dealer, 1860
Golf ball, bursting of a, 560
Gonococcal pyaemia. See Pyaemia
Gonorrhoeal rheumatism. See Rheumatism
GOODALL, E. W.: Prodromal period of some of the acute infectious diseases, 374
GOODALL, Dr.: Action of formic acid salts, 1712
GOODY, EDWARD: Diagnosis of gas in the peritoneal cavity, 674
GORDON, WILLIAM: Introductory remarks as President of Section of Medicine, 1120
GORST, HAROLD: *The Curse of Education*, 1674
GOSAGE, ALFRED M.: Automatic rhythm of the heart, 1818
Gothenburg system (leading article), 920
Gougerat, yaws and syphilis, 1363
GOULD, ALFRED H.: *The Technique of Operations upon the Intestines and Stomach*, rev., 1307
GOULD, GEORGE M.: *Practitioner's Medical Dictionary*, rev., 1349; *Dictionary of New Medical Terms*, rev., 1349
GOURLAY, ROBERT, elected Mayor of Oldham, 1449
Gout, review of books on, 753
Gouty neuritis. See Neuritis
Govan, report of M.O.H. 241; Cottage Nurses' Training Home, 149, 693
GOWERS, Sir WILLIAM R.: Sudden cerebral lesions: their diagnosis and immediate treatment, 1
GRAHAM, GEORGE HERBERT, obituary notice of, 1811
GRAHAM, JOHN W.: *Destruction of Daylight: a Study in the Smoke Problem*, 1008
GRANCHER, Professor, obituary notice of, 164; bequeaths 20,000 francs to society for protection of Children from Tuberculosis, 362
GRANT, C. GRAHAM: *Police Surgeons' Emergency Guide*, rev., 677
GRANT, DUNDAS: Operations for chronic suppuration of the middle ear, 298
Granules in leucocytes, 681
GRAY, ALBERT A.: *The Labyrinth of Animals, including Mammals, Birds, Reptiles, and Amphibians*, rev., 391
GRAY, H. TYRRELL: Some cases in which Meckel's diverticulum was present, 823
GRAYSON, CHARLES PREVOST: *Diseases of the Nose, Throat, and Ear*, rev., 460
GREAVES, FRANCIS L. A.: Case of pyonephrosis containing typhoid bacilli in pure culture, 75; treatment of acute intussusception, 115
Greece, ancient, medicine in (G. Lorimer), 196
Greece, conditions of practice in, 615; sale of quinine made a State monopoly in, 1342
GREEN, A. WITHERS: Medical attendance in cases of sudden illness, 492
GREENE, C. L.: *Medical Diagnosis*, rev., 911
GREENWOOD, G.: Ships' surgeons, 1112
GREENWOOD, MAJOR: Early Notification of Births Bill, 553; Referendum, 1278
GRENELL, WALTER: Health catechism, 715
GREY, HARRY: Origin of circumcision, 303; maintenance of the honour and interests of the profession, 774
GRIFFITH, A. WILL: Fatal cases of orbital thrombosis, 1234
GRIFFITHS, L. M.: Account of the Bristol Medical Reading Society, 1084
GRIFFITHS, P. RHYS: Complete separation of rectum from anus, 21
GRIMSDALE, HAROLD: *Textbook of Ophthalmic Operations*, rev., 167
GRONDEL, FRANZ M.: The orthodiascope, 1187
GROSSMANN, KARL: Hand refractometer and astigmometer, 365; improved form of artificial eye, 1223; portable refractometer and portable astigmometer, 124
GRÜNBAUM, O.: Some experiences with the tuberculin reaction, 1520
GRÜNBERG, KARL: *Die Blutsangenden Diphterien*, rev., 207
GRÜNWALD, LUDWIG: *Die Therapie der Kehlkopf-tuberculose mit besonderer Rücksicht auf den galvanokautischen Triefenstich und äussere Eingriffe*, rev., 265
Guardians and insanity, 619, 856, 1023
Guardians and lunacy fees, 1023
Guardians and public vaccinators (leading article), 1400
Guardians and vaccination, 1459
GUBB, ALFRED S.: Subcutaneous injections of air as a means of relieving certain painful manifestations, 1297
Guernsey recruits, growth of, 1847
GUTHRIE, LUTHER H.: *The Efficient Life*, rev., 530
Gumma of the ciliary body (G. Victor Miller), 2
GUNN, R. MARCUS: Introductory address as President of Ophthalmological Society, 1149
GURWITSCH, VON A.: *Lehmann's medizinische Handatlasen Hand xxv, Atlas und grundriss der Embryologie*, rev., 828
GUTHRIE, LEONARD G.: Precocity in relation to the ductless and accessory genital glands, 747
GUTHRIE, THOMAS: Development of the mastoid, 986
Gynaecological society. See Society
Gynaecological stomach. See Stomach

Gynaecologists, an appeal from (leading article), 474; correspondence on, 554, 704
Gynaecology, review of books on, 23, 1525

H.

- HABGOOD, WILLIAM: Possible explanation of late return cases in scarlet fever, 1709
HADFIELD, C. F.: Fracture of lacrymal bone with perforation of lacrymal sac, 52
HADLEY, Dr.: Discussion on the complications of pneumonia, 1344
HADLEY, WILFRID J.: *Nursing: General, Medical and Surgical*, rev., 530
Haematocoele, retroperitoneal, producing acute intestinal obstruction (H. Temple Mursell), 350
Haemoflagellates (E. A. Minchin), 1320, 1323; discussion, 1322
Haemorrhage, calcium chloride in (A. C. Lambert), 33
Haemorrhage, cerebellar, case of (H. M. Inglis and P. Clennell Fenwick), 715
Haemorrhage, intestinal, complicating appendicitis (reported by G. S. Thompson), 1711
Haemorrhage, post-partum, 124
Haemorrhage, vaginal, in young infants, 492
Haemorrhoids, new operation for complete removal of (A. Heygate Vernon), 903
HAFFKINE, W. M.: Banquet and presentation of Mary Kingsley medal to, 1181; control of plague in India, 1779
Haffkine's plague prophylactic, 363, 1735
HAGBRY, LINDA-F. See Lind
Hair dyes, 1471
Hairwash, anaesthetic, dangers of, 776
Haldane-Smith method of estimating the oxygen tension of arterial blood (W. A. Osborne), 1579
HALE, L. H. D.: Case of angio-neurotic oedema, 674
Halifax, guardians, 110, 231; water charges at, 169, 231
HALL, F. J. VINCENT: Post-scarlatinal desquamation, 20
HALL, A. WALKER: Estimation of fat in faeces, 1399
HALLIBURTON, W. D.: *Essentials of Chemical Physiology*, rev., 528
HAMILL, J. WILSON, thanks the profession for their sympathy, 537
HAMILTON, JAMES: Maintenance of the honour and interests of the medical profession, 699, 850
HAMILTON, R. J.: Kroenlein's operation, 1426
Hand, removal of foreign bodies from (J. B. Nias), 1148
Hand refractometer and astigmometer, 365
HANDLEY, W. SAMPSON: An operation for embolus, 712
Hanley, health of, 111
HANNEB, WALTER: Fatal injury to prolapsed uterus, 294
HARBEN, H. A.: London Provident Dispensaries' Council, 1186
HARDMAN, WM.: Gonorrhoeal rheumatism, 783
Hargreaves's reducing wafers, 209
HARMAN, N. BISHOP: Origin of the facial nerve, 1296
HARRIS, ALFRED: Infant mortality in Islington, 1727; note on, 1785
HARRIS, J. DELPRATT: Statistics of x-ray treatment in rodent ulcer and carcinoma, 644
HARRISON, J. MCK., reports case of ruptured bladder, 526
HARRISON, REGINALD: Metropolitan street ambulances, 354
Harrigate's sanitary problems, 1367, 1793
HART, BERNARD: Case of severe head injury in a psychasthenic, 389
HARTIGAN, T. J. P.: Therapeutic uses of radium, 124
HARTMANN, MAX: *Praktikum der Bakteriologie und Protozoologie*, rev., 528
HARTTRIDGE, GUSTAVUS: *Refraction of the Eye*, rev., 1240
Harveyan Oration (by Frederick Taylor), 1167
HARVEY, WILLIAM: Some memoranda in regard to, 158
Harvey's blood pills, composition of, 531
HASLIP, G. E.: Is a round-table conference possible? 1555
Hat, psychology of the, 106
HATTON, JOHN: Treatment of gouty neuritis, 420
HAUSMANN, THEODOR: *Ueber das Tasten normaler Magenwelle. Nebst Bemerkungen zur Hohenbestimmung der Bauchorgane*, rev., 1651
Haverfordwest and the Local Government Board, 171
Hawarden rural district, sanitary condition of, 1798
HAWK, PHILIP B.: *Practical Physiological Chemistry*, rev., 529
HAWORTH, F. G.: Early Notification of Births Bill, 701
HAWTHORNE, C. O.: Early Notification of Births Bill, 485, 701, 853
HAY, ARCHIBALD G.: Subcutaneous injections of air, 1559
HAYNES, STANLEY: The Referendum, 1620
HEAD, G. P. (Editor): *Practical Medicine Series*, rev., 460
Head injury in a psychasthenic (Bernard Hart), 389
Health authority, a supreme national, 925
Health officerships (Assistant), Bombay, 486
Health resorts, Leamington, 337; leading article on, 357; Worthing, 1455; at home, 1543
Health visitors as unqualified assistants, 236, 365
HEANEY, F. S.: Unusual case of ataxia, 1426
HEARD, R.: Two cases of suprapubic litholapaxy, 75
Heart, automatic rhythm of (Alfred M. Gossage), 1818
Heart-block, case of (J. L. Rentoul), 85
Heart, review of books on, 320, 1527
HEATH, CHARLES J.: Duty of restoring hearing by operation in chronic aural suppuration, 80; correspondence on, 236
HEATH, CHRISTOPHER, memorial tablet to, 931
HEATH, GEORGE: Gangrenous sigmoid colon removed from a case of acute volvulus under spinal anaesthesia, 1343
HEBB, R. G.: Alcohol and hobnail liver, 1376
HEBBLETHWAITE, HAROLD: Suppurative appendicitis in a patient with transposed viscera, 1579
Heidelberg, proposed cancer institute in, 1792; M. D. of, 1859
HEISLER, J. C.: *Textbook of Embryology*, rev., 828
HEISS, HUGO: *The German Abattoir*, rev., 675
HELLIER, J. B.: Suppurating vaginal cysts, 76
HELLPACH, W.: *Technischer Fortschritt und Seelische Gesundheit*, 1842
HELLY, VON KONRAD: *Die haematopotetischen Organe in ihren Beziehungen zur Pathologie des Blutes*, rev., 1430
HELM, T. ARTHUR: The unborn child, its care and its rights, 421
HENDERSON, THOMAS: Pectinate ligament, 1519
HENDERSON, THOMSON: Pathogenesis of glaucoma and the rationale of its treatment, 1236
HENDLEY, T. H.: Medical inspection of secondary schools, 773
HENRY II of France and the doctors, 1839
Hepatic congestion in an infant, intense (John Alcindor), 1581
HEPWORTH, J.: *Plaint of the G. P.*, 304
HERBERT, Lieutenant-Colonel H.: Clinical observations on spring catarrh, 1232
HERFF, O. VON: Mortality from puerperal fever, 292
Heritage Invalid Craft, Schools, Chailey, speech day, 402
HERMAN, G. ERNEST: *First Lines in Midwifery*, rev., 529; *Diseases of Women, a Clinical Guide to their Diagnosis and Treatment*, rev., 1526
Hermaphroditism in the fowl, incomplete (S. G. Shattock and C. G. Seligmann), 1066
Hernia, femoral, and the bladder (J. D. Malcolm), 1237
Hernia, infantile and encysted, morbid anatomy and pathology of (R. Hamilton Russell), 1392
Hernia, inguinal, rendered irreducible by malignant disease of intestine (Charles T. MacL. Plowright), 949
Hernia, inguinal, simple operation for uncomplicated oblique, in young adults (George L. Chiene), 1389
Hernia, radical cure of (Dr. Thompson), 1585
Hernia, sacular theory of (R. W. Murray), 1385
Hernia, strangulation of, by a suppurating appendix (reported by E. Chichester), 1648
Herniae, filigrees of silver wire in the cure of herniae usually considered inoperable (Lawrie McGavin), 1395
Heroin, 244
Herpetomonas, life-cycle of a species of, found in *Culex pipiens* (Captain W. S. Patton), 78
HERRING, PERCY T.: Pressure of bile secretion and mechanism of bile absorption in obstruction of bile duct, 913
HERTER, C. A.: *Common Bacterial Infections of the Digestive Tract and the Intoxications Arising from Them*, rev., 1718
HEWITT, C. GORDON: Proboscis of the house fly (*Musca domestica*), 1558
HEWLETT, R. TANNER: Etiology and pathological histology of beri-beri, 201, 1281; elected Fellow Royal Sanitary Institute, 1792
HICHENS, PEYERELL S.: The Referendum, 1556
High-frequency currents, influence of on the urinary system (W. F. Somerville), 647. See also Electro-therapeutics
Highland folk medicine, 1267
HILL, CHARLES: *Manual of Normal Histology and Organotherapy*, rev., 1783
HILL, LEONARD: Representation of the Medical Faculty on the Senate of the University of London, 1464, 1749
HILL, WILLIAM: Kuster's operation of post-auricular meatal anthrotomy and Mr. Heath's claim, 175
HILLIARD, HARVEY: Ether administration by the open method, 1621
Hinckley Board of Guardians and its medical officer, 1192, 1749
HINSHELWOOD, JAMES: Four cases of congenital word-blindness occurring in the same family, 1229
Hip-joint, examination of with x-rays (Edward W. H. Shenton), 634; discussion, 636
Hip-joint disease and sciatica (W. Ironside Bruce), 1648
Hippocrates, works on, 420
Hips, new apparatus for raising, in bed, 1594
HIRSCHBERG, Professor: Oldest existing illustration of operation for cataract, 32
HIRST, BARTON COOKE: *Textbook of Obstetrics*, rev., 458
HIRST, WALTER CLAPHAM, obituary notice of, 619
His, W.: Appointed to Chair of Special Pathology and Therapeutics in University of Berlin, 227
Histology, review of books on, 1783
HOBHOUSE, Dr.: Case of (?) achondroplasia, 85; cerebral diplegia, 85
HOBHOUSE, EDMUND: What do we mean by tachycardia? 852
"Hob-nail" liver. See Liver
HOCHENEGG, J.: *Lehrbuch der speziellen Chirurgie für Studierende und Ärzte*, rev., 90
HOFFMANN, ERICH: *Die Aetiology der Syphilis*, rev., 23
HOGARTH, A. H.: Medical inspection of schools, 772, 1019
HOGARTH, B. WHEWELL: Direction of abdominal incisions, 1280
HOILE, Brigade-Surgeon EDMOND, obituary notice of, 1857
Holiday practice, 237, 299, 365
HOLLAND, C. THURSTAN: The orthodiagraph, 1427
Holland, conditions of practice in, 615; infant mortality in, 1255
HOLLANDER, BERNARD, 1093
HOLMES, TIMOTHY: Obituary notice of, 704; note on, 756
Home health resorts, 1543
Home Office and industrial diseases, 227
Home for Inebriates. See Inebriates
Hong Kong, notes from, 234, 771, 1552; Colonial Office report, 234; bubonic plague, 234; dumping dead bodies in the streets, 234; ophthalmic department of the Tung Wah Hospital, 771; sanitary report for 1906, 1552
Hong Kong, plague in, 62, 220, 234, 461, 559, 856, 1170; climate of, 492
Honour of the medical profession, maintenance of. See Fund, Central Emergency
Honours for medical services, 1564
HOOD, DONALD W. C.: *Some of the Clinical Aspects of Pneumonia*, rev., 153
HOOD, PATRICK: *A Jury of the Virtuous*, rev., 1431
Hood's compound extract of sarsaparilla, composition of, 531
HOOKER, Sir JOSEPH D., Order of Merit conferred upon, 41
HOOPER, DANIEL, obituary notice of, 1688
Hop-pickers, accommodation for, 62
HOOPS, Rev. JOHN PAGE: Evidence of before the Royal Commission on Vivisection, 1441
HORDER, T. GARETT: New Vaccination Order, 176, 663; the Referendum, 349, 1016; warfare against quackery, 1187
HORN, A. E.: A 15-pint hydrocele, 143
HORNABROOK, R. W.: Ether administration by the open method, 1621
HORNE, W. JOHNSON: Differential diagnosis of tuberculosis, syphilis, and malignant disease of larynx, 956
HORROCKS, PETER: Instruction of midwives in the symptoms and signs of abnormal labour, 785, 1167
HORROCKS, WILLIAM: The Referendum, 1017
Horse serum. See Serum
HORSLEY, Sir VICTOR: *Alcohol and the Human Body*, rev., 21; Early Notification of Births Bill, 414, 553
Hospital administration, note on, 859
Hospital, Alexandra, annual meeting, 242
Hospital appointments, plurality of, in Bristol, 843, 927
Hospital, Barbados General, cases of bullet wound (reported by S. McNaughton), 1827
Hospital, Barwood House, for Insane, Gloucester, 782
Hospital, Bethlehem Royal, information concerning, 597
Hospital, Birmingham General, 231, 1582; new rules for out-patients, 231; complicated case of uterus bicornis (reported by G. P. Mills), 1582
Hospital, Bradford Royal Eye and Ear, 1011, 1181
Hospital, Bradford Small-pox, as a consumptive sanatorium, 1631
Hospital, British, for Skin Diseases, 707
Hospital, Brighton, for Consumption and Diseases of the Chest, annual court of governors, 559; information concerning, 597
Hospital, the Cancer, 27; conversazione, 37

- Hospital, Cancer, the Christie, 1851
 Hospital, Carshalton, 364
 Hospital, Central London Ophthalmic, Gray's Inn Road, information concerning, 597
 Hospital, Charing Cross, 580, 603, 935, 1093; information concerning medical study, 580; post-graduate study at, 603; opening of the winter session of the medical school, 935; scholarships, 1093
 Hospital, Charité, Berlin, 698
 Hospital for Children, Adelaide, 1253
 Hospital for Children, the Belgrave, information concerning, 596
 Hospital for Children, Birmingham, 1460
 Hospital for Children, East London, Shadwell, information concerning, 596; the beginnings of the hospital, 924; Dr. Robert Barnes and, 1021
 Hospital for Children, Great Ormond Street, information concerning, 596
 Hospital for Children, North-Eastern, Hackney Road, Bethnal Green, information concerning, 596
 Hospital for Children, Paddington Green, information concerning, 596
 Hospital for Children, the Victoria, 276; annual court, 276
 Hospital for Children and Women, Royal Waterloo, 284; general meeting, 284
 Hospital, Chinese, in New York, 1262
 Hospital, City of London, for Chest Diseases, Victoria Park, information concerning, 598
 Hospital, City of London Lying-in, 62; opening of new building, 62
 Hospital, Colonial, Gibraltar, case of tuberculous mammary tumour (L. D. Parsons), 263; case reported by L. D. Parsons, 1517
 Hospital, Colonial, St. Vincent (B.W.I.), fatal enterospasm, diverticula on jejunum (reported by C. W. Branch), 988
 Hospital for Consumption, National, of Ireland, 296
 Hospital, Cork County (Illinois), *Reports*, rev., 1070
 Hospital, Cork Eye, Ear, and Throat, annual meeting, 771
 Hospital, Coventry and Warwickshire, 220, 752; case of wound of cornea and traumatic cataract caused by peck from bantam cock (reported by T. Harrison Butler), 752
 Hospital, Croydon Mental, Warrington, Surrey, annual report, 857
 Hospital, Dental, Edinburgh, and School, 240; at home, 240
 Hospital, National Dental, Great Portland Street, dinner, 1670
 Hospital, Devonshire, Buxton, 783
 Hospital, Royal Devon and Exeter, 107; electrical department at, 107
 Hospital and dispensary management, 62, 183, 241, 276, 487, 559, 707, 781, 857, 1027, 1193, 1285, 1562, 1754, 1853; City of London Lying-in Hospital, 62; St. Andrew's Hospital for Mental Diseases, Northampton, 63; Jamaica Lunatic Asylum, 63; Lebanon Hospital for the Insane, 183; hospital mortality after operations, 241; North Bierley Joint Hospital, 241; Derby Borough Asylum, 242; Cork District Asylum, 242; Soho Hospital for Women, 242; West London Hospital, 242; Hospital for Epilepsy and Paralysis, 242; Alexandra Hospital, 242; Central London Throat Hospital, 242; New London County Council (Long Grove), 276; Chelsea Hospital for Women, 276; Victoria Hospital for Children, 276; Swansea Hospital, 487; Brompton Hospital, 559; British Hospital for Skin Diseases, 707; Hereford County and City Asylum, 781; The Retreat, York, 781; Cumberland and Westmorland Asylum, 782; Barnwood House Hospital for the Insane, Gloucester, 782; Surrey County Asylum, Brookwood, 782; Monmouth Asylum, Abergavenny, 783; Devonshire Hospital, Buxton, 783; Croydon Mental Hospital, Warrington, Surrey, 857; Roxburgh, Berwick, and Selkirk District Asylum, 857; Sunderland Infirmary, 857, 1562; Joint Counties Asylum, Carmarthen, 858; Dorset County Asylum, 8'8; Kingseat Asylum, Aberdeen, 858; Wilts County Asylum, 1027; Wotton House Hospital for the Insane, 1193; County and City of Worcester Lunatic Asylum, 1193; Glamorgan County Asylum, 1194; Royal Edinburgh Asylum, 1285; Somerset and Bath Asylum, Wells, 1285; Nottingham City Asylum, Mapperley Hill, 1286; West Riding Asylum, Wakefield, 1562; Kesteven County Asylum, 1'62; Earlswood Asylum, Redhill, Surrey, 1563; West Sussex County Asylum, Chichester, 1563; James Murray's Royal Asylum, Perth, 1563; Suffolk District Asylum, 1754; Infants' Hospital, Westminster, 1858; Royal Albert Asylum, Lancaster, 1858
 Hospital, Dr. Stevens's, information concerning, 595
 Hospital, Drumcondra, Whitworth Road, Dublin, case for diagnosis (reported by E. H. Brook), 1035
 Hospital, Durham County, case of chorion-epithelioma, hysterectomy, recovery (reported by G. D. Hunter), 1517
 Hospital for Epilepsy and Paralysis, Maida Vale, report, 242
 Hospital for Epilepsy and Paralysis, the National, Queen square, information concerning, 596; sum of money to be raised, 1463
 Hospital, Essex and Colchester, case of cystic calculus (reported by E. Chichester), 1516; strangulation of a hernia by a suppurating appendix (reported by E. Chichester), 1648
 Hospital extensions, 541
 Hospital, Eye and Ear, Royal Bradford, 1011
 Hospital, Eye and Ear, Royal Victoria, Adelaide Road, Dublin, information concerning, 595
 Hospital funds and the exclusion of Scottish diplomates from the majority of London hospitals, 50, 117. *See also* Fund
 Hospital, gaol, Bassein, unabsorbed catgut ligatures (P. Dee), 263
 Hospital, Great Northern Central, Holloway Road, N., information concerning, 596
 Hospital, Guy's, 581, 998, 1083; information concerning medical study, 581; opening of winter session of the medical school, 998; scholarships, 1083
 Hospital, Halifax Union and Workhouse, 1615
 Hospital, Hampstead, and the local medical profession, 1728
 Hospital, Infants', Westminster, 1858
 Hospital for Incurables, Royal Dublin, 113; annual meeting, 113
 Hospital, Infants', Vincent Square, Westminster, 1503
 Hospital, isolation, difficulties, 1379
 Hospital, isolation, as a health resort, 1110
 Hospital, Jervis Street, Dublin, information concerning, 594
 Hospital, Kent and Canterbury, information concerning, 599
 Hospital, King's College. *See* College
 Hospital, Lebanon, for Insane, eighth annual report, 183
 Hospital, Ledbury Cottage, case of ruptured bladder (reported by J. McK. Harrison), 525
 Hospital, Lincoln County, information concerning, 599
 Hospital, the London, 581, 933, 1083; information concerning medical study, 581; opening of the winter session of the medical school, 933; scholarships, 1083
 Hospital London Temperance, information concerning, 596
 Hospital maintenance, Ilkley and, 1181
 Hospital, Maternity, of the Birmingham Lying-in Charity, opening of, 1789
 Hospital, Maternity, Glasgow, seventy-second annual report, 232
 Hospital, Meath, and Co. Dublin Infirmary, information concerning, 595; medical cases demonstrated in (James Craig), 709; opening of winter session, 1096
 Hospital, Melbourne, staff election, 930
 Hospital, Mercer's, Dublin, information concerning, 594
 Hospital, Merthyr Guest, case of lacrymal obstruction treated by Parson's method (reported by C. Martin Row), 1776
 Hospital, Metropolitan Ear, Nose, and Throat, information concerning, 598
 Hospital, Middlesex, 582, 934, information concerning medical study, 582; opening of the winter session of the medical school, 934
 Hospital, model, proposed [for the Scottish Exhibition, 1682
 Hospital mortality after operations. *See* Operations
 Hospital, Norfolk and Norwich, information concerning, 599
 Hospital, Northampton, information concerning, 599
 Hospital, North Bierley Joint, annual report, 241
 Hospital, North-West London, Kentish Town Road, information concerning, 596
 Hospital, Nottingham General, information concerning, 599
 Hospital Nurses and Workmen's Compensation Act. *See* Act
 Hospital, Ophthalmic, at Jerusalem, the British, 61
 Hospital, Orthopaedic, the new, 209
 Hospital, Park, Lewisham, case of cerebrospinal meningitis with immediate recovery after trephining (reported by Dudley W. Boswell), 1776
 Hospital porters and Inland Revenue, 856
 Hospital, Queen Charlotte's Lying-in, and midwifery training school, information concerning, 596; practical midwifery for students, 1172
 Hospital, Ramsay Cottage, 502
 Hospital reform, 168; in Manchester, 168
 Hospital Reports, 20, 83, 144, 204, 262, 389, 526, 752, 909, 988, 1065, 1516, 1562, 1648, 1711, 1776, 1827. *Sunderland Infirmary*: Case of complete volvulus of the small intestine (reported by William Robinson), 20. *Cardiff Infirmary*: Case of complete separation of rectum from anus (P. Rhys Griffiths), 21. *Spilsby Cottage Hospital*: Appendical abscess, perforated gangrenous appendix, appendectomy and recovery (reported by Richard Blocock), 53. *West Riding Asylum*: Cavernous angioma of the temporo-sphenoidal lobe of the brain (Margaret B. Dobson), 144. *Royal Naval Hospital, Plymouth*: Three cases treated by bacterial vaccines (reported by M. L. B. Rodd), 204. *West London Hospital*: Sarcoma of femur with large haemorrhagic effusion (G. L. Webb), 262. *Colonial Hospital, Gibraltar*: Case of tuberculous mammary tumour (L. D. Parsons), 263; a remarkable case (reported by L. D. Parsons), 1517. *Gaol Hospital, Bassein*: Unabsorbed catgut ligatures (P. Dee), 263. *Heris County Asylum, Hill End, St. Albans*: Case of severe head injury in a psychasthenic (Bernard Hart), 389. *Ledbury Cottage Hospital*: Case of ruptured bladder (reported by J. McK. Harrison), 525. *Coventry and Warwickshire Hospital*: Case of wound of cornea and traumatic cataract caused by peck from a bantam cock (reported by T. Harrison Butler), 752. *Robert Barbour Memorial Hospital, Bhandara, Central Provinces, India*: Therapeutic value of calcium iodide (J. Rutter Williamson), 909. *Colonial Hospital, St. Vincent (B.W.I.)*: Fatal enterospasm, diverticula on jejunum (reported by C. W. Branch), 988. *Drumcondra Hospital, Whitworth Road, Dublin*: Case for diagnosis (reported by E. H. Brook), 1035. *Essex and Colchester Hospital*: Case of cystic calculus (reported by E. Chichester), 1516; strangulation of a hernia by a suppurating appendix (reported by E. Chichester), 1648. *Durham County Hospital*: Case of chorion-epithelioma, hysterectomy; recovery (reported by D. G. Hunter), 1517. *General Hospital, Birmingham*: Complicated case of uterus bicornis (reported by G. F. Mills), 1581. *Royal Albert Hospital, Devonport*: Case of appendicitis complicated by intestinal haemorrhage (reported by G. S. Thompson), 1711. *Merthyr Guest Hospital*: Case of lacrymal obstruction treated by Parson's method (reported by C. Martin Row), 1776. *Park Hospital, Lewisham*: Case of cerebrospinal meningitis with immediate recovery after trephining (reported by Dudley W. Boswell), 1776. *Barbados General Hospital*: Cases of bullet wounds (reported by S. McNaughton), 1827
 Hospital, Robert Barbour Memorial, Bhandara, Central Provinces, India, Therapeutic value of calcium iodide (J. Rutter Williamson), 909
 Hospital, the Rotunda, new wing, 551; information concerning, 599
 Hospital, Royal Albert, Devonport, information concerning, 599; case of appendicitis complicated by intestinal haemorrhage (reported by G. S. Thompson), 1711
 Hospital, Royal City of Dublin, information concerning, 594
 Hospital, Royal Dental, prize giving, 1172
 Hospital, Royal Devon and Exeter, information concerning, 599
 Hospital, Royal Ear, Soho, information concerning, 598
 Hospital, Royal Eye, Southwark, information concerning, 597
 Hospital, Royal Free (London School of Medicine for Women), information concerning medical study, 584, 600; opening of winter session of the medical school, 936; scholarships, 1083
 Hospital, Royal Hants County, information concerning, 600
 Hospital, Royal London Ophthalmic (Moorefields, London), information concerning, 597
 Hospital, Royal Naval, Portsmouth: Three cases treated by bacterial vaccines (reported by M. L. B. Rodd), 204
 Hospital, Royal Portsmouth, information concerning, 599
 Hospital, Royal Southern, Liverpool, "At Home," 1740
 Hospital, Royal South Hants and Southampton, information concerning, 599
 Hospital, Royal United, Bath, information concerning, 598
 Hospital, Royal Victoria, for Consumption, Edinburgh, note on, 1274
 Hospital, Royal Victoria Eye and Ear, Adelaide Road, Dublin, information concerning, 595
 Hospital, Royal Westminster Ophthalmic, King William Street, Strand, information concerning, 597
 Hospital, Rugby, opening of new children's block, 1262
 Hospital, St. Andrews, for mental diseases, Northampton, 63; report, 63
 Hospital, St. Bartholomew's, 215, 579, 855, 932, 1083, 1172, 1468, 1731; opening of new block, 215; information concerning medical study, 579; personnel of the medical school, 855; opening of the winter session of the medical school, 932; scholarships, 1083; conversation, 1172; appointments; a correction, 1468; new pathological block, 1731. *See also* University of London
 Hospital, St. George's, 580, 935, 1083; information concerning medical study, 580; opening of the winter session of the medical school, 935; scholarships, 1083; and University of London. *See* University
 Hospital, St. John's, for Skin Diseases, information concerning, 596
 Hospital, St. Louis (Paris), new light treatment department in, 1624

- Hospital, St. Mary's, 582, 998, 1083; information concerning medical study, 582; opening of the winter session of the medical school, 998; scholarships, 1083
- Hospital, St. Peter's, for Stone and Urinary Diseases, information concerning, 698
- Hospital, St. Thomas's, 60, 582, 934; distribution of prizes at the medical school, 60; information concerning medical study, 582; opening of the winter session of the medical school, 934
- Hospital, St. Vincent, information concerning, 595; opening of the winter session of the medical school, 937; the Irish language, 1098
- Hospital, Salpêtrière, presentation of Charcot's library to, 1554
- Hospital, Samaritan Free, Marylebone Road, information concerning, 597; new operating theatre, etc., 1585
- Hospital, Seamen's, Greenwich, information concerning, 596
- Hospital, Shadwell, *See* Hospital for Children, East London
- Hospital ships and wireless telegraphy (Staff Surgeon H. L. Norris), 512
- Hospital, Sir Patrick Dun's, information concerning, 594
- Hospital for Skin Diseases, Blackfriars, information concerning, 598
- Hospital, Spilshy Cottage, appendicidal abscess, perforated gangrenous appendix, appendectomy, and recovery (reported by Richard Slocock), 83
- Hospital Sunday Fund, *See* Fund
- Hospital, Sussex County, Brighton, information concerning, 599
- Hospital Swansea, 487
- Hospital, Throat, Central London, reports, 242; information concerning, 588
- Hospital, Throat, Golden Square, information concerning, 598
- Hospital, Tottenham, information concerning, 596
- Hospital, Tung Wah, ophthalmic department, 771
- Hospital, University College, 931, 1083, 1087, 1242; opening of winter session of the medical school of 931; scholarships, 1083; visit of Duchess of Albany, 1087; *Pharmacopœia*, rev., 1242. *See also* College
- Hospital, West London, Post-Graduate courses at, 220, 282; annual meeting, 242; sarcoma of femur with large hæmorrhagic effusion (G. L. Webb), 282; information concerning, 596
- Hospital, Westminster, 60, 583, 999; distribution of prizes at the medical school, 60; information concerning medical study, 583; opening of the winter session of the medical school, 999
- Hospital, Wolverhampton and Staffordshire General, information concerning, 600
- Hospital for Women, Chelsea, 276; thirty-sixth annual meeting, 276
- Hospital for Women, Soho, annual meeting, 242; information concerning, 597; decides to admit qualified medical women to the practice of the hospital, 1670
- Hospital, Wotton House, for Insane, 1193
- Hospital, York County, information concerning, 600
- Hospitals, Adelaide medical and surgical, information concerning, 594
- Hospitals, bequests to, *See* Bequests
- Hospitals, clinical, in England, 595
- Hospitals, Dublin, forty-ninth annual report of Board of Superintendence, 928
- Hospitals, fever and small-pox, information concerning, 597
- Hospitals, fire risks of, 1609
- Hospitals, general, deaths under chloroform in, 1750, 1860
- Hospitals, Glasgow fever, 930
- Hospitals, Government grants to in Austria, 1745
- Hospitals, infectious, Notification Act and, 1192
- Hospitals, inquests in, 1810
- Hospitals, isolation, in Wales, 928
- Hospitals, London, paying beds in (John H. Dauber), 1239
- Hospitals, metropolitan, open-air roof wards for (W. P. Northrup), 1135
- Hospitals, municipalization of, 1366
- Hospitals, ophthalmic, in Egypt, *See* Egypt
- Hospitals and public health in Gibraltar, 1184
- Hospitals, public infectious, abuse of, 780
- Hospitals, quiet for, 304
- Hospitals, Richmond, Whitworth, and Hardwicke, information concerning, 594; hospitals for the territorial force (leading article), 1450. *See also* Infirmarys and dispensaries
- Hossack, W. C.: *Aids to the Identification of Rats connected with Plague in India, with suggestions as to the Collection of Specimens*, rev., 149
- Hossfeld's Polyglot Correspondent in English, French, German, and Spanish, rev., 1154
- Hotel of St. Luke, new buildings opened by Queen, 220
- Housefly, proboscis of, 1558
- Houston, A. C., asked to examine Cairo water supply, 213
- Houston, Thomas: Opsonic and agglutina-
- tive power of the serum with reference to the meningococcus of cerebro-spinal fever occurring in the Belfast epidemic, 1414
- Howard, Campbell P.: Toxicity of horse serum, 1089
- Howard, Russell: Diseases and displacements of the testicle, 719
- Hoyle, James C.: Maintenance of the honour of the medical profession, 700
- Huchard, *Clinique Thérapeutique du Praticien*, rev., 285
- Huddersfield, infantile mortality at, 1614, 1658, 1676
- Hughes and Hughes XL reducing pills, composition of, 150; reducing lotion, composition of, 150
- Hughes's blood pills, composition of, 532
- Hulme Hall of Residence for students at Manchester. *See* University of Manchester
- Humphreys, John H.: Proportional voting, 297
- Humphreys, F. Howard: Rationale of static currents, 646
- Hungary, conditions of practice in, 615
- Hunter, D. G.: Case of simultaneous dislocation of both shoulders, 20; reports case of chorion-epithelioma: hysterectomy: recovery, 1517
- Hunter, John, and Edward Jenner, 1788
- Hunter, William: Specific infective nature of Addison's anaemia, its course and treatment, 1299
- Hutchinson, Sir Charles Frederick, obituary notice of, 1561
- Hutchison, Mr.: Sarcoma, 86
- Hutton, Surgeon-Major George A.: *Reminiscences of*, rev., 1720
- Huxley lecture. *See* Lecture
- Hydatid disease, leucocytosis of, 64
- Hydrocele, fifteen pint (A. E. Horn), 143
- Hydrochloric acid, Töpfer's reagent as a test for (R. C. Elmslie), 1342
- Hydrogen in the free state, 304
- Hydrophobia, vaccination against in Paris, 526; notification of in Scotland, 549; prevention of in India, 1736
- Hygiene, teaching of in the army (Major R. J. Blackham), 521; discussion on, 523
- Hygiene, teaching of in schools. *See* Schools, public elementary
- Hygiene, Institute of, 1612
- Hygroma coli and branchial fistula (G. H. Edington), 94
- Hyperaemia as a remedy, 63, 184
- Hyperpyrexia, the pupil in, 1112
- Hypertrophic cirrhosis. *See* Cirrhosis
- Hypnotism (J. F. Woods), 809; discussion, 811
- Hypnotism as a therapeutic agent, 708, 1106, 1621
- Hypotonia, congenital, 64
- Hysterectomies, six successful, for fibroid disease in one family (J. Macpherson Lawrie), 1342
- Hysterectomy, abdominal, for fibroids (Frederick Edge), 447
- Hysterectomy and appendicectomy in a patient of 74 (John D. Malcolm), 1571
- Hysteria and disability, 408
- I.
- I. R. S. compound golden tablets, composition of, 1657
- Ikley and hospital maintenance, 1181
- Illinois, Bill passed prohibiting sale of cocaine in, 1788
- Imbecile girl, home for, 124
- Imbeciles, homes for, 1380
- Immigration laws, of United States, 159
- Immunity, statistical studies in, 838
- Imperial Cancer Research Fund. *See* Fund
- Incisions, abdominal. *See* Abdominal
- Income tax, 778, 1286, 1812
- Income-tax deductions, 461
- Income tax on earned incomes, 406, 1669; relief granted by the Act of 1907, 1669
- Income tax on pensions, 105
- Income tax: partnership returns, 706
- Income Tax Reduction League, 220
- Index Medicus*, 1171, 1355
- India, notes from, 172, 413, 482, 1275, 1554; infantile mortality in Calcutta, 172; unrest in India, 172; the health officer of Calcutta, 413; special Plague Department in Calcutta, 413; Moir Memorial Fund, 482; plague, 482; letter from the King, 482; rats of Calcutta, 1275; health of Calcutta, 1554
- India, Imperial Gazetteer of, rev., 148
- India, Factory Labour Commission appointed, 1001
- India, prevention of hydrophobia in, 1736
- India, nose mutilation in, 1537
- India, plague in, 62, 109, 155, 167, 220, 229, 295, 461, 472, 478, 482, 547, 559, 856, 1170, 1449, 1730, 1770; questions in Parliament, 109, 167, 229, 295, 478, 547; leading article on, 472; letter from the King, 482
- India, report on plague investigations in, 155; diagnosis of natural rat plague, 155; spleen and liver in spontaneous rat plague, 155; transmission of plague by feeding rats with infected material, 155; significance of the localization of the primary bubo in animals, infected with plague in Nature, 100; experimental production of plague epidemics among animals, 156; experiments in plague houses in Bombay, 156; recognition of the Indian rat flea, 157, natural occurrence of chronic plague in rats, 157; man as a host of the Indian rat flea, 157; Haffkine's plague prophylactic in, 1735; protection of from invasion by plague (J. Ashburton Thompson), 1770; control of plague in (W. H. Haffkine), 1779
- India, Report of Imperial Sanitary Commissioner, 1905, 295, 832, 1357, 1449, 1531; general character of the year 1905, 832; vital statistics of the general population, 832; prevalent diseases, 832; prisoners, 1531; European troops, 1531; native troops, 1532; vaccination, 1532; sanitary administration and work, 1532; miscellaneous, 1532
- India, review of books on, 148
- India, Scientific Memoirs by Officers of the Medical and Sanitary Departments of the Government of, rev., 1347
- India, specialist appointments in, 755
- Indian allowances, R.A.M.C. and, 167
- Indian army. *See* Army
- Indian medical administration (Colonel Kenneth Macleod), 214
- Indian military decoration, a new, 59
- Indian sanitary reports, 275, 1357, 1449, 1531, 1602; city of Bombay, 275; Madras, 276; Burmah, 276; the Punjab, 1357; Eastern Bengal and Assam, 1449; United Provinces of Agra and Oudh, 1602
- Indigestion, therapeutics of (W. Murray), 1714
- Industrial diseases, Home Office and, 227
- Industrial mortality, Registrar-General's report, question in Parliament, 295
- Industrial settlement for consumptives, 227
- Inebriate, what can the family doctor do for the? (Jos. S. Bolton), 961
- Inebriate home for North of Ireland, proposed, 1368
- Inebriates Acts. *See* Acts
- Inebriates, homes for, 157
- Inebriety, Departmental Commission on (leading article), 1732
- Inebriety, its causation and control (R. Welsh Branthwaite), 1029; note on, 1083
- Inebriety, treatment of, promise from Home Secretary, 1677
- Inebriety statistics in Austria, 1371. *See also* Alcohol
- Infant, large fatty liver in: sudden death (T. Reuell Atkinson), 1711
- Infant feeding (A. Dingwall Fordyce), 1828
- Infant life protection, 477
- Infant, menstruation in, 1766, 1859
- Infant mortality. *See* Mortality
- Infant schools. *See* Schools
- Infant, unborn. *See* Child
- Infants, eggs in the diet of, 63, 117, 124
- Infants, new-born, laryngismus stridulus in (Eustace Smith), 131
- Infants and children, some cases of unexplained fever in (Henry Ashby), 1239, 1637
- Infants, summer diarrhoea of, bacteriology of (H. de R. Morgan), 16
- Infectious diseases of childhood, vital statistics of ten years, 35
- Infectious diseases, prodromal period of some of the acute (E. W. Goodall), 374
- Infectious diseases treated by red light, 32
- Infectious disorders, dangerous, 619
- Infirmarys, Poor-law, visitation of, 46; clinical instruction in, 1545
- Infirmary, Bradford Royal, 412, 599, 1852; appointments, 412; information concerning, 599; Bradford Corporation's contribution, 1851
- Infirmary, Bristol Royal, 936, 1011, 1100, 1176, 1274, 1366, 1459, 1547, 1680, 1741, 1748; opening of winter session of the medical school, 936; medical appointments at, 1011; dual appointments, 1100; the controversy between the medical staff and the Committee, 1176, 1274, 1366, 1459, 1547; settlement of the dispute, 1547, 1680, 1741; correspondence on, 1748
- Infirmary, Cardiff, 21, 171, 770, 1100; case of complete separation of rectum from anus (P. Rhys Griffiths), 21; meeting of Board of Management, 171, 1100; subscriptions, 170
- Infirmary, Cork Northern, 1183; unveiling a tablet, 1183
- Infirmary, Cumberland, improvements, 1455
- Infirmary, Dundee Royal, 1617
- Infirmary, Edinburgh Royal, 113, 1369, 1682, 1803; meeting of managers, 113, 1369; treatment of incipient mental disease in, 1682, 1803; proposed model hospital for the Scottish Exhibition, 1682
- Infirmary, Glasgow Royal, 482; post-graduate classes, 482
- Infirmary, Gloucester General and Gloucestershire Eye Institution, information concerning, 599
- Infirmary, Halifax, centenary, 1802
- Infirmary, Hinkley Workhouse, 1749
- Infirmary, Leeds General, 770; endowment of a bed, 770
- Infirmary, Leicester, 599, 1443; information concerning, 599; note on new wards, 1443
- Infirmary, Liverpool Royal, 1459, 1613, 1687; election of surgeon, 1459, 1613, 1687

Infirmaries, Montrose Royal, 1551
 Infirmaries, Newcastle-upon-Tyne, Royal Victoria, 1615
 Infirmaries, North Staffordshire, and Eye Hospital, information concerning, 599
 Infirmaries, Staffordshire General, information concerning, 599
 Infirmaries, Sunderland, 20, 857, 1562; case of complete volvulus of small intestine (reported by William Robinson), 20; annual report, 857, 1552. *See also* Poor Law
 Influenza and childhood, 1365
 INGLIS, H. M.: Case of cerebellar haemorrhage, 715
 Inguinal hernia. *See* Hernia
 Inhaler, vest pocket, 526
 Injunction against a limited liability dentist company, 232
 Inland revenue, hospital porters and, 856
 Innominate artery. *See* Artery
 Inquest, another futile, 558
 Inquests, evidence at, 1022
 Inquests and coroners in Ireland, 1022
 Inquests in hospitals, 1810
 Inquests, military medical officers and, 1755
 Insane, general paralysis of. *See* Paralysis
 Insanitary houses at Kilrush, 410; school in Essex, 479
 Insanity and alcohol (F. W. Mott), 797; leading article on, 835; correspondence on, 1021
 Insanity, guardians and. *See* Guardians
 Insanity in Palestine, 542; in Ireland, 695; in Cape Colony 1906, 1369; in New South Wales, 1852. *See also* Lunacy and Mental
 Insect bites, 223
 Inspection or police supervision (leading article), 223
 Institute for Medical Research in the Malay States, 234
 Institute of Medical Sciences at South Kensington, proposed, 50, 60, 1360, 1456; leading article on, 1360; annotation on, 1456
 Institute, Royal Anthropological, of Great Britain and Ireland, 37
 Institute, Royal Sanitary, 48, 465; annual conference, 48; course of lectures, 465
 Institution, Liverpool Medical, 1099, 1238, 1426, 1588, 1828; opening meeting, 1099; cases and specimens, 1238; personal factor in diet (Chas. J. Macalister), 1238; unusual case of ataxia (F. S. Healey), 1426; Kroenlein's operation (R. J. Hamilton), 1426; the orthodiagraph (C. Thurston Holland), 1427; an elongated meso-caecum (Mr. Douglas-Crawford), 1427; Roth-Drager anaesthesia apparatus (F. M. Gardner-Medwin), 1427; demonstration of colour photographs of skin diseases by the new Lumière process (Dr. Taylor and Dr. McKenna), 1588; clinical evening, 1828
 Institution, the Royal, 1731; lectures, 1731
 "Istituto Terapeutico Italiano," 367
 Instruments, drugs, etc., annual exhibition of, 1000
 Instruments used in ophthalmic surgery, 1211. *See also* Ophthalmic
 Insurance agents, medical men and, 1007, 1112, 1195
 Insurance companies and medical men, 1824
 Insurance companies and medical fees. *See* Fees
 Insurance, medical. *See* Medical
 Intelligence in scholars, assessment of, 1674
 Intemperance and life assurance, 240
 International Clinics, rev., 1784
 International correspondence, system of, 94
 Interscapulo-thoracic amputation (Edred M. Corner), 822
 Interstitial keratitis. *See* Keratitis
 Interviewer at sea, 777
 Intestinal flux, anatomy of rectum and (James Cantlie), 1340
 Intestinal haemorrhage. *See* Haemorrhage
 Intestinal obstruction (William Taylor), 893
 Intestinal obstruction produced by retro-peritoneal haematocoele (H. Temple Mursell), 950
 Intestinal sand. *See* Sand
 Intestinal wall, cysts of (Dr. Miller), 1343
 Intestine, diseases of, abnormal fat assimilation associated with (Owen T. Williams), 199
 Intestine, malignant disease of, rendering an inguinal hernia irreducible (Charles T. MacL. Flouwright), 949
 Intestine, small, resection of nine and a half feet of for gangrene (Charles P. Child), 891
 Intestine, small, sarcoma of (Louisa Garrett Anderson), 886
 Intestine, small, strangulation of through rent in mesentery (Charles E. Bell), 1710
 Intestine, small, case of complete volvulus of (reported by William Robinson), 20
 Intracranial tumour. *See* Tumour
 Intussusception, case of (R. Manwaring-White), 519
 Intussusception in children (Duncan C. L. Fitzwilliams), 1648
 Intussusception, acute, treatment of, 115
 Intussusception, acute enteric, with apparent reduction by irrigation, abdominal section, and fatal result (William Templeton), 262

Inverness-shire, new sanatorium for, 1803
 Invernith lodge retreat, 157
 Invigro body brace, 222
 Iodabin, 208
 Iodine and typhoid fever (George V. Percy), 143; (David Walsh), 262
 Ionic medication (Stéphane Leduc), 631
 Iowa, proposed legislation to stamp out tuberculosis in dairies, 988
 Ireland, notes from, 48, 112, 170, 232, 296, 335, 412, 481, 550, 694, 770, 847, 928, 1012, 1086, 1183, 1275, 1367, 1457, 1551, 1615, 1682, 1742, 1803, 1854; Royal Sanitary Institute, 48; health of Belfast, 49, 170, 233, 296, 771, 1012, 1368, 1616; final sitting of the Special Health Commission, 296; cerebro-spinal fever, 49; nursing the sick poor, 112; Royal Hospital for Incurables, Dublin, 113; Royal visit to Ireland, 170; Ulster Medical Society, 170, 1744; injunction against a limited liability dentist company, 232; Sir John Banks entertains the Lord Lieutenant, 296; National Hospital for Consumption, 296; Surgeon-General Kilkelly, death of, 296; hospitality of the High Sheriff of Belfast, 296; dispensary medical officers and their substitutes, 335; Dr. Walter Bernard, 335; Local Government Board inquiries, 412, 481, 1098; judicial inquiries of the Irish Local Government Board, 481, 1098; rioting in Belfast on the nights of August 11th and 12th, 413; Irish Poor-law doctors' holidays, 550; consumption in Ireland, 500, 1183, 1275; tuberculosis exhibition in Ireland, 551, 770, 1012, 1096, 1183, 1457, 1551; the Rotunda Hospital, 551; a variable Board, 551; notification of deaths in Belfast, 551; post-graduate course, Dublin, 694; Irish Poor-law Association, 695; insanity in Ireland, 695; Irish dispensary drugs, 770; medical witnesses' fees in Crown cases, 771; Cork Eye, Ear, and Throat Hospital, 771; opening of new laboratories at Queen's College, Belfast, 847; Dublin hospitals, forty-ninth annual report, 928; opening of new consumption sanatorium, Belfast, 929; qualified midwives in Ireland, 930; public lecture by Professor Symmers, 1012; Queen's College, Cork, 1012; Meath Hospital, opening of session, 1096; tuberculosis exhibition, 1096, 1183, 1551, 1682; preliminary conference, 1098; opening of the exhibition, 1097; the Irish language, 1098; annual report of the Irish Local Government Board, 1098; a cottage hospital, 1098; North Infirmary, Cork, 1183; alleged corruption at a dispensary election, 1185, 1616; lunacy in Ireland, 1275; tribute to Sir Charles Cameron, 1367; proceedings against a dentist company, 1367; proposed inebriate home for north of Ireland, 1368; Women's Health Association, Belfast Branch, 1368, 1457; Irish University education, 1457, 1803; antituberculosis campaign in Ireland, 1467; registration of deaths in Belfast, 1457; "Belfast University," 1551; Cork Branch of the National Association for Prevention of Consumption, 1551; university education in Ireland, 1615; health of Belfast school children, 1615; tuberculosis museum in Belfast, 1616, 1744; Galway Workhouse v. Galway Asylum, 1616, 1744; Cork Medical and Surgical Society, 1617; tuberculosis exhibition in Limerick, 1683; Irish University question, 1742; Notification of Births Act in Dublin, 1743; tuberculosis war in Ireland, 1743; alleged bribery, 1744; isolation accommodation in Belfast, 1744; attitude of Trinity College, 1803; the Edward Hallaran Bennett medal and prize, 1854
 Ireland, insanity in, 695
 Ireland, Royal University of. *See* University
 Ireland, schools of medicine in, 577, 593
 Ireland, tuberculosis war in, 1743
 Iridocyclitis (F. Richardson Cross), 1226; discussion, 1229
 Iris, prolapse of in simple cataract extraction (A. C. Roper), 1236
 Iris, tuberculous tumour of (Dr. Killen), 1585
 Irish dispensary doctors. *See* Dispensary
 Irish language, 1098
 Irish lunatics, Poor-law Commission and, 547
 Irish Medical Schools' and Graduates' Association. *See* Association
 Irish Poor-law medical service. *See* Poor Law
 Irish university education, 1457
 Iron, soluble arsenate of, 24
 Irristum, composition of, 1658
 IRVINE, A. M.: *Roger Davidson, Soul Doctor*, rev., 1432
 IRVINE, WALKER: *History of the Glasgow Medico-Chirurgical Society*, 1067
 Islington, infant mortality in, 1727, 1735
 Isolation Hospital. *See* Hospital
 "Is the doctor a Shylock?" 841
 Is a round-table conference possible? 1461, 1555, 1619, 1804. *See also* Referendum
 Italian Minister of Finance grants £1 800 to Central Committee of the Red Cross and £1,000 to Palermo Subcommittee in aid of campaign against malaria, 362
 Italy, King of, consents to be Patron of International Institute for Study and Causes of Mental Diseases and their Prophylaxis, 360
 Italy, conditions of practice in, 615

J.

J. Z. obesity tablets, 25
 JACKSON, F. S.: Country members of the British Medical Association, 1375
 JACKSON, GEORGE: Importance of the nasal accessory sinuses in relation to the ears, 969
 JACKSON, HUGHLINGS: Appreciation of Sir William Broadbent, 180; bust of, in National Hospital for Paralysis and Epilepsy, 1738
 JACKSON, THOMAS W.: *Tropical medicine, with special reference to the West Indies, Central America, Hawaii and the Philippines, including a General Consideration of Tropical Hygiene*, rev., 911
 JACOB, F. H.: Case of gonococcal pyaemia, 203, 487
 JACOBI, Professor: *Portfolio of Dermachromes*, rev., 89
 JAFFREY, FRANCIS: Representation of the Medical Faculty on the Senate of the University of London, 1372, 1464, 1557
 JAMES, ALEX.: Tuberculous chlorosis, 1816
 JAMES, ALEXANDER, dinner to, 1745
 Japan, leprosy in, 1261; medical profession in, 1610
 Japanese folk medicines, 165
 JARDINE, ROBERT: Justification for artificial dilatation of the cervix to hasten delivery at full time, 426, 431
 Jaundice, obstructive, anastomosis between the common bile duct and the duodenum for (Andrew Fullerton), 1181
 Jaws, sarcomata of (H. A. T. Fairbank), 1506
 Jefferson Dodd's corrective, composition of, 1654
 Jefferson Dodd's female pills, composition of, 1655
 JELLINEK, VON S.: *Medizinische Anwendungen der Elektrizität*, rev., 676
 JENNER, EDWARD, and JOHN HUNTER, 1788
 JENSON, C. J. G.: *Modern Drainage Inspection and Sanitary Surveys*, rev., 675
 JEPSON, EDWARD: Child with multiple deformities, 1647
 Jewish physicians at the English court, 151
 Johns Hopkins Hospital Reports, rev., 990
 JOHNSTON, AUGUSTUS, obituary notice of, 778
 JOHNSTON, R. MCKENZIE: Teaching and status of laryngology and otology, 952
 JOHNSTON, T. ARNOLD: Case of pneumococcal infection, 988
 JOHNSTONE, E. K.: Tuberculous soldiers, 116; treatment of scabies, 1287
 JOHNSTONE, J. B.: *The Nervous System of Vertebrates*, rev., 391
 JOHNSTONE, K. J.: Recurrence of retro-peritoneal lipoma: operation: recovery, 950
 JONES, HENRY LEWIS: Address as president of Section of Electro-Therapeutics, 631; some oscillograph tracings of medical coil currents, 645
 JONES, J. ARNALD: Plea for the study of bacteriology by the general practitioner, 1764
 JONES, ROBERT: International Congress of School Hygiene, 415, 703
 JONES, ROBERT: *Mental and Sick Nursing*, rev., 1594
 JORDAN, ALFRED C.: Sterility among x-ray workers, 15
 JOSEPH, MAX: *Atlas of Cutaneous Morbid Histology*, rev., 89; general treatment of skin diseases, 1790
 JOURNAL, BRITISH MEDICAL, 1661, 1678
 Journal of the Association of Medical Women in India, 1448
 JURASZ, A.: Treatment of laryngeal tuberculosis, 1362
 JÜRGENSEN, THEODORE VON, obituary notice of, 123
 Juvenile smoking, 419

K.

KANDT, RICHARD, appointed Imperial Resident at Sultanate of Ruanda, East Africa, 1084
 Kearsley's original Widow Welch's female pills, composition of, 1654
 Keighley, proposed lady health visitor for, 110; report of M.O.H., 780
 KEITH, ARTHUR: A disclaimer and a warning, 243
 KELLY, Lieutenant-Colonel JAMES BENNETT, obituary notice of, 123
 KELLY, JOHN MUIR: Critical study of organic preparations of silver in the treatment of conjunctivitis, 1475
 Keloid of face treatment of, 1287
 KELYNACK, T. N. (editor): *The Drink Problem in its Medico-Sociological Aspects*, rev., 459; care of tuberculous children, 750
 KENNY, J. B., appointed J.P. for County of Cavan, 1841
 KENWOOD, HENRY: Infant mortality and the milk supply, 665

- KROGH, SIR ALFRED, appointed Honorary Physician to the King, 557; medical service of the Territorial Force, 1182, 1243. *See also* Army, British. Leading article on, 1265
- Keratitis, interstitial, and acquired syphilis (J. Herbert Fisher), 1519
- Keratitis, neuro-paralytic (Cecil Shaw), 1585
- KERR, DR.: Medical inspection of secondary schools and training colleges, 1353
- KERR, J. M. MUNRO: Case of complete rupture of the uterus, with escape of the fetus into the peritoneal cavity: panhysterectomy: recovery, 445
- KIDD, CAMERON: Finger cracks, 1755
- Kidney, case of single (J. S. Manson), 1827
- Kidney, decapsulation of, in puerperal eclampsia, 43
- Kidney, mobile, with a description of a new operation for its treatment (E. Stanmore Bishop), 901
- Kidney, movable, from a surgical standpoint (William Billington), 1575, 1587; correspondence on, 1748, 1855
- Kidney, tuberculous (Andrew Fullerton), 1584
- Kidneys in beri-beri, 1103, 1281
- Kieff, medical department for higher education of women established at, 1636
- KILKELLY, Surgeon-General CHARLES E., death of, 296; estate of, 856
- KILLEN, DR.: Adenoids in eye disease, 1585; tuberculous tumour of iris, 1585
- KILPATRICK, J. A.: Notes on 121 cases tested with Calmette's tuberculin, 1644
- Kilrush, insanitary houses at, 410
- King Edward's Hospital Fund for London Bill. *See* Fund
- KINGDON, WILLIAM DASHWOOD: Oldest Edinburgh medical graduate, 486
- KINSEY, R. H.: The Association and the General Medical Council, 173
- KIPLING, RUDYARD, awarded Nobel Prize in Literature, 1735
- KIRBY, E. D.: The Referendum, 1461
- Kirby-in-Ashfield Urban District, report of M.O.H., 241
- KIRCHNER, MARTIN: *Ueber den heutigen Stand der Typhusbekämpfung*, rev., 1593
- KIRKLAND, ROBERT: Where physician and surgeon meet, 8
- KLAPP, DR. VON: *Funktionelle Behandlung der Skolose*, rev., 1693
- KLEIN, PROFESSOR GUSTAV: Obstetrical writers of the sixteenth and seventeenth centuries, 757
- KLOTZ, OSKAR: Toxicity of horse serum, 1089
- Knee-joint, loose bodies in, operation (S. J. Ross), 987
- KNIGHT, F.: Instruction of midwives, 1106
- KNIGHT, J. T.: Fleas as carriers of disease, 1195
- KNUTHSEN, LOUIS: Treatment of scabies, 244
- KOCH, ROBERT: In honour of, 842; crocodiles and sleeping sickness, 1357; dignity of Active Privy Councillor with title of "Excellency" conferred upon, 1546; his return to Berlin, 1555; value of atoxyl in sleeping sickness, 1733
- KOCHER, TH.: *Chirurgische Operationslehre*, rev., 909
- KORIÉ, W. E. DE: Etiology and pathological histology of beri-beri, 201, 1281
- "Kosher" meat. *See* Meat
- KRAEPELIN, EMIL: *Introduction à la Psychiatrie Clinique*, rev., 1242
- KROEMER, PAUL: *Untersuchungen ueber den Bau der menschlichen Tube: zur Klärung der Divertikelfrage mittels Modell-Rekonstruktion nach Born*, rev., 392
- Kroenlein's operation (R. J. Hamilton), 1426
- KUSSMAUL, ADOLF, monument to, 1660
- Kuster's operation of post-auricular meatal anastomy. *See* Aural suppuratation
- KÜSTNER, DR.: Caesarean section on a monkey, 1472
- L.
- Label licking in thread factories, 167
- Laboratories of pathology and public health, change of address, 1087
- Laboratory for examination of stools, etc., a special, 492, 620
- Laboratory Outline of General Chemistry, rev., 1784
- Labour, abnormal, instruction of midwives in the signs and symptoms of (Peter Horrocks), 785
- Labourers, health of, in Austria, 698
- Labyrinthine suppuratation, surgical treatment of (W. Milligan), 983
- LACHAPPELLE, E. P., elected Fellow, Royal Sanitary Institute, 1792
- Lacrimal bone, fracture of, with perforation of lacrimal sac, 52
- Lacrimal obstruction treated by Parson's method (reported by C. Martin Row), 1776
- Lactic acid and digestive disorders (T. Blanchard Sellers), 526
- Lactic-acid bacilli, malnutrition in an infant due to excessive putrescence in the alimentary canal, successfully treated by (A. Veitch), 319
- LADELL, E. W. J.: Hypnotism as a therapeutic agent, 1106
- Ladies and public health, 1458
- Lady doctors. *See* Doctors
- LAËNNEC, RENÉ THÉOPHILE HYACINTHE, 33, 1837; statue of, 1837
- Laënnec and the evolution of the stethoscope (C. Theodore Williams), 6
- LAFON, CH.: Oedipism, 1847
- LAMARCK, monument to, 1560
- LAMBERT, A. C.: Calcium chloride in haemorrhage, 83
- LAMBKIN, Colonel F. J., goes to report on syphilis in Uganda, 925
- LAMERA, CONSTANTINE: "Modern" discoveries in the domain of women's diseases found in the Greek writers, 756
- Lammas powder, composition of, 677
- LAMPUGNANI, CESARE, death of, 161
- Lancashire, notes from, 1272, 1740; report on a stammering class, 1272; health of, 1550; public vaccination in Oldham, 1740
- LANDOLT, E.: Form and manipulation of instruments used in ophthalmic surgery, 1211
- LANDOUZY, Professor, appointed Dean of Medical Faculty in Paris, 1684
- LANGDON, J. A.: Poisoning by bromoform, 1648
- LANGDON-DOWN, R. L.: Precocious development, 743; the Referendum and the proposed round-table conference, 1804
- LANGMEAD, FREDERICK: Acetonaemic conditions of children, 819
- LANGWORTHY, C. F.: *Use of Fruit as Food*, rev., 527
- LANKESTER, RAY, K.C.B. conferred upon, 41
- LARKIN, F. CHARLES: The Referendum, 1101
- Laryngismus stridulus in newborn infants (Eustace Smith), 131
- Laryngology, teaching and status of (R. McKenzie Johnston), 952
- Larynx, differential diagnosis of tuberculosis, syphilis, and malignant disease of (Sir Felix Semon), 952, 961; (W. Jobson Horne), 956; discussion, 958
- Larynx, tuberculosis of, treatment of, 1362
- LAST, T. CLIFFORD: Eggs in the diet of infants, 63
- Last words, 1252
- Lateral sinus. *See* Sinus
- LATHAM, ARTHUR: *Diagnosis and Modern Treatment of Pulmonary Tuberculosis*, rev., 206; representation of the Medical Faculty on the Senate of the University of London, 1372, 1444, 1556
- Latin quotation, pitfalls of, 1673
- LAVERAN, A.: *Traité du Paludisme*, rev., 912; *Trypanosomes and Trypanosomases*, rev., 1346; note on, 1472; Nobel Prize in Medicine awarded to, 1735
- LAWFORD, J. B.: Tumour of optic nerve, 1149
- LAWRIE, E.: Dr. Waller's address on the action of anaesthetics, 487, 555; relative value of inhalation and injection methods of anaesthesia, 1028
- LAWRIE, J. MACPHERSON: Six successful hysterectomies for fibroid disease in one family, 1342
- Lead in soda water, 411
- LEADER, ALFRED: *Through Jamaica with a kodak*, rev., 1528
- Leading Articles: 38, 102, 160, 221, 277, 346, 403, 470, 538, 561, 682, 759, 835, 918, 1002, 1088, 1173, 1263, 1358, 1450, 1539, 1604, 1671, 1732, 1794, 1842; the annual meeting, 38, 277, 356, 1671; Lord Lister's latest honour, 29; new Workmen's Compensation Act and rules, 40; simulation of mental disease, 102; diluted milk, 103; decline in the death-rate from phthisis, 103; Annual Representative Meeting, 160; pathogenesis of malignant tumours, 161; fiction of Christian Science, 221; experiments with bovine tubercle bacilli, 222; inspection or police supervision? 223; the Exeter Meeting, 277; address in medicine, 277; address in surgery, 278; health resorts at home, 357; pathogenesis of general paralysis, 358; International Congress of School Hygiene, 403; injections of blood in malignant tumours, 404; tuberculosis and schools, 470; plague in India, 472; the unborn infant, 473; an appeal from gynaecologists, 475; insecurity of tenure of public health appointments, 538, 1003; metabolism in mental work, 539; national physique in Bulgaria, 540; Early Notification of Births Act, 540; profession of medicine, 561; portals of the profession, 562; medical aspects of the Parliamentary session, 682; radical treatment of mammary cancer, 683; financial position of the general practitioner, 684; referendum and the reports on it, 759; eugenics and statecraft, 759; attitude of the Board of Education to school hygiene, 760, 1604, 1794; alleged increase of insanity, 761; alcohol and insanity, 835; war against quackery, 836; lunacy in England and Wales, 918; the scientific temper, 919; the Gothenburg system, 920; lumbar anaesthesia, 1002; dis-
- organization of the public health service, 1003; medical men and the police, 1004; medical service of the territorial force, 1088, 1265, 1450; toxicity of horse serum, 1089; rat fleas and plague, 1090; synthetical chemistry and biology, 1173; tropical medicine, 1174; galvanometer in the study of mental diseases, 1175; the medical curriculum—German and British, 1263; surgery of the vascular system, 1264; anaemia and Addison's anaemia, 1358; measurement of mental fatigue, 1359; proposed medical institute at South Kensington, 1360; hospitals for the territorial force, 1450; guardians and public vaccinators, 1450; teaching of midwifery in London, 1450; practical utility of annual meetings, 1539; medical examination in infant schools, 1540; diurnal course of efficiency, 1541; medical inspection of school children, 1604, 1794; indications for operation in cases of intracranial tumour, 1605; street ambulance service for London, 1607; the British Medical Association, 1907-8, 1671; emmenagogues in the newspapers, 1672; Royal Society and vivisection, 1673; Departmental Commission on inebriety, 1732; value of atoxyl in sleeping sickness, 1733; medical inspection and after, 1794; specific diagnosis and treatment of tuberculosis, 1794; Medical Insurance Committee, 1796; technical progress and mental integrity, 1842; results of stomach surgery, 1842
- League, National Temperance, 922
- Leamington Spa, Royal, 337, 357; early history, 337; comparison with foreign spas, 337; situation, 338; pump rooms and baths, 339; gardens, 339; Warneford Hospital, 339; Dr. Jephson, 339; the waters of the spa, 340; literature, 340; climate, 340; provision for amusements, 341; places of interest in the neighbourhood, 341; leading article on, 357
- LEARY, T. GARNET A.: Case of aneurysm of abdominal aorta without symptoms, 714
- LECKY, MR., and vivisection, 1620, 1838
- LECKY, H. C.: Tuberculosis and schools, 703
- Lecture, the Bradshaw (Sir James Barr), 1289; comment on, 1748; (Rickman J. Godlee), 1697
- Lecture, the Bradshaw, a comment, 1748
- Lecture, the Huxley, 1681
- LE DENTU, A.: *Nouveau Traité de Chirurgie*, rev., 909
- LEDERMANN, REINHOLD: *Die Therapie der Haut- und Geschlechtskrankheiten*, rev., 89
- LE DOUBLÉ, DR., prize awarded to by the Académie Française, 355; *Traité des Variations des os de la Face de l'Homme et leur signification au point de vue de l'Anthropologie Zoologique*, rev., 1832
- LEDUC, STÉPHANE: Ionic medication, 631
- LEE, HENRY, bust of, 620
- Leeds, notes from, 697, 769, 926, 1271, 1547, 1614, 1740; work of the Pure Milk Association, 697; resignation of the Professor of Midwifery (Professor Wright), 769; endowment of a bed at the General Infirmary, 770; Leeds Public Dispensary, 926; West Riding Medical Charitable Society, 927; medical service of the territorial army, 1271; formation of a Yorkshire Association of Graduates of the University of Edinburgh, 1547; Leeds post-graduate course at the Leeds Public Dispensary, 1548; changes in the honorary staff of the Leeds Public Dispensary, 1614; infant mortality at Huddersfield, 1614; appointments at the University, 1614; dinner of past and present students, 1614, 1740; fatal burns in children, 1740; classes at the medical school of the University, 1740. *See also* West Yorkshire
- Leeds Dispensary. *See* Dispensary
- Leeds University. *See* University
- LE FEBRE, EGBERT: *Physical Diagnosis, including Diseases of the Thoracic Duct and Abdominal Organs: A Manual for Students and Physicians*, rev., 910
- Legend of the Queen-Doctor, 1545
- LEGGE, T. M.: Special report on dangerous or injurious processes in the coating of metal with lead or a mixture of lead and tin, 1789
- LEIDY, JOSEPH, statue of, 1738
- Leishman's method of estimating the opsonic index, modification of (H. B. Dodds), 948
- LEITZ, ERNST: Catalogue of microscopes, 949
- LENHARTZ, H. VON: *Mikroskopie und Chemie am Krankenbett*, rev., 149
- LEO, HANS: *Die Salzsäuretherapie auf theoretischer und Practischer Grundlage*, rev., 1651
- LEON-JAMES, L.: Treatment of alopecia areata, 491
- LEOPOLD, DR.: *Die neue königliche Frauenklinik in Dresden*, rev., 23
- Lepers, appeal for, 1087
- Lepra ophthalmica in Ceylon (W. H. de Silva), 1235
- Leprosy, alleged cure for, 1677
- Leprosy and fish, 852, 1106
- Leprosy, in New South Wales, 548; in the Argentine Republic, 1106; in Japan, 1261
- Leprosy, treatment of, 545
- Leucocytes, granules in, 681; fertilization in, 758
- Leucocytosis of hydatid disease, 64

- Leucoplakia, treatment of, 559
 Leukaemia, acute lymphatic (Mr. Milward), 1343
 Leukaemia, spleno-medullary (John D. Shapland), 1042
 LAVADITI: Attempt to cultivate the spirochaete of syphilis, 1738
 LA VERRIER, the discoverer of the planet Neptune, note on, 1839
 LÉVY-BING, Dr.: Value of atoxyl in syphilis, 293
 LEWIS, Rev. LIONEL SMITHETT: Evidence before Royal Commission on Vivisection, 1529, 1838; quotes Mr. Lecky on vivisection, 1838
 Lewis, insanitation in the, 46
 Leyden, medico-historical exhibition at, 810
 LEYDEN, VON. *See* Von
 Liability for accident, 1752
 Lies, persistence of, 923
 Life assurance. *See* Assurance
 Life Assurance Medical Officers' Association. *See* Association
 Life cycle of a species of herpetomonas found in *Culex pipiens* (Captain W. S. Patton), 78
 Life-saving in colliery explosions, 410
 Life tables, the new English, 755
 Ligament, pectinate (Thomas Henderson), 1519
 Light, review of books on, 1527
 LIGHTFOOT, JOHN PARKER, obituary notice of, 1562
 Limerick, tuberculosis exhibition in, 1683
 LIND-AR-HAGEBY, Miss L., evidence of before Royal Commission on Vivisection, 1078, 1163
 LINFIELD, FRED. C.: Worthiness and its health repute, 1622
 Lipoma, retroperitoneal, recurrence of, operation, recovery (R. J. Johnstone), 950
 Lip-reading, 859
 Liqueur du Dr. Laville, composition of, 677
 Lisburn, registration of deaths at, 410
 LISTER, Lord, 30, 39; honorary freedom of the City of London conferred upon, 30; leading article on, 39; freedom of City of Glasgow to be conferred upon, 1678
 Lists of Muscles for Electrical Testing for use in Private and Hospital Practice, rev., 1784
 Literary knowledge of the profession, 1856
 LITERARY NOTES, 32, 94, 158, 213, 269, 355, 537, 681, 756, 833, 914, 991, 1084, 1171, 1261, 1355, 1448, 1537, 1603, 1680, 1724, 1787, 1838; notices of new books, periodicals, and new editions, 32, 94, 158, 213, 681, 757, 833, 914, 991, 1084, 1171, 1448, 1537, 1680, 1724, 1839; women's suffrage (Mrs. E. M. Simon), 32; stone coffins and chalice in churchyard in Carlisle (Dr. Henry Barnes), 32; treatment of infectious diseases by red light (Don Manuel de Feronda), 32; oldest existing illustration of operation for cataract (Professor Hirschberg), 32; (M. Camille Viellard), 94; system of international correspondence, 94; bibliography of Sir Thomas Browne's *Religio Medici*, 94; the Manorial Society, 94; foundation of a Medico-Historical Society in France, 158; Dr. Weir Mitchell publishes some memoranda in regard to William Harvey, 158; story of Desgenettes and General Bonaparte, 158; Dr. A. C. Houston, Director of Water Examination to the Metropolitan Water Board, invited to examine Cairo water supply, 213; Colonel Kenneth Macleod on Indian medical administration, 214; Addington, the Prime Minister, 269; Scientific Temperance Federation, 269; Lady Dorothy Nevill's reminiscences of doctors, 269; Jean Rey and the first use of the thermometer in clinical observation, 269; Académie Française awards prize to Dr. Le Double, 355; Augustus Grote Pohlman gives an account of Phineas Fletcher's curious poem, *The Purple Island*, 355; *Transactions of the Fourteenth International Medical Congress* 1903, 537; physicians of the Arabian school (Dr. E. T. Williams), 537; history of medicine in Savoy in the fourteenth and fifteenth centuries, 537; Master Giacomo Albini de Moncalieri, 537; surgical dressings in the time of Queen Anne, 681; *Journal of Tropical Veterinary Science*, 681; Ricardus Anglicus, 681; Timothy Holmes on Sir Benjamin Brodie, 756; Henry Rundle's "Holiday recollections and impressions of Holland," 756; unsolicited testimonials: the praise of the doctor sung in verse, 756; Constantine Lamera on "modern" discoveries in the domain of diseases of women which are found in the old Greek writers, 756; *Allie und neue Gynaekologie*, 757; women's diseases from the ninth to the sixteenth centuries, 757; John Todhunter translates Heine's *Buch der Leiden*, 833; *Journal of the Ceylon Branch of the British Medical Association*, 833; Johann Christian Senckenberg, two hundredth anniversary of, 833; *Quarterly Journal of Medicine*, 914; a correction, 914; *Journal of Pathology and Bacteriology*, 914; *Journal of Anatomy and Physiology*, 914; Jacques François Bernard Valmont de Bomarc, 914; first officers of the British Museum, 914; *American Journal of Morphology*, 914; *Canadian Journal of Medicine and Surgery*, annual illustrated number, 991; removal of the spleen by the ancients, 991; account of the Bristol Medical Reading Society, by L. M. Griffiths, 1084; bibliography, medical, and *Index Medicus*, 1171, 1355; Thomas Lovell Beddoes, 1171; achondroplasia (H. H. Clarke), 1261; George Louis le Clerc de Buffon, 1281; leprosy in Japan (Albert S. Ashmead), 1281; last words, 1262; Sir Lauder Brunton's introductory address at the London School of Tropical Medicine, 1355; Alexander of Abonoteichos, a notorious quack of antiquity, 1356; Jean Jacques Doidé, 1356; medical journals in Canada, 1356; number of publications dealing with cancer which have appeared since 1902, 1443; Esperanto congress, 1448; "folk lore in the Old Testament," 1448; *Journal of the Association of Medical Women in India*, 1448; Carlyle and vivisection, 1537; mosquito as a sanitary problem, 1537; "verify your references," 1537, 1788; first number of the *New Quarterly*, 1537; Edmund Owen tells a story of Palmer of Rugeley, 1537; mutilation of noses in India, 1537; *Progrès Médical* "numéro des étudiants," 1603; Francis Thompson, 1603; Union Jack Club, 1603; *Proceedings of the Royal Society of Medicine*, 1660; *Edinburgh Stereoscopic Atlas of Obstetrics*, 1660; new book, *The Red City*, by J. R. Weir Mitchell, 1724; stories from *Leaves from the Notebooks of Lady Dorothy Nevill*, 1724; *School for Mothers*, 1787; account of John Chiene, 1787; letter from Gold Coast addressed to the Oxford Medical Publications, 1788; John Wesley as a forerunner of Darwin, 1788; verification of reference: John Hunter and Edward Jenner, 1788; *Ancient Britain and the Invasion of Julius Caesar*: food of our forefathers, 1788; Mr. Lecky on vivisection quoted by the Rev. Lionel S. Lewis, 1838; German medical press and doctors who write recommending proprietary remedies, 1838; Le Verrier, one of the discoverers of the planet Neptune, 1839; Henry II of France and the doctors, 1839; Charles Darwin, 1839; *Albion Magazine*, 1839; plague in the 17th century in the Hautes Pyrénées, 1839; the *International*, 1840
 Litholapaxy, suprapubic, two cases of (R. Heard), 75
 LITTLE, M. GRAHAM: Representation of the medical faculty on the Senate of the University of London, 1466
 LITTLE, J. FLETCHER: Drunkenness in women, 1221
 LITTLEJOHN, H. (editor): *Edinburgh Medical Journal*, rev., 829
 Live burial. *See* Burial
 Liver abscess. *See* Abscess
 Liver, cirrhosis of, with exophthalmic goitre (Dr. Miller), 1343
 Liver, "hobnail," and alcohol, 1276, 1362, 1375, 1467, 1559
 Liver, hypertrophic cirrhosis of, in an infant (H. S. Willson), 1559
 Liver, large fatty in an infant; sudden death (T. Reuell Atkinson), 1711
 Liver, review of books on, 265
 Liverpool, notes from, 169, 769, 845, 1099, 1181, 1459, 1612, 1740, 1802, 1850; school of tropical medicine, 169, 769, 1099; congress of university students, 169; municipal treatment of tuberculosis, 769; study of tropical medicine, Mary Kingsley medal, 769; annual report of medical officer of health, 845; medical institution, 1099; new Lord Mayor, 1099; resignation of Mr. Rushton Parker, 1099; annual service of the medical profession, 1099; Mr. Haflkine and Professor Ronald Ross, 1181; Association of Honorary Medical Officers of Liverpool Medical Charities, 1459; election of surgeon to Royal Infirmary, 1459; the Lord Mayor, 1459; Mayor of Bootle, 1459; Notification of Births Act, 1612, 1740; common house fly and disease, 1612; new Food Act, 1613; Royal Infirmary, 1613; Royal Southern Hospital, 1740; presentation to Professor Rushton Parker, 1740, 1850; retirement of Professor Carter, 1740; medical service of the Territorial Army, 1802
 Liverpool housing, 486
 Liverpool Medical Charities Association. *See* Association
 Liverpool Medical Institution. *See* Institution
 Liverpool School of Tropical Medicine. *See* Tropical
 Living, pathology of the (B. G. A. Moynihan), 1381
 LLOYD, Surgeon-Colonel J. D., dismissed from Brynkinalt Colliery, 108, 112, 695; a satisfactory ending, 695
 Local Government Board. *See* Board
 LOCHLEIN, M.: *Über die entzündlichen Veränderungen der Glomeruli der menschlichen Nieren und ihre Bedeutung für die Nephritis*, rev., 321
 LOCHRANE, FRANK J., obituary notice of, 1025
 LOCKWOOD, C. B.: Clinical pathology in its relation to diagnosis and treatment, 493
 LOCKYER, CUTHBERT: Operative treatment of cancer of cervix, 443, 703
 Locomotor ataxia, its early recognition and general management (Ernest A. Dent), 1821
 LODGE, G. H., re-elected Mayor of Rotherham, 1449
 LOEFFLER, Professor: Treatment of experimental tsetse-fly disease, 834
 LOEWY, ROBERT: *Ueber Augenerkrankungen sexuellen Ursprunges bei Frauen*, rev., 991
 LOMAX, MONTAGU: Christian science, 300
 London ambulance service, 1807, 1841. *See also* Ambulance
 London, notification of cerebro-spinal fever in, 544
 London County Council. *See* Council
 London and Manchester Assurance Company, 1448
 London Manual, rev., 24
 London matriculation. *See* Matriculation
 London meat and milk supplies, 109. *See also* Milk
 London Medical Graduates' College. *See* College
 London Post-graduate Association. *See* Association
 London quacks in the eighteenth century, 921
 London School of Clinical Medicine, information concerning, 603; formal opening, 1155; introductory address, 1155; development of the school, 1156
 London School of Medicine for Women. *See* Hospital, Royal Free
 London School of Dental Surgery. *See* Hospital, Royal Dental
 London School Hygiene. *See* School
 London University. *See* University
 London workhouses, lunatics and imbeciles in, 479
 LONG, SYDNEY H.: Ophthalmic-reaction of Calmette, 1826
 LONGCOPE, W. T. (editor): *International Clinics*, rev., 1784
 LONGBRIDGE, C. NEPEAN: *The Puerperium or the Management of the Lying-in Woman and Newborn Infant*, rev., 147
 LONGWORTH, STEPHEN G.: Ambiguous reactions in sugar testing, 19
 LORD, ROBERT E.: Menstruation accompanied by lactation in an infant, 1859
 Lord Mayor's cripple fund. *See* Fund
 LÖNNER, G.: Medicine in ancient Greece, 196
 LOW, G. HARVEY: Wasp stings, 1112
 Low-frequency currents, therapeutic value of alternating (E. Reginald Morton), 645. *See also* Electro-therapeutics
 LOWNDES, FRED. W.: Medical witnesses' fees, 941
 Lubricant for catheters. *See* Catheters
 LUCAS, J. J.: Pericardial calcification, 1404
 LUCAS-CHAMPIONNIÈRE, Professor J., proposed memorial to, 1013
 LUFF ARTHUR P.: *Gout: Its Pathology, Forms, Diagnosis and Treatment*, rev., 753; rheumatoid arthritis and the morbid conditions which simulate it, 1143
 Lulworth Cove, 844
 Lumbago, treatment of, 1111
 Lumbar anaesthesia (leading article), 1002
 Lumbar puncture, its diagnostic and therapeutic value (E. Farquhar Buzzard), 739; (F. E. Batten), 741; (J. Graham Forbes), 741; discussion, 742
 Lunacy certification, 942, 1109; etiquette of, 1109
 Lunacy fee. *See* Fees
 Lunacy in England and Wales, report of Commissioners for 1906, 757, 831; leading article on, 918
 Lunacy in Ireland, 1275
 Lunacy report for South Australia, 1853
 Lunacy, vital statistics and, 229
 Lunatics and imbeciles in London workhouses, 479
 Lunatics, pauper, care and control of, 765. *See also* Insanity and Mental
 Lung diseases, review of books on, 1152
 Lungs, review of books on, 320
 Lupus vulgaris, treated by x rays (J. Goodwin Tomkinson), 642; discussion on, 643
 LUSK, GRAHAM: *Elements of the Science of Nutrition*, rev., 959
 LYDEN, M. J.: Simultaneous dislocation of both shoulders, 143
 Lymphadenoma treated by x rays (J. Michell Clarke), 1137
 Lymphocytosis and periodic fever, 1852
 Lysol, dermatitis caused by, 1380
 Lytrol, composition of, 677
 Lyxhayr, a new bedding material, 267

- MACAIGNE**: *Précis de Pathologie Interne*, rev., 829
- MACALISTER, CHAS. J.**: Personal factor in diet, 1238
- MCBRIDE, P.**: Functional element in certain forms of anosmia, 945
- MACCALLAN, A. F.**: Four years' work with the ophthalmic hospitals in Egypt, 1072; note on, 1091; travelling ophthalmic hospitals in Egypt, 1657
- MCCANN, FREDERICK JOHN**: *Cancer of the Womb: Its Symptoms, Diagnosis, Prognosis, and Treatment*, rev., 146
- MCCARDIE, DR.**: Status lymphaticus, 1778
- MCCAW, JOHN**: Tuberculosis in childhood and its relation to milk, 1757
- MCDONAGH, Surgeon REGINALD CHARLES PATTISSON**, obituary notice of, 1857
- MACDONALD, J. A.**: Procedure of the Representative Meeting, 1618
- MACDONALD, R. C.**: Motor bicycles, 1472
- MACDONOGH, DOUGLAS**: Chelro-pompholyx following parturition, 1237; march of education, 1288
- M'DOWELL, Surgeon-Colonel EDMUND GRESWELL**, obituary notice of, 558
- MACFARLANE, J. A. C.**: Case of achondroplasia, 1646
- MCGAVIN, LAWRIE**: Use of fligrees of silver wire in the cure of herniae usually considered inoperable, 1395
- MCGOWAN, J. P.**: Clinical method for estimating the coagulation time of the blood, 1587
- MCGOWAN, R. G.**: The Referendum, 1278
- MCGREGOR, Sir WILLIAM**: Grand Cross of the Order of St. Michael and St. George conferred upon, 41
- MCINERNEY, J. J.**: *Cimicifuga* in chorea, 1380
- MCINTOSH, An attempt to cultivate the spirochaete of syphilis**, 1738
- MACKAY, CHARLES GORDON**: Case that seems to suggest a clue to the possible solution of the cancer problem, 138
- MACKAY, LEWIS**, obituary notice of, 557
- MCKENDRICK, Professor**, testimonial to, 48; dangers of an anæsthetic hairwash, 776
- MCKENNA, Dr.**: Colour photographs of skin diseases, 1538
- MACKENZIE, HECTOR**: Complications of pneumonia, 1150
- MACKIE, F. PERCIVAL**: Part played by *Pedicularis corporis* in the transmission of relapsing fever, 1705
- MCKISACK, H. L.**: *Dictionary of Medical Diagnosis*, rev., 1153
- MACLACHLAN, JAMES**, re-elected Provost of Dornoch, 1752
- MACLEAN, EWEN J.**: Contract practice in South Wales, 1618
- MCCLEARY, G. F.**, elected Fellow Royal Sanitary Institute, 1792
- MACLENNAN, ALEX.**: Place of the *Spirochaeta pallida* in the diagnosis of syphilis, 1510
- MACLENNAN, QUINTIN**: Appreciation of Sir William Gairdner, 366
- MACLENNAN, WILLIAM**: Observations on the ophthalmic reaction to tuberculin, 1642
- MACLEOD, Colonel KENNETH**: Indian medical administration, 214
- McMULLEN, JOHN**: Subacute rheumatism, 184
- MACMUNN, JAMES**: Preservation of rubber instruments, 559; lubricant for catheters, 1028
- McMURRICH, J. P.** (editor): *Morris's Human Anatomy*, rev., 1070
- MACNAB, ANGUS**: *Ulceration of the Cornea*, rev., 1240
- McNAMARA, J.**: Deaths under chloroform in general hospitals, 1860
- McNAUGHTON, S.**, reports cases of bullet wound, 1827
- MACPHAIL, ALEXANDER**, appointed lecturer on anatomy at Charing Cross Hospital Medical School, 159; complimentary dinner to, 1011
- McQUITTY, W. B.**: Splenomegalic polycythæmia, 84
- MCRÆ, DOUGLAS**: Bacteriological treatment of general paralysis, 87, 341
- Macroglossia neurofibromatosa** (W. G. Spence and S. G. Shattock), 1066
- McWALTER, J. C.**: Prevention of post-mortem putrefaction, 673; menstruation in an infant, 1756
- Madagascar**, sanitary condition of towns in, 1087
- MADDEN, FRANK COLE**: *Bilharziosis*, rev., 529
- MADDOX ERNEST E.**: *Clinical Use of Prisms and the Decentring of Lenses*, rev., 1240
- Madras**, sanitary report, 216
- MAGENNIS, EDWARD**: Stages of drunkenness, 853
- Magistrate and Doctor**, 488
- MAGUIRE, CONNOR**: Poisoning by belladonna, 1515
- MAQUIRE FUND**. See Fund
- MAHON, R. B.**: An appeal, 784, 1195, 1628
- Maintenance of the honour of the profession**. See Fund, Central Emergency
- MAIRET, A.**: *Le Travail et les Fonctions de l'Organisme*, rev., 539
- Maitland Cottage Sanatorium**, 219
- Malaria**, campaign against: grant from Italian Minister of Finance, 362; in Mauritius, 1095; old ideas as to the etiology of, 1119
- Malaria prevention in uncultivated districts** (Hans Ziemann), 1046. See also Antimalaria
- Malay States, Federated**, notes from, 234; Institute for Medical Research, 234
- MALCOLM, J. D.**: Femoral hernia and the bladder, 1237; hysterectomy and appendectomy performed on a patient aged 74, 1571
- Male nurses**. See Nurses
- Malignant disease**, simulation of, by chronic inflammatory affections of the sigmoid flexure (K. W. Monsarrat), 65
- Malignant disease of intestine rendering an inguinal hernia irreducible** (Charles T. MacL. Plowright), 949
- Malignant disease of larynx**. See Larynx
- Malignant growths**, etiology of (R. B. Wild), 1715
- Malignant tumours**. See Tumours
- Malnutrition in an infant due to excessive putrescence in the alimentary canal successfully treated by lactic acid bacilli** (A. Veitch), 319
- Malta fever**. See Fever
- Mammary cancer**. See Cancer
- Mammary tumour**. See Tumour
- MANASSE, PAUL**: *Über chronische progressive, labyrinthäre Taubheit*, rev., 90
- Manchester and Salford**, notes from 47, 110, 168, 230, 336, 411, 480, 552, 696, 768, 843, 926, 1018, 1098, 1181, 1271, 1366, 1458, 1549, 1613, 1681, 1801, 1850; conjoint meetings of Divisions, 47; New Hulme hall of residence for students, 110; milk supply of Manchester, 110; "six-penny doctors," 110, 480; convalescent home at Penmaenmawr, 110; crippled children, 110; notification of phthisis, 168; hospital reform, 168; medical union in Manchester, 168; "Kosher" meat, 168; Great Central Railway Mutual Provident Society, 230; ethical rules for Divisions, 230, 768; playing fields, 230; health of Salford and the physical standard of its schoolboys, 336; British Pharmaceutical Congress, 336; grants in aid and the Manchester University, 411, 768; medical assistance for the poor, 411; milk-blended butter, 411; lead in soda water, 411; National Society for Prevention of Cruelty to Children, 411; hospital collections, 552; infant schools, 552; Notification of Births Act, 696, 1271, 1801; advances in surgery in Manchester, 696; the university grant, 768; Midwives Act in 1906, 843; puerperal fever in Manchester, 844; notification of stillbirths, 844; presentation to Dr. Milson Rhodes, 926; sanitary work in Manchester, 926; corporation officialism, 926; medical men and the police, 1010; proposed memorial to Professor Dreschfeld, 1010, 1181, 1367; Medicines Act in Salford, 1010; medical inspection of school children, 1098; University Union, 1181; complaints against sanitary inspectors, 1272; pollution of Manchester air, 1366; municipalization of hospitals, 1366; ladies and public health, 1458; Manchester Port Sanitary Authority, 1458; Glasgow University Club, 1459, 1681; Swinton and the Notification of Births Act, 1549; health of Lancashire, 1550; University grant, 1613; waves of disease, 1614; factory surgeons and their critics, 1801; care of feeble-minded, 1850; Christie Cancer Hospital, 1851
- Manchester, Notification of Births Bill in**, 1688
- Manchester Port Sanitary Authority**, 1459
- Manchester University**. See University
- Manitoba**, conditions of practice in, 615
- MANLEY, HERBERT**: Board of Education and the medical inspection of schools, 1019
- MANSON, J. S.**: Case of single kidney, 1827
- MANSON, Sir PATRICK**: Inaugural address as President of the Society of Tropical Medicine and Hygiene, 87; *Tropical Diseases: A Manual of Diseases of Warm Climates*, rev., 1346
- MANWARING-WHITE, R.**: Case of intussusception, 319
- March of education**, 1288
- Marionbad tablets**, 1696
- MARSH, HOWARD**: Elected Master of Downing College, Cambridge, 1270; scientific use of evidence in surgical practice, 1633
- MARSHALL, C. F.**: Early local treatment of syphilis, 415; alcohol and hobnail liver, 1376
- MARSHALL, Dr.**, presentation to, 1841
- MARSHALL, F. H. A.**: Correlation of the ovarian and uterine functions, 1572
- MARSHALL, L. W.**: Children's work in medicine, 1522
- MARTIN, H.**: X rays for the detection of tubercle as an aid to meat inspection, 115
- MARTIN, J. W.**: Rheumatoid arthritis, 826
- MARTIN, Professor**: Conception after supuration of uterine appendages, 1844
- MARTIN, WILLIAM**: Ship surgeons, 303
- MARTINDALE, W. H.**: Theocin sodium acetate, 620; *Pharmacy Notes from Various Parts of the World*, rev., 829
- Martin's apiol and steel pills**, composition of, 1655
- MARTLEY, F. C.**: Association and the General Medical Council, 235
- MARX, HUGO**: *Einführung in die gerichtlichen Medizin für praktische Kriminalisten*, rev., 90; *Praktikum der gerichtlichen Medizin*, rev., 1719
- MARX, S.**: Vagitus uterinus, 42
- Mary Kingsley medal**, 769
- Massachusetts, State Commission on Consumption** appointed, 1001
- Massacre of the Innocents**, 294
- Mastication**, efficient, some anatomical results of (F. J. Bennett), 1502
- Mastoid, development of** (Thomas Guthrie), 986
- Mastoid operation**, case of radical (Knowles Renshaw), 1208
- Mastoid operation, correspondence on**. See Aural
- MATHISON, THOMAS**: *Popular Guide to Income-tax Schedules, with Specimen Forms and Full Instructions*, rev., 1242
- Matriculation Directory 1907**, rev., 149
- Matriculation**, London, as a school-leaving certificate, 152
- Mauritius**, plague in, 220, 461, 559, 856, 1170, 1449, 1730; malaria in, 1095
- MAXWELL, E. J.**: Case of myositis ossificans, 1647
- MAXWELL, Sir HERBERT**, elected Chairman of Council of National Association for Prevention of Consumption, 1262
- MAXWELL, J. PRESTON**: Small-pox and vaccination in China, 118
- MAY, CHARLES H.**: *Manual of Diseases of the Eye*, rev., 1241
- MAYLARD, A. ERNEST**: Direction of abdominal incisions, 895; difficulties connected with the diagnosis of gastric derangements, 1068; diagnosis and treatment of appendicitis, 1648
- MEACHEN, G. NORMAN**: *Skin Diseases; their Nursing and General Management*, rev., 989
- MEAKIN, HAROLD B.**, obituary notice of, 1025
- Measurement of mental fatigue**. See Mental
- Meat**, condemned, in Australia, 172
- Meat**, frozen, for the army, 167
- Meat inspection**, x rays for detection of tubercle as an aid to, 115
- Meat**, "Kosher," 168
- Meat supply of London**, 109
- Meat of tuberculous cattle**, 706
- Meckel's diverticulum**. See Diverticulum
- Medal, the Bennett**. See Bennett
- Medical aspect of dental caries in childhood** (Geo. F. Still), 1435
- Medical aspects of the Parliamentary Session** (leading article), 682
- Medical aspects of workmen's compensation**. See Act
- Medical assistance for the poor**, 411
- Medical attendance in cases of sudden illness**, 492
- Medical Benevolent Society**. See Society
- Medical boycott**, 1561
- Medical bureau and the Board of Education**. See Board
- Medical career**, choice of a (James Craig), 1035
- Medical cases demonstrated in the Meath Hospital, Dublin** (James Craig), 709
- Medical certification of patients for emigration purposes**, 1110, 1749
- Medical charities**, bequests to. See Bequests
- Medical coil currents**, some oscillograph tracings of (Hy. Lewis Jones), 645
- "Medical Directory,"** 784, 1028, 1849
- Medical education**, information concerning, 563, 600
- Medical education, English and German** (Sir Felix Semon), 1197; leading article on, 1263; correspondence on, 1376
- Medical education for women**, 600
- Medical ethics**, review of books on, 1716
- Medical etiquette**, 121, 367, 777, 1109
- Medical examination in criminal cases**, 1109; in infant schools, 1540
- Medical Examination Questions**, rev., 1784
- Medical Faculty on Senate of University of London**. See University
- Medical fees**. See Fees
- Medical inspection and after** (leading article), 1794
- Medical inspection of railway men**, 1176
- Medical inspection of school children**. See School
- Medical Institute of Science**. See Institute
- Medical institutions in Ceylon**, 1183
- Medical Insurance Committee** (leading article), 1796
- Medical legislation in America**, 1180
- Medical libraries in September**, 784
- Medical magistrates**, 681, 1731, 1841; J. E. O'Sullivan, 681; Dr. Thompson, 1731; J. B. Kenny, 1841
- Medical men**, progress of (Frederick Taylor), 305
- Medical mayors**, 1449
- Medical men and drug companies**, 488; and the police (leading article), 1004; letter from Secretary of Lancashire and Cheshire Branch, 1010; and insurance agents, 1007, 1112, 1195; and motors, 1191; augmentations in the arms of, 1281; and London County Council lectures, 1670; payment of when called to assist midwives. See Payment
- Medical novels**, rev., 1431
- Medical officer**, pension to, who has not contributed to the superannuation fund, 62

Medical officers, district, 122, 1109; remuneration of, 122; extras for patients ordered by, 122; and the Workmen's Compensation Act, 1109

Medical officers' fees for lectures to nurses now discontinued, 302

Medical officers of health, difficulties of, 297

Medical officers of health, insecurity of tenure of, 162, 538, 558, 719, 1097, 1110; leading article on, 538. *See also* Public health appointments

Medical officers of health, training of, 46; court fees of, 707; tenure of, 1092

Medical officership of the Board of Education. *See* Board

Medical outlook in Natal, 1853

Medical Practice by Companies Bill. *See* Bill

Medical practices, sale of in Germany, 50

Medical practitioners and public health (Trevor Fowler), 1763

Medical Press Association. *See* Association

Medical profession, maintenance of the honour and interests of, 556, 699, 773, 849, 1020. *See also* Fund, Central Emergency

Medical profession, prospects of, 1860

Medical profession in Japan, 1610

Medical profession and Workmen's Compensation Act. *See* Act

Medical profession, sweating of by public bodies, 117, 298; and friendly societies, 171, 775, 851; literary knowledge of, 1856

Medical progress, obstacles to, 1453

Medical referees under Workmen's Compensation Act. *See* Act

Medical Register, 855, 1626, 1695

Medical Research Institute. *See* Institute

Medical Sciences, Institute of. *See* Institute

Medical schools, teaching of psychology in (A. T. Schofield), 812

Medical schools and colleges, notes on, 579; information concerning, 579; opening of winter session, 931, 998, 1155, 1158; scholarships, 1025, 1083. *See also* Hospital, University, and College

Medical Service, the Prison, 614

Medical service of the territorial force. *See* Army, British

Medical services, honours for, 1564

Medical services, necessity for trained male personnel in, on mobilization for war (Lieutenant-Colonel E. M. Wilson), 520

Medical sheriffs, 1731

Medical societies. *See* Societies

Medical students in Austrian universities, 1444

Medical and surgical appliances, 24, 91, 150, 208, 267, 322, 526, 1433, 1594, 1720, 1784, 1833; bimetric minimeter, 24; syringe for local anaesthesia or paraffin injection, 91; syringe for local anaesthesia in tooth extraction, 91; improved Galabin's pessary, 91; non-inflammable flannellette, 150; splint for local heat application, 208; protection of the perineum, 208; lyxhayr, a new bedding material, 267; "securitas" tourniquet, 267; "glaspeptic" spray and nebulizer, 267; invigro body brace, 322; vest pocket inhaler, 526; sterilized lubricant for catheters, 526; scissors for taking out sutures, 1433, 1594; new apparatus for raising the hips in bed, 1594; rain-proof coats, 1720; aseptic funnel douche, 1720; self rubber, 1720; improved stethoscope, 1720; curette for adenoids, 1720; alternative plan of treating wounds of skin without sutures, 1784; new boot, 1784; an otoscope, 1833; new cupping instrument for cervix uteri, 1833

Medical terms in the *New English Dictionary*, 41, 1007

Medical titles, 121

Medical tour, 698

Medical types in South Africa, 1676

Medical union in Manchester, 168

Medical witnesses' fees. *See* Fees

Medical women, openings for, 105

Medicinal and dietetic preparations, 24, 150, 208, 461, 1528, 1594, 1652; alaxa, 24; soluble arsenate of iron, 24; zinc salt of sulphuric acid, 24; nutritive liquid peptone, 150; quinine acetyl salicylate, 150; Tunbridge Wells water biscuit, 150; "thermasap" thermometer case, 150; "miol," 208; compound solutions of the formates, 208; essence of calisaya, 208; pine tar, 208; todalbin, 208; algron, 208; liquid somatose, 461; compressed tablets, 461; dugong oil, 1523; phenolphthalein in chocolate tablets, 1528; synthetic suprarenin, 1528; Calmette's tuberculin test, 1528; sterilized milk in tins, 1594; milk without sugar, 1594; medicinal oils in powder form, 1652

Medicinal oils in powder form, 1652

Medicine, children's work in (L. W. Marshall), 122

Medicine, Egyptian School of, 1678

Medicine, empirical and experiments, methods in (Robert M. Simon), 621

Medicine and Geography, 923

Medicine in Ancient Greece (G. Lorimer), 196

Medicine, animated photography in, 1449

Medicine men and monarchs, 1176

Medicine men of the Ten'a, 1848

Medicine in the newspapers, 1455

Medicine, portals of the profession of (leading article), 562

Medicine, preventive, information for students concerning, 606

Medicine, preventive, in the navy and army (Inspector-General J. Porter), 593

Medicine, plea for accuracy of thought in (W. Hale White), 250

Medicine, profession of (leading article), 561

Medicine, psychological, information for students concerning, 605

Medicine, relation of dental surgery to (John McKno Ackland), 1483

Medicine, review of books on, 90, 1718, 1781

Medicine, history of, in Savoy, 537

Medicine and medical schools in America, 1845

Medicine and its specialities in their relation to the State (Charles S. Tomes), 861

Medicine, teaching and learning, 1094

Medicines, alcoholic patent, 1800

Medicines, importation of into Australia, 172, 1004, 1177

Medicines, proprietary, 172, 1004, 1177

Medico-Chirurgical Society. *See* Society

Medico-ethical, 121, 366, 419, 488, 705, 777, 942, 1022, 1109, 1191, 1378, 1468, 1560, 1626, 1750, 1809, 1857; medical etiquette, 121, 367, 777, 1109; underselling, 121; contracts not to practise, 121; medical titles, 121; the ingenious advertiser, 366; multiple door-plates, 419; medical men and drug companies, 488; supersession, 705, 942, 1378, 1468, 1750; supersession by a former consultant, 705; substitute service, 705; fees for revaccination, 705; the interviewer at sea, 777; lunacy certification, 942; Continental Anglo-American Medical Society, 1022; etiquette of lunacy certification, 1109; association with unregistered dentists, 1109; club certificates and quack treatment, 1191; branch surgeries, 1468; right to a prescription, 1560; professional secrecy, 1626; disclaimers, 1750; rights of registered persons, 1809; circulars to patients, 1857

Medico-historical exhibition, 840

Medico-legal, 61, 121, 183, 240, 366, 419, 488, 558, 706, 777, 856, 942, 1022, 1109, 1191, 1224, 1378, 1468, 1561, 1626, 1695, 1750, 1810; Workmen's Compensation Act and the medical profession, 61, 121, 942, 1022, 1109, 1469, 1626, 1751; definition of "workman," 61; industrial diseases, 121; duties of medical men under the Act, 121; domestic servants and, 942, 1022; medical referees and expert evidence, 1022; hospital nurses, 1109; district medical officers, 1109; county-court case, 1469; workmen's compensation cases, 1626, 1751; alleged street obstruction by a motor car, 61; bankruptcy of a partner, 121; an assault, 183; doctor's water-rate, 183; habitual intemperance and life assurance, 240; medical witnesses' fees, 366, 706, 777; a perfunctory inquiry, 419; medical witness's fee in civil cases, 419; doctor and magistrate, 488; conviction under the Medical Acts, 558; another futile inquest, 558; income-tax, partnership returns, 703; contracts not to practise, 706; income-tax, 778; hospital porters and the inland Revenue, 856; partnerships, 856; fees during introduction, 856; drunk or sober? 856; workhouse medical officers and lunacy fees, 942; medical fees in compensation cases, 1022; evidence at inquests, 1022; coroners and inquests in Ireland, 1022; responsibility for a consultant's fee, 1109; medical examination in criminal cases, 1109; a card, 1109; motors and medical men, 1191; coroners and medical fees, 1191; syncope or fracture of the skull, 1284; a police call, 1285, 1378; certification of alcoholic dement, 1285; repudiation of liability by a firm, 1285; unregistered dentists, 1378; value of partnership debts, 1378, 1626; payment for police calls, 1378; Dakhyl v. Labouchere, 1468; cancelling of midwifery engagements, 1469; estimation of value of practice, 1470; medical boycott, 1561; nurses' charges, 1626; *Medical Register*, 1626, 1695; case of boracic acid poisoning, 1695; deaths under chloroform in general hospitals, 1750; case of poisoning by carbon monoxide, 1750; exhumation of the body of an infant, 1751; "reasonable care and skill," 1751; much ado about nothing, 1751; a retiring partner, 1752; liability for accident, 1752; obligations of a substitute, 1752; sale of death vacancy, 1752; a verbal arrangement, 1810; inquests in hospitals, 1810

Medico-legal aspects of age, 783

Mediterranean fever. *See* Fever

Medizin-Berichte über die deutschen Schutzgebiete, rev., 1347

MEIGS, HENRY: *Tics and their Treatment*, rev., 391

Memoranda, Medical, Surgical, and Obstetrical, 19, 82, 143, 203, 262, 319, 388, 457, 525, 674, 752, 826, 908, 987, 1064, 1148, 1237, 1342, 1515, 1581, 1648, 1710, 1774, 1826; am biguous reactions in sugar testing (Stephen G. Longworth), 19; post-scarlatinal desquamation (F. J. Vincent Hall), 20; case of splenomegalic polycythemia (W. L. Pethybridge), 20; case of simultaneous dislocation of both shoulders (D. G. Hunter), 20; (M. J. Lyden), 143; two cases of gumba

of the ciliary body (G. Victor Miller), 82; calcium chloride in haemorrhage (A. C. Lambert), 83; treatment of Ménière's disease and Ménière's symptoms by seton (r. Wilson Parry), 83; iodine and typhoid fever (George V. Perez), 143; (David Walsh), 232; fifteen-pint hydrocele (A. E. Horn), 143; intestinal pancreatitis in its relation to sprue (A. W. Mayo Robson), 203; case of gonococcal pyaemia (F. H. Jacob), 203; hypertrophic cirrhosis of liver in an infant (H. S. Willson), 203; poisoning by bromoform (M. Benson), 204; (J. A. Langdon), 1648; case of acute enteric intussusception with apparent reduction by irrigation, abdominal section, and fatal result (William Templeton), 262; malnutrition in an infant due to excessive putrescence in the alimentary canal successfully treated by lactic acid bacilli (A. Veitch), 319; case of intussusception (R. Manwaring-White), 319; transplantation of ureters (T. V. Armugam), 388; diuretic action of theosine sodium acetate (Harry Campbell), 388; (W. Frank Colclough), 752; acquired syphilis in an infant, with transmission to the mother (J. A. Nixon), 389; preliminary note upon ticks infesting rats suffering from plague (B. Skinner), 457; trypsin in malignant disease (Arthur Cutfield), 525; two unusual fractures (Richard Miller), 525; lactic acid and digestive disorders (T. Blanchard Sellors), 526; case of angio-neurotic oedema (L. H. D. Hale), 674; diagnosis of gas in the peritoneal cavity (Edward Gooddy), 674; note on the rate of formation of vesical calculi (Clennell Fenwick), 674; operation for embolus (B. G. A. Moynihan), 826; rheumatoid arthritis (J. W. Martin), 826; case of appendicectomy in which the appendix was quite separate from the caecum (J. T. Williams), 908; bone-grafting and regeneration (H. V. Drew), 908; diphtheria of glans penis following circumcision (Russell O'Brien), 908; acute vulvulus of vermiform appendix: operation: recovery (Sinclair White), 987; rupture of middle meningeal artery: operation: recovery (William Billington), 987; loose bodies in the knee-joint: operation (S. J. Ross), 987; treatment of Colles' fracture of the wrist (R. M. Boodie), 987; case of pneumococcal infection (T. Arnold Johnston), 988; phlebotomy and the Roentgen rays (T. G. Beckett), 1064; repeated rupture of tunica vaginalis (W. Gifford Nash), 1065; case of wasp sting (T. Reuell Atkinson), 1148; removal of foreign bodies from the hand or foot (J. B. Nias), 1148; second attack of typhoid fever: perforation: laparotomy: death (E. S. Moorhead), 1148; retropharyngeal abscess (W. H. Vickery), 1237; chiro-pompholyx following parturition (Douglas Macdonough), 1237; two cases of umbilical fistula (Forbes James Alexander), 1237; six successful hysterectomies for fibroid disease in one family (J. Macpherson Lawrie), 1342; Töpler's reagent as a test for hydrochloric acid (R. C. Elmslie), 1342; open-air treatment of acute pneumonia (P. Carr-White), 1515; extrauterine fetation: operation: recovery (Herbert Smith), 1515; poisoning by belladonna (Connor Maguire), 1515; ether anaesthesia by the open method (H. Bellamy Gardner), 1516; uncommon injury of the tibia and fibula (R. D. Patterson), 1516; case of rigor mortis in a stillborn child (D. W. Whitfield), 1581; intense hepatic congestion in an infant (John Alcinder), 1581; treatment in occipito-posterior cases (Joseph Stark), 1581; case of gall stone in the common duct (T. V. Armugam), 1581; suggestion for a bone bobbin or button for enterorrhaphy (J. Cropper), 1581; diphtheria of glans penis following circumcision (R. P. Beatty), 1582; case of achondroplasia (J. A. C. Macewen), 1646; child with multiple deformities (Edward Jepson), 1647; tuberculin ophthalmic reaction (Harold Downes), 1647; case of myositis ossificans (E. J. Maxwell), 1647; use of the seton (Eldon Pratt), 1647; strangulation of small intestine through rent in mesentery (Chas. E. Bell), 1710; treatment of scabies (F. J. W. Porter), 1710; case of ptomaine poisoning from mutton, with marked bradycardia (Mungo Bryson), 1710; case of ruptured tunica vaginalis (Lachlan Fraser), 1711; large fatty liver in an infant, sudden death (T. Reuell Atkinson), 1711; method of estimating coagulation time (Charles Mercier), 1774; albuminuria from a life assurance point of view (Robert Wilkinson), 1774; poisoning by mercuric potassium iodide (Seymour W. Davies), 1775; bone abscess due to a bacillus allied to *B. paratyphosus* (F. G. Bushnell), 1775; spectacles in ametropia after removal of the lens (Archibald Stanley Percival), 1776; vagitus uterinus (H. E. A. Washbourn), 1776; ophthalmic-reaction of Calmette (Sydney H. Long), 1826; death from a single pellet wound (S. Bruce Ronaldson), 1826; two cases of mistaken diagnosis (T. Gerald Garry), 1827; case of single kidney (J. S. Manson), 1827

- MENDEL, EMMANUEL, obituary notice of, 122
- MENDEL, E.: *Textbook of Psychiatry: a Psychological Study of Insanity for Practitioners and Students*, rev., 912
- MÉNIER, A.: *Traité des Maladies du Nez*, rev., 1348
- Ménière's disease and Ménière's symptoms treated by seton (T. Wilson Parry), 83
- Meningeal artery. *See* Artery
- Meningitis, posterior basal, and cerebro-spinal fever, 104
- Meningitis, cerebro-spinal. *See* Fever, cerebro-spinal
- Meningitis, septic, complicating case of acute middle-ear suppuration (W. S. Syme), 981
- Menstrual period, acute streptococcal septicaemia occurring at (W. E. Carnegie Dickson), 791
- Menstruation in an infant, 1756, 1859
- Mental disease, causes and prophylaxis of, 360
- Mental disease, convalescence from, 1179
- Mental disease, incipient, treatment of in Edinburgh Royal Infirmary. *See* Infirmary
- Mental diseases, progress in the treatment of (Thomas Clay Shaw), 795
- Mental diseases, galvanometer in the study of (leading article), 1175
- Mental diseases, nursing of, 1594
- Mental diseases, simulation of (leading article), 12
- Mental fatigue, measurement of (leading article), 1359
- Mental integrity and technical progress (leading article), 1842
- Mental origin of neurasthenia and its bearing on treatment (David Drummond), 1813
- Mental work, metabolism in (leading article), 539
- Mentally disordered, nursing the, 1001. *See also* Insanity, and Lunacy
- MERCIER, CHARLES ARTHUR: Three cases of periodic dementia, 803; method of estimating coagulating time, 1774
- MERCK, LOUIS, honorary degree of M.D. conferred upon by University of Giessen, 498
- Mercuric potassium iodide, poisoning by (Seymour W. Davies), 1775
- Mercury method in treatment of sleeping sickness (Sir Robert Boyce), 624
- Merthyr, borough council, 112, 928; housing reform at, 1101
- MESNIL, F.: *Trypanosomes and Trypanosomiasis*, rev., 1348; note on, 1472
- Meso-caecum, elongated (Mr. Douglas-Crawford), 1427
- Metabolism in mental work. *See* Mental
- Metabolism and practical medicine, review of books on, 989
- Metal, tinning of, 1799
- METCALFE, JAMES: Is a round-table conference possible? 1555
- METCALFE-SHARPE, GEORGE: Ship surgeons, 560
- METCHNIKOFF On the prevention of syphilis, 1846
- Metropolitan Asylums Board. *See* Board
- Metropolitan street ambulances. *See* Ambulance
- Metropolitan Water Board, 241
- Metz, small-pox at, 225, 270; *See also* Germany
- Mexico, International Sanitary Convention in, 394
- MEYER, E.: Hysteria and disability, 408
- MICHELIS, M.: How to cleanse glasses of germs, 1008
- MICHELSON, Professor, awarded Nobel prize in physics, 1735
- Microscopy, 1755
- Micturition, precipitate, 1564, 1628
- Middle-ear disease, purulent, frequency and significance of optic neuritis and other vascular changes in retinae of patients suffering from (J. Stoddart Barr and John Rowan), 1480
- Middle-ear disease in young children, *post-mortem* statistics of (James Miller), 1772
- Middle-ear suppuration, treatment of chronic, without resort to radical mastoid operation (William Milligan), 972; discussion, 971
- Middle-ear suppuration complicated by septic meningitis and brain abscess (W. S. Syme), 981; discussion, 982. *See also* Aural
- MIDDLEMAS, Dr.: Curious case of two brothers, 1649
- Middlemore Prize, 108
- MIDDLETON, Mr.: New use for camel bot-fly, 1287
- MIDELTON, W. J.: Eggs in the diet of infants, 124
- Midwifery, Ahlfeld's method of disinfection of hand in, 1859
- Midwifery engagements, cancelling of, 1469
- Midwifery, review of books on, 147
- Midwifery for students, practical, 1172, 1435, 1451; report on investigation into conditions appertaining to the teaching of, 1435; leading article on, 1451; correspondence on, 1557
- Midwives Act. *See* Act
- Midwives Board. *See* Board
- Midwives in country districts, 176
- Midwives, qualified, in Ireland, 929
- Midwives, instruction in the symptoms and signs of abnormal labour (Peter Horrocks), 785; correspondence on, 116, 1187
- Midwives, pupil, teaching of, 1812
- Midwives, supply of, 1844
- MILES, ALEXANDER: *Manual of Surgery*, rev., 910
- Military medical officers and inquests, 1755
- Milk-blended butter, 411
- Milk, condensed, manufacture of, 431, 1521, 1859
- Milk, country, and inert local authorities, 165
- Milk, diluted (leading article), 103
- Milk, dirty, sentence of imprisonment, 1284
- Milk and infection, 1110
- Milk, Pure, Association, 697
- Milk, Purity of Supplies (Scotland) Bill. *See* Bill
- Milk, relation of to tuberculosis in childhood (John McCaw), 1767
- Milk standard, dairy farms and the, 481
- Milk in tins, sterilized, 1594
- Milk without sugar, 1594
- Milk supply, questions in Parliament, 295
- Milk supply: of London, 109; of Manchester, 110; of Bradford, 168; of Scotland, 476
- Milk supply, infant mortality and (Henry Kenwood), 665; (E. W. Routley), 638; discussion, 669
- MILLER, Dr.: Exophthalmic goitre with cirrhosis of liver, 1343; cysts of intestinal wall, 1343
- MILLER, G. VICTOR: Two cases of gumma of the ciliary body, 82
- MILLER, JAMES: *Post-mortem* statistics of middle-ear disease in young children, 1772
- MILLER, JOHN: "Book of the South-West," 1623
- MILLER, RICHARD: Two unusual fractures, 525
- MILLER, WILLOUGHBY DAYTON, obituary notice of, 558
- MILLIGAN, WILLIAM: Treatment of chronic suppuration of middle-ear without resort to radical mastoid operation, 972; surgical treatment of labyrinthine suppuration, 983
- MILLS, G. P., reports complicated case of uterus bicornis, 1582
- MILROY, J. A.: *Practical Physiological Chemistry*, rev., 529
- MILROY, T. H.: *Practical Physiological Chemistry*, rev., 529
- MILTON, J. PENN: Case of chylothorax, 1210
- MILWARD, Lieutenant - Colonel EDWIN OSWALD, obituary notice of, 1193
- MILWARD, Mr.: Acute lymphatic leukaemia, 1343
- MINCHEN, E. A.: The haemoflagellates, 1320
- Mineral springs in Bulgaria, 536
- Miners and hospitals, 695
- Miners' phthisis in Bendigo, 839
- Mines, sanitation in, 114
- Minimeter, bimetric, 24
- Minneapolis, Pasteur institute in, 220
- Minnesota, Pasteur institute in, 1101
- "Miol," 208
- MITCHELL, E. J. D., awarded Chesterfield silver medal for proficiency in dermatology, 59
- MITCHELL, ISABEL: Action of formic acid salts, 1712
- MITCHELL, T. HOUGHTON: Vaginal haemorrhage in young infants, 492
- MITCHELL, WEIR: Memoranda in regard to William Harvey, 158; new story, *The Red City*, by, 1724
- MITCHELL, WILLIAM: Gloves for x-ray workers, 184
- MITRA, KAI BAHADUR A.: Kaisar-i-Hind medal conferred upon, 41
- Motr fund. *See* Fund
- Molar, third, difficult eruption of (Arthur W. W. Baker), 1501; discussion, 1502
- Monaco, conditions of practice in, 615; reasons for which a divorce may be obtained in, 1101
- Monard tablets, composition of, 1655
- Monarchs and medicine men, 1172
- Monkey, Caesarean section on a, 1472
- Monmouthshire water, 170, 1101; medical supervision of, 1100; report of M.O.H., 1470
- MONOD, S.: *La Pleurésie Purulente Aiguë de l'Enfant*, rev., 1152
- MONSARRAT, K. W.: Simulation of malignant disease by chronic inflammatory affections of the sigmoid flexure, 65
- MONTGOMERY, S.: Brocklehurst fund, 1755, 1860
- Montreux, misadventure at, 1196
- MOORE, F. CRAVEN: Cholesterol, 1715
- MOORE, S. G.: Notification of Births Bill, 488
- MOORE, T. W.: Ship surgeons, 420
- MOORE, W.: Sweating of the medical profession by public bodies, 117
- MOORHEAD, E. S.: Second attack of typhoid fever: perforation: laparotomy: death, 1148
- MOORHEAD, T. H.: Work of Irish dispensary doctors, 1279; Joint Poor-law Committee, Medical Relief Section, 1684
- Moral surgery, 1093
- MORGAN, H. DE E.: Bacteriology of summer diarrhoea of infants, 16
- MORLAND, EGBERT C., receives M.D. of University of Bern, 220
- Morphine episode, Sir William Gairdner and, 176
- Morphine habit, use of cocaine in, a warning, 555
- MORRIS, HENRY (editor): *Morris's Human Anatomy*, rev., 1070; evidence of before the Royal Commission on Vivisection, 1257; Epsom College, 1805
- MORRIS, MALCOLM: *Light and X-ray Treatment of Skin Diseases*, rev., 1527
- Mortality, infantile, 111, 172, 229, 551, 1100, 1182, 1255, 1614, 1658, 1727; in Aberdare, 111; in Calcutta, 172; and medical relief, 229; in Birmingham, 551; in Newport, 1100, 1182; and the teaching of hygiene, 1182; in Holland, 1255; at Huddersfield, 1614, 1658, 1676; in Islington, 1727, 1725
- Mortality, infantile, and the milk supply (Henry Kenwood), 665; (E. W. Routley), 668; discussion, 669
- MORTON, E. REGINALD: Therapeutic value of alternating currents of low frequency, 645
- Morton's foot, 859, 1194
- MOSNY: *Traité d'Hygiène*, rev., 911
- Mosquito as a sanitary problem, 1537
- Mosquitos, longevity of, 687; natural enemies of, 1195
- Mothers, schools for. *See* Schools
- Motor bicycles, side slip, 1027, 1111, 1195, 1257, 1472
- Motor car accident, an unusual (Sir George Beaton), 1641
- Motor car, alleged street obstruction by, 61
- Motor cars, taxation of, 1808
- Motor Exhibition, Sixth International, 1533, 1670; Sir Oliver Lodge's igniter, 1533; De Dion-Bouton, 1533; Humber, 1533; valveless cars, 1534; Gobron Brillie, 1534; Darracq's gear-box and live axle, 1534; Panhard, 1534; Lanchester, 1534; Colin Defries (Porthos), 1534; Argyl, 1534; Renault, 1534; Grégoire, 1535, 1670; Adler, 1535; British Automobile Syndicate, 1535; large cars, 1535; tyres, 1535; lubrication, 1536
- Motors and medical men, 1191
- Motors for medical men, 64, 1756
- Motors, co-operative society for owners of, 469
- MOTT, F. W.: Bilateral lesion of the auditory cortical centre: complete deafness and aphasia, 310; alcohol and insanity, 797; further observations on the cell changes in dourine and sleeping sickness, 1327
- Mountaineering and alcohol, 485
- Movable kidney. *See* Kidney
- MOYNIHAN, B. G. A.: *Abdominal Operations*, rev., 206; an operation for embolus, 826; pathology of the living, 1381; complete gastrectomy, 1780
- Much ado about nothing, 1751
- Mucous colitis. *See* Colitis
- Muggy and bracing days, 688
- MUIR, W. L.: Sweating of the medical profession by public bodies, 851
- MUMMERY, P. LOCKHART: Prolapse of rectum in children, with fifty cases, 812; lesions of the sigmoid flexure as a cause of colitis, 884; *The Sigmoidoscope: A Clinical Handbook on the Examination of the Rectum and Pelvic Colon*, rev., 1591
- MUNRO, A. CAMPBELL: Chief medical officer-ship of the Board of Education, 940; medical inspection of school children, 1685
- Munyon's blood cure, composition of, 531
- MURRAY, HUBERT MONTAGUE, obituary notice of, 1687, 1754
- MURRAY, R. W.: Saccular theory of hernia, 1385
- MURRAY, W.: Therapeutics of indigestion, 1714
- MURSELL, H. TEMPLE: Case of retroperitoneal haematocoele producing acute intestinal obstruction, 950
- Muscular atrophy, idiopathic, and typhoid fever, 361
- Muscular exercises in treatment of clonic spasm, systematized, 415
- Mycosis fungoides (F. G. Bushnell and A. W. Williams), 1403
- Myddleton, Limited, injunction against, 212
- Myelopathic albumosuria. *See* Albumosuria
- MYLES, Sir THOMAS: Ligation of innominate artery, 1426
- Myocardial lesions of the rheumatic infection (Carey Coombs), 1513
- Myositis ossificans, case of (E. J. Maxwell), 1647

- Nasal operations, cocaine and eucaine in, 708
Nasal polyp. *See* Polyp
NASH, ELWIN H. T.: Chief Medical Officer-
ship of the Board of Education, 854; is a
round-table conference possible? 1619
NASH, W. GIFFORD: Repeated rupture of the
tunica vaginalis, 1065
Naso-pharyngeal disease in school children,
chronic, 1676
Natal, notes from, 767, 1853; Vaccination Act
and its administration, 767; medical out-
look in the Colony, 1853
Natal, conditions of practice in, 615; the pro-
fession in, 685
"Natural" therapeutics, review of books on,
1650
Navy, royal, medical service of, regulations
for admission of candidates, 608; course of
instruction, 1022; examinations, 1191; suc-
cessful candidates, 1695; prospects for pro-
motion for medical officers, 1281; hygiene
in, 1380; temporary service surgeons in,
1695
Navy, royal, frequency of aneurysms in
(Fleet Surgeon P. W. Bassett-Smith), 510
Navy, royal, preventive medicine in (Inspec-
tor-General J. Porter), 503
Neck, results of a stab in, 1745
NEISSER, A.: *Die experimentelle Syphilis-
forschung nach ihren gegenwärtigen Stände*,
rev., 23
NÉLATON, CH.: *Les Autoplasties: Levres,
joues, oreilles, tronc, et membres*, rev., 528
Nephrectomy, some observations on (Gilbert
Barling), 73
Nephritis, acute, in children, and its results
(A. F. Voelcker), 730; (Alfred W. Sikes), 733;
(Sydney Stephenson), 735; (Theodore
Thompson), 737; discussion, 737
Nephritis in children, eye changes in (Sydney
Stephenson), 735
Nephritis in children, physiological aspect of
(Alfred W. Sikes), 733
Nephritis in septic infections, unsuspected
(Theodore Thompson), 737
Nephroxy, note on (Bilton Pollard), 1705
Nerve, facial, origin of, 840; (N. Bishop
Harman), 1296
Nerves, cranial, roots and terminations of,
1455
Nervous disease, vibrating sensation in
(R. T. Williamson), 125; correspondence
on, 238
NETTLESHIP, MR.: Tay-Sachs infantile retin-
itis, 1820
Neuralgia, notes on some cases of (W. R.
Ackland), 1499; discussion, 1500
Neurasthenia, mental origin of, and its bear-
ing on treatment (David Drummond), 1813
Neurasthenia, review of books on, 1831
Neurasthenia, spa treatment of (Edward J.
Cave), 127
Neuritis, gouty, treatment of, 420
Neuritis, optic, and nasal accessory sinus
disease (Henry Manning Fish), 1218; dis-
cussion, 1223
Neuritis, optic, frequency and significance of
and other vascular changes in the retinae
of patients suffering from purulent disease
of the middle ear (J. Stoddart Barr and
John Rowan), 1480
Neuritis, review of books on, 321
Neurological Society. *See* Society
Neurologie und Psychiatrie, Jahresbericht der,
rev., 754
Neurology, review of books on, 391, 754, 1590
Neuro-paralytic keratitis. *See* Keratitis
Neuroses, spasmodic, value of rhythmical
exercises in (T. Stacey Wilson), 133; corre-
spondence on, 415
Nevill, Lady Dorothy, on doctors, 269; some
stories from *Leaves from the Note Books* of,
1724
Newborn, prevention of ophthalmia in, 938
Newcastle-upon-Tyne, notes from, 1615; Uni-
versity of Durham College of Medicine,
1615; typhus fever, 1615; beri-beri, 1615;
opposition to sanatoriums, 1615; Royal Vic-
toria Infirmary, 1615
Newest speciality, 944
New form of puff, 106
New Jersey, typhoid fever in, 829
NEWMAN, N.: Royal Society and the test for
colour blindness, 1855
Newport, infant mortality at, 1100, 1182; and
Provision of Meals Act, 1742
NEWSHOLME, ARTHUR: Co-ordination of the
public medical services, 656
New South Wales, notes from, 49, 171, 233, 548,
1369, 1851; food adulteration, 49, 549, 1862;
metropolitan water supply (Sydney), 49; Dr.
C. P. B. Clubbe, 50; friendly societies and the
medical profession, 171, 1852; Royal Army
Medical Corps, 172; condemned meat, 172;
University Dental Association, 233; re-
search in tropical medicine, 233, 1853; rats
and plague, 233; leprosy in New South Wales,
548; sanatorium treatment in New South
Wales, 548; the plague outbreak, 548; im-
portation of saccharin, 548; compulsory
notification of pulmonary tuberculosis,
1369; medical examination of school
children, 1369; diagnosis of appendicitis,
1851; periodic fever and lymphocytosis,
1852; insanity in New South Wales, 1852;
vital statistics, 1852; the Australian
aborigines, 1852
New South Wales, conditions of practice in,
615
Newspapers, medicine in, 1456; emmena-
gogues in (leading article), 1672; the doctor
in, 1797
NEWSTEAD, ROBERT: Common house-fly and
disease, 1612
NEWTON, ISAAC: Case of depression of
parietal bone in a newly-born infant, 318
New York, announced endowment of insti-
tute to be devoted to research into diseases
of aged people in, 35; transfer of dying
patients, 244; Bill creating an examining
Board for opticians, 261; schools for the
deaf to be established in, 334; proposed
separate department of school hygiene,
1001; sale of cocaine and eucaine in, 1194
Chinese hospital in, 1262; permanent endow-
ment from Mr. Rockefeller to the Institute
for Medical Research, 1594. *See also* United
States
New Zealand, notes from, 114, 847; animal
tuberculosis, 114; presidential address to
the New Zealand Branch, 847
New Zealand, conditions of practice in, 615
NIAS, J. B.: Removal of foreign bodies from
the hand or foot, 1148
Nickel carbonyl, toxicology of, 687
NICOLAS: *Précis de Pathologie Interne*, rev.,
829
NICOLSON, DR., accident to, 469
NICOLSON, DAVID, dinner to, 1183
Nigeria, health of Northern, 1848
NIGHTINGALE, Miss FLORENCE, Order of Merit
conferred upon, 1678
Nisbet's Medical Directory, 63
NITCH, CYRIL A. R.: Pneumococcal arthritis
in children, with a report of two cases, 729
NIXON, J. A.: Acquired syphilis in an infant,
with transmission to the mother, 389
Nobel prizes awarded, 1735
Nomenclature of alkaloids. *See* Alkaloids
NOORDEN, CARL VON: *Metabolism and Practical
Medicine*, rev., 989, 1832; *Handbuch der Patho-
logie des Stoffwechsels*, rev., 989
Norfolk, dairy folk lore in, 1178
NORRIS, Staff Surgeon H. L.: Wireless tele-
graphy and hospital ships, 512
North Bierley Union and its vaccinators,
1011, 1099
North Riding of Yorkshire, Midwives Act in,
1602
NORTHRUP, W. P.: Open-air roof wards on
metropolitan hospitals, 1135
North Staffordshire, notes from, 111; health
of Hanley, 111
North-West Territories, conditions of practice
in, 615
Norway, conditions of practice in, 615
Norwich, notes from, 1011; Norwich Medico-
Surgical Society, 1011
Nose mutilation in India, 1537
Nose, review of books in, 1348
Notes, letters, etc., 63, 124, 184, 243, 303, 368, 420,
492, 560, 620, 708, 784, 859, 944, 1028, 1112,
1195, 1287, 1380, 1472, 1564, 1628, 1696, 1756, 1812,
1859; accidental rash of varicella, 63; eggs
in the diet of infants, 63, 124; *Nisbet's Medi-
cal Directory*, 63; Central Midwives Board,
64, 243; a doctor's water rate, 64; treat-
ment of pediculosis capitis, 64; tubercle
and erysipelas, 64; congenital hypotonia,
64; leucocytosis of hydatid disease, 64;
motors for medical men, 64, 1756; the
weather of June 1907 and June 1745, 124;
international statistics, 124; post-partum
haemorrhage, 124; therapeutic uses of
radium, 124; an officer of the "Lancers,"
124; wanted, a scale of fees, 184; formates
in rheumatism, 184, 303; the stethoscope,
184; finger nails exfoliation, 184, 1755; vagi-
tus uterinus, 184, 303, 492; a disclaimer
and a warning, 243, 1812; origin of cir-
cumcision, 243, 303; early local treatment
of syphilis, 244; treatment of scabies, 244,
1287; perils of sterilization, 244, 303, 492;
ship surgeons, 244, 303, 368, 420, 560,
620, 784, 860, 1112; transfer of dying
patients, 4; heroin, 244; tubercle, 303;
hydrogen in the free state, 304; consump-
tion catechism, 304; quiet for hospitals,
304; plaint of the G. P., 304; annual meeting
golf match, 368; eclampsia in three sisters,
368; errata and corrections, 420, 492, 1028, 1812;
erythema nodosum, 420; *American Medical
Directory*, 492; vaginal haemorrhage in
young infants, 492; medical attendance in
cases of sudden illness, 492; special
laboratory for examination of stools, etc.,
492; oyez! oyez! 560; West African Medical
Service, 560, 708, 1287; celebrated in adver-
tisement, 560; bursting of a golf ball, 560;
plea for uniformity in nomenclature of
alkaloids and their derivatives, 560; theocin
sodium acetate, 620; analysis of faeces, 620;
treatment of trypanosomiasis, 708; picric
acid, 708; *Medical Directory*, 784, 1028; an
appeal, 784, 1195, 1628; medical libraries in
September, 784; shadowgraph bougie in
ureteric surgery, 784; prodromal stage of
rubella, 784; Christian Science, 859; pro-
posed treatment of phthisis by incision
into the pleural space, 860; circumcision by
the bite of a dog, 860; an unknown quantity,
860; a warning, 944; the newest speciality, 944;
Lulworth Cove, 944; causation of cyclical
vomiting, 944; relative value of inhalation
and injection methods in anaesthesia,
1028; medical men and insurance agents,
1112, 1195; wasp stings, 1112; vaccination—
a campaign of education, 1195; diagnosis of
primary syphilis, 1195; fleas as carriers of
disease, 1195; fees of medical experts in
Thaw trial, 1195; natural enemies of the
mosquito, 1195; misadventure at Montreux,
1196; familiar letters in a new light, 1196;
theocin sodium acetate, 1196; case of leak-
ing aneurysm of the popliteal artery, 1287;
new use for the camel bot-fly, 1287; diar-
rhoea mortality and its causes, 1288; acetone-
aemic conditions in children, 1288; Early
Notification of Births Act, 1288; finger prints
as substitutes for signatures, 1288; march
of education, 1288; doctor as baby dealer,
1288, 1860; topographical problem, 1288;
new teleological theory, 1288; reputed cure
for opium habit, 1380; cimicifuga in chorea,
1380; Alabone treatment, 1472; Laveran and
Mesnil's *Trypanosomes et Trypanosomiasis*,
1472; treatment of mucous colitis, 1472;
Caesarean section on a monkey, 1472; pre-
cipitate micturition, 1564, 1628; catheter
lubricant, 1564; honours for medical ser-
vices, 1564; flies and disease, 1564; syn-
thetic chemistry and biology, 1564; some
epitaphs, 1564; degree of M.D., 1628; Society
of Apothecaries, 1628; Maguire Fund, 1628;
Marienbad tablets, 1686; "a Christian
Science cure," 1696; tests for albumen, 1696;
open-air treatment of acute pneumonia,
1696; a wonderful operation, 1696; Brockle-
hurst fund, 1755, 1860; appointment of
M.O.H., Stockport, 1756; a common
reason for changing the doctor, 1756,
1860; menstruation in an infant, 1756,
1859; a remarkable anniversary, 1756;
warning to doctors' wives, 1812; aborti-
tive treatment of boils, 1812; condensed
milk, 1859; abortifacient pills, 1860; pro-
spects of the medical profession, 1860;
deaths under chloroform in general hos-
pitals, 1860
Notification Act. *See* Act
Notification of Births Bill. *See* Bill
Notification fees. *See* Fees
Notification of stillbirths. *See* Stillbirths
Notification of phthisis. *See* Tuberculosis
NOURSE, CHEICHELE: Observations on frontal
sinusitis, 979
Nova Scotia, conditions of practice in, 615
Nova et Vetera: 33, 99, 151, 1857; René Théo-
phile Hyacinthe Laënnec, 33; statue of
Laënnec, 1837; plague plots of Geneva,
99; Jewish physicians at the English
Court, 151
Novocain, use of (J. W. Struthers), 1712
Nurse Powell's remedies, composition of,
1656
Nurse Powell's corrective pills, composition
of, 1657
Nurse Powell's popular pellets, composition
of, 1656
Nurses' charges, 1628
Nurses, higher training of, 1270
Nurses, male, army and navy co-operation, an
appeal, 1670
Nurses, registration of, 167; questions in
Parliament, 167
Nurses, schools for. *See* Schools
Nurses, trained, co-operation of, 1617
Nursing the mentally disordered, 1001
Nursing under the Metropolitan Asylums
Board. *See* Board
Nursing of mental cases, 1594
Nursing the sick poor in Ireland, 112
Nursing, review of books on, 1242
Nyassaland, sleeping sickness in, 1267
NYULASY, FRANK A.: Case of tubal abortion,
1570
O.
Obesity cures, composition of, 24, 150, 209
Obituary notices, 53, 122, 177, 238, 301, 366,
416, 489, 557, 619, 704, 778, 842, 1023,
1107, 1192, 1283, 1379, 1470, 1561, 1627,
1687, 1753, 1811, 1857; Sir William Tennant
Gairdner, 53, 366; Emmanuel Mendel, 182;
Alfred Square Cooke, 122; Alfred Alexander
de Lessert, 123; Count Costa de Bastelica,
123; Theodore von Jürgensen, 123; Lieu-
tenant-Colonel James Bennett Kelly, 123;
Max Schueller, 123; George Yeaman, 123;
Sir William Henry Broadbent, 177, 239;
James Dunsmore, 238; Alfred Lloyd Owen,
238; John Sherwood Stocker, 239; John
Pirie, 301; Mark A. Brennan, 302; Robert
Samuels Archer, 416; Charles Williams, 489;
Harry Frederick Whitechurch, V.C., 489;
Thomas A. Fullerton, 490; W. James
Spence, 490; Francis James Pearce, 490;
Surgeon-General Alexander Francis Pres-
ton, 557; Frederic J. M. Page, 557; Lewis
Mackay, 557; Willoughby Dayton Miller,
558; Surgeon-Colonel Edmund Greswell
M'Dowell, 558; Lieutenant-Colonel Robert
Dickie Donaldson, 558; Walter Clapham
Hirst, 619; Timothy Holmes, 704; Augustus
Johnston, 778; Thomas Logan, 778; Captain
Michael Biddulph Pinchard, 779; John St.
Swithin Wilders, 942; Charles Stewart, 1083;
John Stuart Nairne, 1024; Lieutenant-
Colonel H. J. Dyson, 1023; Harold B. Meakin,

1025; Frank J. Lochrane, 1325; Staff Surgeon William Thomas Billings, 1025; George Frederick Elliott, 1107; James Carroll, 1107; W. O. Atwater, 1107; William Henry Day, 1192; Deputy Surgeon-General Howland Wimburn Carter, 1193, 1284; Lieutenant-Colonel Edwin Oswald Milward, 1193; Captain James Allen Dredge, 1193, 1470; Thomas Michael Dolan, 1283; Henry Stotterforth, 1283; George Simon, 1284; Francis Woodhouse Braine, 1379; William George Weaver, 1379; C. E. Preston, 1470; Sir Charles Frederick Hutchinson, 1561; John Parker Lightfoot, 1562; Robert John Paton, 1627; Hubert Montague Murray, 1687, 1754; Daniel Hooper, 1688; George F. Shradv, 1688; Adolphe Wahlutuch, 1753; Alexander Mactier Pirrie, 1753; James Fraser Davidson, 1754; George Brown, 1754; Edward Liveing Fenn, 1811; Charles Robert Drysdale, 1811; George Herbert Graham, 1811; William Slater, 1857; Major Walter Barrie Turnbull, 1857; Surgeon Reginald Charles Pattison McDonagh, 1857; Brigade-Surgeon Edmund Hoile, 1857.

Object lesson, 43.

Obligations of substitute. *See* Substitute.

O'BRIEN, RUSSELL: Diphtheria of the glans penis following circumcision, 908.

Obstacles to medical progress, 1453.

Obstetrics, advances in, 273.

Obstetrics, review of books on, 458.

Obstruction, intestinal. *See* Intestinal.

O'CARROLL, Dr.: Thrombosis of arm with gangrene, 1712.

O'CONNELL, MATHEW D.: Natural enemies of the mosquito, 1195.

Occlipto-posterior cases, treatment of (Joseph Stark), 1581.

Ocular symptoms in cerebro-spinal meningitis (Arthur J. Ballantyne), 190.

Oculo-motor paralysis. *See* Paralysis.

Oedema, angio-neurotic (L. H. D. Hale), 674.

Oedipism, 1847.

Officer of the "Lancers," 124.

Officers selected for rewards, 242.

OGLIVIE, W.: Two cases of hereditary dystrophy, 867.

O'KINCZYC, JOSEPH: *Traitement chirurgical du cancer du colon*, rev., 1591.

Old-age pensions for country doctors in Austria, 1371.

Old Dr. Jacob Townsend's American sarsaparilla, composition of, 530.

Oldest Edinburgh medical graduate, 456.

Oldham, public vaccination in, 1740, 188.

OLIVER, JAMES: Determinants of abortion and how to combat them, 1167.

OLIVER, T.: Appreciation of Sir William Gairdner, 58.

OMBREDANNE, L.: *Les Autoplasties: Levres, joues, oreilles, tronc, membres*, rev., 528.

Oncology, perithelioma and endothelioma and their position in (P. G. E. Bayon), 1407.

ONORI, A.: Etiology of the complications of empyema of accessory nasal cavities, 970.

Ontario, conditions of practice in, 615; Medical Council, 767.

Open-air roofs, wards in metropolitan hospitals (W. P. Northrup), 1135; discussion, 1136.

Open-air treatment of pneumonia (*see* Pneumonia); of insanity (*see* Insanity).

Openings for medical women, 105.

Operation, a wonderful, 1696.

Operations, hospital mortality after, 241.

Ophthalmia of the newborn, prevention of, 938.

Ophthalmia in Egypt (A. F. MacCallan), 1072; note on, 1091, 1687.

Ophthalmic reaction, tuberculin (Harold Downes), 1647.

Ophthalmic surgery, form and manipulation of instruments used in (E. Laudolt), 1211; discussion, 1214.

Ophthalmology. Calmette serum reaction in (Sydney Stephenson), 1038; (Sydney H. Long), 1826.

Ophthalmology, review of books on, 267, 675, 1240.

Ophthalmology reaction to tuberculin (William MacLennan), 1642.

OPITZ, E.: Advances in obstetrics, 273.

Optum habit, reputed cure for, 1386, 1380.

Optum, use of in the Far East, 1793.

OPPENHEIM, H.: *Die Encephalitis*, rev., 1524.

Oppenheimer, Messrs., and the late Sir W. T. Gairdner, 1809.

Optic neuritis. *See* Neuritis.

Opsone and agglutinating power of blood serum in cerebro-spinal fever (Thomas Houston), 1414.

Opsone index, modification of Leishman's method of estimating (H. B. Dodds), 948.

Opsone index, value of, 1454.

Optic nerve, tumour of. *See* Tumour.

Optic neuritis. *See* Neuritis.

Oral system of teaching the deaf, 44. *See also* Deaf.

Orange River Colony, notes from, 1553; public health legislation, 1553.

Orange River Colony, conditions of practice in, 815.

Orbit, wounds and injuries of (Simeon Snell), 1629.

Orbital thrombosis. *See* Thrombosis.

ORD, W. W.: Prodromal stage of rubella, 784.

Organisms in general paralysis (J. P. Candler), 806.

Organisms, invasion of through the urinary tract (C. J. Bond), 1639.

Organotherapy (W. E. Dixon), 722.

Orient Steam Navigation Company's tours, 1830.

Orthodiascope, 1187.

Orthograph, the (Hugh Walsham and J. F. Halls Dally), 651; (C. Thurstan Holland), 1427.

Orthodiagraph, theory and practice of (Paul C. Franze), 316.

O'SULLIVAN, J. E., appointed J.P. for Liverpool, 681.

OSBORNE, W. A.: Haldane-Smith method of estimating the oxygen tension of arterial blood, 1679.

O-cillograph tracings of medical coil currents (Henry Lewis Jones), 645.

OSLER, WILLIAM: Diagnosis of acute pancreatitis, 1134; address on the influence of the medical society on the education of the medical student, 1151; opens discussion on pneumococcus infections, 1713; editor of *A System of Medicine*, rev., 1741.

Otitis, suppurative, intrameatal treatment of, 238.

Otitis, suppurative, treatment of without a radical operation, 1466.

Otoscope, 1833.

Otology, review of books on, 266, 1591.

Otology, teaching and status of (K. McKenzie Johnston), 82.

Oudh, sanitary report of, 1602.

Our Sons: Their Start in Life, rev., 24.

Ovarian cyst. *See* Cyst.

Ovarian and uterine functions, correlation of (S. Carmichael and F. H. A. Marshall), 1572.

Ovariectomy on a reputed male, 1456.

OWEN, ALFRED LLOYD, obituary notice of, 238.

OWEN, EDMUND, elected Chairman of Council of British Medical Association, 45; appreciation of Sir William Broadbent, 178; causes, effects, and treatment of dental diseases in children, 1487; story of Palmer of Rugely, 1537.

Oxford Medical Publications reviewed, 146, 1781; letter from the Gold Coast to, 1788.

Oxford University. *See* University.

OXLEY, A. J. RICE: Order of Isabella the Catholic conferred upon, 1792.

Oxygen tension of arterial blood. *See* Blood.

Oyez! oyez! 560.

P.

PAGE, FREDERICK J. M., obituary notice of, 567.

Paget's disease treated by x rays (James Taylor), 643.

Palestine, insanity in, 542.

PALMER, J. FOSTER: Hypnotism as a therapeutic agent, 1622.

Palmer of Rugeley, story of, 1537.

"Pancreatic" reaction in the urine, 116.

Pancreatitis, acute (William Osler), 1132, 1135; discussion, 1133.

Pancreatitis, interstitial, in its relation to sprue (A. W. Mayo Robson), 203.

PANTON, P. N.: Relationship between avian and human tuberculosis, 1519.

PARACELSUS, TROPHASTUS, street to be named after in Vienna, 1602.

Paraffin injection, syringe for, 91.

Paralysis, general, of the insane, on the presence of a bacillus in the blood of persons suffering from (George M. Robertson), 806.

Paralysis, general, of the insane, investigation into the incidence of diphtheroid organisms in (J. P. Candler), 806.

Paralysis, general, bacteriological treatment of (W. Ford Robertson and Douglas McRae), 87, 341; leading article on, 358.

Paralysis, oculo-motor, electro-diagnosis in (K. A. Wertheim Salomonson), 650.

Parasite, rare human, in a boy (Dr. Blanchard), 1042.

Parathyroid and thyroid glands, relation between (David Forsyth), 1425, 1508.

PARDOE, JOHN: Indications for prostatectomy, 888.

Parietal bone, case of depression of, in a newly-born infant (Isaac Newton), 318.

Paris, special correspondence from, 115, 1013, 1276, 1460, 1554, 1683; Professor Calmette of Lille on early diagnosis of tubercle by ophthalmic reaction to tuberculin, 115; x-rays for the detection of tubercle as an aid to meat inspection, 115; contagious diseases in communal schools, 1013; French congress of medicine, 1013; proposed presentation to Professor J. Lucas-Championnière, 1013; annual meeting and dinner of the Continental Anglo-American Society, 1013, 1276; serious disorder among medical students and closing of the Faculty of Medicine, 1460; care of soldiers' teeth, 1460; Chamber of Deputies' vote of £1,000 for purchase of radium, 1460; formation of International Urological Association, 1460; charity bene-

fits of the Pari-Mutuel system, 1460; presentation of Charcot's library to the Salpêtrière Hospital, 1564; proposed hotel keepers' sanatorium for use of travellers, 1554; appendicitis and secondary syphilis, 1683; mortality from alcoholism, 1683; prophylaxis from venereal diseases in the French army, 1683; Professor Landouzy appointed Dean of Faculty of Medicine, 1684; opening of new light treatment department in St. Louis Hospital, 1684.

Paris, vaccination against hydrophobia in, 126.

PARKER, CHARLES A.: *Guide to Diseases of the Nose and Throat and their Treatment*, rev., 1348.

PARKER, RUSHTON, resignation of, 1099; presentation to, 1740, 1850.

PARKINSON, C. H. WATTS: Maintenance of the honour and interests of the profession, 773.

PARKINSON, J. PORTER: Gonococcal pyaemia, 289.

Parliament, medical notes in, 45, 108, 166, 227, 294, 362, 409, 478, 545, 689; King Edward's Hospital Fund for London Bill, 45, 108, 409; Public Health Bill, 45, 229, 295, 362, 479, 547; bacteriologist at the Local Government Board, 46; visitation of Poor-law infirmaries, 46; cost of calves for vaccine, 46; vaccination, 46, 229, 295, 362, 409, 479, 546; death after vaccination, 295; Vaccination Bill, 262, 409, 546; revised notices of conscientious objection to vaccination, 479; sources of calf lymph, 547; training of medical officers of still health, 46; cancer, 46; notification of still births, 46; Australia and tuberculosis immigrants, 46; sanitary inspection of Piershill Barracks, 46; insanitation in the Lewis, 46; Public Health Acts, 108, 295; Finance Bill, 108; Prohibition of Medical Practice by Companies Bill, 109; London meat and milk supplies, 109; workhouse inmates, 109; notification of tuberculosis in Belfast, 109.

Parliamentary medical club in Austria, 1745.

Plague in India, 109, 167, 223, 547; Board of Education and a medical bureau, 166; Medical Bureau of the Education Department, 166; health teaching in public elementary schools, 166; epileptics and the Workmen's Compensation Act, 167; label licking in thread factories, 167; consumption hospital at Belfast, 167; R.A.M.C. and Indian allowances, 167; frozen meat for the army, 167; registration of nurses, 167; Home Office and industrial diseases, 227; vivisection, 228; infantile mortality and medical relief, 229; pauper children, boarding out and its cost, 229; inoculation for plague in India and statistics, 229, 295, 478, 547; vital statistics and lunacy, 229; Colwyn Bay and its water supply, 229; Vaccination (Scotland) Bill, 229, 362, 410, 479, 546; massacre of the innocents, 294; Butter and Margarine Bill, 294, 410, 479; milk supply, 295; antityphoid inoculation in the army, 295; Congress on school hygiene, 295; ringworm and steatorrhoea, 295; Registrar-General's report on industrial mortality, 295; Public Health (Scotland) Amendment Bill, 363, 547; medical inspection of school children, 363, 409, 478; Mr. Haflkin's plague prophylactic, 363; defaulting sanitary authorities, 364; Carshalton Hospital, 364; conscientious objectors to vaccination in 1906, 364; Education (Administrative Provisions) Bill, 409, 547; insanitary houses at Kilrush, 410; Irish Poor-law Medical Service, 410; life-saving in colliery explosions, 410; typhoid fever at Bulford Camp, 410; registration of deaths at Lisburn, 410; Ballingary Dispensary Medical Officer, 410; an insanitary school in Essex, 479; typhoid fever on the *Perote*, 479; lunatics and imbeciles in London workhouses, 479; Chief Medical Officer of the Post Office, 479; Liverpool School of Tropical Medicine, 479; Appropriation Bill, 479; Early Notification of Births Bill, 545; Expiring Laws Continuance Bill, 546; parents, and medical inspection of school children, 547; diphtheria antitoxin, 547; Poor-law Commission and Irish lunatics, 547; Embassy Medical Officer at Tokio, 547; mortality in the Transvaal mines, 547; the Session of 1907, 689.

Parliamentary Session, medical aspects of (leading article), 682.

PARMENTIER: Results of stomach surgery, 1842.

PARRY, T. WILSON: Treatment of Ménière's disease and Ménière's symptoms by seton, 63.

PARSONS, H. COMPTON: Perils of sterilization, 492.

PARSONS, J. HERBERT, Nettleship medal awarded to, 294; *Diseases of the Eye*, rev., 1241.

PARSONS, J. INGLIS: Notes on a series of 100 consecutive abdominal sections in hospital practice, 452.

PARSONS, L. D.: Case of tuberculous mammary tumour, 263; reports a remarkable case, 1517.

- PARSONS, W. B.: Central Emergency Fund, 556, 699; maintenance of the honour and interests of the medical profession, 1020
Partner, retiring, 1752
Partnership debts, value of, 1378, 1626
Partnerships, 856
PARTRIDGE, WILLIAM: *Bacteriological Examination of Disinfectants*, rev., 913
Parturition complicating cerebro-spinal meningitis (J. D. Williamson), 1295
Parturition, cheiro-pompholyx following (Douglas Macdonogh), 1237
Pasteur Institute, at Minneapolis, £20; at Minnesota, 1101
Patent medicines, alcoholic, 1800
Paternal plumbism, influence of, 1793
Pathology, clinical, relation of to diagnosis and treatment (C. B. Lockwood), 493
Pathology of the living (B. G. A. Moynihan), 1381
Pathology, review of books on, 829
PATON, ROBERT JOHN, obituary notice of, 1627
Paton's *List of Schools and Tutors*, rev., £30
PATTEN, C. J., appointed extern examiner in anatomy at St. Andrews and Dundee, 1001
PATTERSON, R. D.: Uncommon injury of tibia and fibula, 1516
PATTON, Captain W. S.: Preliminary note on the life cycle of a species of herpetomonas found in *Culex pipiens*, 78
PAUL, F. T.: Some experiences in abdominal surgery, 1113
Pauper children, cost of boarding out, 229
Pauper lunatics. *See* Lunatics
Payment of medical men called in to assist midwives, 1084, 1357
PEARSE, FRANCIS JAMES, obituary notice of, 490
PEARSON, ALLAN C.: The pupil in hyperpyrexia, 1112
PEARSON, ELLIS: Use of the x rays from the point of view of the general practitioner, 653
PEARSON, JAMES, elected mayor of Bootle, 1459
PEARSON, KARL: *First Study of the Statistics of Pulmonary Tuberculosis*, 274; biometrics and the Drapers' Company, 414; inheritance of pulmonary tuberculosis, 701, 1277, 1806
Peckham Nursing Association. *See* Association
Pectinate ligament (Thomas Henderson), 1519
Pediculosis capitis, treatment of, 64
Pediculus corporis, part played by, in the transmission of relapsing fever (F. Percival Mackie), 1706
Pelvic diameters, measurement of by Roentgen rays (James R. Kiddell), 637
Pelvis, oedematous fibroma of (Dr. Tate), 1149
Penis, malformations of (G. H. Edington), 745
Penmaenmawr, convalescent home at, 110
Pennsylvania, charge against a medical practitioner at, 1648
PENROSE, CHARLES B.: *Textbook of Diseases of Women*, rev., 1527
Pensions, income tax on, 105
PEROTA, P.: *Die Simulation von Geisteskrankheit*, 102
Peptone, nutritive liquid, 150
PERCIVAL, ARCHIBALD STANLEY: Spectacles in ametropia after removal of the lens, 1776
PEREIRA, A.: *As Molestias Infectuosas na Bahia e sua Prophylaxia Oficial*, rev., 149
PEREZ, GEORGE V.: Iodine and typhoid fever, 143
Perfunctory inquiry, 419
Pericardial calcification. *See* Calcification
Pericarditis, diagnosis and treatment of (Samuel West), 1139
Pericolicitis sinistra with abscess formation: recovery (Robert Donaldson), 1705
Perineum, protection of, 208
Periodic fever. *See* Fever
Peritheliomata, position of in oncology (P. G. E. Bayon), 1400
Peritoneal cavity, absorption from (B. H. Buxton), 1421; discussion, 1422
Peritoneal cavity, diagnosis of gas in (Edward Goody), 674
Peritonitis, acute generalizing, and its treatment (T. Carwardine), 1565; correspondence on, 1748
Peritonitis, spreading, cured by drainage of pelvis, the Fowler position, and rectal instillation of saline solution (C. Hamilton Whiteford), 77
PERKIN, Sir W. H., death of, 163
PERNET, GEORGE: Gonorrhoeal rheumatism, 859; leprosy and fish, 1106; treatment of keloid of the face, 1287
Persian Gulf, plague in, 62
Pestic, typhoid fever on the, 479
Persistence of lies, 923
Personnel, necessity for trained male in the medical services on mobilization for war (Lieutenant-Colonel E. M. Wilson), 520
Perspiration, offensive, 420, 559
Pessary, improved Galabin's, 91
Peterhead, enteric fever at, 232
PETERKIN, Dr.: Treatment of nasal polypi, 1778
PETERS, OWEN H.: Limited value of diphtheria antitoxin as a prophylactic, 885, 1589
PETERSON, FREDERICK: Galvanometer as a measurer of emotions, 804
PETERSON, REUBEN (editor): *The Practitioner's Library: The Practice of Obstetrics*, rev., 148
PETHYBRIDGE, W. L.: Case of splenomegalic polycythaemia, 20
Phagocytosis, discussion on, 1409; (George Dean) 1409; (Thomas Houston and J. C. Rankin) 1414; (L. C. Peel Ritchie) 1419
Phagocytosis and bactericidal action (George Dean), 1409
Phagocytosis, blood serum in (L. C. Peel Ritchie), 1419
Pharmaceutical Association. *See* Association
Pharmaceutical Codex British, rev., 1240
Pharmacopoeia, British, a new unofficial formulary, 225
Pharmacopoeia of University College Hospital, 1907, rev., 1242
Phenolphthalein in chocolate tablets, 1528
PHILIP, R. W.: Campaign against tuberculosis, 763
Philippine Islands, new medical school opened in, 1467
PHILLIPS, C. M.: Notification of Births Act, 1805
PHILLIPS, JAMES: Direction of abdominal incision, 1105, 1466
Phlebotomy and the Roentgen rays (T. G. Beckett), 1064
Phthisis. *See* Tuberculosis
Physical diagnosis, review of books on, 910
Physical fitness of railway men, 1092
Physicians of the Arabian school, 537
Physiognomy, books to read on, 859
Physiologic therapeutics for the normal and undegenerate (George Thomson Kefford), 1345
Physiological effects of prolonged strain (Edge's record motor drive), 100
Physiology, review of books on, 828
Picric acid, 708
PIERART, Lr., elected member of Belgian Parliament, 1047
PIÉRI, FÉLIX: Decapsulation of kidney in puerperal eclampsia, 43
Piershill Barracks, sanitary inspection of, 46
PIERSOL, G. A. (editor): *Human Anatomy*, rev., 1783
Pills, abortifacient, 1560
PINCHARD, Captain MICHAEL BIDDULPH, obituary notice of, 779
PINCHES, H. IRVING: Retro-pharyngeal abscess, 813
Pine tar, 208
PIRIE, A. HOWARD: Gloves for x-ray workers, 184; new meter for measuring the dose of x rays, 641
PIRIE, JOHN, obituary notice of, 301
Piroplasma canis, development of in the tick (Captain S. R. Christophers), 1333
PIRIE, ALEXANDER MACTIER, obituary notice of, 1753
Pitfalls of Latin quotation, 1673
Placenta, physiological action of (W. E. Dixon and Frank E. Taylor), 1150
Plague, prevalence of the disease, 62, 220, 234, 461, 548, 559, 856, 1170, 1449, 1730; in Algeria, 1170; in Australia, 220, 461, 548, 559, 856, 1170, 1449, 1730; in France, 1449; Hong Kong, 62, 220, 234, 461, 559, 856, 1170; India, 62, 220, 461, 559, 856, 1170, 1449, 1730; in Mauritius, 220, 461, 559, 856, 1170, 1449, 1730; Persian Gulf, 62; San Francisco, 856, 1170; South Africa, 62, 220, 461, 559, 856, 1170, 1449, 1730
Plague in India, 62, 109, 155, 220, 229, 295, 413, 461, 472, 482, 547, 1770, 1779; questions in Parliament, 109, 229, 295, 547; report of Advisory Committee on Plague Investigations in India, 155; inoculation for in India, 229, 295; special plague department in Calcutta, 413; leading article on, 472; letter from the King, 482; memorandum of the Royal College of Physicians (July, 1905), 443; protection of India from invasion by (J. Ashburton Thompson), 1770; control of in India (W. H. Haffkine), 1779
Plague in the seventeenth century in the Hautes Pyrénées, 1839
Plague plots of Geneva, 99
Plague prophylactic, Haffkine's, 373, 1735
Plague, prophylaxis of by immunization, 686
Plague, rats and, 233
Plague, rat fleas and (leading article), 1090
Plague statistics, 229, 478, 547
Plague, ticks infesting rats suffering from (B. Skinner), 457
Plaint of the general practitioner, 304
Plastered wines, 686
PLAYFAIR, W. M.: Christian Science, 859
Playing fields, 230
PLEHN, ALBERT VON: *Berliner Vorträge, Ueber Bert-berl und ihre Bedeutung für wirtschaftliche und kriegerische unternehmungen in den warmen Ländern*, rev., 754
Pleural effusion and its treatment (Sir James Barr), 1289, 1806
PLIMMER, H. ADERS: *Practical Physiological Chemistry, University College, London*, rev., 823
FLOWRIGHT, C. B.: Dairy folk-lore in Norfolk, 1178
FLOWRIGHT, CHARLES T. MACL.: Malignant disease of the intestine rendering an inguinal hernia irreducible, 949
Plumbism, paternal influence of, 1799
Plymouth, notes from, 1741; Territorial Army Medical Corps, 1741
Pneumococcal infection, case of (T. Arnold Johnston), 988
Pneumococcal arthritis. *See* Arthritis
Pneumococcus infections, discussion on (W. Osler), 1713
Pneumonia, complications of (Hector MacKenzie), 1150; (Dr. Hadley), 1344
Pneumonia, acute, in children, 51
Pneumonia, acute, open air treatment of (George R. Kenney), 495; (P. Carr-White), 1515; note on, 1696
Pneumonia, review of books on, 753
Pneumonia, treatment of delayed resolution after (W. M. Crofton), 1209
POLHMAN, AUGUST GROTE, gives an account of Phineas Fletcher's curious poem *The Purple Island*, 355
POINCARÉ, L.: *La Physique moderne, son évolution*, rev., 676
Poisoning by belladonna (Connor Maguire), 1515
Poisoning, boracic acid, 1695
Poisoning by bromoform (M. Benson), 201; (J. A. Langdon), 1648; correspondence on, 299
Poisoning by carbon monoxide, 1750
Poisoning by mercuric potassium iodide (Seymour W. Davies), 1775
Poisoning by weed-killer (Wilfred A. Aldred), 626
Poisoning, ptomaine, from mutton, with marked bradycardia (Mungo Bryson), 1710
Poisons, sale of by medical men, 772
Poland, an inconvenient country to live in, 715
Police ambulance service. *See* Ambulance
Police call, 1285, 1378; payment, 1378
Police, medical men and (leading article), 1004; letter from Secretary of Lancashire and Cheshire Branch, 1010
Police supervision or inspection? (leading article), 223
Police surgeons, appointment of, 703
POLITZER, ADAM, retirement of, 1370
POLIARD, BILTON: Note on nephropexy, 1705
Polycythaemia, splenomegalic (W. L. Pethybridge), 20; (W. B. McQuitty), 84
Polypi, aural, a sporozoon in (James M. Beattie), 1402
Polypi, nasal, determining cause of (Eugene S. Yonge), 964; discussion, 988; treatment of (Dr. Peterkin), 1778
Polypus, nasal, review of books on, 1154
Pontypool, report of M.O.H., 183; mortuary for, 846
Pontypool, typhoid fever at, 846
Poor, medical assistance for. *See* Medical
POORE, G. VIVIAN, memorial tablet to, 931
Poor Law, Royal Commission on, official notification, 1840; annotation on, 1843
Poor-law appointments, transfer of, 856
Poor-law Commission and Irish lunatics, 547
Poor-law Committee, Joint Medical Relief Section, 1684
Poor-law doctors' holidays, Irish, 550
Poor-law infirmaries. *See* Infirmaries
Poor-law Infirmaries Matrons' Association. *See* Association
Poor-law Medical Officers' Association. *See* Association
Poor-law medical officers, average fee of. *See* Fee
Poor-law Medical Service, the Irish, 410, 1684; questions in Parliament, 410
Poor-law superannuation, 1152
Pope, the, and the antivivisectionists, 1843
POPE, E. G.: Inheritance of pulmonary tuberculosis, 555, 1104, 1623
POPHAM, R. BROOKS: Ship surgeons, 860
Popliteal artery. *See* Artery
Pork and tuberculosis, 1617
Portals of the profession (leading article) 562
PORTER, F. J. W.: Treatment of scabies, 1710
PORTER, FREDERICK: Observations on blood films, with special reference to the presence of haemoconia, 1773
PORTER, Inspector-General J.: Preventive medicine in the navy and army, 503
PORTER, W. S.: Acute rheumatism, 1715
Portugal, conditions of practice in, 615; legend of the Queen-Doctor, 1545
Portuguese Sleeping Sickness Commission, 1832
Postal medical officers, retirement of under an age limit, 36, 359
Post-graduate College, North-east London, 159, 603; vacation course, 159; information concerning, 613
Post-graduate College, West London Hospital, 220, 602; information concerning, 602
Post-graduate courses, at Glasgow Royal Infirmary, 482; in Dublin, 694; in Vienna, 708; in Edinburgh, 930
Post-graduate lectures, in Vienna, 173
Post-graduate school for service candidates, 594
Post-graduate study, information concerning, 601; London Post-graduate Association, 601; London Medical Graduates' College and Polytechnic, 601; West London Post-graduate College, 602; London School of Clinical Medicine, 603; North-East London Post-graduate College, 603; University College, London, 603; Charing Cross Hospital, 603; Cambridge, 603; Edinburgh, 604; Glasgow, 604; Trinity College, Dublin, 604; in Dublin, 694; in Berlin, 1538; at Leeds Public Dispensary, 1548

Post-mortem putrefaction. *See* Putrefaction
 Post-mortem statistics of middle-ear disease in young children (James Miller), 1772
 Post Office, chief medical officer of the, 479
 Post-partum haemorrhage. *See* Haemorrhage
 Post-scarlatinal desquamation (F. J. Vincent Hall), 20. *See also* Fever, scarlet
 Poultry, unsound, 1749
 POWELL, HUGH: Motor bicycles, 1287
 POWELL, Sir RICHARD DOUGLAS, appointed Physician-in-Ordinary to the King, 227
 POWER, D'ARCY: Diseases and displacements of the testicle, 716
 POZZI, S.: *Traité de Gynécologie Clinique et Opératoire*, rev., 1525
Practical Medicine Series, rev., 1433, 1784
 PRATT, ELDON: Use of the seton, 1647
 Precocious development (R. L. Langdon-Down), 743
 Precocity in relation to the ductless and accessory genital glands (Leonard G. Guthrie), 747
 Pregnancy, operation for ovarian cysts during (Marion Andrews), 1584
 Pregnancy, triple (Marion Andrews), 1584
 Presentations, 101, 274, 697, 758, 926, 1100, 1274, 1670, 1731, 1740, 1841, 1850
 PRESTON, C. E., obituary notice of, 1470
 Preston, report of M.O.H., 780
 PRESTON, Surgeon-General ALEXANDER FRANCIS, obituary notice, 557
 Preventive medicine. *See* Medicine
 PRICE, T. SLATER: *Course of Practical Organic Chemistry*, rev., 1833
 PRICHARD, R. A., re-elected Mayor of Conway, 1449
 PRIESTLEY, Lady: "Homes of our food supply," 25
 Prince Edward's Island, conditions of practice in, 615
 PRINGLE, J. HOGARTH: Stovaine as a spinal analgesic, 100 cases, 12
 PRINGLE, SETON: Mucous colitis and appendicostomy, 1713
 PRINZING, VON F.: *Handbuch der Medizinischen Statistik*, 1255
 Prison Commissioners, annual report, 1085
 Prison Medical Service, 614
 Proboscis of the house-fly (*Musca domestica*), 1558
 Prodromal period of some of the acute infectious diseases (E. W. Goodall), 374
 Prodromal stage of rubella, 784
 Profession of medicine (leading article), 561
 Professional secrecy, 1626
 Professor O. Phelps Brown's blood purifier, composition of, 531
 Progress of the medical man (Frederick Taylor), 305
 Proportional voting, 224, 297
 Proprietary remedies, 172, 1004, 1177
 Prospects of the medical profession, 1850
 PROSSER, T. G., presentation to, 758
 Prostate, enlarged, further series of cases of total enucleation of (P. J. Freyer), 889
 Prostatectomy, indications for (John Pardoe), 888
 Protest, 1466
 PROUT, W. T.: Practical notes on the treatment of blackwater fever, 324
 Provident dispensaries. *See* Dispensaries
 Provident Society. *See* Society, Great Central Railway, Mutual
 Provincial medical schools, information concerning, 584
 Provision of Meals Act. *See* Act
 PROWSE, ARTHUR B.: Bristol Royal Infirmary, 1748
 PROWSE, J. SKARDON: Health visitors as unqualified assistants, 365
 Prussia, cerebro-spinal meningitis in, 220
 Psychiatry, review of books on, 912
 Psychological medicine. *See* Medicine
 Psychology, teaching of in medical schools (A. T. Schofield), 812
 Psychology of the hat, 106
 Psycho-neurological Institute in St. Petersburg, 1749
 Ptomaine poisoning. *See* Poisoning
 Pubiotomy (Thomas Wilson), 1587
 Public bodies, sweating of the profession by. *See* Medical profession
 Public health and poor-law medical services, 62, 122, 183, 241, 302, 558, 619, 706, 779, 856, 943, 1023, 1110, 1192, 1284, 1379, 1470, 1561, 1627, 1695, 1749, 1810, 1857; accommodation for hop pickers and fruit pickers, 62; notification fees, 62; pension to medical officer who has not contributed to the superannuation fund, 62; remuneration of district medical officers and public vaccinators, 122; extras for patients ordered by district medical officer, 122; reports of medical officers of health, 183, 241, 780, 1470; Metropolitan Water Board, 241; medical officers' fees for lectures to nurses now discontinued, 302; insecurity of tenure of public-health appointments, 558, 779, 1110; guardians and insanity, 619, 856, 1023; dangerous infectious disorders, 619; sanitary officers in rural districts, 706; meat of tuberculous cattle, 706; International Sanitary Convention of Paris, 707; court fees of medical officers of health, 707; vaccination of children in Poor-law schools, 707; Board of Education, institution of a medical department, 779; scientific investigations

for the Local Government Board in England, 789; abuse of public infectious hospitals, 780; relief of consumptives in Boston, 780; scarlet-fever patients discharged from hospital, 781; transfer of poor-law appointments, 856; Notification of Births Bill, 943; guardians and lunacy fees, 1023; isolation hospital as a health resort, 1110; milk and infection, 1110; medical certification of patients for emigration purposes, 1110, 1749; Poor-law Medical Officers' Association of England and Wales, 1192; county councils and medical inspection of schools, 1192; Hinckley Board of Guardians and its medical officer, 1192, 1749; Poor-law superannuation, 1192; Notification Act and infectious hospitals, 1192; dirty milk, sentence of imprisonment, 1284; isolation hospital difficulties, 1379; union of public health authorities, 1561; fee for amputations on paupers in cottage hospitals, 1627; Metropolitan Asylums Board and phthisis, 1695; unsound poultry and game, 1749; difficulties under the new Vaccination Order, 1810; sanitary inspectors and infectious cases, 1810; fees for certification of pauper lunatics, 1810; tuberculous beef, 1857
 Public Health Acts, 108
 Public health appointments, some, 476
 Public health appointments, insecurity of tenure of, 162, 558, 779, 1003, 1092, 1110 (leading article) 538, 1003. *See also* Medical officers of health
 Public health authorities, union of, 1561
 Public Health Bill. *See* Bill
 Public health and hospitals in Gibraltar, 1184
 Public health, ladies and, 1458
 Public health and medical institutions in Ceylon, 1183
 Public health, medical practitioners and (Trevor Fowler), 1763
 Public health, review of books on, 675
 Public health service, 838, 1003, 1106; disorganization of (leading article), 1003; correspondence on, 1106, 1187
 Public infectious hospitals. *See* Hospitals
 Public medical services, co-ordination of (Arthur Newsholme), 656; discussion on, 660
 Public services, regulations for admission, 608. *See also* Navy and Army
 Public vaccinators. *See* Vaccinators
 Public Vaccinators' Association. *See* Association
 Puerperal eclampsia. *See* Eclampsia
 Puerperal fever. *See* Fever
 Puerperal morbidity (Ernest Hastings Tweedy), 426
 Puerperium, typhoid and, 44
 Puff, new form of, 106
 Pulse and blood pressure in fainting fits, 686
 Punjab, sanitary report, 1357
 Pupil in hyperpyrexia. *See* Hyperpyrexia
 Pupil midwives. *See* Midwives
 Purin-free dietary, has it any special therapeutic value? (Chalmers Watson), 1759
 Purpura of children (H. R. Dean), 815
 Putrefaction, post-mortem, prevention of (J. C. McWalter), 673
 Pyaemia, gonococcal, case of (F. H. Jacob), 203, 487; correspondence on, 299
 PYLE, WALTER E. (editor): *Manual of Personal Hygiene*, rev., 91
 Pyonephrosis containing typhoid bacilli in pure culture, case of (Francis L. A. Greaves), 75

Q.

Quack treatment and club certificates, 1191
 Quackery, German medical association for the repression of, 1546
 Quackery, war against (leading article), 835
 correspondence on, 940, 1187
 Quackery in Spain, 908
 Quacks of antiquity, Alexander of Abonoteichos, 1356
 Quacks, London, in the eighteenth century, 921
 Quadruplets, 361
 Quarantine Act of South Australia, rumoured appointments, 1853
 Quebec, conditions of practice in, 615
 Queen-doctor of Portugal, legend of, 1545
 Queensland, conditions of practice in, 615. *See also* Australia
 Quiet for hospitals, 304
 Quinine acetyl-salicylate, 150

R.

R.A.M.C. and Indian allowances, 167. *See also* Army, British
 "Rab," author of, on vivisection, 1736
 Radiography, system of (W. Ironside Bruce), 638
 Radium, therapeutic uses of, 124

Radium, French Chamber of Deputies votes £1,000 for the purchase of, 1460. *See also* X ray, Roentgen
 Railway men, physical fitness of, 1092; medical inspection of, 1776
 Rainproof coats, 1720
 RAMSAY, A. MAITLAND: *Eye Injuries and their Treatment*, rev., 1241
 RANKIN, J. C.: Opsonic and agglutinative power of the serum, with reference to the meningococcus of cerebro-spinal fever occurring in the Belfast epidemic, 1414
 RANVIER, L.: *Manuel d'Histologie Pathologique*, rev., 827
 RASHLEIGH, JOHN C. S., nominated to serve as one of the Sheriffs for county of Cornwall, 1731
 Rat-fleas and plague (leading article), 1090
 Rats in Calcutta, 1275
 Rats suffering from plague, ticks infesting (B. Skinner), 457
 Rats and plague, 233
 RAUZIER, G.: *Traitement de la Syphilis*, rev., 89; *Leçons de Thérapeutique Pratique*, rev., 266
 RAVEN, HUGH M.: Treatment of pediculosis capitis, 64
 RAWITZ, BERNHARD: *Lehrbuch der mikroskopischen Technik*, rev., 1783
 "Reasonable care and skill," 1751
 Rectum, anatomy of, and intestinal flux (James Cantlie), 1340
 Rectum from anus, complete separation of (P. Rhys Griffiths), 21
 Rectum, excision of for carcinoma (Mr. Fullerton), 85
 Rectum, prolapse of, in children (P. Lockhart Mummery), 812
 Red light in treatment of infectious diseases, 32
 REDMOND, C. STENNETT: Treatment of lumbago, 1111
 REEVE, R. A., address presented to, 767
 Referendum, the, 849, 939, 1016, 1101, 1184, 1278, 1372, 1461, 1556, 1619, 1804, 1853. *See also* Association, British Medical
 Referendum and the reports on it (leading article), 759
 Refractometer and astigmometer, hand. *See* Hand
 Refractometer, portable (Karl Grossmann), 1224
 Registered persons, rights of, 1809
 Registrar-General's report, 755
 Registration of nurses. *See* Nurses
 REICHERT, BAURAT: *Die neue königliche Frauenklinik in Dresden*, rev., 23
 REID, A. D.: Use of the cryptoscope in operations for renal calculi, 650
 REID, J.: Post-partum haemorrhage, 124; tubercle, 303
 REID, JOHN: Leprosy and fish, 853
 REIK, HENRY OTTRIDGE: *Operative Otolaryngology: Surgical Pathology and Treatment of Diseases of the Ear*, rev., 1591
 Relapsing fever. *See* Fever
 Relieving officers and insanitary houses, 48
 Remarkable anniversary (Sir Joseph Fayrer), 1756
 Removal of another M.O.H., 1797
 Renal calculi. *See* Calculi
 RENNIE, GEORGE E.: Open-air treatment of acute pneumonia, 495
 RENON, LOUIS: *Conférences Pratiques sur les Maladies du Cœur et des Poumons*, rev., 320
 RENSCHAW, KNOWLES: Case of radical mastoid operation, 1208
 RENTOU, J. L.: Case of heart-block, 85; motor bicycle, side slip, 1028
 Report of Chief Inspector of Factories and Workshops 1906, 154; on plague investigations in India, 155; of Colonial Office for Northern Territories of the Gold Coast, 681; of Registrar-General, sixty-fifth annual, 755; of Lunacy Commissioners for 1906, 757, 831; of principal chemist on work of Government Laboratory, 1906-7, 763; of Imperial Sanitary Commissioner, India, for 1906, 832, 1357, 1531; on miners' phthisis in Bendigo, 839; of medical officer to Local Government Board, 1071, 1162; of Royal Commission on Vivisection (*see* Vivisection); of inspector under the Inebriates Acts, 1083; of Prison Commissioners, 1085; on medical inspection of secondary schools and training colleges, 1353; of Royal Commission on Tuberculosis, 1165, 1434; on teaching of practical midwifery to students, 1435; on dangerous or injurious processes in the coating of metal with lead or a mixture of lead and tin, 1799; of Colonial Office on the health of Northern Nigeria, 1848
 Representative Meeting, procedure of, 1618, 1747; Central Council and, 1684. *See also* Association
 Repudiation of liability by a firm, 1285
 Resection of intestine, 891
 Resolution after pneumonia. *See* Pneumonia
 Respiration, effects of, on the circulation (Patrick Watson Williams), 369; correspondence on, 702, 938
 Resuscitation of the apparently drowned, 1600
 RETFORD, GEORGE THOMSON: Physiological therapeutics for the normal and undegenerate, 1345
 Retreat, York, report, 781

Retroperitoneal haematocoele. *See* Haematocoele
 Retroperitoneal lipoma. *See* Lipoma
 Retropharyngeal abscess. *See* Abscess
 Reviews of books, 21, 38, 146, 205, 264, 391, 458, 527, 675, 753, 827, 909, 989, 1069, 1152, 1240, 1346, 1430, 1524, 1590, 1660, 1717, 1781, 1831; alcohol, 21, 459; anaesthetics, 22; medical aspects of workmen's compensation, 22; syphilis and the spirochaete, 23, 392; gynaecology, 23, 1525; tropical medicine, 38, 911, 1346; dermatology, 89, 989; pathological anatomy of the ear, 89; surgery, 90, 265, 523, 909; medicine, 90, 1718, 1781; "The Oxford Medical Publications," 146, 1781; midwifery, 147; India, 148; sanitary science in Bahia, 149; digestion and indigestion, 205, 1717, 1831; tuberculosis, 205, 265; abdominal operations, 207; blood-sucking arthropods, 207; diet, 264, 527; therapeutics, 265, 1650; liver, 265; otology, 266, 1591; ophthalmology, 267, 675, 1240; heart, 320, 1527; lungs, 320; glomerular neuritis, 321; prophylaxis and treatment, 321; Cragg's prize essay, 321; anatomy of the labyrinth, 391; neurology, 391, 1590; anatomy, 391, 827, 1069, 1718, 1783; syphilis, 392; Fallopiian tube, 392; phonetic conversation, 392; obstetrics, 458; epilepsy, 459; epileptic and defective children in France, 459; cancer, 460; the stomach, 527, 1651; physiological chemistry, 528, 1832; bilharziosis, 529; public health, 675; the new physics, 676; gout, 753; pneumonia, 753; a modern dispensary, 764; beri-beri, 754; pathology, 827; embryology, 828; chemical physiology, 828; physiology, 828; application of pathology to practical medicine, 829; physical diagnosis, 910; psychiatry, 912; Museum of the Royal College of Surgeons of England, 912; metabolism and practical medicine, 989; genito-urinary surgery, 990; Thomas's hip splint, 990; skiagraphic atlas, 990; a novel with a purpose (*The New Religion*), 1069; lung diseases, 1152; value of symptoms, 1153; forensic aspects of alienism, 1153; nasal polypus, 1154; *British Pharmaceutical Codex*, 1240; hand-books for nurses, 1242; nose and throat diseases, 1348; dictionaries, 1349; blood-making organs, 1430; medical novels, 1431; light and x-ray treatment compared, 1527; tumours of the nervous system, 1590; venomous animals and antivenoms, 1590; diseases of the colon, 1591; chemistry of the purin bodies, 1592; spasmodic wryneck, 1592; functional treatment of scoliosis, 1593; seasickness, 1593; prevention of typhoid fever, 1593; nursing of mental cases, 1594; "natural" therapeutics, 1650; abdominal and pelvic brain, 1652; medical ethics, 1716; forensic medicine, 1719; histology, 1783; neurasthenia and ptosis, 1831; variations of the facial bones, 1832. Notes on Books, 23, 91, 149, 460, 529, 677, 754, 829, 913, 991, 1070, 1154, 1242, 1349, 1433, 1528, 1594, 1719, 1783, 1833
 REY, JEAN, and the first use of the thermometer in clinical observation, 269
 Rheumatic infection, myocardial lesions of (Carey Coombs), 1513
 Rheumatism, acute (W. S. Porter), 1715
 Rheumatism, bee stings and, 63, 184
 Rheumatism, formates in, 184, 303
 Rheumatism, gonorrhoeal, 783, 859
 Rheumatism, subacute, 184
 Rheumatoid arthritis (J. W. Martin), 826
 Rheumatoid arthritis and the morbid conditions which simulate it (A. P. Luff), 1143, 1148; discussion, 1144
 RHODES, MILSON, proposed testimonial to, 402; presentation to, 926
 Rhodesia, conditions of practice in, 615
 Rhythm of heart. *See* Heart
 Rhythmical exercises in spasmodic neuroses (T. Stacey Wilson), 133
 Ricardus Anglicus, 681
 RICHARDIÈRE, H.: *Maladies de la Nutrition: Goutte, Obésité, Diabète*, rev., 205
 RICHET, CHARLES: Anaphylaxis, 688
 RIDDELL, JAMES R.: Measurement of pelvic diameters by the Roentgen rays, 636
 RIDDELL, T. SCOTT: Ectopia vesicae, 1778
 Right to a prescription, 1560
 Rights of registered persons, 1809
 Rigor mortis in a stillborn child, 925, 1581; (D. W. Whitfield), 1581
 RILEY, JAMES W.: Cremation, 1768
 Rindfleisch "Feestschrift," 542
 Ringworm question in elementary schools (Phineas S. Abraham), 387
 Ringworm and steatorrhoea, questions in Parliament, 295
 RITCHIE, L. C. FREEL: Method of recognizing the presence of specific substances in blood serum influencing phagocytosis, and its diagnostic applications, 1419
 RITCHIE, W. T.: *Medical Diagnosis*, rev., 911
 RIVERS, W. C.: Inheritance of pulmonary tuberculosis, 414
 RIVIERE, CLIVE: Tuberculin treatment of tuberculosis in children, 1131
 RIXEY, PRESLEY M., recommends order forbidding use of cigarettes to persons under 21 in U.S. navy, 1716

Roads Improvement Association. *See* Association
 ROBB, A. GARDNER: Observations on the recent outbreak of cerebro-spinal fever in Belfast, 1129
 ROBERTSON, ALEXANDER: Remarks on the bacteriology and treatment of yaws (framboesia tropica), 868
 ROBERTSON, GEORGE M.: On the presence of a bacillus in the blood of persons suffering from general paralysis of the insane, 1806
 ROBERTSON, W. FORD: Bacteriological treatment of general paralysis, 87, 341
 ROBERTSON, WILLIAM: Outbreak of epidemic cerebro-spinal meningitis, 185; cerebro-spinal fever and dust, 639
 ROBINSON, BYRON: *The Abdominal and Pelvic Brain, with Automatic Visceral Ganglia*, rev., 1652
 ROBINSON, WILLIAM: On bottle-makers' catarrh, 391
 ROBINSON, WILLIAM, reports case of complete volvulus of small intestine, 20
 ROBSON, A. W. MAYO: Note on interstitial pancreatitis in its relation to sprue, 203; on cholecystectomy, the indications and contraindications for its performance, 1117
 RODARI, P. VON: *Grundriss der medikamentösen Therapie der Magen- und Darmkrankheiten einschliesslich Grundzüge der Diagnostik*, rev., 205
 ROD, M. I. B., reports three cases treated by bacterial vaccines, 204
 Roentgen ulcer. *See* Ulcer
 Roentgen rays, measurement of pelvic diameters by (James R. Ridell), 636
 Roentgen rays, phleboliths and (T. G. Beckett), 1064. *See also* X Ray, Radium, Radiography
 ROEKE: *Lehrbuch der spezifischen Diagnostik und Therapie der Tuberkulose*, 1795
 ROGERS, Major LEONARD: Evidence before Royal Commission on Vivisection, 1350
 ROLLESTON, H. D. (part editor): *System of Medicine by Many Writers*, rev., 88; congenital syphilitic obstruction of common bile duct, 947
 ROLLESTON, J. D.: Accidental rashes of varicella, 63
 Rome, University of. *See* University
 RONALDSON, J. BRUCE: Death from a single pellet wound, 1826
 ROPER, A. C.: Prolapse of iris in simple cataract extraction, 1236; discussion, 1236
 ROSENAU, ALBERT: Treatment of excessive rumbling of stomach, 1859
 ROSENAU, M. J.: *Studies upon Hypersusceptibility and Immunity*, 1089
 ROSS, RONALD, to advise re dealing with malaria in the Mauritius, 1095, 1181; dinner to, 1182
 ROSS, S. J.: Loose bodies in the knee-joint, operation, 987
 Roth-Drager anaesthesia apparatus (F. M. Gardner-Medwin), 1427
 Roumania, conditions of practice in, 615
 ROUND, JOHN: Public vaccination in Oldham, 1808
 ROUTH, AMAND: Atresia vaginae and delivery, 1149
 ROUTLEY, E. W.: Infant mortality and the milk supply, 668
 ROW, C. MARTIN, reports case of lacrymal obstruction treated by Parson's method, 1776
 ROWAN, JOHN: Frequency and significance of optic neuritis and other vascular changes in the retinae of patients suffering from purulent disease of the middle ear, 1480
 ROWLANDS, R. P., entrusted with charge of the new orthopaedic department at Guy's Hospital, 183
 ROWTHORN, W. H.: Fees for life assurance examination, 1472
 ROY, RAI DEVENDRANATH: Diabetes in the tropics, 1057
 Royal Academy of Medicine in Ireland. *See* Academy
 Royal Commission on Poor Law. *See* Poor Law
 Royal Commission on Vivisection. *See* Vivisection
 Royal Institution. *See* Institution
 Royal Mail Steam Packet Line tours, 1767
 Royal Sanitary Institute. *See* Institute
 Royal Society. *See* Society
 Rubber instruments, preservation of, 492, 559
 Rubber, a self, 1720
 Rubella, prodromal stage of, 784
 RÜCKER, ARTHUR W.: Representation of the Medical Faculty on the Senate of the University of London, 1463, 1620
 RUNSTEDT, Fraulein von, appointed Clinical Assistant in Clinic for Children's Diseases of University of Heidelberg, 1777
 Rupture. *See* Hernia
 Rural districts, cowsheds in, 1009
 RUSS, Dr.: Treatment of experimental tetsefly disease, 834
 RUSSELL, A. E.: Epilepsy, 1586
 RUSSELL, J. S. RUSSEN: Indications for operation in cases of intracranial tumour, 1120
 RUSSELL, R. HAMILTON: Morbid anatomy and pathology of infantile and encysted hernia, 1392

RUSSELL, T.: Sweating of the medical profession by public bodies, 298
 Russell's anti-corpulent preparation, 25
 Russia, conditions of practice in, 615; cholera in, 690, 698; doctors in, 1676; opening of first climatic sanatorium in, 1731; alcohol and taxation in, 1844
 Russian church draws up new law of divorce, 829
 Russian universities, 336
 RUTHERFORD, JAMES, resignation of, 847

S.

SABOURAUD, R.: *Elementary Manual of Regional Topographical Dermatology*, rev., 89
 Saccharine, importation of in Australia, 548
 Sacular theory of hernia (R. W. Murray), 1385
 SAHLI, von Professor: *Ueber Tuberkulnbehandlung*, rev., 206
 Saigon, medical school at, 322
 St. Catherine's Home for Cancer, Bradford, 1802
 ST. JOHN, CHARLES: *Wild Sports and Natural History of the Highlands*, rev., 677
 St. John Ambulance, 111, 112; in Bristol, 111; in Wales, 112. *See also* Ambulance
 St. Luke's Guild, service in St. Paul's, 681, 1172
 Saint Pancras, school for mothers in, 41
 St. Petersburg Medical Institute, number of students, 1594
 St. Petersburg, Psycho-neurological institute in, 1749
 Sale of death vacancy, 1752
 Sale of medical practice. *See* Medical
 Salford, report of M. O. H., 780; Midwives Act in, 1010. *See also* Manchester
 SALINGER, JULIUS L. (editor): *Die Deutsche Klinik*, rev., 1717
 SALOMONSON, K. A. WERTHEIM: Einthoven's galvanometer, 645; electro-diagnosis of oculo-motor paralysis, 650
 SALTET, R. H.: *Kindersterblichkeit, besonders in den Niederlanden*, 1255
 SAMWAYS, D. W.: The Bradshaw Lecture, a comment, 1748; a correction, 1812
 Sanatoriums for consumptives in Durham, 47; at Arroyo Arenas, in Havana, 207; Maitland Cottage, 219; in New Jersey, 220; West-Wales, 297; at Bradford, 552; in Toronto, 767; sale of alcoholic beverages in, 772; opening of in Belfast, 929; Queen Alexandra, Davos, 1367; the Beclitz, statistics of, 1564; proposed hotel keepers for use of travellers, 1554; opposition to in the North of England, 1615; Bradford Small-pox Hospital as a consumptive sanatorium, 1681; new for Inverness-shire, 1803
 Sanatorium, climatic, in Russia, 1731
 Sanatorium treatment in New South Wales, 548
 Sanatoriums, review of books on, 24
 Sanatoriums, sterilizers for, 1696
 Sand, intestinal, 416
 SANDOZ, FERNAND: *Introduction à la Thérapeutique Naturelle par les Agents Physiques et Diététiques*, rev., 1650
 SANDWITH, F. M.: Diabetes in Egypt, 1059; dysentery, 1068
 San Francisco, plague in, 856
 Sanitary authorities, defaulting, 364
 Sanitary condition of Piershill Barracks, 46; of the Lewis, 46; of towns in Madagascar, 1087; of Hawarden rural district, 1798
 Sanitary convention in Mexico, 394; of Paris, 707
 Sanitary dish-washing, 1008
 Sanitary districts, proposed combination of, 695
 Sanitary inspectors, complaints against, 1272
 Sanitary inspectors and infectious cases, 1810
 Sanitary officers in rural districts, 706
 Sanitary science, review of books on, 149
 Sanitary work in Manchester, 926, 1272
 Sanitation, antimalarial. *See* Antimalarial
 Sanitation of mines, 114
 Sanol cones, composition of, 1657
 Sarcoma (Mr. Hutchison), 86
 Sarcoma of femur, with large haemorrhagic effusion (G. L. Webb), 262
 Sarcoma of small intestine (Louisa Garrett Anderson), 886
 Sarcoma of vermiform appendix, primary (T. Carwardine), 1771
 Sarcomata of jaws (H. A. T. Fairbank), 1506
 SARGENT, PERCY: *Surgical Emergencies*, rev., 147
 Satisfactory ending, 695
 SAUNDREY, ROBERT: The Association and the General Medical Council, 118, 235; *Medical Ethics: A Guide to Professional Conduct*, rev., 1716
 SAVILL, THOMAS D.: Systematized muscular exercises in the treatment of chronic spasm, 415

- Savoy, history of medicine in, in the fourteenth and fifteenth centuries, 537
- Scabies, treatment of, 244, 1287, 1710
- Scalds aloof, treatment of (Staff-Surgeon P. T. Sutcliffe), 523
- Scapogast in therapeutics, 231
- Scarlet fever. *See* Fever
- SCHÄFER, Professor: Evidence before the Royal Commission on Vivisection, 1785, 1834
- Schistosomum. *See* Bilharzia
- SCHMIDT, MORITZ, death of, 1731
- SCHMIDTMANN, A. (editor): *Handbuch der gerichtlichen Medizin*, rev., 1153
- SCHNEIDER, JEAN ETIENNE JUSTIN, appointed Honorary Companion of Order of Indian Empire, 41
- SCHOFIELD, A. T.: Christian Science, 300; teaching of psychology in schools, 812
- Scholars, assessment of intelligence in, 1674
- Scholarships. *See* Medical schools and University of London
- School children, feeding of, 112; in Bradford, 1011; underfeeding of in Doncaster, 1737
- School children, medical inspection of, 233, 263, 409, 414, 478, 547, 655, 1078, 1192, 1369, 1376, 1604, 1681, 1685, 1745, 1794, 1806, 1847; leading article on, 1604, 1794; in the Transvaal, 233; in South Australia, 414; parents and, 547; in Chicago, 625; in Manchester, 1098; county councils and, 1192; in New South Wales, 1369; and treatment of, 1847; questions in Parliament, 383, 409, 478, 547; correspondence on, 1376, 1685, 1745, 1806, 1854. *See also* Schools
- School children, chronic naso-pharyngeal disease in, 1675
- School children, teeth of, 1681
- School hygiene, attitude of Board of Education to (leading article), 760
- School hygiene, teaching of teachers, 1725
- School hygiene, proposed separate department for, in New York, 1001
- School Hygiene Congress. *See* Congress
- School hygiene in London, 1289, 1447, 1536, 1668; dental conditions, 1447; examination of infants, 1536; enlarged tonsils and adenoids, 1668, 1675
- School for Mothers, rev., 1787
- School of Medicine of the Royal Colleges, Edinburgh, 113
- Schools, communal, contagious diseases in, 1013
- Schools, infant, medical examination in (leading article), 1540, 1622, 1794
- Schools, medical inspection of, 772, 1019, 1353, 1361, 1681, 1794; leading article on, 1794; correspondence on, 772, 1019, 1103; report of Dr. Kerr on, 1353; note on, 1361. *See also* School children and Supplement Index
- Schools, public elementary, teaching of hygiene and temperance in, 50, 118, 166, 485; medical aspect of (A. J. Cross), 86; questions in Parliament, 166; ringworm question in (Phineas S. Abraham), 385; training of teachers in hygiene, 445, 837, 849, 1014; Board of Education and medical inspection of, 1019, 1103. *See also* School children
- Schools, secondary, need for inspection of all residential, in matters relating to sanitation and hygiene (Theodore Dyke Acland), 496
- Schools, daily disinfections of, 1617
- Schools for mothers, 41, 50, 1787; in St. Pancras, 41; at Ghent, 50
- Schools for nurses in Belgium, 50
- Schools, tuberculosis and. *See* Tuberculosis
- SCHRÖTTER, L. VON: *Hygiene of the Lung in Health and Disease*, rev., 1153
- SCHUELLER, MAX, obituary notice of, 123
- Sciatica and hip-joint disease (W. Innes Bruce), 1648
- Science in its application to national health (Henry Davy), 245
- Scientific investigations for Local Government Board in England, 780
- Scientific temper (leading article), 919
- Scientific temperance federation, in Boston, 269
- Scientific use of evidence in surgical practice (Howard Marsh), 1633
- Scissors for taking out sutures, 1433, 1594
- Scoliosis, review of books on, 1593
- SCOT, HENRY: *Way of War*, rev., 1432
- Scotland, notes from, 48, 113, 169, 231, 335, 413, 482, 549, 691, 847, 930, 1011, 1096, 1182, 1274, 1369, 1458, 1550, 1617, 1682, 1745, 1802; Professor McKendrick of Glasgow, 48; Edinburgh Royal Infirmary Residents' Club, 48; Aberdeen Companies, R.A.M.C. (Vols.), 48; epidemic cerebro-spinal meningitis, 48, 113, 170, 231, 335, 413, 1096, 1550, 1803; School of Medicine of the Royal Colleges, Edinburgh, 113; Edinburgh Royal Infirmary, 113, 1369; diphtheria in Edinburgh, 113, 170; Anatomical and Anthropological Society of Aberdeen University, 113; Incorporated Sanitary Association (Scotland), 113; Sanitary Association of Scotland, 114; the late Dr. Andrew Balfour, 114; Royal Edinburgh Asylum centenary celebration, 169; Sir A. R. Simpson, 170, 231; Royal Army Medical Corps, 231; outbreak of enteric fever at Peterhead, 232; Glasgow Maternity Hospital, 232; Finlayson Memorial Lecture-ship, 335; testimonial to Dr. Carswell, 335, 1274; notification of cerebro-spinal fever, 335; Royal Society of Edinburgh, 413; post-graduate classes at Glasgow Royal Infirmary, 482; physical condition of children in Glasgow Board schools, 482; notification of glanders, anthrax, and hydrophobia, 549; Govan Cottage Nurses' Training Home, 549, 693; health of Aberdeen, 550; Sanitary Association of Scotland, 691; new hospital at Ayr Asylum, 691; resignation of Dr. Rutherford of the Crichton Royal Institution, 847; Edinburgh post-graduate course, 930; Glasgow fever hospitals, 930; complimentary dinner to Dr. Alexander Macphail, 1011; medical service of the territorial army, 1096; opening of the medical schools, 1096; Notification of Births Act, 1182; medical service of the territorial army, 1182; Aberdeen: Professor Finlay on alcohol, 1182; Dr. David Nicolson, 1183; Royal Medical Society, Edinburgh, 1274; Royal Victoria Hospital for Consumption, Edinburgh, 1274; case of defective and feeble-minded children, 1369; clinical teaching in Glasgow, 1448; honour to Colonel G. T. Beaton, 1458; women graduates and the Parliamentary vote, 1550; Girgenti Home, 1550; Montrose Royal Infirmary, 1551; Dundee Medical School, 1617; Dundee Royal Infirmary, 1617; co-operation of trained nurses, 1617; pork and tuberculosis, 1617; treatment of incipient mental disease in the Edinburgh Royal Infirmary, 1682, 1803; proposed model hospital for the Scottish Exhibition, 1682; temperature of fishes, 1682; dinner to Dr. Alexander James, 1745; Territorial Army Medical Corps, 1802; Scottish women graduates and the franchise, 1803; new sanatorium for Inverness-shire, 1803
- Scotland, medical study and schools of medicine in, 573, 589
- SCOTT, F. H., income of the Gunning fund for past three years placed at the disposal of, 166
- Scottish diplomats, exclusion of from the majority of London hospitals, hospital funds and. *See* Hospital Funds
- Scottish Medical Diplomates' Association. *See* Association
- Scottish women graduates and the franchise, 1803
- SCURFIELD, HAROLD: Infant schools, 1622
- Sea, burial at, 42
- Sea-sickness, holding the king's head during, 1564; review of books on, 1593
- Secondary schools. *See* Schools
- Secret remedies, composition of certain, 24, 150, 209, 393, 530, 677, 1653, 1672; leading article on, 1672; obesity cures, 24, 150, 209; antipon, 25; Russell's anti-corpulent preparation, 25; absorbent reducing paste, 25; J. Z. obesity tablets, 25; Hughes and Hughes's XL reducing pills, 150; Hughes and Hughes's XL reducing lotion, 150; trilete tablets, 209; Hargreaves's reducing wafers, 209; Allan's anti-fat, 209; Burgess's lion ointment, 393; blood purifiers, 530; Clarke's world-famed blood purifiers, 530; Old Dr. Jacob Townsend's American sarsaparilla, 530; Munyon's blood cure, 531; Harvey's blood pills, 531; Professor O. Phelps Brown's blood purifier, 531; Hood's compound extract of sarsaparilla, 531; Hughes's blood pills, 532; vinopyrin, 677; Dr. Schäfer's antisanguin, 677; epilepsy pills, 677; lamma powder, 677; fascol ointment, 677; fascol piles capsules, 677; goitre cure, 677; lytrol, 677; liqueur du Dr. Saville, 677; "female medicines," 1653; Towle's pennyroyal and steel pills, 1653; Dr. John Hooper's female pills, 1653; Kearsley's original Widow Welch's female pills, 1654; Dr. Davis's famous female pills, 1654; Dr. Davis's famous female mixture, 1654; Jefferson Dodd's corrective, 1654; Jefferson Dodd's female pills, 1655; Martin's apiol and steel pills, 1655; Fournier's hygienique mixture for females (extra strong), 1655; Dumas's Paris pills, 1655; monaid tablets, 1655; Nurse Powell's remedies, 1656; Nurse Powell's popular pellets, 1656; Nurse Powell's corrective pills, 1657; sanol cones, 1657; I. R. S. compound golden tablets, 1657; irritum, 1658
- Sections, proceedings of. *See* Association
- "Securitas" tourniquet, 267
- Self-rubber, 1723
- SEIGISMANN, C. G.: Incomplete hermaphroditism in the fowl, 1066; relationship between avian and human tuberculosis, 1519
- SELLORS, T. BLANCHARD: Lactic acid and digestive disorders, 526
- SEMON, SIR FELIX: Differential diagnosis of tuberculosis, syphilis, and malignant disease of larynx, 982; English and German medical education, 1197; a protest, 1466
- SENCKENBERG, JOHANN CHRISTIAN: 200th anniversary of, 833
- Seoul, vaccination institute established at, 1483
- Septic infections, unsuspected rephritis in (Theodore Thompson), 737
- Septic meningitis. *See* Meningitis
- Septicaemia with interesting reactions to treatment and recovery (Claud F. Fothergill), 1771
- Septicaemia, streptococcal, occurring at the menstrual period (W. E. Carnegie Dickson), 791
- SEQUEIRA, J. H.: On x-ray dosage, 638
- Servia, conditions of practice in, 615
- Serum, Calmette, reaction of in ophthalmology (Sydney Stephenson), 1038; (Sydney H. Long), 1036
- Serum, horse, toxicity of (leading article), 1083
- Serum Institute of Denmark, the State, 217
- Serums, therapeutic, toxicity of, 1676
- Seton, use of (Eldon Pratt), 1647
- Seton in treatment of Ménière's disease and Ménière's symptoms by (T. Wilson Parry), 83
- Sewage in rural districts, economical purification of (T. A. Starkey), 671; discussion, 673
- Sewage problem in the West Riding, 1851
- SEWILL, HENRY: War against quackery, 940, 1104
- Seychelles, health conditions in, 758
- Shadowgraph bougie in ureteric surgery, 784
- Shampoo, an anaesthetic, 764
- SHAPLAND, JOHN DEE: Case of splenomedullary leukaemia, 1042
- SHARP, GORDON: Plea for uniformity in nomenclature of alkaloids and their derivatives, 560
- SHATTOCK, S. G.: Fatty degeneration of the blood, 1066; macroglial neurofibromatosis, 1066; incomplete hermaphroditism in the fowl, 1066; relationship between avian and human tuberculosis, 1519
- SHAW, CECIL: Neuroparalytic keratitis, 1585
- SHAW, THOMAS CLARK: Progress in the treatment of mental diseases, 785
- SHAW, W.: Central Midwives Board, 64
- SHEEHY, P.: Offensive perspiration, 420
- Sheet, cult of the clean, 1248
- Sheffield, seventy-sixth annual meeting at, 1639; history, 1639; manor of Sheffield, 1690; the castle and Mary Queen of Scots, 1690; beginnings of the steel industry, 1691; the great Sheffield flood, 1692; medicine in Sheffield, 1693; hospitals of Sheffield, 1693; Sheffield medical libraries, 1694; Sheffield medical societies, 1694; Sheffield medical schools, 1694. *See also* Association, British Medical, annual meeting
- Sheffield University. *See* University
- SHERNTON, EDWARD W. H.: Examination of hip-joint with x rays, 634
- Ship surgeons, 244, 303, 358, 420, 560, 620, 784, 860, 1112
- Ships surgeons, remuneration of, 52; hints to, 620
- Short-circuiting the vas deferens, 783
- Shoulders, simultaneous dislocation of both (D. G. Hunter), 20; (M. J. Lyden), 143
- Siam, King of, visits Virchow Hospital and orders foundation of a similar institution at Bangkok, 1001
- Sick poor, nursing. *See* Nursing
- Sigmoid colon, gangrenous, removed from a case of acute volvulus under spinal anaesthesia (George Heath), 1343
- Sigmoid flexure, lesions of, as a cause of colitis (P. Lockhart Mummery), 884; discussion, 885
- Sigmoid flexure, simulation of malignant disease by chronic inflammatory affections of (K. W. Monsarrat), 65
- SIKES, ALFRED W.: Physiological aspect of acute nephritis in children, 743
- SILVA, W. H. DE: Lepra ophthalmica in Ceylon, 1235; climate of Ceylon, 1338
- Silver, organic preparations of in treatment of conjunctivitis (John Muir Kelly), 1475
- Silver wire, filigree of, in the cure of herniae usually considered inoperable (Lawrie McGavin), 1395
- SIMMONDS, VON M.: *Ueber Form und Lage des Magens unter Normalen und abnormen Bedingungen*, rev., 527
- SIMON, CHARLES E.: Value of the opsonic index, 1454
- SIMON, E. M.: Women's suffrage, 32
- SIMON, GEORGE, obituary notice of, 1284
- SIMON, ROBERT M.: Empirical and experimental methods in medicine, 611
- SIMPSON, SIR A. R., complimentary recognition of, 170, 231
- SIMPSON, SUTHERLAND: Pressure of bile secretion and mechanism of bile absorption in obstruction of bile duct, 913
- SIMPSON, W. J. R.: Recent discoveries which have rendered antimalarial sanitation more precise and less costly, 1044
- SINCLAIR, Deputy-Surgeon-General EDWARD MALCOLM, C.B. conferred upon, 41
- Sinus, accessory, surgical anatomy of (P. Watson Williams), 984
- Sinus disease, nasal accessory, optic neuritis in connexion with (Henry Manning Fish), 1218; discussion, 1223
- Sinus, lateral, thrombosis of, and obliteration of jugular vein (Adolph Cronner), 982
- Sinus, sphenoidal, disease of (P. Watson Williams), 984
- Sinuses, nasal accessory, importance of, in relation to the ears (George Jackson), 969; discussion, 970
- Sinustitis, frontal, observations on (Chichele Nourse), 979; discussion, 981
- "Sixpenny doctors," 110, 480
- SKERFETT, F. B.: The cancer problem, a suggestion, 1206

Skin diseases, colour photographs of (Dr. McKeena and Dr. Taylor), 1588
 Skin diseases, general treatment of (Max Joseph), 1793
 Skin of sole, thickening of, 620
 Skin, wounds of, alternative plan of treating, without sutures, 1784
 SKINNER, B.: Preliminary note upon ticks infesting rats suffering from plague, 457
 Skull, depression of, operation six hours after birth: recovery (H. Wynne Thomas), 752
 SLATER, WILLIAM, obituary notice of, 1857
 sleeping sickness, cell changes in (F. W. Mott and Helen G. Stewart), 1327
 Sleeping sickness conference, 403, 1172, 1601
 Sleeping sickness, crocodiles and, 1357
 Sleeping sickness, Portuguese Commission on, 1832
 Sleeping sickness in Uganda, 141; in British Central Africa (Nyasaland), 1267
 Sleeping sickness and other trypanosomiasis treated by the atoxyl and mercury method (Sir Robert Boyce), 624. *See also* Trypanosomiasis
 Sleeping sickness, value of atoxyl in (leading article), 1743
 SLOCOCK, RICHARD, reports cases of appendic- abscess: perforated gangrenous appendix: appendectomy and recovery, 83
 Stomach, 770
 Small intestine. *See* Intestine
 Small-pox at Metz, 225; in Germany, 270; in Vienna, 698, 1014; in Alsace-Lorraine, 771
 Small-pox, necessity of increasing the degree of immunity against (A. W. Gilchrist), 662
 Small-pox and vaccination in China, 118
 Small, cerebral tumour associated with subjective sensations of (H. Campbell Thomson), 1761
 Small, sense of, destroyed by ammonia, 124
 SMITH, A. LARFHOEN: On the increase of cancer, 220
 SMITH, EDWARD E.: Fatal case of orbital thrombosis, 1234
 SMITH, EUSTACE: Laryngismus stridulus in newborn infants, 131
 SMITH, Major F.: House flies in Benares, 1170
 SMITH, HERBERT: Extra-uterine fetation: operation: recovery, 1515
 SMITH, WILLIAM MUIR: Early Notification of Births Bill, 553
 Smoke and darkness, 1008
 Smoking, juvenile
 Smuggling and adulteration, 763
 SMYTH, AMES WARR: Training of school teachers in hygiene, 485, 819, 1014
 SYLVE, SIMON: Prevention of the ophthalmia of the newborn, 938; wounds and injuries of eyeball, eyelids and orbit, 1629; Inquiry into the causes of blindness in 335 inmates of the Sheffield School for the Blind, 1215
 SOBOTTA, J.: *Atlas and Textbook of Human Anatomy*: Vol. II, *The Viscera, including the Heart*, rev. 897
 Société Médicale des Dentistes des Hôpitaux de Paris, 1769
 Societies, friendly. *See* Friendly
 Societies, medical, discussions at, 1092
 Society of Anaesthetists, 1172, 1521, 1778; annual dinner, 1172; meeting and papers, 1524; status lymphaticus (Dr. McCordie), 1778
 Society, Anatomical and Anthropological, of Aberdeen University, 113
 Society, Anatomical and Anthropological, of Melbourne University, 321
 Society of Arts, inaugural meeting of, 154; session, 1433
 Society, British Balaenological and Climatological, 37, 1778; new president, 37; blood pressure in spa practice (Dr. Edgecombe), 1778
 Society, Bristol Medical Reading (L. M. Griffiths), 1084
 Society, Clinical, Chelsea, 1239; paying beds in London hospitals (John H. Daurer), 1239
 Society, Clinical, of London, work of, 1094
 Society, Dermatological, of Great Britain and Ireland, 87; final meeting, 87
 Society, Eugenic and Moral Education, 1367
 Society, Geological, centenary of, 842, 923; and medicine, 923
 Society, Great Central Railway Mutual Provident, 230
 Society, Gynaecological, American, *Transactions*, rev. 24
 Society, Gynaecological, British, 145; meeting and exhibition of cases, 145
 Society, Harvelian, 1523; pathology and treatment of cerebral vascular lesions (James S. Corner), 1523
 Society, Hunterian, 1068, 1346, 1349, 1513, 1779, 1828; dysentery (F. M. Sandwith), 1068; treatment of puerperal eclampsia (Russell Andrews), 1829; meeting and exhibition of cases, 1346, 1523, 1779; *Transactions*, rev., 1349
 Society, Manorial, 94
 Society, Medical, Anglo-American of Berlin, 220
 Society, Medical, Anglo-American, Continental, 360 1013, 1022, 1276
 Society, Medical Benevolent, in Birmingham, 231
 Society, Medical, Caledonia, 402

Society, Medical, Cambridge, 1725; school hygiene (Sims Woodhead), 1725
 Society, Medical Charitable, West Riding, annual meeting, 927
 Society, Medical, Glasgow Southern, 1068, 1648; difficulties connected with diagnosis of gastric derangements (A. Ernest Maylard), 1068; diagnosis and treatment of appendicitis (A. Ernest Maylard), 1648
 Society, Medical, of London, 1065, 1237, 1428, 1648, 1713; presidential address, 1065; unusual cases of diabetes (J. R. Bradford), 1065; femoral hernia and the bladder (J. D. Malcolm), 1237; clinical meeting, 1428; sciatica and hip-joint disease (W. Ironside Bruce), 1648; intussusception in children (Duncan C. L. Fitzwilliams), 1648; discussion on pneumococcus infections (W. Osler), 1713
 Society, Medical, Manchester, 1522, 1779; meeting and exhibition of cases, 1522, 1779
 Society, Medical, Midland, 1588; exhibition of cases, 1588
 Society of Medical Officers of Health, Incorporated, 76, 1446; provincial meeting, 76; address by Sir Alfred Keogh, 1446
 Society, Medical, Northumberland and Durham, 1588, 1829; exhibition of cases, 1588, 1829
 Society, Medical Sickness and Accident, 101, 402, 634, 1172, 1538
 Society, Medical, South-west London, 1668, 1522; use and abuse of forceps in midwifery practice (M. G. Biggs), 1068; meeting and papers, 1522
 Society, Medical, Ulster, 170, 1429, 1744; annual meeting, 170; opening meeting, 1429; annual dinner, 1744
 Society, Medical, United Services, 220, 1190, 1830; history of the work done in connexion with Mediterranean or undulant fever (Fleet Surgeon Bassett-Smith), 1830
 Society, Medical, University College Hospital, 1151; address by Professor Osler on the influence of the Medical Society on the education of the medical student, 1151
 Society, Medical, Wigan, 1731; annual dinner, 1731
 Society, Medical and Chirurgical, North London, 1429; opening meeting, 1429
 Society, Medical and Surgical, Cork, 1617
 Society, Medico-Chirurgical, Aberdeen, 1777; discussion on Notification of Births Act, 1777; ectopia vesicae (T. Scott Riddell), 1778; treatment of nasal polyp (Dr. Peterkin), 1778
 Society, Medico-Chirurgical, Edinburgh, 87, 1428, 1712; bacteriological treatment of general paralysis (W. Ford Robertson and Douglas McKay), 87; valedictory address, 1428; hernia in young adults (George Chiene), 1428; exhibits, 1428; action of formic acid salts (Dr. Goodall) and Miss Isabel Mitchell, 1712; use of novocain (J. W. Struthers), 1712
 Society, Medico-Chirurgical, Glasgow, 1067, 1345, 1521, 1589, 1828; history of the society (Walker Irvine), 1067; meeting and exhibition of cases, 1345, 1521, 1589, 1828
 Society, Medico-Chirurgical, Leeds and West Riding, 1151, 1344, 1589; meeting and exhibition of cases, 1151, 1344, 1589
 Society, Medico-Chirurgical, Norwich, 1011; first winter meeting, 1011
 Society, Medico-Chirurgical, Nottingham, 1239, 1522, 1589, 1778; some cases of unexplained fever in infants and children (H. Ashby), 1239; children's work in medicine (L. W. Marshall), 1522; diphtheria (Owen H. Peters), 1589; cases, 1778
 Society, Medico-Chirurgical, Sheffield, 1345, 1520, 1649, 1715; physiologic therapeutics for the normal and undernourished (George Thomson Metford), 1345; cases and specimens, 1520, 1649, 1715; acute rheumatism (W. B. Porter), 1715
 Society, Medico-Chirurgical, West London, 1429, 1830; clinical meeting, 1429; cases, 1830
 Society, Medico-Historical, foundation of in France, 158
 Society, Medico-Legal, 118, 1346; President's inaugural address, 1346
 Society, Medico-Legal, Italian, 394
 Society of Neurologists, German, 834
 Society, New Sydenham, 218, 544, 989; report to be presented at forty-eighth annual meeting, 218; note on, 544; *Atlas of Illustrations of Clinical Medicine, Surgery, and Pathology*, rev. 989
 Society, Obstetrical, Edinburgh, 1433, 1828
 Society, Obstetrical, German, 1433; infant feeding (A. Dingwall Fordyce), 1828
 Society, Obstetrical, of Hamburg, prevalence and causes of ectopic gestation, 1677
 Society, Obstetrical, of London, final meeting, 45, 88; ovarian cyst caused by *Dactylus typhosus* (F. E. Taylor), 88
 Society, Obstetrical and Gynaecological, North of England, 1152, 1523; meeting and exhibition of cases, 1152, 1523
 Society, Ophthalmological, of the United Kingdom, 145, 1149, 1519, 1830; meeting and exhibition of cases, 145; president's introductory address, 1149; tumour of optic nerve (J. B. Lawford), 1149; interstitial keratitis and acquired syphilis (J. Hertert Fisher), 1519; the pectinate ligament (Thomson Henderson), 1519; Tay-Sachs infantile retinitis (Mr. Nettleship), 1830

Society, Pathological, of Manchester, 1357, 1715; election of officers, 1357; etiology of malignant growths (R. B. Wild), 1715; cholesterol (F. Craven Moore), 1715; cases, 1715
 Society for Physical Therapeutics in Austria, 1745
 Society for Prevention of Cruelty to Children, 411; annual meeting of Manchester Branch, 411
 Society for Relief of Widows and Orphans of Medical Men, 159, 1087
 Society of Radiography, Italian, 1449
 Society, Royal, 913, 1365, 1558, 1622, 1673, 1679, 1855; pressure of bile secretion and the mechanism of bile absorption in obstruction of the bile duct (Percy T. Herring and Sutherland Simpson), 913; anniversary meeting, 1365; and a test for colour blindness, 1558, 1622, 1855; and vivisection (leading article), 1673, 1679; anniversary meeting, 1679
 Society, Royal, of Edinburgh, 413; award of Keith prize, 413
 Society, Royal Medical, Edinburgh, 1274; inaugural address, 1274
 Society, Royal, of Medicine, 146, 159, 294, 688, 842, 1069, 1094, 1148, 1154, 1239, 1344, 1427, 1519, 1586, 1660, 1670, 1714, 1779; library of, 158. *Clinical Section*, 688, 1068, 1094, 1428, 1780; exhibition of cases, 1428, 1780; work of the Clinical Society of London, 1094. *Dermatological Section*, 1714; cases, 1714. *Electrotherapeutic Section*, 1670. *Epidemiological Section*, 1779; plague control in India (W. H. Haffkine), 1779. *Laryngological Section*, 1428, 1780; first meeting, 1428, 1780. *Medical Section*, 294, 1150, 1344, 1585; complications of pneumonia (Hector Mackenzie), 1150; (Dr. Hadley), 1344; epilepsy (A. M. Russell), 1585. *Obstetrical and Gynaecological Section*, 1149, 1587; atresia vaginae and delivery (Amand Kouth), 1149; oedematous fibroma of pelvis (Dr. Tate), 1149; physiological action of the placenta (W. E. Dixon and Frank E. Taylor), 1150; exhibits, 1150; pubiotomy (Thomas Wilson), 1587. *Odontological Section*, 1714; some points on the growth of the jaws (J. T. Carter), 1714. *Pathological Section*, 1068, 1519; fatty degeneration of the blood (S. G. Shattock and L. S. Dudgeon), 1068; macroglossia, neurofibromatosis (W. G. Spencer and S. G. Shattock), 1068; incomplete hermaphroditism in the foetus (S. G. Shattock and C. G. Seligmann), 1068; study of the relationship between aetiology and human tuberculosis (S. G. Shattock, C. G. Seligmann, L. S. Dudgeon, and P. N. Pantoni), 1519; some experiences of the tuberculin ophthalmic reaction (L. J. Austin and O. Grünbaum), 1520. *Surgical Section*, 1427, 1780; operation for goitre (James Berry), 1427; complete gastrectomy (B. G. A. Moynihan), 1780. *Therapeutic Section*, 46, 1154, 1239; visit to Oxford, 146; review of *Transactions*, 1154; discussion on scientific treatment of dyspepsia (Burton Brown), 1239. *Proceedings*, 1660; first general meeting, 1670. *Therapeutic and Pharmacological Section*, 1714; therapeutics of indigestion (W. Murray), 1714
 Society for Study of Diseases in Children, 1172, 1345, 1523; appointment of chairman, 1172; meeting and exhibition of cases, papers, etc., 1345, 1523
 Society, Surgical Aid, 1683
 Society, Surgical, International, 541; cancer exhibition, 541
 Society for Repression of Syphilis, German, 1262; establishes home for children suffering from hereditary syphilis, 1262
 Society of Tropical Medicine and Hygiene, 87, 145; inaugural address, 87; lantern demonstration, 87; vote of thanks, 87; meeting and exhibition of cases, 145
 Society of Tropical Medicine, German, 1087
 Society, Urological, German, 114, 1172
 Sociology, voluntary principle in, 1005
 Soda water, lead in, 411
 Soldiers' teeth, care of in France, 1460
 Soldiers, tuberculous, 116
 Somaliland Protectorate, 1365
 Somatose, liquid, 461
 SOMERS, U. DUDLEY, re-elected mayor of Aldeburgh, 1449
 SOMERSET, HENRY: "An Amateur in Drugs," 299
 SOMERVILLE, W. F.: Influence of high-frequency currents on the urinary system, 647
 SOMMERVILLE, DAVID: The cancer problem, 299
 South Africa, notes from, 114, 233; the tuberculosis question, 114; sanitation in mines, 114; medical supervision of school children in the Transvaal, 233
 South Africa, conditions of practice in, 615
 South Africa, medical types in, 1676
 South Africa, Mediterranean fever in (Lieutenant-Colonel C. Birt), 1336
 South Africa, plague in, 62, 220, 461, 559, 856, 1170, 1449, 1730
 South African diseases (Lieutenant-Colonel C. Birt), 1335
 South America, conditions of practice in, 615
 Southampton, report of M.O.H., 780
 South Australia, conditions of practice in, 615; notes from, 1853; annual meeting,

1853: Quarantine Act and rumoured appointments, 1853; amendment of Vaccination Act, 1853; Adelaide Children's Hospital, 1853; lunacy report, 1853; discussion of the Referendum, 1853
 Southend-on-Sea, public health officer. *See* Public Health Appointments, 779
 South Wales Contract Practice Fund, 1809; contract practice in, 1818
 South Wales. *See also* Wales
 Spa treatment of neurasthenia (Edward J. Cave), 127
 Spain, conditions of practice in, 615; quackery in, 908
 SPALTEHOLZ, W.: *Hand Atlas of Human Anatomy*, rev., 827
 Spasm, clonic, systematized muscular exercises in treatment of, 415. *See also* Neuroses
 Spasmodic neuroses. *See* Neuroses
 Special Diseases, Committee for Study of, 1452
 Specialist appointments in India, 755
 Specialists, arrangement with, 1800
 Spectacles in ametropia after removal of the lens (Archibald Stanley Percival), 1776
 SPENCE, W. JAMES, obituary notice of, 490
 SPENCER, HERBERT R.: Measures to be recommended to secure the earlier recognition of uterine cancer, 431, 439
 SPENCER, W. G.: Macroglossia neurofibromatosa, 1066
 Sphenoidal sinus. *See* Sinus
 SPICER, FREDERICK: Küster's operation of post-auricular meatal antrotomy and Mr. Heath's claim, 366
 SPICER, W. T. HOLMES: Vesicular affections of the cornea, 1234
 Spinal analgesia, stovain as. *See* Stovain
 Spinal ganglia, posterior, inflammatory changes in, in cases of cutaneous cancer (G. Lenthal Cheate), 140
Spirochaeta pallida, place of in the diagnosis of syphilis (Alex. MacLennan), 1510
Spirochaeta pertenuis. *See* Yaws
 Spirochaete of syphilis, attempt to cultivate, 1738
 Spirochaete of yaws. *See* Yaws
 Spleen abscess. *See* Abscess
 Spleen, removal of by the ancients, 991
 Spleno-medullary leukaemia. *See* Leukaemia
 Splenomegaly polycythaemia. *See* Polycythaemia
 Splint for local heat application, 208
 Sporozoon in aural polypi (James M. Beattie), 1402
 SPRIGGS, E. I.: Representation of the Medical Faculty in the Senate of the University of London, 1620
 Spring catarrh. *See* Catarrh
 Sprue, interstitial pancreatitis in its relation to (A. W. Mayo Robson), 203
 Sprue, complications found in chronic cases of (Charles Begg), 1337; discussion, 1338
 SPURRIER, ALFRED HENRY, receives royal permission to accept Insignia of Second Class of Order of Brilliant Star of Zanzibar, 1441
 Squint, alternating, treatment of (R. J. Coulter), 1234
 Staff officers for medical mobilization in India, 557
 Stafford, report of M. O. H., 241
 Staffordshire: Notes from, 846; sick children at Stoke Workhouse, 846
 Stammering class, report on a, 1272
 STARK, JOSEPH: Treatment of occipito-posterior cases, 1581
 STARKEY, T. A.: Economical purification of sewage in rural districts, 671
 STABLE, E. H., nominated for vacancy of Faculty of Medicine on Senate of University of London, 1180; representation of the Medical Faculty in the Senate of the University of London, 1372, 1466
 STANTIN, JAMES (editor): *Pharmacopoeia for Diseases of the Skin*, rev., 989
 State Children's Association. *See* Association
 Static currents, rationale of (F. Howard Humphris), 646
 Statistical methods, recent advances in, 95
 Statistical studies in immunity, 838
 Statistics, international, 124
 Statue and the students, 1737. *See also* Brown dog
 Status lymphaticus (Dr. McCordie), 1778
 Status of lady doctors, 407
 STEPHENSON, Colonel FRANCIS LAWRENCE, C.B. conferred upon, 1452
 STEPHENSON, SYDNEY, awarded Middlemore Prize, 108; *Ophthalmia neonatorum*, rev., 675; eye changes in nephritis in children, 735; Calmette serum reaction in ophthalmology, 1038
 Sterility among x-ray workers (Alfred C. Jordan), 15
 Sterilizers for consumption sanatoriums, 1696
 Sterilization, perils of, 244, 303
 STERN, RICHARD: *Ueber traumatische Entstehung Innerer Krankheiten*, rev., 22
 Stethoscope, evolution of, 115, 184
 Stethoscope, improved, 1720
 Stethoscope, Laënnec and the evolution of (C. Theodore Williams), 6. *See also* Laënnec
 STEUBER, Dr.: European troops in the tropics, 359
 STEVENSON, E.: *Squint*, rev., 1241

STEVENSON, MARK D.: *Photocopy (Skiascopy or Retinoscopy)*, rev., 267
 STEWART, CHARLES, death of, 925; obituary notice of, 1023
 STEWART, DONALD: Sir William Gairdner and the morphine episode, 176
 STEWART, G. N., appointed Director of Laboratory of Experimental Medicine, Western Reserve University, Cleveland, 758
 STEWART, HELEN G.: Further observations on the cell charges in dourine and sleeping sickness, 1327
 STILL, GEORGE F.: Medical aspect of dental caries in childhood, 1485
 Stillbirths, notification of, 46, 844. *See also* Bill
 Stillborn child, rigor mortis in, 925, 1581; (D. W. Whitfield) 1581
 STILLER, BERTHOLD: *Die Asthenische Konstitutionskrankheit*, rev., 1831
 STOCKER, JOHN SHERWOOD, obituary notice of, 239
 Stockport, appointment of M.O.H. for, 1758
 Stoke workhouse, sick children at, 846
 Stokes-Adams phenomena, case showing (Clifford Beards), 1039
 STOLTERFORTH, HENRY, obituary notice of, 1283
 Stomach, the gynaecological, 293
 Stomach, review of books on, 627, 1651
 Stomach surgery, results of (leading article), 1842
 Stomach, treatment of excessive rumbling of, 1859
 Stomatological Association. *See* Association
 "Stomatologistes des hôpitaux," 1769
 STONHAM, CHARLES: *Birds of the British Islands*, rev., 149
 Stone coffin and chalice found at St. Nicholas, Carlisle (Henry Barnes), 32
 Stools, examination of. *See* Faeces
 Stools, mucus in (James Cantlie), 1340
 Stovain as a spinal analgesic (J. Hogarth Pringle), 12
 Strain, prolonged, physiological effects of (Edge's record motor drive), 100
 Strangulation of small intestine through rent in mesentery (Charles E. Bell), 1710
 STRASSMANN, PAUL: The indications for operations on uterine fibroids and the methods of performing them, 446
 STRATON, CHARLES R.: The referendum, 939
 Streptococcal septicaemia. *See* Septicaemia
 Streptococcal conjunctivitis. *See* Conjunctivitis
 Stretcher-bearer, volunteer. *See* Volunteer
 STRETCH, SEYMOUR: Vibrating sensation in diseases of the nervous system, 238
 STRUTHERS, J. W.: Use of novocain, 1712
 STUART-LOW, W.: Nasal obstruction, submucous turbinectomy, 982
 Students, teaching of midwifery to. *See* Midwifery
 Study of special diseases. *See* Special
 STURGE, HENRY: Alcohol and insanity, 1021
 STURGE, MARY D.: *Alcohol and the Human Body*, rev., 21
 Substitute, obligations of, 1752
 Substitute service, 705
 Sudanese fowls. *See* Fowls
 Sugar testing, ambiguous reactions in (Stephen G. Longworth), 19
 Sulphanilic acid, zinc salt of, 24
 Summer diarrhoea. *See* Diarrhoea
 SUMMONS, WALTER: Report on miners' phthisis in Bendigo, 839
 Supersession, 705, 842, 1378, 1468, 1750; by a former consultant, 705
 Suppuration, aural (*see* Aural); of middle-ear (*see* Middle); of labyrinth (*see* Labyrinthine)
 Suppurative otitis. *See* Otitis
 Suprapubic litholapaxy. *See* Litholapaxy
 Surgery, abdominal. *See* Abdominal
 Surgery, moral, 1093
 Surgery of stomach, results of (leading article), 1842
 Surgery, review of books on, 90, 265, 528, 909
 Surgery of the vascular system (leading article), 1264
 Surgical dressings in the time of Queen Anne, 681
 Surgical practice, scientific use of evidence in (Howard Marsh), 1633
 SUTCLIFFE, Staff Surgeon P. T.: Treatment of burns and scalds afloat, 525
 SUTHERLAND, G. A.: Acetonaemic conditions in children, 1380
 SUTHERLAND, Major W. D.: *Blood-stains: their Detection and the Determination of their Source*, rev., 1719
 Swab, a forgotten: another warning (G. T. Gifford), 1042
 SWAN, R. H. JOCKLYN: Movable kidney from a surgical standpoint, 1855
 Swansea, draining of, 170; health of, 171
 SWANZY, H. R.: Honour of knighthood conferred upon, 41
 SWANZY, Sir HENRY R., evidence of before the Royal Commission on Vivisection, 1721
 SWAYNE, WALTER C.: Chorion-epithelioma, 440
 "Sweating fever." *See* Fever
 Sweating of medical profession. *See* Medical
 Sweden, conditions of practice in, 615

Swedish Royal Committee on Tuberculosis, 1833
 Swinton and the Notification of Births Act, 1549
 Switzerland, conditions of practice in, 615
 Sydney, water supply of, 49
 SYME, W. S.: Case of acute suppuration of middle ear complicated by septic meningitis and brain abscess, 981
 SYMES, J. ODERY: Arthritis and erythema nodosum, 202
 SYMMERS, WM. ST. CLAIR: Epidemic cerebro-spinal meningitis with typhoid agglutinins in the blood, 713; public lecture by, 1012
 SIMONS, W. H.: Health visitors as unqualified assistants, 365
 Syncope or fracture of skull, 1284
 Synergic movements of eyelids and mouth (W. M. Beaumont), 629
 Synthetic suprenin, 1528
 Synthetical chemistry. *See* Chemistry
 Syphilis, acquired, in an infant, with transmission to the mother (J. A. Nixon), 389
 Syphilis, acquired, interstitial keratitis and (J. Herbert Fisher), 1519
 Syphilis afloat, treatment of (Surgeon C. K. Bushe), 511; discussion, 612
 Syphilis, early local treatment of, 244, 415
 Syphilis of larynx. *See* Larynx
 Syphilis, place of *Spirochaeta pallida* in the diagnosis of (Alex. MacLennan), 1510
 Syphilis, Metchnikoff on the prevention of, 1846
 Syphilis, review of books on, 23, 392
 Syphilis, secondary and appendicitis, 1683
 Syphilis, sloughing of vagina in, 361
 Syphilis, spirochaete of, attempt to cultivate, 1738
 Syphilis, value of atoxyl in, 293
 Syphilis and yaws, 1363
 Syphilitic obstruction of common bile duct, congenital (H. D. Rolleston), 947
 Syphilis, primary, diagnosis of, 1195
 Syringe for local anaesthesia or paraffin injection, 91
 Syringe for local anaesthesia in tooth extraction, 91

T.

Tachycardia, epileptoid attacks in (Fred. Hugh Clarke), 308; correspondence on, 852, 938
 Tachycardia, what do we mean by? 852, 938
 Talma-Morison operation, ascites and (W. I. de C. Wheeler), 1713
 Tananarivo, chemical laboratory established at, 1603
 Tariffs in Canada, 767
 TARRANT, Surgeon-General THOMAS, C.B. conferred upon, 41
 Tasmania, conditions of practice in, 615
 TATE, Dr.: Oedematous fibroma of pelvis, 1149
 Taxation of motor cars. *See* Motor
 TAYLER, HERBERT P.: Improvement in the conditions of contract practice, 851
 TAYLER, J. LIONEL: Diseases of twins, 1559
 TAYLOR, Dr.: Colour photographs of skin diseases, 1588
 TAYLOR, E. CLAUDE: Teaching of hygiene and temperance in public elementary schools, 50
 TAYLOR, EDWARD R., elected Mayor of San Francisco, 319
 TAYLOR, F. E.: Suppuration in an ovarian cyst caused by the *Bacillus typhosus*, 88; physiological action of the placenta, 1150
 TAYLOR, FREDERICK: Progress of the medical man, 305; Harveian oration, 1167
 TAYLOR, JAMES, presentation to, 101
 TAYLOR, JAMES: Case of Paget's disease treated by x rays, 643
 TAYLOR, SEYMOUR: *On Acute Pneumonia: Its Signs, Symptoms, and Treatment*, rev., 754
 TAYLOR, WILLIAM: Intestinal obstruction, 893
 Tay-Sachs's infantile retinitis (Mr. Nettleship), 1830
 Teaching and learning medicine, 1094
 Technical progress and mental integrity (leading article), 1842
 Teeth of animals, irregularities of (J. F. Colyer), 1503
 Teeth of children, etiology and pathology of defects of (J. G. Turner), 1488. *See also* Dental
 Teeth of school children, 1681
 Telegraphy, wireless, and hospital ships (Staff Surgeon H. L. Norris), 512
 Teleological theory, a new, 1298
 Temperance league. *See* League
 Temperance teaching in schools. *See* Schools, public elementary
 Temperature and elevation, 1724
 TEMPLETON, WILLIAM: Case of acute enteric intussusception with apparent reduction

- by irrigation: abdominal section, and fatal result, 262; other administration by the open method, 1747
- Ten'a, medicine men of the, 1843
- Teratoma arising from the right tonsillar region (Robert Fullerton), 964
- TERRIER, F. *Chirurgie du Foie et des Voles Biliares*, rev., 265
- Territorial force, medical service of. See Army, British
- Testicle, diseases and displacements of (D'Arcy Power), 716; (Russell Howard), 719; (W. E. Dixon), 721; discussion, 723
- Testimonials, unsolicited, 756
- THALWITZER, DR.: Special laboratory for the examination of stools, etc., 492; note on, 620
- Thaw trial, fees of medical experts in, 1195
- THEILLER, ARNOLD, Companionship of the Order of St. Michael and St. George conferred upon, 1452
- THEOBALD, SAMUEL: *Prevalent Diseases of the Eye*, rev., 267
- Theosine sodium acetate, diuretic action of (Harry Campbell), 388; (W. Frank Colclough), 752; note on, 560, 620, 1196
- Therapeutic value of alternating currents of low frequency (E. Reginald Morton), 645
- Therapeutic serums, toxicity of, 1676
- Therapeutics, review of books on, 255, 1650
- Therapeutics, the scapegoat in, 291
- "Thermasep," thermometer case, 150
- Thermometer, first use of, 269
- Thiosinamin, 783
- THOMAS, ARTHUR W.: Early local treatment of syphilis, 244; offensive perspiration, 420
- THOMAS, H. WYNNE: Depression of skull: operation six hours after birth: recovery, 752
- THOMAS, J. LYNN: Treatment of complications and sequelae of gastric and duodenal ulcers, 72; remarks on an open continuous drop method of administering ether, 1824
- THOMAS, J. W., elected mayor of Neath, 1449
- THOMAS, R. D., elected mayor of Welshpool, 1449
- THOMAS, W. THRELWALL: Liverpool Royal Infirmary, election of honorary surgeon, 1687
- THOMPSON, DR., appointed J.P. for county of Londonderry, 1731
- THOMPSON, DR.: Radical cure of hernia, 1585
- THOMPSON, FRANCIS, the poet, 1603
- THOMPSON, G. S., reports case of appendicitis complicated by intestinal hæmorrhage, 1711
- THOMPSON, J. ASHBURTON: Protection of India from invasion by plague, 1770
- THOMPSON, J. TATHAM: Bottle-maker's cataract, 555
- THOMPSON, THEODORE: Unsuspected nephritis in septic infections, 737
- THOMPSON, W. H.: Training of school teachers in hygiene, 1015
- THOMSON, A. (editor): *Edinburgh Medical Journal*, rev., 629
- THOMSON, ALEXIS: *Manual of Surgery*, rev., 910
- THOMSON, H. CAMPBELL: Case of cerebral tumour associated with subjective sensations of smell, 1761
- THOMSON, H. WRIGHT: Eyesight of the poorer city children, 627
- THOMSON, W. ARNOLD, elected President of Windsor and District Medical Society, 1683
- THORBURN, W.: Advances in surgery in Manchester, 695
- THORNE, J. M.: Proposed treatment of phthisis by incision into the pleural space, 880
- THORNTON, BERTRAM: Medical inspection of school children, 1686
- THORNTON, Archdeacon ROBINSON, proposed memorial to, 1172
- THORP, H. J.: Treatment of excessive rumbling of stomach, 1859
- TROPE, Fleet Surgeon V. G.: Dermatitis caused by lysol, 1360
- Throat, review of books on, 1348
- Thrombosis of arm with gangrene (Dr. O'Carroll), 1712
- Thrombosis of lateral sinus and obliteration of jugular vein (Adolph Bronner), 982
- Thrombosis, orbital, fatal case of (Edward E. Smith and A. Hill Griffith), 1234; discussion, 1234
- Thyroid and parathyroid glands, relation between (David Forsyth), 1425, 1508
- Tibia and fibula, uncommon injury of (R. D. Patterson), 1516
- Tick, development of *Piroplasma canis* in (Captain S. R. Christophers), 1333
- Ticks, bodies found in (F. Creighton Wellman), 142
- Ticks infesting rats suffering from plague (B. Skinner), 457
- TIDSWELL, H. H.: Influence of tobacco smoking on health, 487
- TIDY, STUART: A misadventure at Montreux, 1196
- TILLAUX, Professor, statue to, 1603
- Tinning of metal, 1739
- Tobacco smoking, influence of on health, 487
- TOBOLD, ADALBERT, 80th birthday of, 1560
- TODD, HUNTER, JOHN, translates *Reine's Buch der Lieder*, 833
- TODD, G. BELL: Sweating of the medical profession by public bodies, 775
- TODD-WHITE, ARTHUR: Diarrhoea mortality and its causes, 1288
- Tokio, Embassy medical officer at, 547; sewerage scheme for, 1152
- TOMES, CHARLES S.: Medicine and its specialities in their relation to the State, 861; effects of respiration on the circulation, 938
- TOMKINSON, J. GOODWIN: X rays in lupus vulgaris, 642
- Tooth extraction, syringe for local anaesthesia in, 91
- Töpfer's reagent as a test for hydrochloric acid (R. C. Elmslie), 1342
- Topographical problem, 1228
- Toronto, Sanatorium for advanced consumption in, 767
- Towle's pennyroyal and steel pills, composition of, 1653
- Toxicity of therapeutic serums, 1676
- Trachoma, importation of, 291
- TRAMBUSTI, ARNALDO, suggests new name for Malta fever, 1546
- Tramway drivers, physical fitness of, 478
- Transfusion of blood. See Blood
- Transvaal, medical supervision of school children in, 233; contagious disease among natives in, 848
- Transvaal mines, mortality in, 547
- Transvaal, conditions of practice in, 615
- Treasury grants to University colleges, 535
- TREVES, Sir FREDERICK, King grants a residence to, 1365; *Surgical Applied Anatomy*, rev., 1718
- TREVOR, Surgeon-General FRANCIS WOLASTON, C.B. conferred upon, 41
- Trilete tablets, 209
- Trinity College. See College
- Tropical Medicine (leading article), 1174
- Tropical Medicine, Liverpool School of, 169, 479, 605, 769, 1099, 1611; letter from President of Republic of Peru, 169; dinner, 169, 1099; question in Parliament re grant to, 479; information concerning, 605; Mary Kingsley medal, 769; Lord Cromer becomes honorary Vice-President, 1611; *Annals of Tropical Medicine and Parasitology*, rev., 1719
- Tropical Medicine, London School of, 226, 302, 605, 1174, 1355; unveiling a portrait, 226; press lists, 302; information concerning, 605; leading article on, 1174; Sir Leuder Brunton's introductory address, 1355
- Tropical medicine, research in, in Australia, 233, 1001, 1853
- Tropical medicine, review of books on, 88, 911, 1346
- Tropics, diabetes in. See Diabetes
- Tropics, European troops in, 359
- Trypanosome infections, experimental chemotherapy in (Carl H. Brown), 1405
- Trypanosomiasis, treatment of, 685, 708, 718; cerebro-spinal fluid in, 758. See also Sleeping sickness
- Trypsin treatment in malignant disease (Arthur Cutfield), 525
- Tsetse-fly disease, treatment of experimental, 834
- Tsetse fly, fossil remains of, 537
- Tubal abortion. See Abortion
- Tubercle, note on, 303
- Tubercle, early diagnosis of, by ophthalmoreaction to tuberculin, 115
- Tubercle bacilli, bovine, experiments with, report, 210; leading article, 222
- Tubercle and erysipelas, 64
- Tuberculin ophthalmic reaction, some experiences with (L. J. Austin and O. Grünbaum), 1520
- Tuberculin, ophthalmoreaction to (William MacLennan), 1642; (Harold Downes), 1647
- Tuberculin test, Calmette's, 1528; 121 cases tested with (J. S. Webster and J. A. Kilpatrick), 1644
- Tuberculin treatment of tuberculosis in children (Clive Riviere), 1131
- Tuberculin, early diagnosis of tubercle by ophthalmoreaction to, 115
- Tuberculosis, animal, in New Zealand, 114
- Tuberculosis, avian and human, relationship between (S. G. Shattock, C. G. Seligmann, L. S. Dudgeon, and P. N. Pantom), 1519
- Tuberculosis, campaign against, 763
- Tuberculosis in children and its relation to milk (John McCaw), 1757
- Tuberculosis in children, tuberculin treatment of (Clive Riviere), 1131
- Tuberculosis Conference, International, 924
- Tuberculosis Congress. See Congress
- Tuberculosis and dairies, 988
- Tuberculosis, specific diagnosis and treatment of (leading article), 1794
- Tuberculosis, experimental, infection and immunization by the intestinal route in, 1538
- Tuberculosis exhibition in Ireland, 551, 770, 1012, 1096, 1183, 1457, 1551, 1682, 1744; preliminary conference, 1096; opening of the exhibition, 1097; lectures, 1477; in Belfast, 1682, 1744; in Limerick, 1683
- Tuberculosis of genito-urinary organs, prognosis in relation to treatment of (Rickman J. Godlee), 1697
- Tuberculosis in Ireland, 551, 1183, 1275
- Tuberculosis of larynx. See Larynx
- Tuberculosis, league against in the Argentine, foundation of prizes, 834
- Tuberculosis, Metropolitan Asylums Board and, 1695
- Tuberculosis, miners', in Bendigo, 839
- Tuberculosis, municipal treatment of, 769
- Tuberculosis Museum, Belfast, 1616
- Tuberculosis, National Association for Prevention of, Cork Branch, 1551
- Tuberculosis, notification of, 109, 168, 1097, 1369; in Belfast, 109; in Manchester, 168; in Ireland, 1697; compulsory in New South Wales, 1269
- Tuberculosis and pork, 1617
- Tuberculosis, prevention of, in Massachusetts, 1001; in Ireland, 550, 1183, 1551
- Tuberculosis, pulmonary, inheritance of, 274, 414, 555, 701, 1104, 1277, 1623, 1806
- Tuberculosis question in South Africa, 114
- Tuberculosis, review of books on, 205, 265
- Tuberculosis, Royal Commission on, second interim report, 1165, 1434; plan of the work, 1165; classification of human viruses into two groups, 1165; general characters of the bovine disease, 1165; exceptional characters of certain viruses, 1166; virulence for the rabbit, 1166; anthrophoids and monkeys, 1166; pigs, 1166; other animals, 1166; cultural characters of the bacilli, 1434; broth reaction test, 1434; modification of bovine bacilli, 1435; early dissemination of bacilli, 1435; additional reports by Dr. Cobbett, 1435
- Tuberculosis, Swedish commission on, 1833
- Tuberculosis and schools (leading article), 470; note on, 687; correspondence on, 703
- Tuberculosis, proposed treatment of, by incision into the pleural space, 880
- Tuberculosis, vital statistics of, 98; leading article on, 103
- Tuberculosis war in Ireland, 1743
- Tuberculous beef, 1857
- Tuberculous cattle, meat of, 706
- Tuberculous children, care of (T. N. Kelyack), 750
- Tuberculous chlorosis (Alex. James), 1816
- Tuberculous immigrants, Australia and, 46
- Tuberculous patients, industrial settlement for, 227; isolation of, in Cardiff Workhouse, 846
- Tuberculous soldiers, 116
- Tuberculous, working colony for the, 219
- TUKE, Sir JOHN BARRY: Early Notification of Births Bill, f53
- Tumour of bladder, villous (Dr. Boxwell), 1712
- Tumour, cerebral, associated with subjective sensations of smell (H. Campbell Thomson), 1761
- Tumour of iris, tuberculous (Dr. Killen), 1585
- Tumour, intracranial, indications for operation in cases of (J. S. Risien Russell), 1120, 1128; discussion, 1125; leading article on, 1606
- Tumour of optic nerve (J. B. Lawford), 1149
- Tumour, tuberculous mammary (L. D. Parsons), 263
- Tumours, fibro-myomatous, in unusual sites (S. J. Cameron), 448
- Tumours, malignant, pathogenesis of (leading article), 161
- Tumours, malignant, blood injections in (leading article), 404
- Tunbridge Wells water biscuit, 150
- Tunica vaginalis, case of ruptured (Lachlan Fraser), 1711
- Tunica vaginalis, repeated rupture of (W. Gifford Nash), 1065
- TUPPER, Sir CHARLES, Privy Councillorship conferred upon, 1452
- Turbineotomy, submucous in nasal obstruction (W. Stuart-Low), 963
- Turkey, conditions of practice in, 615
- TURNBULL, Major WALTER BARRIE, obituary notice of, 1857
- TURNER, J. ANDREW, elected Fellow Royal Sanitary Institute, 1792
- TURNER, J. G.: Etiology and pathology of defects of teeth of children, 1418
- TURNER, H. G.: Representation of the Medical Faculty on the Senate of the University of London, 1371
- TWEEDIE, ALEX. R.: Aneurysm of the foot, 713
- TWEEDY, ERNEST HASTINGS: Puerperal morbidity, 426; presidential address in section of obstetrics of the Royal Academy of Medicine in Ireland, 1586
- Twins, diseases of, 1559
- TYLOR, EDWARD BURNETT, 75th birthday of, 1448
- Typhoid fever. See Fever, enteric
- Typhus fever. See Fever
- TYSON, W. J.: Remarks on the prevention of appendicitis, 1141
- U.
- Uganda sleeping sickness in, 141
- Ulcer, duodenal, perforated (Frank Barnes), 1343

- Ulcer, duodenal, gastro-enterostomy for ruptured (Mr. Fullerton), 85
 Ulcer, rodent, statistics of x-ray treatment in (J. Delprat Harris), 644
 Ulcers, gastric and duodenal, treatment of complications and sequelae of (J. Lynn Thomas), 72
 ULRICH, Dr.: Rigor mortis in a stillborn child, 925
 Umbilical fistula. *See* Fistula
 Unborn child. *See* Child
 Underfed children. *See* Children
 Underselling, 121
 Union Jack Club, 1603
 Union of medical students, 698
 United Services Medical Society. *See* Society
 United States: Alcohol and abstinence in, 44; immigration law, 159; sanatoriums for consumptives in New Jersey, 220; Pasteur Institute in Minneapolis, 220; crusade against immoral advertisements, 226; transfer of dying patients, 244; Bill creating an examining Board for opticians in New York State, 261; Scientific Temperance Federation in Boston, 269; schools for the deaf to be established in New York, 334; medical inspection of schools in Chicago, 655; typhoid fever in New Jersey, 829; tuberculosis and dairies in Iowa, 988; State Commission on Tuberculosis in Massachusetts, 1001; separate department of school hygiene proposed in New York, 1001; insurance companies and medical fees, 1001; Pasteur Institute in Minnesota, 1181; medical legislation in, 1180; sale of cocaine and eucaine in New York, 1194; Chinese hospital in New York, 1252; permanent endowment for New York Institute of Medical Research from Mr. Rockefeller, 1594; death certification in, 1599; antivivisectionism in America, 1611; charge against a medical man in Pennsylvania dismissed, 1648; recent municipal elections in, 1652; Dr. Presley M. Rixey recommends order forbidding use of cigarettes to persons under 21 in U. S. navy, 1716; Board of medical officers appointed to investigate various kinds of material used in the army, 1726; proposed foundation of a paediatric society in Boston, 1731; Bill prohibiting sale of cocaine passed in Illinois, 1738; American students in German Universities, 1800; "health clearing house" in Chicago, 1800; alcoholic patent medicines, 1800; medicine and medical schools in America, 1845
 United States, conditions of practice in, 615
 United States Army. *See* Army
 Universities, Russian, 336
 University of Aberdeen, 302, 575, 589, 608, 1026, 1188; pass lists and degrees, 302; summer graduations, 302; regulations concerning the study of medicine, 575, 589; preventive medicine, 608; election of assessors, 1026, 1188; University Court, 1188; gift of Shelly MS., 1188
 University of Birmingham, 120, 182, 570, 585, 607, 617, 1801; pass lists and degrees, 120; dental department, 120; erratum, 182; information concerning the study of medicine, 570, 585; preventive medicine, 607; degrees in dentistry, 617; medical students' dinner, 1801
 University of Brussels, 601; degrees for practitioners, 601
 University of Cambridge, 239, 367, 416, 567, 603, 607, 777, 1025, 1108, 1187, 1282, 1377, 1752, 1809, 1858; pass lists and degrees, 1108, 1377, 1856; appointments, 239, 416, 1025, 1108, 1187, 1282, 1377, 1752, 1809, 1856; mastership of Downing, 367; Esperanto, 367; regulations concerning the study of medicine, 567, 684; post-graduate courses, 603; preventive medicine, 607; University library, 777; diploma in tropical medicine and hygiene, 1026; Council of the Senate, 1026; benefaction fund, 1026; freshmen, 1188; a correction, 1282
 University College. *See* College
 University of Dublin, 119, 182, 577, 608, 618; conferment of honorary degrees, 119; recent competitions, 182; regulations concerning the study of medicine, 577; preventive medicine, 608; dental degrees, 618
 University of Dundee, 592; information concerning medical study, 592
 University of Durham, 569, 600, 607, 855, 942, 1026, 1615; information concerning the study of medicine, 569, 584; degrees for practitioners, 600; preventive medicine, 607; pass lists and degrees, 855, 942, 1026; College of Medicine, 1615
 University of Edinburgh, 302, 417, 488, 573, 589, 604, 608, 619, 1096, 1188, 1282; pass lists and degrees, 302, 417, 488, 1188; graduation ceremonial, 417; gold medals, 417; regulations and information concerning the study of medicine, 573, 589; post-graduate courses, 604, 619; tropical medicine, 604; preventive medicine, 608; opening of the medical schools, 1096; General Council, 1282
 University of Glasgow, 239, 556, 574, 591, 604, 1026; pass lists and degrees, 239, 1026; examination for M.D. degree, 556; regulations and information concerning the study of medicine, 574, 591; post-graduate study, 604; preventive medicine, 608
 University of Ireland, the Royal, 182, 296, 488, 577, 593, 608, 942, 1108, 1189, 1615, 1742, 1803; pass lists and degrees, 182, 488, 942, 1108, 1188; university education in Ireland, 296, 1615, 1803; regulations concerning the study of medicine, 577, 593; preventive medicine, 608; annual dinner of the Dublin University Association, 1742
 University of Leeds, 182, 570, 587, 608, 617, 936, 1614, 1740; pass lists and degrees, 182; regulations concerning the study of medicine, 570, 587; preventive medicine, 608; degrees in dentistry, 617; opening of the winter session of the medical school, 936; appointments, 1614; classes at the medical school, 1740; dinner of past and present students of the school of medicine, 1740
 University of Liverpool, 571, 618; information concerning the study of medicine, 571, 586; dental degrees, 618
 University of London, 60, 119, 182, 239, 302, 416, 567, 600, 604, 607, 855, 931, 942, 998, 1026, 1033, 1242, 1282, 1357, 1371, 1467, 1556, 1620, 1625, 1749, 1752, 1809; pass lists and degrees, 239, 302, 417, 1625; proposed institute of medical sciences at South Kensington, 60; election of vice-chancellor, 119; academic council, 119; appointments, 119, 417; Brown Animal Sanatory Institution, 119; award of University medal, 119; Rogers Prize, 119; London School of Tropical Medicine, pass list, 302; meeting of Senate, 416, 1467, 1762; recognition of teachers, 416; advanced lectures in physiology, 416; report of Physiological Laboratory Committee, 416; bust of Dr. E. A. Parkes, 417; regulations concerning the study of medicine, 567; degrees of practitioners, 600; study of tropical medicine, 604; preventive medicine, 607; opening of the winter session of the medical schools, 931, 998; scholarships, 1033; Convocation, 1026, 1357; *Guide to rev.*, 1242; representation of Medical Faculty on the Senate of, 1371, 1462, 1620, 1625, 1749; St. George's Hospital and the University, 1372, 1464, 1556, 1620; forthcoming resignation of Principal, 1467; resignation from Senate, 1467; reappointment, 1467; Graduates Union, 1467; proposed institute of medical sciences, 1625; recognition of teacher, 1752; report from the Professor of Protozoology, 1752; addition to the University Extension Board, 1752; University of London, Lodge of Freemasons, 1752; University library, 1762
 Guy's Hospital Medical School, distribution of prizes, 119; opening of the winter session, 998; scholarships, 1033. *London Hospital*, prize distribution, 182; opening of winter session, 933; scholarships, 1033. *King's College*, lectures to teachers, 120; opening of winter session, 933; scholarships, 1033; special lecture in physiology, 1467. *St. Bartholomew's Hospital Medical School*, personnel, 955; opening of winter session, 932; scholarships, 1033; appointments—a correction, 1463. *St. George's Hospital and the University*, 1372; *St. Thomas's Hospital*, 60; distribution of prizes, 60; opening of winter session, 934. *University College*, appointments, 120; information concerning medical study, 583; post-graduate courses, 603; lectures on school hygiene, 619; opening of winter session of the medical school, 931; the *Calendar*, 942. 1809 lectures, 1026; scholarships, 1033; Old Students' Association, 1282. *Westminster Hospital Medical School*, 60; distribution of prizes, 60; opening of winter session, 999. *See also* Hospital
 University of Manchester, Victoria, 61, 110, 240, 367, 411, 569, 584, 607, 618, 768, 1181, 1613; pass lists and degrees, 61, 367; Vice-Chancellor's annual statement, 61; new Hulme hall of residence for students, 110; chair of medicine, 240; appointments, 240; grants in aid, and, 411, 768, 1613; information concerning the study of medicine, 569, 584; preventive medicine, 607; dental degrees, 618; University Union, 1181; university grant, 1613
 University of Manila, 1014; new medical department, 1014
 University of Minnesota, Pasteur institute opened in connexion with, 1101
 University of Oxford, 107, 566, 584, 607, 855, 941, 1025, 1108, 1187, 1281, 1377, 1467, 1625; pass lists and degrees, 855, 1108, 1625; chair of pathology, 107; regulations concerning the study of medicine, 566, 584; preventive medicine, 607; Radcliffe Travelling Fellowship, 1941; Philip Walker Studentship, 941, 1187; entrance scholarships at London hospitals, 1025; scholarships in natural science, 1025; examination in preventive medicine, 1108; Rolleston Memorial Prize, 1108; Romanes lecture, 1187; hospital and other scholarships, 1187; Weldon Memorial Prize, 1281; Board of the Faculty of Medicine, 1377; professorship of engineering science, 1376; Radcliffe Prize 1907, 1467; second examination for degree of B. M. certificates, 1467; examiners in medicine, 1467; degree days, 1467; university lecturer in pathology, 1625
 University of Rome, 711; [Inadequacy of salaries of professors, 711]
 University of St. Andrews, 575, 608, 1282; regulations concerning the study of medicine, 575; preventive medicine, 608; promised donation from Mr. Carnegie, 1282
 University of Sheffield, 120, 367, 571, 1752; appointments, 120; pass lists and degrees, 367; information concerning the study of medicine, 571, 588; election of lecturer, 1752
 University of Vienna, 855; teaching staff, 855
 University of Wales, 61, 120
 University College, Cardiff, 61, 120; Committee of Inquiry, 120
 University, the Welsh, 1617
 Unknown quantity, 860
 "Unqualified" beggars, 765
 Unregistered dentists. *See* Dentists
 Unsolicited testimonials, 756
 UPTON, J. MOWBRAY: Apothecaries' Act, 1907, 118
 Ureteric surgery, shadowgraph bougie in, 764
 Ureters, transplantation of (T. V. Armugam), 388
 Urinary system, influence of high-frequency currents on (W. F. Somerville), 647
 Urinary tract, invasion by organisms through (C. J. Bond), 1639
 Urine, cryoscopy of (W. R. Gelston Atkins), 1578
 Urine, "pancreatic" reaction in, 116
 Urine, quantitative analysis of, 124
 Urological Association. *See* Association
 Uterine appendages, conception after sup-puration of, 1644
 Uterine cancer. *See* Cancer of uterus
 Uterine fibroids. *See* Fibroids
 Uterine and ovarian functions, correlation of (E. S. Carmichael and F. H. A. Marshall), 1572
 Uterine sound, dangers of, 1270
 Uterus, prolapsed, fatal injury to, 294
 Uterus, case of complete rupture of, with escape of the fetus into the peritoneal cavity; panhysterectomy; recovery, 445
 Uterus bicornis, complicated case of (reported by G. F. Mills), 1582

V.

- Vaccination Act and its administration in Natal, 767; amendment of in Australia, 1853
 Vaccination Bill. *See* Bill
 Vaccination (Scotland) Bill. *See* Bill
 Vaccination of children in Poor-law schools, 707
 Vaccination, conscientious objectors in 1906, 264
 Vaccination, death after, 296
 Vaccination, latest "death-blow" to, 1544
 Vaccination fees. *See* Fees
 Vaccination, guardians and, 1459
 Vaccination order, the new, 176, 663, 921, 1810; correspondence on, 176; (T. Garrett Horder), 663; discussion on, 664; note on, 921; difficulties under, 1810
 Vaccination, a campaign of education, 1111, 1195
 Vaccination, two debates on, 1798
 Vaccination institute established at Seoul, 1483
 Vaccination, public, 1281, 1740, 1808; in Oldham, 1740, 1808; suspension of, 1810
 Vaccination, questions in Parliament, 46, 229, 295, 362, 479, 545, 546, 547
 Vaccination, revised notices of conscientious objection to, 479
 Vaccination and small-pox in China, 118
 Vaccination against hydrophobia in Paris, 526
 Vaccinators, Public, Association. *See* Association
 Vaccinators, public, remuneration of, 122; fees of, 846; of North Brierley, 1011, 1099; and guardians (leading article), 1450
 Vaccine, cost of calves for, 46
 Vagina, epithelioma of, showing autoinoculation or contact infection (A. J. Wilson), 794
 Vagina, sloughing of in syphilis, 361
 Vaginal atresia and delivery (Amand Routh), 1149
 Vaginal cysts. *See* Cysts
 Vaginal haemorrhage. *See* Haemorrhage
 Vagitus uterinus, 42, 184, 303, 492, 1776; (H. E. A. Washbourn), 1776
 VALENTINE, W. A.: Tubercle and erysipelas, 64
 VALTOFTA, M.: *La Tuberculose*, rev., 206
 Value of practice, estimation of, 1470
 Value of partnership debts, 1626
 Valvular disease, prevention of (Richard Caton), 315
 VAN PRAAG, WILLIAM, death of, 44
 Varicella, accidental rashes of, 63
 Vascular system, surgery of (leading article), 1264
 Vas deferens, short-circuiting the, 783
 VERT, J.: *Handbuch der Gynäkologie*, rev., 1525

VEITCH, A.: Malnutrition in an infant due to excessive putrescence in the alimentary canal successfully treated by lactic acid bacilli, 319.

Veneral diseases, suppression of in Austria, 484; in the French army, 1633.

Venomous animals, review of books on, 1590.

Verbal arrangement, 1810.

VERGER: *Précis de Pathologie Interne*, rev., 829.

"Verify your references," 157, 1788.

Vermiform appendix. See Appendix.

VERNON, A. HENRY: New operation for the complete removal of haemorrhoids, 903.

VERRIER, L.E. See Ie.

Vesical calculi. See Calculi.

Vesicular affections of cornea. See Cornea.

VERTER, VON DER LILLE, Count, takes his doctor's degree at University of Vienna, 1398.

Vibrating sensation in nervous disease. See Nervous.

VICKERY, W. H.: Retropharyngeal abscess, 1237.

Victoria, notes from, 172, 930; importation of medicines, 172; Melbourne hospital staff election, 930.

VIELLARD, CAMILLE: Operation for cataract in 1351, 84.

Vienna, special correspondence from, 173, 484, 698, 1014, 1370, 1745; lectures during holiday months, 173; culices in Vienna, 173; resignation of Professor Chrobak on account of illness, 173; suppression of venereal diseases, 484; mountaineering and alcohol, 485; new university institutes, 485; outbreak of small-pox, 698, 1014; health of labourers, 698; union of medical students, 699; new lunatic asylum, 1014; retirement of Professor Politzer, 1370; inebriety statistics, 1371; old-age pensions for country doctors, 1371; Government grants to hospitals, 1745; New Society for Physical Therapeutics, 1745; results of a stab in the neck, 1745; Parliamentary Medical Club, 1745.

Vienna, foundation of medical automobile club in, 1429; new street to be named after Theophrastus Paracelsus in, 1602.

VIERORDT, HERMANN: *Anatomische, physiologische, und physikalische Daten und Tabellen*, rev., 351.

VIGUARD, P.: *La Pleurésie Purulente Aiguë de l'Enfant*, rev., 1152.

Vinopyrin, composition of, 677.

Vital statistics and lunacy, 229.

Vital statistics of ten years, 35, 98, 158.

Vivisection. Royal Commission on, 210, 294, 995, 1078, 1163, 1257, 1350, 1441, 1529, 1597, 1665, 1721, 1785, 1834, 1838, 1880; third report: pathogenic effects of bovine viruses, 210; Evidence of: Sir T. Lauder Brunton, 996; Miss L. Lind at Hageby, 1078, 1163; Mr. Henry Morris, 1257; Major Leonard Rogers, I.M.S., 1350; Rev. John Fage Hoppe, 1441; Rev. Lionel Smithett Lewis, 1529, 1838; Miss A. L. Woodward, 1597; G. A. Burford, 1665; Sir Henry R. Swanzy, 1721; Professor Schäfer, 1785, 1834.

Vivisection, questions in Parliament, 228; Thomas Carlyle and, 1537; author of "Rab" on, 1736.

Vivisection, Mr. Lecky and, 1620, 1838.

Vivisection. Royal Society and (leading article), 1673.

VOELCKER, A. F.: Acute nephritis and its results, 730.

Volunteer Ambulance School of Instruction, 1752. See also Army, British.

Volunteer Medical Association, 59; annual competition, 59.

Volunteer stretcher bearer, position of (Surgeon-Colonel P. Broome Giles), 516.

Volunteers, R.A.M.C., Aberdeen Companies, annual inspection, 48; Worcester and Warwick Infantry Brigade Bearer Company, 412; inspection of the Maidstone companies, 419.

Volulus of intestine. See Intestine.

Vomiting, cyclical, causation of, 944.

VON LEYDEN, Professor, resignation of, 50; pathogenesis of malignant tumours, 161.

VON NOORDEN. See Noorden.

W.

WAHLTUCH, ADOLPHE, obituary notice of, 1753.

WAIT, CHARLES E.: *Studies on the Digestibility and Nutritive Value of Legumes*, rev., 57.

Wales, notes from, 111, 170, 297, 335, 412, 481, 695, 770, 846, 928, 1012, 1100, 1182, 1617, 1742; infant

mortality in Aberdare, 111; feeding of school children, 112; Merthyr Borough Council, 112, 928; Welsh doctor's protest, 112, 695; ambulance work, 112; Ebbw Vale dispute, 170, 335; draining of Swansea, 170; Monmouthshire water, 170, 1101; Cardiff Infirmary, 171, 770, 1100; Haverfordwest and Local Government Board, 171; health of Swansea, 171; difficulties of medical officers of health, 297; West Wales Sanatorium, 297; Ebbw Vale Doctors' Fund, 335; Sanitary Inspectors' Association, 336; vaccination fees, 412; dairy farms and the milk standard, 481; a satisfactory ending, 695; proposed combination of sanitary districts, 695; miners and hospitals, 695; ambulance teams, 770; Barry Nursing Association, 770; slum speculation, 770; Dr. Peter Frazer, Carnarvon, 770; Cardiff Workhouse and the isolation of consumptives, 846; mortuary for Pontypridd, 846; Pontypool epidemic of typhoid, 846; Cardiff and county health laboratory, 846; isolation hospitals, 928; health of Glamorgan, 1012; Cray Waterworks, 1013; Newport infant mortality, 1100, 1182; thirty years medical officer, 1100; Monmouthshire medical supervision, 1100; housing reform at Merthyr, 1181; infant mortality rate and the teaching of hygiene, 1182; the Welsh University, 1617; territorial army and the R.A.M.C., 1617; daily disinfection of schools, 1617; Newport and the Provision of Meals Act, 1742.

Wales, University of. See University.

WALKER, A.: The Referendum, 1185, 1373, 1556; procedure of the Representative Meeting, 1747.

WALKER, C. E.: Granules in leucocytes, 681; fertilization in leucocytes, 758.

WALKER, E. G. A.: Motors for medical men, 64.

WALKER, NORMAN: The Association and the General Medical Council, 235; Is a round-table conference possible? 1461.

WALLACE, CUTHBERT M.: Acute generalizing peritonitis and its treatment, 1748.

WALLER, A. D.: Representation of the Medical Faculty on the Senate of the University of London, 1371, 1465.

WALLER, Dr.: His address on the action of anaesthetics, 487, 555.

WALLICH, V.: *Éléments d'Obstétrique*, rev., 458; Grippe et suite des couches, 1365.

WALSH, DAVID: Iodine and typhoid fever, 262; *Röntgen Rays in Medical Work*, rev., 676.

WALSHAM, HUGH: The orthodiagraph, 651.

Wanted, a scale of fees, 184.

War against quackery. See Quackery.

WARD, A. OGIER: Medical men and insurance agents, 1195.

WARD, ELIZABETH PHILLIPS: *Trizy*, rev., 1432.

Wards for consumptives in workhouses, 1812.

WARNOCK, H. T. A.: Address as President of Ulster Branch, 1583.

Warning, 944, 1812.

"Was a doctor required?" 1544.

WASHBOURN, H. E. A.: Vagitus uterinus, 1776.

Wasp stings, 1112, 1148; (T. Redell Atkinson), 1148.

Water charges at Halifax, 169, 231.

Water rate, a doctor's. See Doctor.

Water supply of Sydney, 49; of Monmouthshire, 170, 1101; of Colwyn Bay, 229; of Swansea 1013.

Water supply in camps, on the line of march, and in battle (Major N. Faichnie), 517; discussion on, 519.

WATSON, CHAMBERS: Has a purin-free dietary any special therapeutic value? 1769.

WATSON, Sir PATRICK HARRON, death of, 1850.

Waves of disease, 1614.

WEAVER, A. E. REMMETT: Case of bradycardia with epileptoid attacks, 711.

WEAVER, WILLIAM GEORGE, obituary notice of, 1379.

WEBB, G. L.: Sarcoma of femur with large haemorrhagic effusion, 262.

WEBSTER, J. CLARENCE: *Textbook of Diseases of Women*, rev., 1526.

WEBSTER, J. S.: Notes on 121 cases tested with Calmette's tuberculin, 1644.

Weed-killer, poisoning by (Wilfrid A. Aldred), 626.

Week, 40, 104, 162, 224, 291, 359, 405, 475, 541, 685, 763, 837, 921, 1004, 1091, 1176, 1266, 1361, 1451, 1543, 1609, 1673, 1734, 1843; annual meetings of 1908 and 1909, 40; birthday honours, 41, 1451; medical terms in the *New English Dictionary*, 41, 1007; schools for mothers, 42; burial at sea, 42; vagitus uterinus, 42; relation of fat to caisson disease, 43; decapsulation of kidney in puerperal eclampsia, 43; an object lesson, 43; alcohol and abstinence, 44; typhoid and the puerperium, 44; gauze five months in abdominal cavity, 44; oral system of teaching the deaf, 44; day of rest for doctors, 45; death of Sir William Broadbent, 104; posterior basal meningitis and cerebro-spinal fever, 104; income tax on pensions, 105; openings for medical women, 105; country milk and inert local authorities, 105; a new form of puff, 106; the psychology of the hat, 106; the impotence of the Local Government Board, 107; electrical depart-

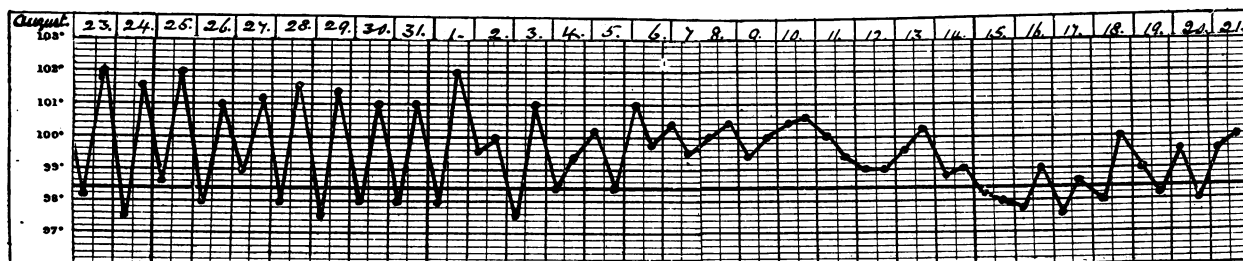
ment at the Exeter Hospital, 107; chair of pathology, Oxford, 107; the annual meeting, 108, 224; the Association's scholarships and grants, 108; the Middlemore, Prize, 108; insecurity of tenure of medical officers of health, 162, 1092; an amateur in drugs, 162; founder of the aniline industry (death of Sir W. Perkin), 163; Christian Science, 163, 764; in fiction, 163; Mrs. Eddy recognizes death, 841; a Christian science cure, 1543; National Association for the Feeble-minded, 164; death of Professor Grancher, 164; Japanese folk medicines, 165; British Dental Association, 165; the charity green fly, 166; the Exeter meeting, 224; "A Book of the South-West," 224; proportional voting, 224; a cancer canard, 224; a new unofficial formulary, 225; epidemic of small-pox at Metz, 225; crusade against immoral advertisements, 226; London School of Tropical Medicine, 226; Geneva Convention at sea, 226; an industrial settlement for consumptives, 226; importation of trachoma, 291; scapegoat in therapeutics, 291; district of West Africa, 292; mortality from puerperal fever, 292; gynaecological stomach, 293; value of atoxyl in syphilis, 293; fatal injury to prolapsed uterus, 294; new phase in the dispute at Ebbw Vale, 319; postal medical officers, 359; European troops in the tropics, 359; causes and prophylaxis of mental diseases, 360; Continental Anglo-American Medical Society, 360; sloughing of the vagina in syphilis, 361; cancer of both knee-joints secondary to uterine cancer, 361; quadruplets, 361; idiopathic muscular atrophy and typhoid fever, 361; international congresses, 405; Seventh International Physiological Congress, 405; Sleeping Sickness Conference, 406; income tax on earned income, 406; status of lady doctors, 407; Lord Mayor's Cripple Fund, 407; hysteria and disability, 408; garden cities, 408; Australasian Medical Congress, 1908, 408, 478; Central Emergency Fund, 475; some public health appointments, 476; Purity of Milk Supplies (Scotland) Bill, 476; Coventry dispute, 477; infant life protection, 477; physical fitness of tramway drivers, 478; cancer exhibition, 541; hospital extensions, 541; influence of drugs on gynecuria, 542; Rindfleisch "festschrift," 542; insanity in Palestine, 542; dress reform, 543; seven stages of drunkenness, 543; awakening of China, 544; New Sydenham Hospital, 544; notification of cerebro-spinal fever in London, 544; treatment of leprosy, 544; the profession in Natal, 685; treatment of trypanosomiasis, 685; criminal responsibility, 685; pulse and blood pressure in fainting fits, 686; prophylaxis of plague by immunization, 686; plastered carbonyl, 687; toxicology of nickel carbonyl, 687; longevity of malarious, 687; tuberculosis and schools, 687; mugsy and bracing days, 688; Royal Society of Medicine, 688, 842; anaphylaxis, 688; smuggling and adulteration, 763; campaign against tuberculosis, 763; an anaesthetic shampoo, 764; "unqualified" beggars, 765; care and control of pauper lunatics, 765; do the finer branches of the coronary arteries anastomose? 766; fungus poisoning, 766; workmen's compensation, 766, 1734, 1797; training of school teachers in hygiene, 837; public health services, 838; statistical studies in immunity, 838; miners' phthisis in Bendigo, 839; adulteration of flour, 839; a medico-historical exhibition, 840; origin of the facial nerve, 840; "is the doctor a Shylock?" 841; in honour of Robert Koch, 842; centenary of the Geological Society, 842; alcoholism, 842; vaccination—a campaign of education, 921; London quacks in the 18th century, 921; diagnostic misadventure, 922; scientific investigation of alcohol, 922; geology and medicine, 923; persistence of lies, 923; beginnings of the Shadwell Hospital, 924; International Tuberculosis Conference, 924; rigor mortis in a stillborn child, 925; a supreme national health authority, 925; proprietary remedies, 1004, 1177; fees for public vaccination, 1005; voluntary principle in sociology, 1005; wounded of Fontenoy, 1006; transfusion of blood, 1006; medical men and insurance agents, 1007; smoke and darkness, 1008; sanitary dish washing, 1008; cowsheds in rural districts, 1009; Egyptian ophthalmia, 1091; physical fitness of railway men, 1092, 1172; tenure of office of medical officers of health, 1092; discussions at medical societies, 1092; open-air treatment of insanity, 1093; moral surgery, 1093; teaching and learning medicine, 1094; work of the Clinical Society of London, 1094; German Antiquary League, 1095; surgery at the Royal Society of Medicine, 1095; Bristol Royal Infirmary, 1176; medical inspection of railway men, 1176; monarchs and medicine men, 1176; nursing under the Metropolitan Asylums Board, 1177, 1267; City of London Police Ambulance service, 1178; average fee of a Poor-law medical officer, 1178, 1264; dairy folklore in Norfolk, 1178; England's greatest men, 1179; convalescence from mental

- disease, 1179; a district of West Africa, 1179; medical legislation in America, 1180; Notification of Births Act, 1266; sleeping sickness, 1267; Highland Folk medicine, 1267; dental surgery in antiquity, 1268; dangers of electricity, 1269; school hygiene in London, 1269; diet and metabolism, 1269; dangers of the uterine sound, 1270; higher training of nurses, 1270; medical inspection of secondary schools and training colleges, 1361; alcoholism and hobnail liver, 1362; treatment of laryngeal tuberculosis, 1362; yaws and syphilis, 1363; public vaccinators' fees, 1363; dangers of flannellet, 1364; Somaliland Protectorate, 1365; influenza and childbed, 1365; Committee for the Study of Special Diseases, 1452; Dakhyi v. Labouchere, 1453; some obstacles to medical progress, 1453; value of the opsonic index, 1454; a modern asylum, 1454; roots and terminations of cranial nerves, 1455; Cumberland Infirmary, 1455; Worthing and its health repute, 1455; medicine in the newspapers, 1456; proposed medical institute at South Kensington, 1456; ovariectomy on a reputed male, 1456; home health resorts, 1453; a Christian Science cure, 1453; "was a doctor required?" 1454; latest "death blow" to vaccination, 1454; doctor in politics, 1455; legend of the Queen-Doctor, 1455; clinical instruction in Poor-law infirmaries, 1455; American men of science, 1456; South Wales Contract Practice Fund, 1609; fire risks of hospitals, 1609; "brown dog" of Battersea, 1609, 1737, 1800; some problems of dermatology, 1610; case of intentional live burial, 1610; medical profession in Japan, 1610; future of dentistry, 1611; cancer research, 1611; International Urological Association, 1611; antivivisectionism in America, 1611; pitfalls of Latin quotation, 1673; assessment of intelligence in scholars, 1674; chronic naso-pharyngeal disease in children, 1675; doctors in Russia, 1675; toxicity of therapeutic serums, 1676; medical types in South Africa, 1676; Huddersfield system, 1676; is ectopic gestation becoming more frequent? 1677; alleged cure for leprosy, 1677; treatment of inebriety, 1677; clinical hospital of the Royal Army Medical College, 1678; Egyptian School of Medicine, 1678; International Congress on Tuberculosis, 1678; British Medical Association and JOURNAL, 1678; medical fees in workmen's compensation cases, 1734; Haffkine's plague prophylactic in India, 1735; Nobel prizes, 1735; prevention of infant mortality in Islington, 1735; prevention of hydrophobia, 1736; author of "Rab" on vivisection, 1735; under-feeding among school children, 1737; the statue and the students, 1737; health of the army, 1738; attempt to cultivate the spirochaete of syphilis, 1738; the doctor in the newspapers, 1757; removal of another M.O.H., 1797; sanitary condition of Hawarden Rural District, 1798; two debates on vaccination, 1798; tinning of metal, 1759; influence of paternal plumbism, 1799; arrangements with specialists, 1800; American students in German universities, 1800; alcoholic patent medicines, 1800; Royal Commission on the Poor Law, 1843; supply of midwives, 1844; alcohol and taxation in Russia, 1844; conception after suppurative of uterine appendages, 1844; the bedside manner, 1845; medicine and medical schools in America, 1845; prevention of syphilis, 1845; growth of Guernsey recruits, 1847; medical inspection and treatment of school children, 1847; oedipism, 1847; medicine men of the Ten'a, 1848; health in Northern Nigeria, 1848; the Pope and the antivivisectionists, 1849; cult of the clean sheet, 1849; *Medical Directory*, 1849.
- WELLMAN, F. CREIGHTON: Preliminary note on some bodies found in ticks—*Ornithodoros moubata* (Murray) fed on blood-containing embryos of *Filaria perstans* (Manson), 142.
- WELLS, DAVID W.: *Psychology applied to Medicine*, rev., 912.
- WELLS, J. W.: *A Comparative Study of the Influence of Cod Liver Oil and Cod Liver Oil Emulsion upon the Nutrition of Normal and Tuberculous Pigs*, rev., 205.
- WELSFORD, A. G.: *Wintering in Rome*, rev., 1349; *Rome as a Winter Resort*, rev., 1349.
- WELSH, D. A.: Leucocytosis of hydatid disease, 64.
- Welsh doctor's protest, 112, 695.
- WERNER, RICHARD: *Das Wesen der bösartigen Geschwülste Eine biologische Studie*, rev., 460.
- WESLEY, JOHN, as a forerunner of Darwin (?), 1783.
- WEST, A. WILLIAM: Proposed institute of medical sciences at South Kensington, 50; representation of the Medical Faculty in the University of London, 1372, 1464, 1556.
- WEST, SAMUEL: Appreciation of Sir William Broadbent, 239; diagnosis and treatment of pericarditis, 1139.
- WESTCOTT, WILLIAM WYNN: Picric acid, 708.
- West Africa, a district of, 2:2, 1179.
- West African Medical Service, 174, 560, 708, 1287.
- West African Medical Staff, first dinner, 101.
- Western Australia, conditions of practice in, 615.
- West Bromwich, report of M.O.H., 241.
- Westminster, City of, and medical officers, 43.
- West Riding Guardians and vaccination, 1459.
- West Riding Rivers Board, 230.
- West Riding sewage problem, 1851.
- West Yorkshire, notes from, 48, 110, 168, 230, 411, 552, 697, 845, 928, 1011, 1099, 1181, 1273, 1367, 1459, 1550, 1615, 1681, 1802, 1851; Bradford Anthrax Investigation Board, 48, 412, 1851; relieving officers and insanitary houses, 48; municipalization of Bradford charities, 110; proposed lady health visitor for Keighley, 110; Halifax guardians, 110, 231; Bradford municipal milk depot, 168; water charge of Halifax, 169, 231; West Riding Rivers Board, 230; emergency medical visits, 231; Bradford police surgeons, 231, 411, 928; appointments at the Bradford Royal Infirmary, 412; Bradford open-air sanatorium, 552; refuse destruction in Bradford, 552; Dr. Dolan of Halifax, 697; health of Bradford, 845; fees of public vaccinators, 845; Bradford City Health Committee, 928; Royal Eye and Ear Hospital, Bradford, 1011, 1181; meals for school children in Bradford, 1011; North Bierley Union and its vaccinators, 1011, 1099; Association of Public Vaccinators, 1100; Ilkley and hospital maintenance, 1181; Bradford sewage, 1273; Bradford and Notification of Births Act, 1367, 1402; Harrogate's sanitary problems, 1367; West Riding guardians and vaccination, 1459; Bradford Division and the Medical Secretary, 1550; Notification of Births Act, 1615; Halifax Workhouse and Union Hospital, 1615; new wing of the Pontefract Dispensary, 1681; Bradford Small-pox Hospital as a consumptive sanatorium, 1681; St. Catherine's Home for Cancer, Bradford, 1802; Halifax Infirmary centenary, 1802; Bradford Corporation's Infirmary contribution, 1851; sewage problem, 1851.
- WHEELER, W. I. DE C.: Ascites and the Talma Morison operation, 1713.
- Where physician and surgeon meet (Robert Kirkland), 8.
- Whitaker's Almanack, rev., 1833.
- Whitaker's Peerage, rev., 1833.
- WHITRY, CHARLES J.: Health visitors as unqualified assistants, 236.
- WHITCHURCH, HARRY FREDERICK, V.C., obituary notice of, 489, 445.
- WHITE, F. FAUDER: Intrameatal treatment of suppurative otitis, 298; treatment of suppurative otitis without a radical operation, 1466.
- WHITE, Professor: Laryngeal specimens, 1712.
- WHITE, SINCLAIR: Acute volvulus of vermiform appendix, operation, recovery, 987.
- WHITE, W. MALE: Plea for accuracy of thought in medicine, 251.
- WHITEFORD, C. HAMILTON: Case of spreading peritonitis cured by drainage of pelvis, the Fowler position, and rectal instillation of saline solution, 77.
- WHITFIELD, ARTHUR: *Handbook to Skin Diseases and Their Treatment*, rev., 983.
- WHITFIELD, D. W.: Rigor mortis in a still-born child, 1581.
- WHITELAW, ROBERT G.: Precipitate micturition, 1628.
- WHITMAN, ROYAL: *Treatise on Orthopaedic Surgery*, rev., 1154.
- Who's Who, rev., 1833.
- Widow Welch's female pills, composition of, 1654.
- WILD, R. B.: Etiology of malignant growths, 1715.
- WILDERS, JOHN ST. SWITHIN, obituary notice of, 942.
- WILEY, HARVEY W.: *Foods and their adulteration*, rev., 527.
- WILKIN, GRIFFITH C.: Maintenance of the honour of the medical profession, 700; country members of the British Medical Association, 1462; is a round table conference possible? 1619.
- WILKINSON, GEOFFREY: Mrs. Eddy and death, 1021.
- WILKINSON, ROBERT: Albuminuria from a life assurance point of view, 1774.
- WILKS, SIR SAMUEL: Evolution of the stethoscope, 115; Mr. Lecky and vivisection, 160.
- WILL, Lt.-Col. JAMES, appointed official member of Legislative Council of East Africa Protectorate, 487.
- WILLIAMS, A. W.: *Mycosis fungoides*, 1403.
- WILLIAMS, CHARLES: Bibliography of Sir Thomas Browne's *Religio Medici*, 94; death of, 409; obituary notice of, 489.
- WILLIAMS, C. B.: Honours for medical services, 1564.
- WILLIAMS, C. THEODORE: Laënnec and the evolution of the stethoscope, 6; appointed vice-chairman of National Association for Prevention of Consumption, 1762.
- WILLIAMS, EDWARD T.: Physicians of the Arabian School, 537.
- WILLIAMS, J. PRICE: Notification of Births Act, 1804.
- WILLIAMS, J. T.: Case of appendicectomy in which the appendix was quite separate from the caecum, 908.
- WILLIAMS, OWEN T.: Abnormal fat assimilation associated with some diseases of the intestine, 199; intestinal sand, 416.
- WILLIAMS, PATRICK WATSON: Effects of respiration in the circulation, 369; surgical anatomy of the accessory sinus, 984; sphenoidal sinus disease, 984.
- WILLIAMSON, GEORGE A.: Further note on bilharzia (schistosomum) disease in Cyprus, 1333.
- WILLIAMSON, J. D.: Cerebro-spinal meningitis complicated by parturition, 1295.
- WILLIAMSON, J. RUTTER: Therapeutic value of calcium iodide, 909.
- WILLIAMSON, R. T.: Vibrating sensation in diseases of the nervous system, 125.
- WILLIS, J. D.: Early Notification of Births Bill, 553.
- WILLSON, H. S.: Hypertrophic cirrhosis of liver in an infant, 203.
- WILSON, A. J.: Case of primary epithelioma of vagina, showing autoinoculation or contact infection, 794.
- WILSON, ALBERT: Psychology of crime, 1715.
- WILSON, Lieutenant-Colonel E. M.: Necessity for trained male personnel in the medical services on mobilization for war, 520.
- WILSON, T. STACEY: Value of rhythmical exercises in treatment of spasmodic neuroses, 133.
- WILSON, THOMAS: Pubiotomy, 1587.
- WILSON, W. JAMES: Epidemic cerebro-spinal meningitis, with typhoid agglutinins in the blood, 713.
- WILTON, W. T.: Finger cracks, 1693.
- WINCKEL, Professor von: *Alle und Neue Gynaekologie* is sued in honour of 70th birthday of, 757.
- WINDLE, B. C. A., appointed to the Chair of Anatomy at Queen's College, Cork, 1012.
- Wines, plastered, 686.
- Winterton, removal of Dr. Baker as M.O.H. for, 1797.
- Wireless telegraphy. See Telegraphy.
- Women, drunkenness in, 1281.
- Women graduates and the parliamentary vote 1550, 1803.
- Women's diseases, as found in the old Greek writers, "modern" discoveries of, 756; in the ninth to sixteenth centuries, 757.
- Women's Health Association. See Association.
- Women's suffrage (E. M. Simon), 32.
- Wonderful operation, 1696.
- WOOD, C. RAWDON: Maintenance of the honour and interests of the profession, 775.
- WOOD, G. B.: *Dispensary of the United States of America*, rev., 754.
- WOOD, T. OUTTERSON, presentation to, 274.
- WOODCOCK, H. B. awarded Royal Society Studentship in Biology, 163.
- WOODHEAD, SIMS: School hygiene, 1715.
- WOODS, HUGH: Medical men and insurance agents, 1112; Alabone treatment, 1472.
- WOODS, J. F.: Hypnotism, 804.
- WOODWARD, Miss A. L.: Evidence before Royal Commission on Vivisection, 1597.
- Word-blindness. See Blindness.
- Workhouse inmates—statistics, 109.
- Workhouse medical officers and lunacy fees. See Fees.
- "Workman," definition of, 61.
- Workmen's Compensation Act. See Act.
- Workmen's compensation cases, 1626.
- Worthing and its health repute, 1455, 1622.
- Wounded in fleet actions, treatment of (Fleet Surgeon A. Gaskell), 504; correspondence on, 1260.
- Wounded of Fontenoy, 1006.
- Wounds and injuries of eyeball, eyelids, and orbit (Simeon Snell), 1629.
- Wounds of skin, alternative plan of treating without sutures, 1784.
- WRAY, L.: Reputed cure for the opium habit, 1086.
- WRIGHT, G. ANGUS: Treatment of mucous colitis, 1472.
- WRIGHT, HAMILTON: Kidneys in beri-beri, 1105.
- WRIGHT, Professor, resignation of, 789.
- WRIGHT, W. SOUTHEY: Lulworth Cove, 944.
- Wryneck, review of books on, 1592.
- WYNN, F. E.: *Fortune's Fool*, rev., 1431.

- X-ray workers, sterility among (Alfred C. Jordan), 15
- X rays, use of, from the point of view of the general practitioner (Ellis Pearson), 653
- X rays for detection of tubercle as an aid to meat inspection, 115
- X rays for immediate localization of foreign bodies (C. Fred. Bailey), 1207
- X rays in diagnosis (J. Mackenzie Davidson), 632; (Edward W. H. Shenton), 634; (James P. Riddell), 636; (W. Ironside Bruce), 637
- X rays in lupus vulgaris (J. Goodwin Tomkinson), 642; discussion, 643
- X rays in lymphadenoma (J. Mitchell Clarke), 1137
- X rays, new meter for measuring the dose of (A. Howard Pirie), 641
- X rays in a case of Paget's disease (James Taylor), 643
- X rays in rodent ulcer and carcinoma, statistics of treatment (J. Delpratt Harris), 614
- X rays, review of books on, 1527
- X rays and sensitive plates (J. Mackenzie Davidson), 632; discussion, 633
- X rays in treatment, use of (J. H. Sequeira), 639; (A. Howard Pirie), 641; ; (T. Goodwin Tomkinson), 642; (James Taylor), 643; (J. Delpratt Harris), 644. *See also* Roentgen, Radium.
- Y.
- Yaws, remarks on the bacteriology and treatment of (Alexander Robertson), 868
- Yaws, spirochaete of (*Spirochaeta pertenuis*) (Aldo Castellani), 1511
- Yaws and syphilis, 1363
- YEAMAN, GEORGE, obituary notice of, 123
- Yearbooks, rev., 1833
- Yellow fever. *See* Fever.
- YELLOWLEES, Dr.: Appreciation of Sir William Gairdner, 58
- YONGE, EUGENE S.: Determining cause of nasal polypi, 964; *Polypus of the Nose*, rev., 1154
- Z.
- ZIEGLER, VON KURT: *Experimentelle und Klinische Untersuchungen über die Histogenese der Myeloiden Leukämie*, rev., 1430
- ZIEMANN, HANS: Malaria prevention in uncultivated districts, 1046
- Zinc salt of sulphanilic acid, 24
- Zurich, establishment of a dental clinic in the schools in, 1449
- ZWEIG, WALTER: *Die Therapie der Magen- und Darmkrankheiten*, rev., 205
- Yorkshire certified inebriates' reformatory, 157
- Yorkshire, North Riding, Midwives Act in, 1602
- Yorkshire, West. *See* West

LIST OF ILLUSTRATIONS.

	PAGE.		PAGE.
Laënnec and the Evolution of the Stethoscope (C. Theodore Williams) (Five Figures)	7	A Case Showing the Stokes-Adams Phenomenon (Clifford Beards) (Charts)	1040
Spontaneous Aneurysm of Dorsalis Pedis Artery (Archibald Cuff)	16	Phlebotomy and the Roentgen Rays (T. G. Beckett) (Two Figures)	1064
Golden Casket Presented to Lord Lister with the Freedom of the City of London	31	George F. Elliott, M.D.	1107
René Théophile Hyacinthe Laënnec (Two Figures)	33, 34	Open-Air Roof Wards on Metropolitan Hospitals (W. P. Northrup) (Three Figures)	1135, 1136
Sir William Tennant Gardner	53	Native Medicine in Zanzibar: Festering Cuts Made by a Native Doctor, Probably for Cure of Rheumatism or Pleurisy	1155
Life-Cycle of a Species of Herpetomonas found in <i>Culex pipiens</i> (Captain W. S. Patton) (Thirteen Figures)	79	Specimens of Sea Captains' Surgery (Two Figures)	1156, 1157
Syringe for Local Anaesthesia or Paraffin Infection	91	Case of Suffocation by Shrimp in the Trachea	1158
Syringe for Local Anaesthesia in Tooth Extraction	91	Trinity College, Dublin: New Science Laboratories (Three Figures)	1168, 1169
Improved Galabin's Pessary	91	Case of Radical Mastoid Operation (Knowles Renshaw)	1209
Recent Advances in Statistical Methods, Diagrams and Tables	95, 96, 97	Form and Manipulation of Instruments Used in Ophthalmic Surgery (E. Landolt) (Sixteen Figures)	1211, 1212, 1213, 1214
Vibrating Sensation in Nervous Disease (R. T. Williamson) (Seven Figures)	125, 126, 127	Improved Form of Artificial Eye (Karl Grossmann) (Two Figures)	1224
Inflammatory Changes in Posterior Spinal Root Ganglia in Cases of Cutaneous Cancer (G. Lenthal Cheatle) (Four Figures)	140, 141	Portable Refractometer and Portable Astigmometer (Karl Grossmann) (Seven Figures)	1225, 1226
Cavernous Angioma in the Temporo-sphenoidal Lobe of the Brain (Margaret B. Dobson) (Three Figures)	144	Medical Service of the Territorial Force (Sir Alfred Keogh) (Two Diagrams)	1244, 1245
Fernando Mendez, M.D.	151	Thomas Michael Dolan	1283
Sir William Henry Broadbent	177	Pernicious Anaemia and Allied Conditions (Charles H. Melland) (Ten Figures)	1312, 1313, 1314
Splint for Local Heat Application	208	Cell Changes in Dourine and Sleeping Sickness (F. W. Mott and Helen G. Stewart) (Five Plates)	1328, 1329
State Serum Institute of Denmark, Copenhagen (Four Figures)	217, 218	Anatomy of Rectum and Intestinal Flux (James Cantlie) (Two Figures)	1341
On the Contagion of Cancer in Human Beings: Autoinoculation (Henry Trentham Butlin) (Four Figures)	258, 260	Sacchar Theory of Hernia (R. W. Murray) (Two Figures)	1385, 1388
Bilateral Lesion of the Auditory Cortical Centre: complete deafness and aphasia (F. W. Mott) (Five Figures)	311, 312, 313	Operation for Oblique Inguinal Hernia (George L. Chiene) (Five Figures)	1389, 1390
Orthodiagraphy (Paul C. Franze)	317	Infantile and Encysted Hernia (E. Hamilton Russell) (Two Figures)	1392, 1393
Royal Leamington Spa (Four Figures)	337, 338, 339, 340	Motile Elements Seen in Certain Cerebro-spinal Fluids (Frank C. Eys) (Three Figures)	1400
Effects of Respiration on the Circulation (Patrick Watson Williams) (Eight Figures)	369, 370, 371, 372, 373	Pericardial Calcification (J. J. S. Lucas) (Two Figures)	1405
Prodromal Period of Some Infectious Diseases (E. W. Goodell) (Seventeen Charts)	375, 376, 377, 378, 379, 380	Scissors for Taking Out Sutures	1433
Congenital Obliteration of the Bile Ducts (J. G. Emanuel) (Four Figures)	385, 386	Dental Disease in Children (J. G. Turner) (Twenty-eight Figures)	1491, 1492, 1493, 1494
Chorion-epithelioma (Walter C. Swayne) (Seven Figures)	440, 441, 442	Anatomical Results of Efficient Mastication (F. J. Bennett) (Figures)	1503, 1504, 1505, 1506
Fibroids and Fibromatous Tumours in Unusual Sites (S. J. Cameron) (Eight Figures)	449, 450, 451	Relation between Thyroid and Parathyroid Glands (David Forsyth) (Four Figures)	1509
Charles Williams	489	Spirochaete of Yaws (Aldo Castellani)	1512
Synergic movements of the Eyelids and Mouth (W. M. Beaumont) (Two Figures)	635, 636	Myocardial Lesions of the Rheumatic Infection (Carey Coombs) (Two Figures)	1514
Examination of the Hip-joint by X Rays (Edward W. H. Shenton)	641	Case of Vesical Calculus (reported by E. Chichester)	1516
New Meter for Measuring the Dose of X Rays (A. Howard Pirie)	641	Case for Diagnosis (Dr. Aikman)	1518
New Method of treating Lupus Vulgaris (J. Goodwin Tomkinson) (Four Figures)	643	Sixth International Motor Exhibition (Five Figures)	1533, 1534, 1535, 1536
Paget's Disease treated by X Rays (James Taylor) (Three Figures)	644	Acute Generalizing Peritonitis (T. Carwardine)	1566
The Orthodiagraph (Hugh Walsham and J. F. Halls Dally) (Four Figures)	651, 652, 653	Movable Kidney from a Surgical Standpoint (William Billington) (three Figures)	1576, 1577
Aneurysm of Abdominal Aorta without Symptoms (T. Garnet S. Leary)	714	Suppurative Appendicitis in a Patient with Transposed Viscera (Harold Hebblethwaite)	1579
Some Malformations of the Penis (G. H. Edington) (Fifty-two Figures)	725, 726, 727, 728, 729	Complicated Case of Uterus Bicornis (reported by G. P. Mills)	1582
Badge of the International Congress of Hygiene and Demography	830	Samaritan Free Hospital	1595
Two Cases of Hereditary Dystrophy (W. Ogilvie and P. G. Easton) (Three Figures)	867, 868	Wounds and Injuries of Eyeball, Eyelids, and Orbit (Simeon Snell) (Six Figures)	1631, 1632, 1633
Bacteriology and Treatment of Yaws (Alexander Robertson) (Four Figures)	868	Unusual Motor-car Accident (Sir George Beatson)	1642
Relative Value of Inhalation and Injection Methods of inducing Anaesthesia (H. P. Dean)	870	Case of Achondroplasia (J. A. C. Macewen)	1646
Indications for performing Cholecystotomy (J. Bland-Sutton) (Six Figures)	878, 879	Child with Multiple Deformities (Edward Jepson)	1647
Sarcoma of Small Intestine (Louisa Garrett Anderson) (Three Figures)	886, 887	Case of Myositis Ossificans (E. J. Maxwell)	1647
Total Enucleation of Enlarged Prostate (P. J. Freyer)	890	New Premises of the British Medical Association (Special Plate facing)	1661
Resection of Intestine (Charles P. Child)	892	Plan of New Premises	1663, 1664
Direction of Abdominal Incisions (A. Ernest Maylard) (Eleven Figures)	896, 897, 898, 900, 901	Former Premises of the British Medical Association	1661, 1662
New Operation for Complete Removal of Haemorrhoids (A. Heygate Vernon) (Six Figures)	903, 904	Views of Sheffield and District	1689, 1690, 1691, 1692, 1693
Hygroma Colli and Branchial Fistula (G. H. Edington) (Eight Figures)	905, 906, 907	<i>Pediculus corporis</i> and Relapsing Fever (F. Percival Mackie) (Three Figures)	1708
New Consumption Sanatorium, Belfast (Three Figures)	929	Curette for Adenoids	1720
Memorial Tablets of Dr. G. V. Poore and Mr. Christopher Heath	931	Aseptic Funnel Douche	1720
Congenital Syphilitic Obstruction of Common Bile Duct (H. D. Rolleston) (Two Figures)	947, 948	Self-rubber	1720
Nasal Polypi (Eugene S. Yonge) (Five Figures)	965, 966, 967	Improved Stethoscope	1720
Surgical Treatment of Labyrinthine Suppuration (W. Milligan) (Four Figures)	983, 984	Primary Sarcoma of Vermiform Appendix (T. Carwardine)	1771
Sphenoidal Sinus Disease (P. Watson Williams) (Four Figures)	983	Alternative Plan of Treating Wounds of the Skin without Sutures	1784
Development of the Mastoid (Thomas Guthrie) (Three Figures)	986	New Maternity Hospital for the Birmingham Lying-in Charity (Plans)	1789
Fatal Enterospasm, Diverticula on Jejunum (reported by C. W. Branch)	988	Automatic Rhythm of the Heart (Alfred M. Gossage) (Four Figures)	1820
		An Otoscope	1833
		New Cupping Instrument for Cervix Uteri	1833
		Statue of Laënnec	1837



examining the heart carefully, because his illness had commenced with thrombosis of a vein in the leg."

On May 12th he felt ill when out walking, came home, and went to bed. I saw him in the course of the day; his temperature was 102.6° F., but there was nothing fresh in his condition. Next day his temperature was normal, and there is no record of its having been above 99° during the next two months. The pulse-rate was 72. At first there was no albumen in the urine, but later a third, and this was reduced to a mere trace after a time.

On June 11th he went to Margate, having been in bed practically from May 12th to June 9th. I wrote to Dr. Sutcliffe:

"I think there is no doubt his heart was considerably affected by the influenza, but did not show any physical signs; his temperature has been very irregular ever since, and made me suspicious of endocarditis, but I could never get any evidence of it. I could find nothing in his rectum, and his expectoration gave a negative result. There is a minute trace of albumen, but nothing else abnormal in his urine. There is no doubt he stands exertion very badly."

On August 15th I went to Margate to see him. He had picked up a little at first, and then seemed to lose ground, and was then complaining of great weakness and inability to sleep. The physical signs were much the same, but he had oedema of both legs and a petechial rash over the greater part of his body, the petechiae being about $\frac{1}{8}$ in. in diameter. There was no marked wasting.

On August 18th he was moved into a nursing home at Brixton. From this date until September 22nd, when he died, he gradually failed, the chief points being high evening temperature with morning remissions, sometimes below normal, pulse between 80 and 90, rarely over 100, very profuse perspirations, gradual loss of flesh and strength.

On August 24th the sputum again examined, with a negative result.

On August 28th Dr. Newton Pitt saw the patient with me; he pointed out that both liver and spleen were much enlarged, and this became much more apparent as the patient got thinner. The heart sounds were normal; there were still a few small petechiae on the skin. Throughout his illness his temperature was frequently raised with slight exertion.

On September 3rd, blood examination showed:

Number of red blood discs	=	4,200,000 per c.mm.
Number of white cells	=	13,000 per c.mm.
Amount of haemoglobin	=	78 per cent. of normal
Differential count of whites:		
Small lymphocytes	=	30.0
Large lymphocytes	=	1.0
Polymorphonuclears	=	66.7
Eosinophiles	=	1.8
Mast cells	=	0.5

No myelocytes nor nucleated red discs were seen. Polkilocytosis was absent.

On September 10th emaciation was very marked and much more rapid; the urine dark owing to blood; bile was absent.

On September 18th the liver and spleen had increased in size, there was some ascites, and fresh crops of petechiae had appeared. There was incontinence of urine, and still a trace of albumen in it.

On September 19th the patient was unconscious, and apparently paralyzed in both arms and legs; the patellar reflex was absent, the superficial plantar reflex present; the pupils were equal and reacted to light.

On September 21st the pulse was 116 and the temperature in the rectum in the evening 99°. The patient was apparently dying. At 10 p.m. the rectal temperature was 103°, and the same at midnight; at 2 a.m. the rectal temperature was 102°. The patient died at 4.20 a.m., the rectal temperature being 103° immediately after death and 102° one hour after death.

Necropsy.

The *post-mortem* examination, kindly made by Dr. Newton Pitt, revealed fungating endocarditis. There were three small, flattened patches of vegetations on the inner margin of the mitral valve, firm to the touch, and not friable. Their surfaces were fairly smooth and uniform. Their uniform, flat surfaces allowed the valves to come together, so that they were not incompetent. The masses quite lacked the usual verrucous

appearance so often present in such cases, and which invariably interfere with the competence of the valves. The firm, flat, smooth, non-friable character of the vegetations indicate why there were no physical signs of valve lesion. There were three small haemorrhages in the cerebral cortex, two on the right side—namely, one in the temporo-sphenoidal lobe and one in the fissure of Rolando; one on the left side in the second frontal lobe. There were infarcts in the spleen and kidneys, and the liver was enlarged. The lungs were engorged.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

THE OPHTHALMO-REACTION OF CALMETTE.

I WOULD like to point out that the reaction is sometimes *bilateral*. Out of a series of 40 cases in which I have so far tried it a well-marked reaction occurred in both eyes with two patients. In both instances one drop only of a 1 per cent. solution of Calmette's serum was used. The first case was one of early pulmonary tuberculosis, with tubercle bacilli in the sputum. Six hours after the drop had been put into the right eye a well-marked reaction was seen; and twenty-four hours later a very distinct reaction was visible also in the opposite eye, and this did not pass off until four days later.

The second case was one of chronic discharge from both nostrils of three years' duration in a boy aged 14. In this instance also the reaction in the left eye was not evident until about forty-eight hours after the drop had been put into the right eye, which latter gave a very marked positive reaction.

I am not prepared with any explanation of this bilateral effect, though in the case of the boy with the nasal discharge an anatomical explanation would obviously not be far to seek.

Norwich, Dec. 16th.

SYDNEY H. LONG, M.D.

DEATH FROM A SINGLE PELLET WOUND.

THE following case, in which a gamekeeper died shortly after being found behind a tree unconscious and bleeding profusely from the mouth and nose, presents points of interest. As inspection showed nothing but a black eye and a very small abrasion on the upper eyelid, explicable on the supposition that he had fallen against the tree, it at first seemed to me possible that the bleeding was due to rupture of an aneurysm, for the haemorrhage, observed while still in progress, seemed arterial in character.

On *post-mortem* examination nothing but what has been noted was discovered externally, but on everting the eyelid an ecchymosed patch was found under the conjunctiva to the nasal side of the eyeball. On opening the skull an effusion of blood was found both external to the dura mater and between it and the brain, the amount being greater on the under surface of the brain on the left side and over the pons and cerebellum. A small puncture was found in the dura mater, and a probe passed through it penetrated through the sphenoid for $1\frac{1}{2}$ in. in a direct line with the abrasion on the external surface of the eyeball. The supraorbital plate was then removed, and the adipose tissue internal to the eyeball found to be ecchymosed, the main contents of the orbit being uninjured. On further dissection the orbital plate of the ethmoid was found to be splintered, and a probe inserted through the internal puncture readily reached this point. Following the track backwards I found it to pass through the left cavernous sinus and the internal carotid artery. On

incising the pons, a small blood-stained point was observed in the white substance and between the lobes of the cerebellum in this region a pellet was discovered. Death and the haemorrhage were thus fully explained.

Examination of the scene of the accident showed that the deceased, who was bolting a rabbit with a ferret for his master, must have exposed his head from behind the tree while in a stooping posture just at the moment a shot was fired 25 yards away.

J. BRUCE RONALDSON, M.D. St. And., F.R.C.S.E. Hon.
Haddington, N.B.

TWO CASES OF MISTAKEN DIAGNOSIS.

I HAVE had two cases recently under my care in both of which a wrong diagnosis was made, and as they present points of interest, should like to place them before your readers.

CASE I.—A Russian child, aged 5 years, had had fever for two days before I saw him, temperature rising to 40° C.; when I saw him the temperature was 104° F. There were no other symptoms whatever. The abdomen appeared perfectly normal and there was nothing to indicate anything unusual. The fever continued for eight days, the temperature ranging from 103° to 104° F. in the morning, when it was usually highest, with afternoon remissions to normal, and a rise again in the evening. The bowels were regular. Enemata were ordered, and, according to the nurse and mother, acted freely and sufficiently. On the eighth day the temperature reached 105° F. The child was distinctly weaker and I was on the point of suggesting a consultation, but, before doing so, fortunately decided to administer myself a large enema of boracic acid and olive oil. The effect was very satisfactory, as four large prune stones came away embedded in large foul-smelling lumps of faeces. It was then remembered that the child had eaten some prunes five months previously. There was no further fever. In Dr. Ashby's able and interesting article on unexplained fever in children, there is no mention of any case resembling this, which, as a refuge, had been named malaria—a diagnosis, to a certain extent justifiable, as Russian children appear to suffer a good deal from fever of a malarial character.

CASE II is unique so far as I know. The patient, aged 49, was a maid to an American lady. For some months she had suffered from nervous symptoms of an aggravated nature, such as sleeplessness, irritability, great depression, inability to perform work of any sort, and twitchings of the right arm and subsequently of the left. She was under treatment for a fortnight, but no improvement resulted, and it was recommended that she should return to her friends in America. She did so, and on the first day after leaving Genoa became violently seasick and vomited a piece of wood about the length, and half the diameter of the little finger. The patient writes that all the symptoms disappeared immediately, and that there has been no return. It appears that last August, at an American seaside resort, she attempted to rescue a child from drowning, and at the time, it is now remembered, there were numerous small pieces of wood floating in the water, as the pier was being repaired. The patient was unconscious when rescued. It was evident that the piece of wood had remained in the stomach for over three months. I do not know, even now, what name to give this affection.

Florence.

T. GERALD GARRY, M.D.

A CASE OF SINGLE KIDNEY.

On November 18th, while making a *post-mortem* examination on the body of a healthy man aged 59, who had died from shock and multiple injuries caused by falling from a height, I was surprised to find no trace of a right kidney. A careful search for marks of operation or signs of disease was unsuccessful. The abdominal aorta was dissected out and no trace of a right renal artery was to be found. The left kidney was considerably enlarged and weighed 9 oz.; its ureter was proportionately increased in size. On section this kidney seemed perfectly healthy to the naked eye. The bladder was normal, but only the left ureteric opening was found.

In the books on anatomy it is stated that it is the left kidney that is usually absent, and that often there is a

minute kidney with its ureter on the other side. Apart from anatomical interest, such cases seem worthy of record from a surgical point of view and are arguments for the segregation of urine in all cases of renal disease.

November 24th.

J. S. MANSON, M.B., Ch.B.,
Senior House Surgeon, Oldham Infirmary.

REPORTS

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

BARBADOS GENERAL HOSPITAL.

CASES OF BULLET WOUND.

(Reported by S. McNAUGHTON, M.B., Ch.B. Edin.,
Resident Surgeon.)

DURING last May two cases of bullet wounds of rather more than usual interest were admitted and treated at the hospital. The first patient, a girl of 19 years, was admitted on the night of May 1st, complaining of a wound and pain in the right side; she said it had been caused by the explosion of a revolver cartridge which had been thrown on to a fire whilst she was standing near.

On examination a small circular wound was found over the eighth right interspace in the posterior axillary line, this being directly over the liver; a probe passed with ease for about an inch. The case was seen the same night by Dr. Manning, the Visiting Surgeon on duty, who thought a search for the bullet very inadvisable. On the second morning after admission the bullet was passed per rectum without consciousness of the fact on the part of the patient. The temperature varied a little for twenty days, and then became and remained at normal; the highest point reached was 104° F., on the eleventh day. She was discharged perfectly well at the end of the fourth week without ever having had an alarming symptom.

The second patient, a boy, aged 14, was admitted on May 11th suffering from dyspnoea, with a wound and pains in the left side. He said it had been caused by a revolver going off in the hands of another boy with whom he was playing.

Much surgical emphysema was found around a small circular wound situated in the fifth left interspace $\frac{1}{2}$ in. to the outer side of the apex beat. The wound was not probed. Dr. Bannister, the Visiting Surgeon on duty, found the bullet lying subcutaneously in a position $\frac{1}{2}$ in. internal to border and $\frac{1}{2}$ in. below the spine of the left scapula. It was easily extracted from here with the aid of a local anaesthetic. Strapping was put over the wound in front, and, as the boy was very weak and anaemic, he was not further disturbed. A day or two later, the emphysema having disappeared, his chest was sounded, and much dullness found at the left base behind. The breath sounds were almost completely gone. Nevertheless his progress towards recovery was steady, and in a little less than four weeks he was discharged without ever having exhibited an alarming symptom. Of the dullness previously noted a little was left at the left base, but the breast sounds were much more audible.

REMARKS.—The ease with which both these patients recovered from revolver bullet wounds of so-called vital parts is noteworthy. The weight of the bullet which passed through the boy's chest in close proximity to his heart was 84 grains. In the case of the girl the bullet which penetrated her abdomen was much larger; it weighed 146 grains. It is curious that its progress through her body should have been arrested in the lumen of the intestine. It was a rattle in the bedpan which led the nurse to examine the contents and to the discovery that the bullet had been passed. The girl's story of the way in which she had received her wound was not believed when she gave it, as it seemed improbable that the mere explosion of a revolver cartridge would have caused a penetrating wound. It was believed, therefore, that she must have been fired at. An examination of the bullet proved this to have been the case, for the scoring of its surface showed that it had been fired from a rifled revolver, and she herself afterwards confessed that this was the case.

The further evidence to be taken will not, it is believed, occupy much time, after which the Commission will at once begin the consideration of their report.

KING EDWARD'S HOSPITAL FUND FOR LONDON.

THE following are the members of the Council and various Committees of King Edward's Hospital Fund for London nominated by H.R.H. the Prince of Wales to serve for the year 1908. The Honorary Secretaries are Sir Savile Crossley and Mr. Frederick Fry, the permanent Secretary being Mr. H. R. Maynard.

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* New members.

THE Lord Chancellor of Ireland has, on the recommendation of Mr. Thomas Lough, Lord Lieutenant of the county, placed the name of Dr. J. B. Kenny, of Killeshandra, on the Commission of the Peace for the county of Cavan.

MEDICAL NEWS.

THE Army Council has approved of the following additional appointments to Queen Alexandra's Military Hospital: To be consulting physician, Surgeon-Major General A. F. Bradshaw, late Army Medical Staff; to be consulting surgeon, Lieutenant-Colonel P. J. Freyer, late Indian Medical Service.

DR. MARSHALL, of Douglas, Isle of Man, was recently presented with a carriage barometer by the members of the St. John Ambulance class, in recognition of his services as teacher and instructor to the class. The presentation was made by Mr. Hobbs, Collector of Customs and Receiver of Wrecks for the Island, who was supported by Mr. C. T. Cowell. Dr. Marshall, in returning thanks, offered his services to the corps for the forthcoming class.

THE State Children's Association usually keeps in touch with its supporters by the frequent issue of leaflets, but recently has issued a report covering the whole of the work for the past three years. It contains a good deal of information as to the way in which the State at present deals with the many children for whom it is responsible. The Association aims at popularizing a belief that a home, and not an institution, is the place in which even a "workhouse" child should be reared. Nearly half of all these unfortunate children are still living in workhouses and barrack schools, though this fashion of providing for them has so long stood condemned that most Boards of Guardians are endeavouring to substitute some other system. The plan which the association seems mainly to favour is the "scattered home" system, one which secures for the child at least some of the advantages of ordinary people, which treats it as an individual, brings it into daily and free association with more happily circumstanced young children, and frees it when young from the stigma of "the house." Four years ago there were only some 37 unions in which this system had been adopted, now the number has nearly doubled.

THE LONDON AMBULANCE SERVICE.—The Committee appointed by the Secretary of State for the Home Department to inquire into the question of the ambulance provision for cases of accident and sudden illness occurring in the streets and public places in the metropolis, met at the Home Office on Friday, December 20th, Sir Kenelm Digby, Chairman, presiding. Evidence was given by Mr. Henry Morris, President of the Royal College of Surgeons, on behalf of the College of Surgeons; by Sir William S. Church, Bart., K.C.B., on behalf of the Royal College of Physicians; and Mr. J. E. Adams, F.R.C.S., Resident Assistant Surgeon of St. Thomas's Hospital. The Committee propose shortly to conclude the taking of evidence; communications which it is desired to bring before the Committee should, therefore, be addressed as soon as possible to the Secretary, Mr. A. L. Dixon, Home Office, Whitehall, S.W.

THE AMERICAN PHARMACEUTICAL ASSOCIATION.—At the recent annual meeting of the American Pharmaceutical Association the following resolutions were adopted:

"Whereas, the American Medical Association, the American Pharmaceutical Association, and the National Association of Retail Druggists, together with many State and local organizations and journals in both professions, have been for some years endeavouring to bring about a return to the practice of medicine based on the *Pharmacopoeia*; and

"Whereas, the medical colleges are represented on the Committee of Revision of the *United States Pharmacopoeia*; and

"Whereas, it is manifest to the thoughtful men both in medicine and pharmacy that a very large number of medical men might be better informed regarding the *Pharmacopoeia* as a book of reference and standards: Be it therefore

"Resolved: That it is the sense of the American Pharmaceutical Association in convention assembled, that a great advance in the ethical practice of medicine and pharmacy will be made when the medical colleges make the *Pharmacopoeia* a prescribed textbook or book of reference, and require familiarity with it in their examinations.

"Resolved: That we request the governing authorities of all medical colleges in the United States to put into force such a ruling in their respective institutions as will ensure in future classes a well-grounded knowledge of *materia medica* and pharmacognosy, as set forth in the *Pharmacopoeia*."

been in the habit of using this method for some years, but in a slightly different manner—a modification of the method described by Mr. Arbutnot Lane. The kidney is exposed by a lumbar incision and brought up into the wound. The true capsule is freed from the perirenal fat, any adhesions are divided, and the fatty tissue lying in front of the upper part of the quadratus lumborum muscle is removed. Incisions are then carried through the true renal capsule in the upper two-thirds of the posterior surface of the kidney in the form of a broad N, thus marking out two triangular flaps in the capsule, which are peeled off the renal cortex, so that the base of the upper flap is at the upper pole of the organ and that of the lower at the junction of the middle with the lower third. The apices of the two flaps are then picked up and twisted slightly to increase their strength. I next separate the superficial fascia of the upper part of the lumbar incision from the muscles and, with the fingers of left hand in the wound, push up the pleura from the upper border of the twelfth rib, at the same time passing a long, blunt renal-pedicle needle through the parietal muscles on to my fingers immediately above the last rib. The apex of the upper flap is then threaded into the needle, and the flap drawn over the last rib and through the muscle layer. The lower flap is similarly drawn through the muscle layer of the upper part of the incision below the last rib, and the two ends sewn together by sterilized thread, the kidney being meanwhile pushed well up into position. Occasionally I make use, in addition, of a single supporting suture of firm thread passed beneath the capsule of the lower third of the kidney near the convex border and through the muscle layer of the primary incision. I close the wound without drainage.

The results of this method have been very satisfactory, the kidney remaining fixed in a high position and relieving the symptoms necessitating the operation. I have had no difficulty in escaping the pleura, nor do I think any would occur if the needle be passed on to the fingers in the wound in this way, whilst finally the organ is supported by capsular flaps, leaving a large denuded area to form adhesions with the parietes.

During the last six months I have had occasion to open the abdomen for other conditions of two patients operated upon in this way, one after two years and a half and the other after one year and a half. I took the opportunity to examine the anchored kidney, which in each case was firmly fixed and in good position.—I am, etc.,

R. H. JOCKLYN SWAN, M.S.Lond., F.R.C.S.Eng.
London, W., Dec. 18th.

THE LITERARY KNOWLEDGE OF THE PROFESSION.

SIR,—Your annotation concerning the haziness of the knowledge possessed by the students and members of our profession where the classics in literature are concerned reminds me of an amusing story told by the late John Curnow of one of his pupils.

Curnow was endeavouring to elicit from him some information about the acromion process, with but little success. Finally he was asked if he knew why the process was called the *acromion*. No answer. Curnow then endeavoured to help him out by asking if he had ever hear of the Acropolis. A bright beam of intelligence lighted up the face of this formidable rival to the modern Baboo, and he cheerfully replied, "Why, of course; it's down Woking way, isn't it?"

New, Sir, may I, after winning your ear with this story, moralize? Before we make such a point of accuracy in the dead languages, ought we not to encourage a more scrupulous care for the living? Week by week one is offended by bad English and bad spelling, no worse—but no better—than those little contortions you have given us: *they* are at least amusing, but the same cannot be said of our modern scientific English papers. These are rarely interestingly constructed; hardly ever literary. This letter may of itself contain grammatical effronteries; if so, it shows how hopelessly we have sunk—we cannot recognize them ourselves!

May I, however, suggest, Sir, that just as a beginning you should not pass "judgement" (with two e's) week by

week in the columns of our JOURNAL—or has the editorial pen to be so tactful?—I am, etc.,

December 9th.

A SINNER.

* * With regard to the concluding part of this letter we venture to quote again for our correspondent's special behoof and benefit the following, from the BRITISH MEDICAL JOURNAL, April 11th, 1903:

Several esteemed correspondents are much exercised as to the spelling of certain words adopted by the BRITISH MEDICAL JOURNAL. Their souls are vexed by the middle "e" in "judgement"; their finer etymological feelings are wrung by the "x" in "connexion"; they find a literary stone of stumbling in the "i" in "dispatch." Now be it known unto all men by these presents that if these be, as one correspondent assures us, "orthographical errors," the blame for them must lie, not on our shoulders, but on those of the editors of the *New English Dictionary*, Dr. J. A. H. Murray and Mr. Henry Bradley. It is convenient to have a fixed standard for spelling, and for that purpose we chose the *Rules for Compositors and Readers employed at the Clarendon Press*, Oxford, compiled by Mr. Horace Hart, printer to the University, and revised by the scholars above mentioned. As to "judgement" in particular, which seems for some inscrutable reason to arouse special ire in heavenly breasts, we may be allowed to quote the following note by Dr. Murray:

"I protest strongly against the vulgar and unscholarly habit of omitting it (the 'e') from 'abridgement,' 'acknowledgement,' 'judgement,' 'lodgement,' which is against all analogy, etymology, and orthoepy, since elsewhere *g* is hard in English when not followed by *e* or *i*. I think the University Press ought to set a scholarly example, instead of following the ignorant to do ill, for the sake of saving four e's. The word 'judgement' has been spelt in the Revised Version correctly."

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DEGREES.

The following degrees have been conferred:

M.D.—J. F. Halls Dally, Joh.
M.B., B.C.—C. Stanley-Clarke, Gonv. and Cai.
M.B.—C. King, Trin.; H. B. Owen, Gonv. and Cai.; G. L. Cox, Christ's.
B.C.—B. T. Lang, Trin.

APPOINTMENTS.

The following appointments have been made: E. D. Paton, M.D., M.S.Lond., Assistant Surgeon, Westminster Hospital, to be an Additional Examiner in Surgery in the Third M.B., Part II; Professor Nuttall, Dr. Newsholme, Dr. Annington, Mr. Purvis, and Mr. R. D. Sweeting to be examiners in State Medicine; Dr. Daniels and Dr. Leishman to be examiners in Tropical Medicine and Hygiene.

EXAMINATION.

The following candidates have been approved at the examinations indicated:

FIRST M.B.: *Part I (Chemistry and Physics)*.—A. B. Appleton, Down.; S. G. Askey, Joh.; M. Avent, Cai.; W. G. Bigger, Queen's; E. J. Boyd, Sid. Suss.; E. J. Y. Brash, Joh.; E. N. Butler, Cai.; D. G. Cherrington, Trin.; B. K. T. Collins, Trin.; K. B. Dickson, Trin.; E. Donaldson, Trin.; G. D. East, Emm.; J. V. Fiddian, Emm.; R. H. Growse, Cai.; C. Helm, King's; W. S. Herman, Sid. Suss.; G. J. Hill, Pet.; A. N. Hooper, Emm.; T. J. H. Hoskin, Trin.; G. D. Jameson, Pemb.; D. W. John, Cai.; T. Jones, Sid. Suss.; H. A. Lucas, Trin.; M. MacGregor, Cai.; A. K. MacMullen, Cai.; F. D. Marsh, Trin.; W. H. Marshall, Pemb.; O. G. Morgan, Cai.; J. O. Morris, Emm.; M. W. Paterson, Joh.; D. V. Pickering, Emm.; F. S. L. Piggett, Emm.; W. A. Pocock, Pemb.; F. Roberts, Cai.; A. N. Rushworth, Trin.; L. T. Rutherford, Cai.; C. G. Sharp, B.A., Joh.; L. W. Shelley, Cai.; G. W. Spencer, Joh.; E. Stansfeld, Joh.; M. T. W. Steedman, Cai.; H. M. Stephenson, Cai.; A. V. Stocks, Joh.; W. J. F. Symons, Sid. Suss.; E. S. Taylor, King's; K. S. Thomson, Joh.; L. H. D. Thornton, Emm.; S. J. Titterton, Cai.; J. R. A. D. Todhunter, B.A., Cai.; T. Warrington, Emm.; M. H. Watney, Trin.; L. M. Weeks, Cai.; K. J. Yeo, Emm.

SECOND M.B. (*Human Anatomy and Physiology*).—R. L. Barker, B.A., Cai.; F. S. Bedal, Cai.; J. P. Benskin, Christ's; D. C. Bluet, Emm.; C. H. B. Booth, King's; E. G. S. Cane, B.A., Jes.; R. G. Canti, B.A., King's; W. F. P. Cory, B.A., Cai.; H. T. Depree, B.A., Cai.; C. Ede, King's; R. Ellis, B.A., Cath.; A. G. Evans, Trin.; J. T. Fox, B.A., Sid. Suss.; A. W. Gave, B.A., Cai.; A. C. Gemmell, B.A., Trin.; R. W. B. Gibson, B.A., Jes.; H. K. Griffith, B.A., Trin.; L. S. M. Habich, B.A., Joh.; J. B. Hancey, Christ's; L. C. D. Irvine, Emm.; A. C. Jepson, B.A., Pemb.; J. C. John, King's; L. F. G. Lewis, B.A., Christ's; J. R. Marrack, Joh.; W. G. Marsden, Emm.; C. C. Messier, B.A., Cai.; C. G. H. Moore, B.A., Cai.; P. A. Ope, B.A., Cai.; G. M. Parker, B.A., Emm.; A. B. Paye-Smith, Cai.; J. W. Pigeon, Christ's; H. B. Pope, Cai.; F. A. Powell, B.A., Trin.; R. A. Ramsey, Cai.; E. Kayner, Pemb.; W. D. Ross, King's; A. Sandison, B.A., Trin.; F. B. Saunders, B.A., Cai.; W. Shipton, B.A., Emm.; I. Singh, B.A., Pemb.; G. N. Stathers, Trin.; F. J. Thorne, B.A., Jes.; F. B. Wallis, B.A., Pemb.; F. H. Watson, B.A., Cai.; J. B. A. Wigmore, Cai.

THIRD M.B.: Part I (Pharmacology and General Pathology).—C. J. Blaikie, B.A., Cai.; D. W. A. Bull, B.A., Cai.; J. S. Burn, B.A., Trin.; L. S. T. Burrell, B.A., Trin.; W. H. Cam, B.A., Cai.; W. T. Chaning-Pearce, B.A., Emm.; N. L. Clarke, Christ's; R. Crawford, B.A., Jes.; F. C. Davies, B.A., Down.; K. J. A. Davis, B.A., King's; H. G. Dearden, B.A., Cai.; M. E. Dellschaft, B.A., Jes.; J. R. Dick, B.A., Down.; W. H. F. Eales, B.A., Emm.; R. Fisher, B.A., Sid. Suss.; H. G. Frean, B.A., Joh.; T. R. Glynn, B.A., Cla.; L. H. Goh, M.A., Emm.; S. Gordon, B.A., Pemb.; J. L. Graham-Jones, B.A., Emm.; W. C. Hodges, B.A., Trin. H.; G. Holmes, Cai.; B. Hughes, Inc., H. Selw.; J. B. Jobson, B.A., Sid. Suss.; C. E. M. Jones, B.A., King's; L. R. King, B.A., Pemb.; A. C. C. Lawrence, B.A., Trin.; G. C. Lim, B.A., Joh.; N. F. Lock, Cai.; H. G. Monteith, B.A., Pemb.; C. G. H. Morse, B.A., Emm.; N. Mutch, B.A., Emm.; T. E. Osmond, B.A., Emm.; W. S. Perrin, B.A., Cai.; B. A. Playne, B.A., Pemb.; F. S. Poole, B.A., Sid. Suss.; R. P. M. Roberts, Queens'; J. B. Ronaldson, B.A., Joh.; L. W. K. Scargill, M.A., Trin. H.; E. F. Shann, B.A., Cai.; A. L. H. Smith, Cai.; A. E. Stansfeld, B.A., Joh.; H. S. C. Starkey, B.A., Down.; C. J. Stocker, B.A., Trin.; A. W. Stott, B.A., Trin.; W. W. Treves, B.A., Cai.; L. B. C. Trotter, B.A., Cla.; G. W. Twigg, B.A., Cai.; C. St. A. Vivian, B.A., Cai.; J. Walker, B.A., Cla.; J. M. Wallace, B.A., Down.; W. E. Wallis, B.A., Cla.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

At a meeting on December 16th, the following were elected Fellows: B. Foster, W. J. France, H. Goodwyn, H. J. Lotz, R. H. Price, Captain, I.M.S.; J. F. Robertson, C. Shellshear, F. Stoker, H. P. Thompson, W. W. White, D. P. D. Wilkie, J. Wilson.

Medico-Ethical.

The advice given in this column for the assistance of members is based on medico-ethical principles generally recognised by the profession, but must not be taken as representing direct findings of the Central Ethical Committee.

CIRCULARS TO PATIENTS.

K.—The proposed alteration in charges is a perfectly proper subject upon which to address a circular to patients. We would suggest that if it were sent out with the half-yearly accounts there would be no question of its reaching any other than our correspondent's patients.

SUSSEX.—A circular to notify that our correspondent will be away from his practice for some time sent, as suggested, with the half-yearly accounts is a proper proceeding, and it would not be improper to mention the name of the locum-tenent to whom the care of the patients is entrusted meanwhile.

PUBLIC HEALTH.

AND

POOR-LAW MEDICAL SERVICES.

TUBERCULOUS BEEF.

In the *Newcastle Evening Chronicle* of December 13th a case of some general interest was reported.

Mr. Alfred A. Stevens, veterinary surgeon, Durham, was summoned on a charge of having unlawfully deposited for sale, between November 4th and 8th, three quarters of beef which were to his knowledge unfit for the food of man; and Mr. J. A. Hutson, cowkeeper, Sleetburn Lane, Durham, was summoned on a similar charge. Mr. Thomas Parker, veterinary officer under the Corporation of Newcastle, said that he had inspected the meat at the mart to which it had been sent; he found that the carcass had been carefully stripped, and he had never known stripping done for any other purpose than for the concealment of disease. He found that there had been tuberculosis which had even attacked the bone of one of the ribs. Hutson told him that the internal organs had been buried 6 ft. deep, and that the fourth quarter had not been sent to market because the animal fell and bruised herself before being slaughtered; it was kept and boiled for the pigs. The manager of the mart said that the meat was extensively stripped; the process had been carefully carried out, and the only reason for stripping was to hide tuberculosis; the case was a very bad one of tuberculosis. Dr. H. E. Armstrong, M.O.H., and Dr. Harold Kerr, Assistant M.O.H., confirmed the evidence as to the condition of the meat, and said that the possibility of any one overlooking the condition of the meat was absurd.

Hutson said that when the cow became ill he asked Mr. Stevens to see it, and he advised him to have it slaughtered, and said that the meat would be all right; witness had no experience of tubercle, and if he had thought there was anything wrong would have buried the meat; he acted on the advice of his veterinary surgeon. Mr. Stevens said that he was veterinary surgeon to the Durham Corporation, and stated

that he found the animal lying in the channel of the byre paralysed; the heart and lungs were sound, he saw two or three nodules, but in his opinion they were not tubercles; the beast was not diseased, and he considered its flesh fit for food. In cross-examination he said that he had not known of the phrase among butchers "running the blockade" or that where the blockade was run successfully there was a great deal of credit due to the butcher.

The magistrates were unanimously of opinion that both defendants were guilty, but they thought that there was a degree of guilt; Mr. Stevens, with his professional knowledge, was guilty in the bench's opinion to a greater degree than the other man, and he would be fined £10 and costs; Hutson would be fined £5 and costs.

OBITUARY.

At the comparatively early age of 51 there passed to his rest on December 12th, after a week's illness, a well-known medical practitioner in Newcastle-upon-Tyne—Dr. WILLIAM SLATER. A few months ago Dr. Slater received a serious injury to his shoulder in a collision, and since the accident his health had not been good. He was able, however, to attend to his duties, and was actively engaged in the discharge of them when on December 5th he was suddenly seized with a rigor. This was followed by double pneumonia, from which he died on December 12th. In his illness he was attended by his friends Dr. Jos. Rutter and brother-in-law Dr. Horsfield, in consultation with Professor Oliver. From the first the illness assumed a serious aspect. A son of the late Mr. Richard Slater of Preston, Lancashire, Dr. Slater commenced his medical studies at Queen's College, Galway, and completed them at the College of Medicine, Newcastle-upon-Tyne. After graduating as Bachelor in Medicine at the University of Durham, he soon gathered around him a large circle of friends, and installed himself in a busy practice, for he was a man of many good social qualities, and possessed a kind and benevolent nature. Dr. Slater was one of the founders of the Lancastrian Society of the North of England, to the success of which he in no small degree contributed. At no gathering was his presence more welcome than at the Annual Banquet of the County of the Red Rose, and at none was it more missed than on the evening of the afternoon on which he became ill. Dr. Slater took a keen interest in sport, and followed the fortunes of several of the football teams with considerable eagerness. He was honourable in all his dealings, and was a lover of fair play in all concerns of life. He leaves behind him two daughters, his wife having predeceased him several years ago. Dr. Slater will be much missed by a large circle of patients and friends.

MAJOR WALTER BARRIE TURNBULL, M.D., Indian Medical Service, died recently at Mainpuri, from blood poisoning contracted through a scratch on the finger while performing an autopsy. He was born August 2nd, 1872, and entered the service on July 29th, 1895; he was made Surgeon-Captain, July 29th, 1898; and Major, January 20th, 1907. His war record comprises: North-West Frontier of India campaign in 1907-8, including operations in Bajaur and the Mamund country (medal with clasp); the China war of 1900 (medal); the Waziristan expedition, 1901-2 (clasp); and the Tibet mission, 1903-4 (medal).

SURGEON REGINALD CHARLES PATTISSON McDONAGH, R.N. died at the Naval Hospital, Malta, of enteric fever, on November 21st, aged 24. He entered the Royal Navy as a Surgeon, February 10th, 1906.

BRIGADE SURGEON EDMOND HOILE, retired, late Army Medical Department, died in London on October 18th. His commissions were thus dated: Assistant-Surgeon, September 22nd, 1858; Surgeon, March 1st, 1873; Surgeon-Major, December 6th, 1873. He retired from the service, with the honorary rank of Brigade Surgeon, October 1st, 1883. He had received a medal with two clasps for the China war in 1860, when he was present at the action of Sinho, the taking of Tangku, the storming of the Inner Taku Forts, and the surrender of Peking.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Manuel Nicolas Bettencourt Pitta, Professor first of Hygiene, late of Internal Pathology in the Medical School of Lisbon, and Physician to the Hospital of St. José in that city, at an advanced age; Dr. Ludwig Csáthy, formerly Surgeon-in-Chief to the Railways of Hungary, aged 76; Dr. Francesco Businelli, Professor of Ophthalmic Surgery and Director of the Eye Clinic of the University of Rome, aged 79; Dr. Th. Sinizin, sometime Professor of External Pathology in the Medical Faculty of Moscow; Professor Ludwig Hirt, of Breslau, a recognized authority on nervous diseases, aged 63; Dr. Unruh, of Dresden, a well-known specialist on children's diseases; Dr. Arlur Pollack, a medical practitioner of Dresden, who had a considerable reputation as a poet; and Dr. E. Goujon, of Paris, a distinguished alienist, representative of the Ain Département in the French Senate, aged 67.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE INFANTS' HOSPITAL, WESTMINSTER.

A CONFERENCE of medical men was held at the Infants' Hospital, Vincent Square, Westminster, on November 29th, to discuss the question of establishing an out-patient department of a restricted and consultative character in connexion with that institution.

Dr. F. J. Allan, M.O.H., Westminster, who presided, said that he had suggested such an out-patient department because it appeared to him from inquiries he had made in regard to the deaths of infants that the babies seemed to be hawked about by the mothers from hospital to hospital, and doctor to doctor. He thought it would be acceptable to medical men if the establishment of a suitable out-patient department resulted in keeping the babies more in touch with the doctors in charge of them. Only those patients would be seen who were brought or sent up by a practitioner. There was no intention to establish an out-patient department like those at the large general hospitals, which in his opinion were considerably abused. The Infants' Hospital was only for cases of malnutrition.

Dr. Ralph Vincent said that he and his colleague, Dr. Kelynaek, were ready to agree to the terms that no out-patients should be seen unless sent with a note from the doctor, or with the doctor himself; but the medical staff could not undertake to enter into correspondence with doctors in regard to the cases. In answer to Dr. A. G. C. Pocock, Dr. Vincent explained that only cases of malnutrition were admitted to the hospital, and, replying to Dr. W. M. O'Connor, that the hospital was founded in Hampstead five years ago, and was then removed to Westminster.

Dr. H. Tanner asked what was the actual initiation of the hospital. General practitioners complained that at the present day hospitals were instituted where they were not wanted.

Dr. Vincent said that the hospital was started by people interested in scientific work, who felt that there was no institution for studying, treating, and giving instruction in regard to the nutrition and malnutrition of babies.

Dr. Fothergill described how the Bolingbroke Hospital at Wandsworth started an out-patient department, which became an abuse; that had been remedied by the staff of the hospital carrying out the following rules, the adoption of which by that Conference he moved:

"That the words 'Out-patient Department' be never used in print or verbally. That the Department be called 'The Consultation Department.' That only those quite unable to pay the fee that can be arranged between a consultant and the general medical practitioner be sent to the hospital for the opinion of a consultant. That if the medical practitioner does not attend himself, every patient sent for the opinion of a consultant bring a NOTE, stating the various points in the previous history that may be considered to be of use. That the consultant's opinion and advice be communicated direct to the medical practitioner who sent the patient. That no communication be made to the patient by the consultant nor any invitation to attend again be given. That no second or subsequent attendance of the patient be allowed without a letter from a general medical practitioner. That suitable cards be supplied to the local medical profession in bulk or on request."

If the proposed department were not started on the lines he had suggested it would become a curse instead of a blessing. At the Bolingbroke Hospital the staff always communicated by letter, telephone, or otherwise with any doctor who sent up a case. The scheme worked admirably there, and it was hoped that the junior hospitals having set the example the senior hospitals would be induced to give up out-patient departments and have consultation departments.

Dr. L. Archer pointed out that any advice in regard to these proposed consultations should be given only to the doctor, who would communicate with his patients himself.

Dr. G. E. Haslip remarked that the fact that only patients suffering from malnutrition were admitted only made necessity of consultation with the general practitioner the greater, since he usually knew the circumstances of the parents, and whether it was a fit case for admission. If the junior hospitals accepted Dr. Fothergill's scheme, they would gain the confidence of the general practitioner, who was just as anxious for properly-managed hospitals as anyone.

Replying to Dr. J. Dunbar Brunton, Dr. Vincent said that it was impossible for the medical staff to undertake to communicate with doctors who were unable to accompany their patients to the consultation department.

Many of the medical men present explained that it was difficult for the general practitioner to be sure of being able to attend with every case that was sent up for consultation.

Dr. Fothergill observed that it was necessary that the staff should communicate any advice necessary to the medical practitioner and not to the patient, and warned the Conference that unless the staff undertook to communicate directly with the patient's medical man, then within three years that consultation department would be a curse to the district.

Dr. Archer formally seconded the proposals of Dr. Fothergill, these were unanimously agreed to by the Conference.

In response to remarks from Drs. Haslip, Fothergill, Archer, Tanner, and Cope, Dr. Vincent said that the medical staff could not pledge themselves to communicate with doctors unable to attend with the patients at the consultation department, but the staff would give the matter its attention, as it seemed to be the chief point of difference between them.

Dr. Haslip said it was the whole crux of the question, but Dr. Vincent was unable to agree with them.

The Conference then terminated with a vote of thanks to the chairman and staff.

ROYAL ALBERT ASYLUM, LANCASTER.

FROM the report of Dr. Archibald R. Douglas, the Medical Superintendent of the Royal Albert Asylum, Lancaster, for the year ending June 30th, 1907, we learn that the number of inmates on that date was 653 (415 males and 238 females); 109 patients (60 males and 49 females) had been admitted during the year; 93 (59 males and 34 females) had been discharged; and 13 (9 males and 4 females) had died. The average number resident had been 637 (405 males and 232 females). The death-rate, calculated on the latter number, showed the comparatively low percentage of 2.04. Six deaths are attributed to tuberculosis and 1 to phthisis, so that more than half of the 13 deaths appear to be of tuberculous origin.

At the Royal Albert Asylum considerable improvement in the sanitary conditions has been made in recent years, and the general death-rate has diminished; but the proportion of deaths from tuberculous disease continues high, averaging about one-third of the total deaths during the last ten years. The high mortality from this class of disease has engaged the anxious attention of managers of asylums for imbeciles throughout the country, and at the Royal Albert Asylum facilities for open-air treatment have recently been provided and the disqualification of candidates for admission known to be suffering from tuberculous symptoms resolved on. Of the 109 patients admitted 53 were elected by subscribers, and 31 maintained by their respective unions, while 25 were reduced and full payment cases. It will be seen that this useful institution caters for all classes of the community; for boys of the higher social class there is a well-appointed detached residence (Brunton House) at a little distance from the main building, with separate grounds, etc.

Of the 93 patients discharged, 37 are reported as much improved; but as it is stated that "too many of the ex-patients who ought to have done better have gravitated to the lunatic asylum or the workhouse," solely from the lack of helpful relatives or friends, it is obvious that the laudable efforts of such charities as this require to be supplemented by the State provision of suitable employment in a colony or otherwise of trained cases. For such provision the recommendations of the Royal Commission on the Care and Control of the Feeble Minded are anxiously awaited. The industrial training of the patients has always been a strong point at the Royal Albert Asylum, and the "Herbert Storey" workshops have proved of great utility in this direction, while the farm and gardens furnish appropriate and healthy training for some thirty of the boys.

The chief addition to the resources of the institution during the year has been the opening of the "James Diggins Memorial Reception House," wherein new patients are received for a period of probation and quarantine before being distributed in the institution generally. It has combined with it a home for the nurses employed at the Rodgett Infirmary. The Medical Superintendent has now the assistance of two medical colleagues (Drs. Coupland and Farries), the senior of whom is resident at Brunton House. We notice that the name of Dr. Ashby of Manchester appears (with that of Dr. Shuttleworth) as Honorary Consulting Physician to the institution.

We are glad to find that the funds of the institution are well maintained, the total receipts for the year from various sources amounting to nearly £28,000, though the Central Committee point out that in order to maintain the full number of 700 patients, for which there is now accommodation, an additional annual income of £1,750 is needed.

THE
British Medical Journal.

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

SUPPLEMENT

CONTAINING

PROCEEDINGS OF COUNCIL

REPORTS OF STANDING COMMITTEES

MEETINGS OF BRANCHES AND DIVISIONS

PROGRAMME OF ANNUAL MEETING

MEDICAL BILLS IN PARLIAMENT

PROCEEDINGS OF THE GENERAL MEDICAL COUNCIL

Etc.

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INDEX TO SUPPLEMENT FOR VOLUME II, 1907.

A.
Aberdeen Branch. *See* Branch
Act, Midwives, 113, 237, 344; discussion at Annual Representative Meeting, 113
Act, Notification of Births. *See* Bill
Act, Workmen's Compensation, 56, 113; discussion at Annual Representative Meeting, 113; medical practitioners and, 56
Altrincham Division. *See* Division
Army, British, 21, 37, 59, 82, 122, 147, 154, 161, 170, 178, 203, 209, 218, 227, 233, 242, 247, 281, 290, 313, 329, 339, 346, 351; erratum, 203
Army, British, Royal Army Medical Reserve, promotions and appointments, 281
Army, British, Royal Army Medical Service, promotions and appointments, 242
Army, British, changes of stations, 21, 83, 155, 210, 257, 313, 346
Army, British, Colonial Medical Service, promotions and appointments, 148
Army, British, medical reserve of officers, promotions and appointments, 37, 82, 148, 155, 209, 218, 257, 281, 290
Army, British, Royal Army College, promotions and appointments, 147; erratum, 203
Army, British, Royal Army Medical Corps, promotions and appointments, 21, 37, 59, 82, 122, 147, 155, 161, 170, 178, 209, 218, 227, 233, 242, 273, 281, 290, 313, 329, 339, 351
Army, British, Royal Army Medical Corps (Militia), promotions and appointments, 37, 281, 351
Army, British, Royal Hospital, Kilmainham, promotions and appointments, 133
Army, British, Royal Malta Artillery, promotions and appointments, 233
Army, Indian, promotions and appointments in the medical service of, 21, 37, 82, 122, 148, 162, 170, 209, 233, 242, 273, 290, 329, 351
Ashton-under-Lyne Division. *See* Division
Association, British Medical, annual exhibition of foods, drugs, instruments, books, and sanitary appliances, 128, 144, 151, 157, 207, 216, 222
Association, British Medical, annual meeting, 4, 27, 41, 61, 83, 125, 142, 144, 151, 157, 207, 317; programme of business, 4, 41, 61; the sections, 27, 41, 61; trips and circular tours in the neighbourhood of Exeter, 29, 51, 71; excursions, 51, 71; local entertainments, 53, 73; first general meeting, 85; adjourned general meeting, 85; induction of new President, 85; "Book of the South-West," 86; annual meeting 1903, Sheffield, 87; financial statement, 87; resignation of treasurer, 88; the General Medical Council, 88; election of treasurer, 88; date of meeting, 89; distinguished foreign and colonial guests, 89; presentation to Dr. Davy, 89; the Middlemore prize, 89; President's address, 89; the address in medicine, 90; the Toronto meeting, 125; the address in surgery; annual dinner, 126; the popular lecture, 126; pathological museum, 127; annual exhibition of drugs, etc., 128, 144, 151, 157, 207, 216, 222; the temperance breakfast, 131; entertainments at Exeter, 142
Association, British Medical, annual meeting at Sheffield 1908, 317; the sections, 318
Association, British Medical, annual representative meeting, 55, 90, 125, 181; notices of motion, 55; constitution of meeting, 90; standing orders, 90; report of Council, 90; balance sheet, 91; estimates for 1907, 91; Central Ethical Committee, 92; matters arising out of report of Council, 92; Medical Secretary's department, 92; capitation grants to branches, 95; rebuilding debentures, 96; apportionment of member's annual subscription, 96; the financial year, 97; statement by chairman, 97; Medico-Political Committee, 97, 109; election of committees, 97; Ethical Committee's report, 97; ethical aspects of medical consultation 100; definition of the term "hospital," 102; Special Finance Inquiry Committee, 102, 109; Organization Committee, 102; election of chairman and deputy chairman, 105; Hospitals Committee, 105, 107; confirmation of minutes, 107, 109, 121; nominations for committees, 107; League of Mercy, 108; vac-

nation, by general practitioners, 108; contract practice, 110; sanatoria for workers suffering from tuberculosis, 111; fees of certifying factory surgeons, 111; position of postal medical officers, 112; medical examination for life insurances, 112; medical examination of seamen, 112; fees to medical witnesses and fees in police emergency cases, 112; parliamentary elections, 112; Bill to amend and consolidate the Medical and Dentists Acts, 112; prohibition of medical practice by Companies Bill, 112; notification of Births Bill, 113; State registration of nurses, 113; King Edward's Hospital Fund Bill, 113; Midwives Act, 113; medical inspection of school children; medical bureau in the Education Department, 113; Workmen's Compensation Act, 113; vaccination, 114; Lunacy and Inebriates Law, 114; vivisection, 114; income tax, 114; Sight-testing Opticians Bill, 114; application by the Association of Medical Herbalists for a Royal Charter, 114; the referendum, 118; election of standing committees, 118; the Charter, 119; the Council and the Representative Meeting, 120; resolutions withdrawn, 120; vote of thanks, 120; procedure on reports, 120; annual general meeting, 121, 125; corrections, 125; Referendum on resolutions of Representative Meeting, 181
Association, British Medical, changes of boundaries of Divisions, 221
Association, British Medical, the Charter, 12, 34, 75, 78, 119; discussion at Annual Representative Meeting, 119; Carnarvonshire (North) and Anglesea Division, 34; Manchester (South) Division, 75; Norfolk (West) Division, 12; Southern Branch, 78
Association, British Medical, Council proceedings, 25, 133, 261; present, 25, 133, 140, 261; chairman, 25, 133; apologies, 25, 133, 261; resignation, 25; acknowledgement of vote of condolence, 25; death, 25; 1908 meeting, 26; prosecutions before General Medical Council, 26; Journal and Finance Committee, 26, 262; Premises Committee, 26; Irish Committee, 26, 139, 264; Organization Committee, 26, 139, 263; Science Committee, 26; Public Health Committee, 26, 264; Hospitals Committee, 26, 264; Medico-Political Committee, 26, 264; Ethical Committee, 27, 264; Irish Medical Graduates, 27; candidates, 27; Charter, 27; constitution of Committees, 27; Referendum, 27; Chairman of Council, 27; communications, 27; co-option, 133; minutes, 133, 140, 261; representatives of the services, 133; Referendum Report, 133, 141, 168, 181, 221; new members, 139, 261; dates of meetings, 139, 261; Chloroform Committee, 139; resignation of treasurer, 139; eyesight conference, 139; candidates, 139; Branch returns, 1907-8, 139; President-elect, 140; Dental Congress, 140; Treasurer, 140; minutes of Representative Meeting, 140, 141; Referendum report, letter from Chairman of Representative Meeting, 141; elections to Committees, 141; Dr. Langley Browne's acknowledgement, 141; Irish matters, 262; votes of thanks, Exeter, 262; new premises, 262; allocation of committees, 262; Arrangements Committee, 264; Naval and Military Committee, 265; numbers at Divisional meetings, 265; International Medical Congress, 265; resolution from section, 265; note on Referendum (E. Rowland Fothergill), 168; Referendum report, a correction, 221
Association, British Medical: General practitioner and (Arthur E. Larking), 252
Association, British Medical: Members elected during the June quarter, 1907, 79; during the September quarter, 321

B.

Bath and Bristol Branch. *See* Branch
Bath Division. *See* Division
Bedford and Herts Division. *See* Division

Bill, Notification of Births, 74, 76, 151, 169, 174, 240, 241, 246, 249, 251, 278, 287, 299, 300, 305, 333, 334, 335, 337, 338, 343, 344, 350; division list, 169; terms of the Act, 174; resolutions of: Ashton-under-Lyne Division, 299; Blackpool Division, 287; Bristol Division, 333; Bournemouth Division, 334; Bury and Rochdale Divisions, 278; Canterbury and Faversham Division, 350; Cardiff Division, 305; City Division, 335; Edinburgh, North-East Division, 343; Gateshead Division, 249; Glasgow North-West Division, 334; Hampstead Division, 306; Liverpool and Birkenhead Divisions, 334; Manchester (North) Division, 246; Manchester (South) Division, 74; Monmouthshire Division, 240, 241; Northamptonshire Division, 251; St. Pancras and Islington Division, 337; Reigate Division, 151; Salford Division, 344; Southport Division, 76, 335; Stratford Division, 287, 350; Tottenham Division, 344; Walthamstow Division, 344; Warrington Division, 35
Blackburn Division. *See* Division
Blackpool Division. *See* Division
Board, Central Midwives, 21, 80, 122, 233, 272, 328, 345; taking the pulse and temperature, 21; refusal to rescind a censure, 21; midwives censured, 21, 272, 345; midwives cautioned, 21, 80, 346; midwives struck off the roll, 80, 345; conviction for using description implying midwifery qualifications, 122; Notification of Births Bill, 122; ignorance of the rules, 122; doctors sent for in emergency cases, 122; duties of local supervisory authorities, 233; power of suspension by local supervising authorities, 233; midwives' nameplates, 233; midwives and operations, 233; payment to medical practitioners sent for in emergency cases, 272, 328; Govan Cottage Nurses' Training Home, 272; training midwives, 272; local supervising authorities, 272; fees in emergency cases, 328; new examination centre, 323; conviction of midwives in police courts, 329
Border Branch. *See* Branch
Border Counties Branch. *See* Branch
Boston and Spalding Division. *See* Division
Bournemouth Division. *See* Division
Bradford Division. *See* Division
Branch, Aberdeen, 11, 245; summer meeting, 11, 245; Representative on Branch Council, 11; minutes and report, 11, 245; Representative at Annual Representative Meeting, 11; luncheon, etc., 11; annual meeting, 245; report of Council, 245; balance sheet, 245; election of officers, 245; vote of thanks to Professor Finlay, 245; dinner, 245
Branch, Bath and Bristol, 229, 333; new rules of Bristol Royal Infirmary, 229; vote of thanks, 231; lantern slides, 333; papers, 333
Branch, Border (Cape Colony), 333; inaugural meeting, 333; election of officers, 334; nominations for Branch Council, 334; reciprocity, 334; South African Medical Congress, 334; name of Branch, 334
Branch, Border Counties, 11; annual meeting, 11; apologies for non-attendance, 11; report of Council, 11; confirmation of minutes, 11; additional Branch Secretary, 11; alteration of by-laws, 11; extraordinary members, 12; future meetings, 12; vote of thanks to Honorary Chairman, 12; introduction of new President, 12; President's address, 12; office-bearers, 12
Branch, Cambridge and Huntingdon, 237; Referendum, 237; proposed Royal Commission on Quackery, 237; new members, 237
Branch, Connaught, 12; election of officers, 12; rules, 12; ethical rules, 12; annual meeting, 12; the Charter, 12; new member, 12
Branch, Dorset and West Hants, 277; autumn meeting, 277; minutes, 277; elections, 277; papers, 277; vote of thanks, 277; luncheon, 277
Branch, Dundee, 30; annual meeting, 30; confirmation of minutes, 30; election of officers, 30; other business, 31; dinner, 31

- Branch, East Anglian, 31; annual meeting, 31; new members, 31; President-elect, 31; autumn meeting, 31; luncheon, 31; confirmation of minutes, 31; report of Council, 31; election of officers, 31; introduction of new President, 31; President's address, 31; papers, 31; cases, 31; specimens, 31; microscopic specimens, 31; water-colour drawing, 31; tea, 31; exhibition of instruments, etc., 32.
- Branch, Edinburgh, 74; annual meeting, 74; confirmation of minutes, 74; installation of new President, 74; election of officers, 74; report of Branch Council, 74; financial statement, 74; Central Emergency Fund, 74; the Association as prosecutor, 74; the splitting nuisance, 74.
- Branch, Isle, 278; Referendum, 278.
- Branch, Gibraltar, 319; confirmation of minutes, 319; communication, 319; paper, 319.
- Branch, Gloucestershire, 319; confirmation of minutes, 319; President's valedictory address, 319; vote of thanks to retiring Secretary, 319; installation of new President, 319; dinner, 320.
- Branch and Division, Gloucestershire, 299; special meeting, 299; Referendum, 299.
- Branch, Halifax, Nova Scotia, 273; election of officers, 278; new members, 278.
- Branch, Lancashire and Cheshire, 32; seventy-first annual meeting, 32; election of officers, 32; next annual meeting, 32; alteration of Branch laws, 32; the late Dr. Dreschfeld, 32; votes of thanks, 32; President's address, 32; tea, 32; scientific, 32; dinner, 32.
- Branch, Metropolitan Counties, 13; annual meeting, 13; minutes, 13; amended rules, 13; election of officers, 13; annual report, 14; financial statement, 14; Central Emergency Fund, 14; President-elect's address, 14; dinner, 14.
- Branch, Midland, 221; annual meeting, 221; confirmation of minutes, 221; installation of new President, 221; report of Council, 221; election of officers, 221; President's address, 221; papers, 221; cases, 221; entertainments, 221.
- Branch, Natal, 173; annual licence and tax on prescribing practitioners, 173.
- Branch, North of England, 33, 238, 301; annual meeting, 33; annual report of Branch Council, 33; report of Representatives on Central Council, 33; election of officers, 33, 239; vote of thanks to Honorary Secretary, 33; installation of new President, 33; President's address, 33; golf and excursions, 33; dinner, 33; presentation to Dr. Cox, 33; Honorary Secretaries of the Branch, 34; thirteenth meeting of Durham Committee, 238; Secretaries' report, 239; ethical procedure, 239; complaints against non-members of the Association, 239; autumn meeting, 304; neurasthenia (David Drummond), 304; vote of thanks, 304.
- Branch, North Lancashire and South Westmorland, 34; annual meeting, 34; confirmation of minutes, 34; members of Branch Council, 34; election of officers, 34; expenses of Representatives, 31.
- Branch, North Wales, 77; annual meeting, 77; confirmation of minutes, 77; congratulations, 77; Central Emergency Fund, 77; introduction of President-elect, 77; vote of thanks to retiring President, 77; election of officers, 77; Representative on Central Council, 77; financial statement for 1906, 77; report of Council, 78; places of meeting for 1907, 78; President's address, 78; papers, 78; vote of thanks, 78; luncheon, 78.
- Branch, Northern Counties of Scotland, 188; confirmation of minutes, 288; Referendum, 288; teaching of hygiene to school children, 288; demonstration, 288.
- Branch, Oxford and Reading, 121; annual meeting, 121; discussion, 121; cases, 121; demonstration, 122; Central Council, 122; dinner, 122.
- Branch, Shropshire and Mid-Wales, 239; new members, 239; confirmation of minutes, 239; contract practice, 239; Referendum, 239; President's address, 239; discussion, 239; annual dinner, 239.
- Branch, Somerset (West), 16, 251; sixty-fifth annual meeting, 16; confirmation of minutes, 16, 251; annual report and balance sheet, 16; election of officers, 16; reports of subcommittees, 16; President's address, 16; cricket match, 16; medical certificates, 251; address and cinematograph exhibition, 251; vote of thanks, 251; Referendum, 251.
- Branch, South-Eastern, 15; annual meeting, 15; election of officers, 15; vote of thanks to retiring officers, 15; President's address, 15; annual report, 15; rules, 15; new vaccination order, 15; reception by the Mayor, 15; dinner, 15.
- Branch, South-Eastern of Ireland, 35, 122, 202, 240; apologies for non-attendance, 35, 122, 202, 240; confirmation of minutes, 35, 122; hospital administration, 35; ethical aspects of medical consultation, 35; paper, 35; discussion, 35, 122; Clonmel meeting, 35; locum tenents, 35, 122, 202; vote of thanks, 35; vote of sympathy, 35; dinner, 35; correspondence, 122; medical defence, 122; medical
- M.P.'s, 202, 240; luncheon, 202; Annual Representative Meeting, 240; Referendum, 240; draft model ethical rules, 240; Local Government Board, sanitary reports, 240; locum tenents, 240; dispensary doctor's salaries, 240.
- Branch, Southern, 78, 344; annual meeting, 78; the late Dr. Groves, 78; reports of Honorary Secretary and Treasurer, 78; draft Charter, installation of new President, 78; luncheon and garden party, 78; votes of thanks, 78, 344; communications, 344, dinner, 344.
- Branch, South Midland, 250; confirmation of minutes, 250; election of Branch Council, 250; public vaccinator's fees, 250; specimens, 250; papers, 250.
- Branch, South Wales and Monmouthshire, 345; resolutions re arrangements with specialists in connexion with the Benevolent Fund of the National Union of Teachers, 345.
- Branch, South-Western, 269; confirmation of minutes, 269; cases, 269; papers, 269; specimens, 269; Cornwall County Nursing Association, 269.
- Branch, Stirling, 241; autumn general meeting, 241; Referendum, 241; Annual Representative Meeting, 241.
- Branch, Ulster, 16, 305; twenty-ninth annual meeting, 16; confirmation of minutes, 16, 305; apologies for non-attendance, 16, 305; report of Council, 16; annual report, 16; election of officers, 16; new members, 305.
- Branch, Worcestershire and Herefordshire, 16, 252; annual meeting, 16; confirmation of minutes, 16, 252; election of officers, 16; dinner, 16; new members, 16; apologies for non-attendance, 252; demonstrations, 252; vote of thanks, 252; paper, 252; Medical Acts Amendment and quackery, 252.
- Branch, Yorkshire, 36, 15, 279; annual meeting, 36; new members, 36, 279; election of officers, 36; increase of expenditure, 36; report of Council, 36; introduction of new President, 36; vote of thanks to retiring President, 36; Annual Representative Meeting, 36; Central Emergency Fund, 36; papers, 36; next meeting, 36; luncheon, 36, 279; dinner, 36, 279; a correction, 56; confirmation of minutes, 279; expenses of annual meeting, 279; the late Dr. Dolan, 279; President-elect, 279; the Council and the Representative Meeting, 279; cards and specimens, 279; a statement re Referendum (David Gwyder), 279.
- Brighton Division. *See* Division
- Bristol Division. *See* Division
- Bromsgrove Division. *See* Division
- BULTRELL, M. H.: Report on Medical Registration in Guernsey, 271.
- Bury and Rochdale Division. *See* Division
- C.
- Cambridge and Huntingdon Branch. *See* Branch
- Canterbury and Faversham Division. *See* Division
- Cardiff Division. *See* Division
- Carnarvonshire and Anglesea Division. *See* Division
- Central Division. *See* Division
- Central Emergency Fund. *See* Fund
- Chichester and Worthing Division. *See* Division
- Children, medical inspection of. *See* Medical City Division. *See* Division
- Committee, Central Ethical, 213, 298; annual report, 213; election of chairman, 298; Standing Subcommittee, 298; matters referred by Annual Representative Meeting, 298; presentation of cases to General Medical Council, 298; practice in neighbouring towns, 298; medical practice and chemist's business in the same house, 298; procedure on individual complaints, 298; a dispute adjusted, 298; International Association of the Medical Press, 298.
- Committee, Hospitals, 298; election of chairman, 298; friendly societies' sanatoriums, 298; King Edward's Hospital Fund Bill, 298; hospital administration, 299; Hospital Conference, 299.
- Committee, Irish, 266; election of officers, 266; Public Health Bill, 266; medical inspection of school children, 266; matters deferred, 266.
- Committee, Medico-Political, 285, 341; election of chairman; standing orders, 285; Notification of Births Bill, 285; appointment and reappointment of subcommittees, 285; diploma to nurses, 285; Irish business, 285; report on the medical inspection of school children, 341.
- Committee, Naval and Military, 283; election of chairman, 286; position of Director A.M.S., 286; payment of passages of officers' families, 286.
- Committee, Organization, 265; election of chairman and co-option of members, 265; elected members of Committee, 265; number of members of the Association, 265; the Branches and scientific work, 265; capitalization, grants to Branches, 265; standing orders of Representative Meeting, 266; Medical Secretary's reports, 265; rules of Branches and Divisions, 265; presentation of reports to Council, 265.
- Committee, Public Health, 265; elected members of Committee, 265; re-election of Chairman, 266; milk supplies, 266; vaccination, 266; Public Health Bill, 266; reports, 266.
- Connaught Branch. *See* Branch
- Contract medical practice, 15, 17, 35, 238, 239, 246, 267; examination of certain friendly society statistics in their bearing upon (James Pearce), 17; resolutions of: Chester and Crewe Division, 267; Chichester and Worthing Division, 35; Grahamstown Division, 246; Guildford Division, 15; North Carrarvonshire and Anglesey Division, 239; North-East Essex Division, 238; Shropshire and Mid-Wales Branch, 239.
- Council, General Medical, 306, 323; President's address, 306; fees of members of Council, 308; dental business, 308; unqualified practice, 308; results of examinations, 309; restoration of name, 310; treasurer-ship, 310, 328; disciplinary cases, 310, 328; administration of anaesthetics for unregistered dentists, 323; Coventry Dispensary, 324; Companies' Bills Committee, 325; Pharmacopoeia Committee report, 325; Education Committee, 325; reports, 326; Apothecaries' Hall, Dublin, 327; the Clifford cases, 328; vote of thanks, 328.
- Coventry Division. *See* Division
- Cumberland Division. *See* Division
- D.
- Division, Altrincham, 74, 343; visit to David Lewis, Epileptic Colony, 74; infantile mortality, 343; dinner, 343.
- Division, Ashton-under-Lyne, 293; Annual Representative Meeting, 299; Referendum, 299; hospital abuse, 299; Notification of Births Acts, 299; next monthly meeting, 300.
- Division, Bath, 30; annual meeting, 30; confirmation of minutes, 30; election of officers, 30; annual report and balance-sheet, 30; Annual Representative Meeting, 30.
- Division, Bedford and Herts, 250; confirmation of minutes, 250; vote of thanks to retiring Chairman, 250; hygienic education of teachers, 251; Referendum, 251; vote of thanks, 251.
- Division, Blackburn, 216; special meeting, 216; address by Medical Secretary, 216.
- Division, Blackpool, 287; special meeting, 287; Referendum, 287; Notification of Births Act, 287.
- Division, Boston and Spalding, 287; confirmation of minutes, 287; payment of cases, 287; Referendum, 287; school certificates, 287; cases, 287; specimens, 288.
- Division, Bournemouth, 166, 334; insecurity of tenure of public health appointments, 166; confirmation of minutes, 334; Notification of Births Act, 334; Wimborne Medical Poor-law appointments, 334; Annual Representative Meeting, 334; Referendum, 334; Executive Committee, 334.
- Division, Bradford, 151, 269; special meeting, 151; police surgeons' reports, 151; confirmation of minutes, 269; Chairman's address, 269; Referendum, 270.
- Division, Brighton, 239; confirmation of minutes, 239; Annual Representative Meeting, 239; Referendum, 239.
- Division, Bristol, 237, 333; special meeting, 237; confirmation of minutes, 237; the Referendum, 237; model rules, 237; Notification of Births Act, 333; Bristol Royal Infirmary, 333; votes of thanks, 333.
- Division, Bromsgrove, 30; election of officers, 30.
- Division, Canterbury and Faversham, 34, 250, 340; papers and demonstrations, 34, 250; dinner, 35; preliminary meeting, 35; confirmation of minutes, 35, 350; election of officers, 35; vote of thanks, 35, 250, 350; proposed amalgamation with Ashford Division, 35; combined meeting with Thanet Division, 35; election of Representatives at Annual Representative Meeting, 35; special meeting, 250; next meeting, 250, 350; Referendum, 250; police emergency fees, 250; medical law reform and quackery, 250; hygiene training of school teachers, 250; luncheon, 250; Notification of Births Act, 350; demonstration, 350; luncheon, 350.
- Division, Cardiff, 240, 305; special meeting, 240; Referendum, 240; late Dr. E. J. Paton, 305; Annual Representative Meeting, 305; Notification of Births Act, 305; paper, 305.

Division, Central, 74, 289: annual meeting, 74; confirmation of minutes, 74; new rule, 74; annual report of Executive Committee, 74; Annual Representative Meeting, 74; associate members, 74; election of officers, 74; votes of thanks, 74; Referendum, 299; notice of motion, 299

Division, Chester and Crewe, 237; confirmation of minutes, 267; ethical rules, 267; contract practice, 267; Referendum, 267; next meeting, 267

Division, Chichester and Worthing, 35; annual meeting, 35; confirmation of minutes, 35; next place of meeting, 35; election of officers, 35; election of a medico-political committee, 35; ethical aspects of medical consultation, 35; medical inspection of school children, 35; contract practice, 35; paper, 35

Division, City, 178, 325; special general meeting, 278; tea, 278; cases and specimens, 278; incipient insanity, 335; Notification of Births Act, 335

Division, Coventry, 299; apologies for non-attendance, 299; specimens, 299; Executive Committee's report, 299; Referendum, 299

Division, Cumberland, North, 245; special meeting, 245; Referendum, 245; ethical rules, 245

Division, Dorset (West), 286; Referendum, 286; hygienic training of teachers, 287; visit to the hospital wards, 287

Division, Dumfriesshire and West Argyllshire, 278; general meeting, 278; Referendum, 278; examination of pupil teachers, 278; vote of thanks, 278

Division, Eastbourne, 239; special meeting, 239; Referendum, 239

Division, East London, 143, 245; police cells, 143, 245; ambulance lectures, 143; papers, 144, 246; future meetings, 144; Grams-town Branch, 245; South African Medical Congress, 246; nomination of officers, 246; contract practice, 246; case, 246; milk sterilizer, 246; vote of thanks, 246

Division, Edinburgh, North-East, 343; confirmation of minutes, 343; an ethical question, 343; Representative Meetings, 343; Referendum, 343; Notification of Births Act, 343

Division, Edinburgh, North-West, 334; confirmation of minutes, 334; Annual Representative Meeting, 334; Referendum, 334

Division, English, 30; inaugural meeting, 30; election of chairman, 30; rules, 30; election of office-bearers, 30

Division, Essex (North-East), 237; confirmation of minutes, 237; ethical rules, 237; Midwives Act, 237; contract practice (Colchester), 238; school certificates, 238; Charter Referendum, 238

Division, Essex (South), 299; annual meeting, 299

Division, Essex (South), 165; insecurity of tenure of public health appointments, 165

Division, Folkestone, 240, 337; confirmation of minutes, 240, 337; Referendum, 240, 337; Representative's report, 240; medical law reform, 240; vote of thanks, 240; cases, 337

Division, Gateshead, 249; annual meeting of Branch at Gateshead, 249; circular from Reigate Division re Royal Commission on Quackery and Amendment of Medical Acts, 249; teaching of hygiene, 249; annual dinner, 249; Early Notification of Births Act, 249; Referendum, 249

Division, Glasgow (Eastern), 121; election of officers, 121

Division, Glasgow (North-Western), 30, 238, 334; annual meeting, 30; confirmation of minutes, 30, 334; report of Representative, 30; election of officers, 30; special meeting, 238; Referendum, 238; grouping of Branches, 238; separation of Finance from Journal Committee, 238; Annual Representative Meeting, 334; Notification of Births Act, 334; Central Emergency Fund, 334; expenses of Representatives, 334; medical examination of seamen, 334; future meetings, 334

Division, Grahamstown, 150, 246; confirmation of minutes, 150; departure, 150; South African Medical Congress, 150; new rules, 150; Museum and Library, 150, 246; gratuitous treatment, 150; midwives, 150; cases and specimens, 246; Pretoria Congress, 246; Honorary Secretary and Treasurer, 246; amendment of Medical and Pharmacy Act, 246; combined meeting, 246; new rules, 246

Division, Guernsey and Alderney, 218, 289; apologies for non-attendance, 218; Referendum, 218; grouping of Branches, 218; general policy of the Council, 218; original letters of Edward Jenner, 289; votes of thanks, 289

Division, Guildford, 15, 288; annual meeting, 15; election of officers, 15; confirmation of minutes, 15, 288; annual report and balance sheet, 15; next meeting, 15; contract practice, 15; cases, 15; votes of thanks, 15, 269; election of Chairman, 268; Referendum, 268; rules for contract practice, 268; joint meetings, 268; medical law reform and quackery, 268; training of school teachers

in hygiene, 268; paper and discussion, 268; cases and specimens, 269

Division, Hampstead, 247, 300; minutes, 247, 300; letters, 247; Council of Social Welfare, 247; Representative's report, 247; vote of thanks, 247, 300; Referendum, 247; voting, 248; resolution on hygiene in schools, 248; letter of regret, 248; election of Branch Council Representative, 300; paper, 300; Notification of Births Act, 300; Hampstead mortuary, 300; Central Emergency Fund, 300

Division, Isle of Thanet, 15, 221, 288, 337; nineteenth meeting, 15; twentieth meeting, 221; confirmation of minutes, 15, 221, 337; school certificates, 15; next meeting, 15; election of officers, 15; Executive Committee, 15; Representative Meeting, 15; hospital administration, 15; medical inspection of school children, 15; ethical aspects of medical consultation, 16; specimens, 16; paper, 16, 221; vote of thanks, 16, 221, 289, 338; friendly societies and the medical profession, 221; Referendum on the Charter, 221, 338; twenty-first clinical meeting, 288; cases, 288; discussion on the notification of infectious diseases and isolation hospitals, 288; death of Dr. Tyrrell, 288; adjourned discussion, 288; Notification of Births Act, 338; police emergency fees, 338; demonstration and paper, 338

Division, Kensington, 15, 287; annual meeting, 15; scrutineers, 15; report of Committee, 15; Annual Representative Meeting, 15; letters, 15; election of officers, 15; vote of thanks to retiring Chairman, 15; resignation of Chairman, 287; cases and specimens, 287; lantern demonstration, 287; paper, 287; vote of thanks, 287

Division, Lambeth, 267, 337; Referendum, 267, 337; papers, 267, 337; Brixton Dispensary, 267; next meeting, 268; votes of thanks, 337

Division, Lanarkshire, 267; special meeting, 267

Division, Leigh, 206, 246; election to Central Council, 206; hygienic education of teachers, 246

Division, Leinster, East, 53; annual meeting, 53; election of officers, 53

Division, Liverpool (Central), 32; annual meeting, 32; election of officers, 32; report of Executive Committee, 32; annual Representative Meeting, 32; hospital administration, 32; medical inspection of school children, 32; ethical aspects of medical consultation, 32; Special Representative Meeting, 32; combined meetings, 32; votes of thanks, 32

Division, Liverpool (North), 287; confirmation of minutes, 287; election of Chairman, 287; election of Vice-Chairman, 287; the late Dr. Archer, 287; Referendum and draft Charter, 287

Division, Liverpool (Southern), 13; annual meeting, 13; confirmation of minutes, 13; annual report, 13; election of officers, 13; Special Representative Meeting, 13; Librarian of the Liverpool Medical Institution, 13

Division, Maldstone, 250; confirmation of minutes, 250; Referendum, 250; medical service in territorial army scheme, 250

Division, Manchester (North), 246, 320; special meeting, 246; proposed new ethical rules, 246; Referendum, 246; Notification of Births Act, 246; minutes, 320; new rules, 320; sixpenny doctors, 320; Central Emergency Fund, 320; Division supper, 320; plans of the new buildings of the Association in London, 320

Division, Manchester (South), 74, 278; confirmation of minutes, 74, 278; apologies for non-attendance, 74; Notification of Births Bill, 74; letter from Mrs. Collins, 74; the late Dr. Dreschfeld, 74; Annual Representative Meeting, 75; draft Charter, 75; social evening, 278; special general meeting, 278; Referendum, 278; ethical rules, 278

Division, Marylebone, 300; general meeting, 300; Central Emergency Fund, 301; Referendum, 301

Division, Monmouthshire, 54, 240; annual meeting, 54; apologies for non-attendance, 54, 240; confirmation of minutes, 54; election of officers, 54; report of Executive Committee, 54; Annual Representative Meeting, 54; rules, 54; quarterly meetings, 54; ordinary meetings, 54; Special Representative Meeting, 54; votes of thanks, 54, 240, 241; Contract Practice Fund, 54; minutes of annual meeting, 240; election of Chairman, 240; disputes in district, 240; Notification of Births Bill, 240, 241; specimens and cases, 240; Dr. S. H. Steel, 240; special meeting, 240; reports re disputes in the district, 241; Referendum, 241

Division, Norfolk (West), 12; annual meeting, 12; confirmation of minutes, 12; election of officers, 12; annual report, 12; hospital administration, 12; medical inspection of school children, 12; ethical aspects of medical consultation, 12; new vaccination order, 12; luncheon, 13

Division, Northamptonshire, 251; luncheon, 251; confirmation of minutes, 251; Representative Meeting, 251; Referendum, 251;

hygienic training of teachers, 251; Notification of Births Act, 251; tea, 251

Division, North Carnarvonshire and Anglesea, 34, 239; annual meeting, 34; Representative at Representative Meeting, 34; ethical rules, 34; draft Charter, 34; medical inspection of school children, 34; ethical aspects of consultation, 54; election of officers, 34; paper, 34; consultation with bonesetters, 239; contract practice, 239; Referendum, 239

Division, North Glamorgan and Brecknock, 206; officers, 206; meetings, 206

Division, North Northumberland, 55, 150, 170, 202; annual meeting, 55; election of officers, 55; new Vaccination Order, 55, 150, 202; scale of fees, 150; social meeting, 170

Division, North-West, 13; special meeting, 13; electro-therapeutics, 13

Division, Norwich, 246; confirmation of minutes, 246; Referendum, 246

Division, Norwood, 150, 304, 350; annual meeting, 150; confirmation of minutes, 150, 305, 350; next meeting, 150, 304, 350; election of officers, 150; report of Executive Committee, 150; retirement of Representative, 150; dinner, 150, 305; Annual Representative Meeting, 305; vote of thanks to Dr. Ker, 305; Referendum, 305; papers, 305; number present, 305; Representative of Division, 350; Constitution of the Association, 350; Referendum, 350; vote of thanks to Chairman, 351

Division, Nuneaton and Tamworth, 286; Referendum, 286

Division, Oxford, 54, 249, 268; annual meeting, 54; luncheon, 54; installation of new Chairman, 54; confirmation of minutes, 54, 250, 268; report of Executive Committee, 54; balance sheet, 54; election of officers, 54; Central Emergency Fund, 54; Notification of Births Bill, 54; visit to Lord Redesdale's wild garden, 54; special meeting, 249; Referendum, 250; cholecystectomy, 268; angioneurotic oedema, 268; bronchiectasis, 268; cow-pox, 268; renal tuberculosis, 268; pregnancy complicated by strangulated ovarian cyst, 268; discussion on the contagiousness of consumption, 268

Division, Portadown and West Down, 35; annual meeting, 35; confirmation of minutes, 35; Honorary Secretary's report, 35; the late Dr. O'Hara, 35; Representative Meeting, 36; election of officers, 36; communications, 36

Division, Reigate, 150, 205, 269; election of Representative, 150; medical law reform, 150, 205; Hospitals Committee, 150; medical inspection of school children, 151; notification of births, 151; medical law reform and quackery, 205; special meeting, 269; confirmation of minutes, 269; Referendum, 269

Division, Rochdale, 32; confirmation of minutes, 32; Representative at Annual Representative Meeting, 32

Division, St. Helens, 13; annual report, 13; election of officers, 13; medical attendance and the Truck Act, 13

Division, St. Pancras and Islington, 268, 337; special meeting, 268; Annual Representative Meeting, 268; Referendum, 268; annual reports of Medico-Political and Ethical Committees, 268; Notification of Births Act, 337; Branch Council, 337

Division, Salford, 343; confirmation of minutes, 343; teaching of hygiene, 343; medical inspection of school children, 343; Midwives Act, 344; Notification of Births Act, 344

Division, Salisbury, 251; dinner, 251; confirmation of minutes, 251; vote of condolence with Mrs. Coates, 251; hygienic education of school teachers, 251; Referendum, 251; Central Emergency Fund, 251; discussion, 251; photographs, 251

Division, Scottish, 286; Referendum, 286; paper, 286

Division, Sheffield, 279; Referendum, 279

Division, South-Eastern Counties, 231, 277; autumn meeting, 231; confirmation of minutes, 231; Annual Representative Meeting, 231; the Charter Referendum, 232; paper, 232; vote of thanks, 232; annual dinner, 232, 277

Division, Southern, 267; confirmation of minutes, 267; report on Representative Meetings, 267; Referendum, 267; income tax returns, 267; black list, 267; vote of thanks, 267

Division, Southport, 76, 238, 335; apology for non-attendance, 76; confirmation of minutes, 76; Notification of Births Bill, 76, 335; annual report of Council, 77; Annual Representative Meeting, 77; Central Emergency Fund, 77; special meeting, 238; Referendum, 238

Division, Stockport, Macclesfield, and East Cheshire, 78; letter from member of executive committee, 78; letter from Dr. H. G. Smeeth, 78

Division, Stratford, 238, 287, 350; confirmation of minutes, 238, 287, 350; Referendum, 238; Southend medical officership, 238; address by Sir R. Douglas Powell, 287; Compulsory Notification of Births Act, 287, 350; address, 350; annual dinner, 350

Division, Suffolk, East, 144; school certificates, 144
 Division, Tottenham, 77, 344; confirmation of minutes, 77, 344; cottage hospital, 77; Notification of Births Act, 344
 Division, Truro, 305; confirmation of minutes, 305; Referendum, 305; communications, 305; visit to the wards, 305; tea, 305; next meeting, 305
 Division, Tunbridge Wells, 338; confirmation of minutes, 338; appointment of inspector and medical officer under the Midwives Act 1902, 338; fees in police emergency cases, 338; medical law reform and quackery, 332; teaching of hygiene to school teachers, 338; Referendum, 338; voting of members unavoidably absent from a meeting, 338; vote of thanks, 338
 Division, Walthamstow, 238, 304, 344; confirmation of minutes, 238, 304, 344; communication from Dr. Fothergill, 238; paper, 238; vote of thanks, 238, 304; medical practitioners and public health, 304; Referendum, 304; Notification of Births Act, 344; paper, 344
 Division, Wandsworth, 32, 121, 248, 278, 337, 350; annual dinner, 32, 350; confirmation of minutes, 121, 248, 337, 350; correspondence, 121, 337; Special Representative Meeting, 121; proposed alterations in Charter, 121; alteration of rules, 121; report of Medico-Political Committee of the Division, 121; reports of Finance Investigation Committee, 121; communications, 121; Representatives' meeting, 121; Hospital Committee, 121; vote of thanks, 121, 248, 278, 337; Weir bequest, 248, 278; Referendum, 248; special meeting, 278; General Medical Council, 337; report of Representative to Representative Meetings, 350; proposed conference of provident dispensaries, 350; scheme for election of central Council, 350; training of school teachers in hygiene, 350; report from Ethical Committee, 350
 Division, Warrington, 350; Notification of Births Act, 350; medical inspection of school children, 350
 Division, Westminster, 54, 248, 304; annual meeting, 54; Central Emergency Fund, 54; special Representative Meeting, 54; election of officers, 54; report of Executive Committee, 54; vote of thanks to Chairman, 54; paper, 248; Representative Meetings, 249; report of Annual Representative Meeting, 249; Referendum, 304; vote of thanks, 304
 Division, Wigan, 221; general meeting, 221
 Division, Winchester, 344; autumnal clinical meeting, 344; votes of thanks, 344
 Divisions, Bury and Rochdale, 278; Annual Representative Meeting, 278; Referendum, 278; Notification of Births Act, 278
 Divisions, Liverpool and Birkenhead, 334; Notification of Births Act, 334
 Divisions, St. Helens and Warrington, 13; joint meeting, 13
 Dorset Division. *See* Division
 Dorset and West Hants Branch. *See* Branch
 DRUMMOND, DAVID: Neurasthenia, 304
 Dundee Branch. *See* Branch

E.

East Anglian Branch. *See* Branch
 Eastbourne Division. *See* Division
 East London Division. *See* Division
 Edinburgh Branch. *See* Branch
 Edinburgh Division. *See* Division
 English Divisions. *See* Division
 Essex Division. *See* Division
 Ethical Committee. *See* Committee
 Exeter, trips and tours in the neighbourhood of, 29

F.

Fees for evidence at inquests, 175
 Fees of public vaccinators, 250
 Fife Branch. *See* Branch
 Folkestone Division. *See* Division
 FOTHERGILL, E. ROWLAND: The Referendum by the Central Council, as to the mode of using this power of referring questions to the members, 168
 Friendly society statistics in their relation to contract practice, examination of certain (James Pearse), 17
 Fund, Central Emergency, 14, 36, 54, 74, 77, 149, 251, 300, 301, 320, 334, 349
 Fund, National Union of Teachers' Benevolent, arrangements with specialists, 349

G.

GARRETT, J. H.: Insecurity of tenure of public health appointments, 167
 Gateshead Division. *See* Division
 General Medical Council. *See* Council
 General Practitioners and the British Medical Association (Arthur E. Larking), 252
 Gibraltar Branch. *See* Branch

Glamorgan and Brecknock Division. *See* Division
 Glasgow Division. *See* Division
 Gloucestershire Branch and Division. *See* Branch
 GOYDER, DAVID: A statement *re* Referendum, 279
 Grahamstown Division. *See* Division
 Guernsey and Alderney Division. *See* Division
 Guernsey, medical registration in (Mr. H. Bulteel), 271
 Guildford Division. *See* Division

H.

Halifax and Nova Scotia Branch. *See* Branch
 Hampstead Division. *See* Division
 Hospital administration, 12, 16, 32, 35, 150, 299; resolutions of: Ashton-under-Lyne Division, 299; Carnarvonshire (North) and Anglesea Division, 34; Isle of Thanet Division, 16; Liverpool Central Division, 32; Norfolk (West) Division, 12; Reigate Division, 150; South-Eastern of Ireland Branch, 35
 Hospital, Hampstead General, 16, 37, 56, 80
 Hospitals Committee. *See* Committee
 Hygienic training of teachers, 246, 249, 250, 251, 268, 287, 338, 350; resolutions of: Bedford and Herts Division, 251; Canterbury and Faversham Division, 250; Gateshead Division, 249; Guildford Division, 268; Leigh Division, 246; Northamptonshire Division, 251; Northern Counties of Scotland Branch, 288; Salisbury Division, 251; Tunbridge Wells Division, 338; Wandsworth Division, 350; West Dorset Division, 287

I.

Inquest fees. *See* fees
 Irish Committee. *See* Committee
 Isle of Thanet Division. *See* Division

J.

JENNER, EDWARD, original letters of, 289

K.

Kensington Division. *See* Division

L.

Lambeth Division. *See* Division
 Lanarkshire Division. *See* Division
 Lancashire and Cheshire Branch. *See* Branch
 LARKING, ARTHUR E.: General practitioners and the British Medical Association, 252
 Leigh Division. *See* Division
 Leicester Division. *See* Division
 Liverpool Division. *See* Division
 Liverpool and Birkenhead Divisions. *See* Divisions

M.

Maidstone Division. *See* Division
 Manchester Division. *See* Division
 Marylebone Division. *See* Division
 Matters referred to Divisions, 1, 341; notices of motion, 1
 Medical Acts Amendment and quackery, 246, 249, 250, 252
 Medical consultation, ethical aspects of, 12, 32, 35, 100; discussion at Annual Representative Meeting, 100. Resolutions of: Carnarvonshire (North) and Anglesea Division, 34; Chichester and Worthing Division, 35; Isle of Thanet Division, 16; Liverpool (Central) Division, 32; Norfolk (West) Division, 12; South-Eastern of Ireland Branch, 35
 Medical inspection of school children, 12, 32, 34, 35, 113, 151, 293, 350; discussion at Annual Representative Meeting, 113; memorandum by Board of Education, 293; resolutions of: Carnarvonshire (North) and Anglesea Division, 34; Chichester and Worthing Division, 35; Isle of Thanet Division, 16; Liverpool Central Division, 32; Norfolk (West) Division, 12; Reigate Division, 151; Warrington Division, 350. *See also* Journal Index
 Medical law reform and quackery, 205, 338
 Medical practitioners and Workmen's Compensation Act. *See* Act

Medical registration in Guernsey (Mr. H. Bulteel), 271
 Medical schools, opening of, 176
 Medico-Political Committee. *See* Committee
 Metropolitan Counties Branch. *See* Branch
 Midland Branch. *See* Branch
 Midwives Act. *See* Act
 Midwives Board. *See* Board
 Monmouthshire Division. *See* Division
 Natal Branch. *See* Branch
 Naval and Military Committee. *See* Committee

N.

Navy, Royal, promotions and appointments in the medical service of, 21, 37, 59, 82, 122, 147, 154, 161, 170, 178, 203, 209, 218, 226, 233, 242, 257, 273, 281, 290, 313, 329, 351
 Neurasthenia (David Drummond), 304
 Norfolk Division. *See* Division
 Northamptonshire Division. *See* Division
 North of England Branch. *See* Branch
 North Lancashire and South Westmorland Branch. *See* Branch
 Northern Counties of Scotland Branch. *See* Branch
 Northumberland Division. *See* Division
 North Wales Branch. *See* Branch
 North-West Division. *See* Division
 Norwich Division. *See* Division
 Norwood Division. *See* Division
 Nuneaton and Tamworth Division. *See* Division
 Notification of Births Bill. *See* Bill

O.

Organization Committee. *See* Committee
 Oxford Division. *See* Division
 Oxford and Reading Branch. *See* Branch

P.

Pathological museum, 127
 PEARSE, JAMES: An examination of certain friendly society statistics in their bearing upon contract practice, 17
 Police emergency fees, 336
 Popular lecture, 126
 Portadown and West Down Division. *See* Division
 Public health appointments, insecurity of tenure of, 165
 Public Health Committee. *See* Committee

R.

Referendum, resolutions of Branches and Divisions, 216, 232, 237, 238, 239, 240, 241, 245, 246, 247, 248, 249, 250, 251, 267, 268, 269, 270, 286, 287, 288, 299, 300, 301, 304, 305, 334, 337, 338, 343, 350; Ashton-under-Lyne Division, 299; Bedford and Herts Division, 251; Blackpool Division, 287; Boston and Spalding Division, 287; Bournemouth Division, 334; Bradford Division, 270; Brighton Division, 239; Bristol Division, 237; Cambridge and Huntingdon Branch, 237; Canterbury and Faversham Division, 250; Cardiff Division, 240; Central Division, 299; Chester and Crewe Division, 267; Coventry Division, 299; Eastbourne Division, 239; Edinburgh North-East Division, 344; Edinburgh North-West Division, 334; Folkestone Division, 240, 337; Gateshead Division, 249; Guernsey and Alderney Division, 216; Glasgow, North-West Division, 238; Gloucestershire Branch and Division, 299; Guildford Division, 268; Hampstead Division, 247; Isle of Thanet Division, 338; Lambeth Division, 257, 337; Liverpool Division, 287; Maidstone Division, 250; Manchester North, 246; Marylebone Division, 301; Monmouthshire Division, 240, 241; Northamptonshire Division, 251; North Carnarvon and Anglesey Division, 239; North Cumberland Division, 245; Northern Counties of Scotland Branch, 288; Norwich Division, 246, 204; Norwood Division, 350; Nuneaton and Tamworth Division, 286; Oxford Division, 250; Reigate Division, 269; St. Pancras and Islington Division, 268; Salisbury Division, 251; Scottish Division, 286; Shropshire and Mid-Wales Branch, 239; South-Eastern Counties Division, 232; South-Eastern of Ireland Branch, 240; Southern Division, 267; Southport Division, 238; Stirling Branch, 241; Stratford Division, 238, 287; Truro Division, 305; Tunbridge Wells Division, 338; Walthamstow Division, 304; Wandsworth Division,

248; West Dorset Division. 286; Westminster Division, 304; West Somerset Branch, 251
Referendum by the Central Council as to the mode of using the power of referring questions to the members (E. Rowland Fothergill), 168
Referendum on resolutions of Representative Meeting, 181. *See also* Association, Council proceedings
Reigate Division. *See* Division
Rochdale Division. *See* Division

S.

St. Helens Division. *See* Division
St. Helens and Warrington Divisions. *See* Divisions
St. Pancras and Islington Division. *See* Division
Salford Division. *See* Division
Salisbury Division. *See* Division
School certificates, 16, 144, 287
School teachers, hygienic teaching of. *See* Hygiene
Scottish Division. *See* Division
Sheffield Division. *See* Division
Shropshire and Mid-Wales Branch. *See* Branch
SNELL, E. H.: Insecurity of tenure of public health appointments, 167
Somerset Branch. *See* Branch
South-Eastern Branch. *See* Branch
South-Eastern Counties Division. *See* Division
South-Eastern of Ireland Branch. *See* Branch
Southern Division. *See* Division
South Essex Division. *See* Division, Essex
South Midland Branch. *See* Branch
Southport Division. *See* Division
South Wales and Monmouthshire Branch. *See* Branch
South-Western Branch. *See* Branch
Stratford Division. *See* Division
Stockport, Macclesfield, and East Cheshire Division. *See* Division
Suffolk Division. *See* Division

T.

Teachers, National Union of, Benevolent Fund. *See* Fund

Temperance breakfast, 131
Tottenham Division. *See* Division
Truro Division. *See* Division
Tunbridge Wells Division. *See* Division

U.

Ulster Branch. *See* Branch

V.

Vaccination Order, the new, 12, 15, 55, 150, 202, 218; operative part of the new order, 218
Vital statistics, 22, 37, 59, 80, 123, 131, 146, 154, 161, 170, 177, 203, 210, 218, 227, 233, 242, 255, 272, 281, 290, 313, 329, 338, 346, 351
Vital statistics of London during the second quarter of 1907, 37; during the third quarter of 1907, 253; English urban mortality in the second quarter of 1907, 80; in the third quarter of 1907, 255; epidemic mortality in London, 146, 272; Registrar General's quarterly return, 154, 231; health of English, Scottish, and Irish towns, 22, 38, 59, 82, 123, 131, 146, 154, 161, 170, 177, 203, 210, 218, 227, 234, 242, 257, 273, 292, 290, 313, 329, 338, 346, 351
Volunteer officer's decoration, 170, 313
Volunteer rifles, promotions and appointments in the Medical Service of, 21, 37, 82, 155, 162, 178, 210, 273, 329, 346, 351
Volunteers, Royal Army Medical Corps, promotions and appointments, 21, 37, 123, 155, 178, 210, 233, 257, 281, 329, 346, 351
Volunteers, Royal Engineers, promotions and appointments in the medical service of, 21, 37, 273
Volunteers, Royal Garrison Artillery, promotions and appointments in the medical service of, 21, 37, 82, 123, 148, 210, 227, 273, 281, 346, 351

W.

Walthamstow Division. *See* Division
Wandsworth Division. *See* Division
Warrington Division. *See* Division

West Dorset Division. *See* Division
Westminster Division. *See* Division
Wigan Division. *See* Division
Winchester Division. *See* Division
Worcestershire and Herefordshire Branch. *See* Branch
Workmen's Compensation Act. *See* Act
Workmen's Compensation Rules (1907), 19

Y.

Yeomanry, Imperial, promotions and appointments in the medical service of, 37, 82, 178, 210, 227
Yorkshire Branch. *See* Branch

LIST OF ILLUSTRATIONS.

Sanitary basin, 128
Schoemaker's patent artery forceps, 128
Hypodermic syringe, 128
Sterilizable syringe, 129
Ear massage instrument, 129
Operating table, 129
"Grevillite" antiseptic local anaesthetic, 130
Forceps for compressing kidney during resection of either of its poles, 145
Meatotomy, 145
Instrument for dilating ureter in female patients, 145
Head and knee rest bedstead, 152
Chrometer, 152
Harris ureometer, 153
"Bruce Clark" kettle, 159
Box for indiarubber gloves during sterilization, 159
"Burgess cap," 159
Binaural stethoscope, 159
Guillotines, 159
Osborne bed rest, 160
Equipoise couch, 160
Sheffield University from Weston Park, 317

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INDEX TO THE EPITOME FOR VOLUME II, 1907.

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

A.
Abdominal aorta, aneurysm of, 192
Abdominal cavity, fetus in for 21 years, 116
Abdominal section for puerperal peritonitis, 104, 223
Abortion, phthisis and the induction of, 157
Acocanthera and ouabain, 67
ADAMI : Nature of myelin, 82
Addison's disease, cure of, 226
Adenoma and ectopic testis, 31
Adolescents, retention of urine in, 266
Adrenal extract in chloroform poisoning, 173
Adrenalin, influence of on immunization, 10; in diabetes insipidus, 40
ALBRECHT : Sigmoid flexure and the female organs, 211
ALBU, A. : Appendicitis, 56
Albumen and antitoxin, 342
Albuminuria, exogenous toxic, 281
Albuminuria, orthotic, 3
Albumosuria, multiple myelomas and, 138
Alcohol, influence of upon immunization, 10
Alcohol in obstetrics, 6
Alcohol, local treatment of peritonitis by, 319
Alcoholism, experimental, 149
Alipin anaesthesia, 294
AMBLARD : Sudden rise of arterial tension in typhoid fever, 177
Ampulla of Vater, tumours of, 330
Anaemia, biphatinoids in treatment of, 120
Anaemia, pernicious, and cancer of stomach, 263
Anaemia, severe, transfusion in, 37
Anaesthesia, alipin, 294
Anaesthesia, spinal, prostatectomy under, 141
Anaesthetics, selection of, in operations on the thyroid, 238
Anastomosis between liver and small intestine in an infant, 237
ANDERSON : Antitoxin and post-diphtheritic paralysis, 307
ANDRE, THOMAS : Lesions of posterior root ganglia in herpes zoster, 54
Aneurysm of abdominal aorta, 192
Aneurysm, innominate, surgical treatment of, 250
ANGLADA : Traumatism and appendicitis, 207
Animals, action of radium on, 147
Annular gastrectomy, 316
Antitetanic action of eosin, 295
Antitoxin and albumen, 342
Antitoxin and post-diphtheritic paralysis, 307
Antivenins and snake venoms, 309
Antrum of Highmore and hay fever, 14
Aorta, abdominal, aneurysm of, 192
Aphasia, motor, without lesion of Broca's convolution, 70
Appendices epiploicae, hernia of, 301
Appendicitis, 56
Appendicitis and traumatism, 207
Appendix, primary cancer of, 4
Appendix, vermiform, presence of in an umbilical hernia, 333
Are there cancer houses? 191

ARMSTEL, P. J. DE BRUÏNE PLOOS VAN : Phthisis and the induction of abortion, 157
Arsenic in cutaneous epithelioma, 202
Arterial tension, sudden rise of in typhoid fever, 177
Arterioles, cutaneous, inflammation of in syphilis, 248
Arterio-sclerosis, treatment of, 213
Arterio-sclerosis, early traumatic, 2
Arterio-sclerosis, experimental, produced by nicotine, 54
Arthropathies, tabetic, 326
ASCHOFF : Nature of myelin, 82
Ascitic fluid, spontaneous evacuation of by perforation of the intestine, 204
ASHHURST : Tendon transplantation in congenital and acquired talipes, 283
Atoxyl, 22; in malaria, 174; danger in the use of, 306
Atresia of Fallopian tubes, sterility from, 145
Atropin in diabetes insipidus, 93
AUDEOUD, H. : Ophthalmic tuberculin reaction in children, 297
AUDRY : Mortality of acquired syphilis, 124

B.
BABINSKI : Lumbar puncture in treatment of cerebral tissues, 38
BACCHELLI : Essential paroxysmal tachycardia, 178
Bacteriology of conjunctiva in typhoid fever and pneumonia, 41
BAER, GUSTAV : Marmorek's serum in tuberculosis, 172
BAGINSKY, A. : Pseudo-epidemic cerebrospinal meningitis, 97
BAISCH, K. : Hyperemesis gravidarum, 89
BAR : Spirochaete in dead syphilitic fetus, 117
BARBIER : Diphtheria reappearing during an attack of measles, 165
BARDENHEUER : Neurosarcoleleisis, 74
BARTHAS : Pregnancy and tuberculous laryngitis, 76
BASTOGI, G. : Clinical determination of HCl in gastric contents, 166
BAUMGARTNER : Treatment of subastagaloid luxations, 284
BEAUJARD : Radiumtherapy in syringomyelia, 160
BELFIELD, W. T. : Pus tubes in the male, 17
BELL, W. BLAIR : Sarcoma of vulva, 240
Benzosallin, 23, 175
BERGELL, P. : Typhoid immunization, 214
BERGER : Preventive treatment of tetanus, 60; uterine fibroid associated with a dermoid cyst, 272
BERGEY : Opsonins and vaccines in surgical treatment, 241
BERNARD, L. : "White line" as a sign of suprarenal insufficiency, 71
BERNHHEIM : Motor aphasia without lesion of Broca's convolution, 70
BERTHAUT : Deformities of the fetal head in labour with normal pelvis, 75
BIAGI, N. : Splenectomy and the power of resisting disease, 153
BIAL, M. : Pentosuria and diabetes, 28

BIBERFELD, J. : Dosage of suprarenin in the lumbar canal, 66
BICKEL : Disinfectant action of kresol preparations, 275
Bilirubin in the urine, quantitative estimation of, 234
Biphatinoids in treatment of anaemia, 120
BIRSCHER : Late recurrence of mammary cancer, 167
Bladder, total extirpation of, 5
Blindness, recurrent momentary, 125
Blood in the faeces of pulmonary phthisis, 112
Blood in hepatic disease, changes in, 310
Blood, sudanophil leucocytes in the, 108
Blood pressure, the liver and regulation of the, 190
Blood serum, leucocytic action of in leukaemia, 280
BLUM, V. : Retention of urine in adolescents, 266
BODENSTRIN, J. : Benzosallin, 23
Boido, 243
BOLTON, CHARLES : Pathology of dropsy, 189
BONARDI : Septicaemia due to *Micrococcus tetragenus*, 279
Bone metastases in hypernephroma, 267
BONOME : Tuberculosis of alimentary origin, 176
BORGNIS : Delivery of the retained head after decapitation, 63
BOULAI : Treatment of acute coryza, 341
BOVIS, DE. See De
Branchial clefts, surgical conditions arising from, 331
BRANDIS : Fetus in abdominal cavity for twenty-one years, 116
BRANDENBURG : Influence of alcohol, adrenalin and nicotine upon immunization, 10
Breast, cancer of. See Cancer
Breast, primary tuberculosis of, 315
BRECCIA, G. : Extra-pulmonary pneumococcal infection, 216
BRENTANO : Retro-colic cholecystenterostomy, 154
BREWER : Acute diverticulitis, 327
Broca's convolution, motor aphasia without lesion of, 70
BRODZKI, J. : Lifen bread in diabetes, 148
Bromural, 51
BROWNLEE : Pyelitis in enteric fever, 233
BRUENING, W. : Experimental syphilis in the dog, 95
BRUNS, C. : Experimental inoculation of syphilis, 136
BUE : Twin pregnancy in a woman who had previously undergone abdominal hysterectomy, 130
BURT : Treatment of pneumonia, 161
BUSI, A. : "Skin-stone," or the syndrome of Proichet, 282
BUTTINO, D. : Sudanophil leucocytes in the blood, 108

C.
Caesarean section in prolonged labour, 170
Caesarean section, *post-mortem*, 302
Caesarean workers, ear troubles in, 168

- CALOT: Diagnosis and reduction of congenital dislocation of hip-joint, 18
 CAMPAGNA: Indicanuria in cerebro-spinal meningitis, 277
 Cancer of appendix, primary, 4
 Cancer of breast, operation for, 235
 Cancer, climacteric haemorrhages simulating, 7
 Cancer, gastric, cancer-precipitins in diagnosis of, 15; fever as a symptom of, 57
 Cancer houses, are there? 191
 Cancer and the internal medium, 278
 Cancer, mammary, late recurrence of, 187; resection of thoracic wall in removal of, 251
 Cancer-precipitins in diagnosis of gastric cancer, 15
 Cancer, rectal, strangulated hernia and, 18
 Cancer of stomach and pernicious anaemia, 263
 Cancer, thyroid, 308
 Cancer, inoperable uterine: apparent cure, 77
 Cancer and uterine fibroid, 337
 Cancer, uterine, complicating pregnancy, 144
 CAPPS, J. A.: Leucocytic action of the blood serum in leukaemia, 280
 Carcinoma. *See* Cancer
 CARLETTI: Blood in faeces of pulmonary phthisis, 112
 CARRIÈRE, M.: Haemophilia, 262
 CASTELLANI, ALDO: Opsonic treatment of some diseases in the tropics, 146
 Catheter, permanent, uses of, 113
 Caustic fluid, operative treatment of severe burning of the stomach by, 299
 CECONI: Pernicious anaemia and cancer of the stomach, 263
 Cerebral tissues, lumbar puncture in, 38
 Cerebro-spinal fever. *See* Fever
 Cerebro-spinal fluid and cytodagnosis, 69
 CEVIDALLI, A.: *Post-mortem* changes in the pancreas, 343
 CHALIER: Fibroid suppurating after typhoid fever, 50; selection of anaesthetics in operations on the thyroid, 236
 CHALLIER: Spontaneous evacuation of ascitic fluid by perforation of intestine, 204
 CHAUFFARD: Zonular meningitis, 329
 Chemical compounds and epileptic fits, 215
 CHEVASON: Adenoma and ectopic testis, 31
 CHIADINI, M.: Sclerodactyly, 245
 Chilblains, treatment of, 201
 Childbirth, scopolamine in, 34; epilepsy and, 210
 Children, method of giving phosphorus to, 92
 Children, vulvo-vaginitis in, 21; opthalmic tuberculin reaction in, 297
 Chloroform, jaundice after, 187
 Chloroform poisoning, adrenal extract in, 173
 Cholecystenterostomy, retro-colic, 154
 Cholerrhagia, 33
 Chorea during pregnancy, 129, 336
 Chorion-epithelioma complicated by haematometra, 224
 Chorion-epithelioma, intraligamentary, 35
 Chorion-epithelioma outside uterus, 239
 CIRMORONT, A.: Hypertrophy of the hypophysis cerebri after thyroidectomy, 163
 Circulation, action of pituitary extract on, 24
 Circulatory changes and painful areas, 217
 Cirrhosis, hepatic, of tuberculous origin in infancy, 110
 Claudication of extremities, intermittent, 206
 Clavicle, treatment of fractures of, 114
 Climacteric haemorrhage. *See* Haemorrhage
 COLOMBO: Treatment of arterio-sclerosis, 213
 COLOMBO, CARLO: Vibratory massage, 200
 CONSTANTINESCU: Local treatment of peritonitis by alcohol, 319
 CONTI, A.: Action of pituitary extract on the circulation, 24
 Cord, diagnosis and treatment of prolapse of, 197
 COSTA, DA. *See* Da
 COUTEAUD: Treatment of fractures of clavicle, 114
 COPPIOLI, GUERRA: Pharyngeal reflex, 298
 Coryza, acute, treatment of, 341
 Crural hernia. *See* Hernia
 CURTI, O.: Action of pituitary extract on the circulation, 24
 Cutaneous arterioles. *See* Arterioles
 Cyst, dermoid, uterine fibroid associated with, 272
 Cyst, ovarian, rupture of during pregnancy, 271
 Cysts, pancreatic, posterior drainage in operative treatment of large, 58
 Cytodagnosis, cerebro-spinal fluid and, 69
 CZAJOWSKI: Artificial preparation of therapeutic serums, 11
- D.
- DA COSTA: Opsonic index in diabetes, 111
 DA GRADI, AMBROGIO: Ferroplasma, 228
 Dangers of immobilization of limbs, 47
 DE BOVIS: Inflammation of and round tendons, 220
 DE GRAEUVWE: Tumours of ampulla of Vater, 330
 DE KERVILLY: Spirochaete in dead syphilitic fetus, 117
 Death during expulsion of fetus, 19
 DEBEYRE: Ovarian tumour, 304
 Dechlorinated diet in pemphigus, 199
 Decortication of kidney and nephrectomy, 268
 DEGLI OCCHI, C.: Multiple myelomas and albumosuria, 138
 DEJERINE: Lesions of posterior root ganglia in herpes zoster, 54
 DELAUNAY: The liver and the regulation of blood pressure, 190
 DELBET: Dangers of scopolamine, 227
 Delirium tremens, treatment of, 134
 DELITALA, F.: The liver after complete thyro-parathyroidectomy in the dog, 150
 Delivery of the retained head after decapitation, 63
 DELORE: Fibroid suppurating after typhoid fever, 50; selection of anaesthetics in operations on the thyroid, 236
 DE MICAS: Iritis a complication of mumps, 264
 Dementia praecox, morphology of, 44
 DÉNECRAN, D.: Operation for gastric ulcer, 265
 Dental pain, tannin in, 39
 Dermoids, ovarian, and undeveloped uterus, in a child of 10, 91
 Dermoids, ovarian, do they become cancerous? 320
 DESNOS: Indications and results of prostatectomy, 86
 DEUTSCHMANN, R.: Treatment of infective diseases, 159
 Diabetes, pentosuria and, 21; surgery in, 59; opsonic index in, 111; liton bread in, 148; and pregnancy, 288
 Diabetes insipidus, 43; adrenalin in, 40; atropin in, 93; mercurial injections in, 135
 Diarrhoea, summer, 193
 Diazo reaction in pulmonary tuberculosis, 313
 Diet, dechlorinated, in pemphigus, 199
 DIEZ, S.: Cancer-precipitins in the diagnosis of gastric cancer, 15
 Digalen and leucocytosis, 229
 DIMITRENKO: Diazo reaction in pulmonary tuberculosis, 313
 Diphtheria reappearing during an attack of measles, 165
 Diphtheria, serum treatment of, 188
 Disinfectant action of kresol preparations, 275
 Disinfectants, action of certain at low temperatures, 291
 Disinfectants, standardization of with streptococci, 257
 Dislocation of hip joint. *See* Hip
- Diverticulitis, acute, 327
 D'ORTONE: Alipin anaesthesia, 294
 Dog, experimental syphilis in, 95; liver after complete thyro-parathyroidectomy in, 150
 DOLÉRIE: Sterility from atresia of Fallopian tubes, 145
 DONALD, A.: Chronic metritis, 171
 DONATH, J.: Chemical compounds and epileptic fits, 215
 DONATI: Trypsin treatment of malignant disease, 273; thyroid carcinoma, 308
 DORAN, A.: Malignant vaginal polypus, 118
 DREYFUS: Raptures of the lung, 73
 Dropsy, pathology of, 189
 DUBREUIL-CHAMBARDEL: The scrotal tongue, 83
 DUNN, J.: Dilatation of the frontal sinuses, 334
 DURLACHER, S.: Retention of placenta, 103
 DUVAL: Vascular lesions in experimental glanders, 261
 DUVERGEY: Epitheliomatous degeneration of a ranula, 140
 DUVERNAY: Toxic peripheral neuritis due to gastric retention, 151
 Dysmenorrhoea, membranous, 225
 Dyspepsia, hypersthenic, treatment of, 133
- E.
- Ear disease, mortality of, 87
 Ear troubles in caisson workers, 168
 ECONOMOS: Paludism and the fetus, 128
 Ectopic testis. *See* Testis
 EHRLHARDT: Anastomosis between liver and small intestine in an infant, 237
 EHLMANN, S.: Inflammation of the cutaneous arterioles in syphilis, 248
 EICHELBERG, F.: Treatment of delirium tremens, 134
 Electrical treatment of pruritus, 26
 ELSBERG: Three laparotomies in an infant, 61
 ELY: Tubal pregnancy, 254
 Enchondroma with multiple exostoses, 156
 Enterocolitis and muco-membranous entero-neurosis, 98
 Entero-neurosis, muco-membranous, and entero-colitis, 98
 Eosin, antitetanic action of, 295
 Epilepsy and childbirth, 210
 Epileptic fits. *See* Fits
 Epithelioma, cutaneous, arsenic in, 202
 Epitheliomatous degeneration of a ranula, 140
 Erythema, puerperal, 303
 Erythema, streptococcal, and scarlatina, 162
 ESHNER: Diabetes and pregnancy, 288
 Exogenous toxic albuminuria, 281
 Exostoses, multiple, with enchondroma, 156
 Extremities, intermittent claudication of, 206
 Eye, prognosis of foreign bodies in, 101
- F.
- FABYAN: Leiomyomata of gastro-intestinal tract, 283
 Faeces of pulmonary phthisis, blood in, 112
 FALGOWSKY: Myoma and double uterus, 338
 Fallopian tubes, sterility from atresia of, 145
 FEDELI, CARLO: Boldo, 243
 Feeding in pulmonary tuberculosis, liberal, 80
 Female organs, sigmoid flexure and, 211
 Femur, fractures of. *See* Fractures
 FERRANI: Etiology of pleurisy, 328
 FERMI: Virulence of nervous system in rabid animals, 137
 FERRANNINI: Changes in the blood in hepatic disease, 310
 Ferroplasma, 228
 Festoform, 305
 Fetal head, deformities of in labour, with normal pelvis, 75
 Fetal meningitis and spina bifida, 203
 Fetus, dead syphilitic, spirochaete in, 117
 Fetus, death during expulsion of, 19

Fetus in abdominal cavity for twenty-one years, 116
 Fetus, paludism and the, 128
 Fever as a symptom of gastric carcinoma, 57
 Fever, cerebro-spinal, pseudo-epidemic, 97
 Fever, cerebro spinal, indicanuria in, 277
 Fever, enteric, sudden rise of arterial tension in, 177
 Fever, enteric, bacteriology of conjunctiva in, 41
 Fever, enteric, fibroid suppurating after, 50
 Fever, enteric, immunization, 214
 Fever, enteric, leucopenia in diagnosis of, 29
 Fever, enteric, pyelitis in, 233
 Fever, enteric, pyramidon in, 9
 Fever, glandular, and parotitis, 249
 Fever, hay, antrum of Highmore and, 14
 Fever reaction following the application of mercury in early syphilis, 340
 Fever, scarlet, and streptococcal erythema, 162
 Fever, tick, 122
 Fibroid suppurating after typhoid fever, 50
 Fibroid, uterine, associated with a dermoid cyst, 272; and cancer, 337
 Fibromata and pregnancy, 253
 FIESSINGER: Uraemia in chronic nephritis, 218; exogenous toxic albuminuria, 281
 FILIPPI: Iodile, 292
 FILLATSIER: Are there cancer houses? 191
 FINKELSTEIN: Milk in the artificial feeding of infants, 293
 FIORAVANTI: Varicose thrombo-phlebitis, 252
 FIORIO, G.: Maren, 79
 FISCHER, W.: *Spirochaeta pallida*, 260
 Fistulae, vesico-vaginal, treatment of severe, 90
 Fits, epileptic, chemical compounds and, 215
 FONTANA: Diabetes insipidus treated by atropin, 93
 Foreign bodies in the eye, prognosis of, 102
 FORLAMINI, C.: Treatment of phthisis by artificial pneumothorax, 105
 Formobor, 305
 Fractures, immediate massage in treatment of, 32
 Fractures of clavicle, treatment of, 114
 Fractures of femur, simple, early operation in, 194
 FRALEY: Pleurisy, 84
 Framboesia tropica. *See* Yaws
 FRANCESCO: Decortication of kidney and nephrectomy, 268
 FRANK: Influence of the placenta on the maternal tissues, 49
 FREUND, R.: Benzosalin, 175
 Frontal sinus. *See* Sinus
 FUNCK-BRENTANO: Diagnosis of the period of pregnancy, 335
 Functional diseases of the heart, 109
 FUSCO, G.: Atoxyl in malaria, 174

G.

GABOURD: Enochondroma with multiple exostoses, 156
 GABRITSCHESKY: Streptococcal erythema and scarlatina, 162
 GANGITANO: Cholorrhagia, 33
 GANGOLPHE: Enochondroma with multiple exostoses, 156
 Gangrene, multiple neurotic skin, 205
 GARRISCH: Intraligamentary chorion-epithelioma, 35
 Gastrectomy, annular, 316
 Gastric contents, clinical determination of HCl in, 166
 Gastric retention, toxic peripheral neuritis due to, 151
 Gastric ulcer. *See* Ulcer
 Gastro-intestinal tract, leiomyomata of, 283
 Gastroparesis, treatment of, 107
 GAUCHER: Nervous manifestations of hereditary syphilis, 219
 GAUDIN: Ovarian tumour, 304

GAUSS, C. J.: Scopolamine in childbirth, 34
 Genitals, tuberculosis of. *See* Tuberculosis
 GENNARI: Leucopenia in diagnosis of typhoid, 29
 Genu valgum and late rickets, 142
 GERARD: Treatment of tuberculosis, 339
 Giant cells, production of, 230
 GINESTOUS, ETIENNE: Causes of strabismus, 115
 GIRONI: Rachistovainization, 208
 Glanders, experimental, vascular lesions in, 261
 Glandular fever. *See* Fever
 GOLDBERG, N.: Bipalatinoids in treatment of anaemia, 120
 Gonorrhoea, modern treatment of, 106; early treatment of, 244
 Gonorrhoeal rheumatism. *See* Rheumatism
 GORDON, KNYVETT: Abdominal section for puerperal peritonitis, 104, 223
 GORISOUTOFF: Do ovarian dermoids become cancerous? 320
 GOSSE: Caesarean section in prolonged labour, 170
 GOTTE: Pyosalpinx opening into rectum: double uterus and vagina, 132
 GRADI, DA. *See* Da
 Granuloma pudendi, 158
 Gravid uterus. *See* Uterus
 GRAVITZ, E.: Cure of Addison's disease, 226
 GRIEWAUK: Strangulated hernia and rectal cancer, 16
 GRIFFITH, W. S. A.: Chorion-epithelioma complicated by haematometra, 224
 GUARNIERI: Immediate massage in treatment of fractures, 32
 GUINARD: Imperforate hymen, 36
 Gunshot wounds, of stomach, 88; of gravid uterus, 198

H.

HCl, clinical determination of in gastric contents, 166
 HAECKER: Resection of thoracic wall in removal of mammary cancer, 251
 Haematometra complicating chorion-epithelioma, 224
 Haemophilus, 262
 Haemorrhages, climacteric, simulating cancer, 7
 HALBERSTAEDTER: Experimental framboesia tropica, 231
 HALLOPEAU, M. H.: Danger in the use of atoxyl, 306
 HAMBURGER, F.: Antitoxin and albumen, 342
 HANNECART: Hernia of appendices epiploicae, 301
 HARDIE, D.: Occipito-posterior presentations, 317
 HARDOUIN: Posterior drainage in operative treatment of large pancreatic cysts, 58
 HARTMANN: Primary cancer of the appendix, 4
 Hay fever. *See* Fever
 Heart, functional diseases of, 109
 Heart, surgery of, 180
 Hepatic cirrhosis. *See* Cirrhosis
 Hepatic disease, changes in the blood in, 310
 Hernia of the appendices epiploicae, 301
 Hernia, crural, of the ureter, 169
 Hernia, strangulated, and rectal cancer, 16
 Hernia, umbilical, presence of vermiform appendix in, 333
 HERTAGHE: Thyroid insufficiency, 13
 Herpes zoster, lesions of posterior root ganglia in, 54
 HEUBNER, O.: Orthotic albuminuria, 3
 HICKS, H. T.: Primary chorion-epithelioma outside uterus, 239
 Hip, diagnosis of congenital dislocation of, 314
 Hip-joint, dislocation of, 46
 Hip-joint, congenital dislocation of, diagnosis and reduction of, 18
 HIRSCHBERG, J.: Magnet in ophthalmology, 196
 HOFFMANN, E.: Experimental syphilis in the dog, 95

HOHLFELD: Tuberculosis of inner genitals in early childhood, 20
 HORAUD: Tattooing by hypodermic injections, 99
 HUCHARD: Functional diseases of the heart, 109; sudden rise of arterial tension in typhoid fever, 177
 HUGUIER: Treatment of subastragaloid luxations, 284
 HUNT, REID: Experimental alcoholism, 149
 HUSSAKOF, LOUIS: Action of radium on plants and animals, 147
 Hymen, imperforate, 36
 Hymen intact, abortion and retained placenta, 78
 Hyperemesis gravidarum, 89
 Hypernephroma, bone metastases of, 267
 Hyperpyrexia, experimental, changes in the nerve cells due to, 96
 Hypersthenic dyspepsia. *See* Dyspepsia
 Hypertrophy of the hypophysis cerebri after thyroidectomy, 163
 Hypodermic injections, tattooing by, 99
 Hypophysis cerebri, hypertrophy of after thyroidectomy, 163
 Hysterical insanity, 311

I.

Immobilization of limbs, dangers of, 47
 Immunization, influence of alcohol, adrenalin and nicotine upon, 10
 IMPERT: Surgical treatment of innominate aneurysm, 250
 Indicanuria in cerebro-spinal meningitis, 277
 Infancy, hepatic cirrhosis of tuberculous origin in, 110
 Infant, three laparotomies in, 61
 Infants, milk in the artificial feeding of, 293
 Infection, extra-pulmonary pneumococcal, 216
 Infective diseases, treatment of, 159
 Inflammation of and round tendons, 220
 Influenza, myocarditis after, 72
 Innominate aneurysm. *See* Aneurysm
 Insanity, hysterical, 311
 Insanity, puerperal, treatment of, 270
 Internal medium, cancer and, 278
 Intestine, perforation of, spontaneous evacuation of ascitic fluid by, 204
 Intestine, small, and liver in an infant, anastomosis between, 237
 Intraligamentary chorion-epithelioma, 35
 Intraperitoneal injections of air in tuberculous peritonitis, 276
 Intratumour application of radium and other rays, 52
 Intravenous application of strophanthus, 119
 Iodile, 292
 Iodoform, 212
 Iritis a complication of mumps, 264

J.

JACOBS: Phlebotomy, 182
 JACQUEAU: Recurrent momentary blindness, 125
 JAKSCH, R. VON: Manganese intoxication, 126
 JARDINE, R.: Epilepsy and childbirth, 210
 Jaundice, experimental, pancreatic juice in, 123
 Jaundice after chloroform, 187
 JEANBRAU: Traumatism and appendicitis, 207
 Jolly, myasthenic reaction of, 85
 Justus, reaction of in syphilis, 246

K.

KAHANE-REGINA: Fatal trichocephalasis, 152
 Kabler's disease, 138
 Kala-azar, 325
 KERMISSON: Pelvic deformity in spina bifida, 285
 KERVILLY DE. *See* De
 KEYES, JUN.: Tuberculosis of testicle, 238
 Kidneys, decapsulation of, 143

- Kidney, decortication of, and nephrectomy, 268
- KIRMISSON: Genu valgum and late rickets, 142
- KNEV: Tannin in dental pain, 39
- KOLET: Pyosalpinx opening into rectum: double uterus and vagina, 132
- KÖNIG: Early operation in simple fractures of femur, 194
- KOTHE: Adrenal extract in chloroform poisoning, 173
- KRAUS, A.: Disinfectant action of kresol preparations, 275; action of certain disinfectants at low temperatures, 291
- Kresol preparations, disinfectant action of, 275
- KÜTTNER: Surgery of the spleen, 102
- L.
- LABBÉ, M.: Haemophilia, 262
- Labour, care of perineum during, 48; deformities of fetal head in, with normal pelvis, 75
- Labour, prolonged, Caesarean section in, 170
- Lactation, lesions of nipple during, 287
- LAFAY: Atoxyl, 22
- LAMBOTTE: Operative treatment of severe burning of the stomach by caustic fluid, 299
- LANGE: Retroflexion at term, abdominal section, 64
- Laparotomies in an infant, three, 61
- LAPAYRE, M.: Torsion of the great omentum, 181
- Laryngeal tuberculosis. *See* Tuberculosis
- Laryngitis, tuberculous, pregnancy and, 76
- LEBEAUPIN: Enterocolitis and mucromembranous enteroneurosis, 98; pseudodiatres: its diagnosis and treatment, 247
- LEGÈRE: Adenoma and ectopic testis, 31
- LEGRAND: Cancer and the internal medium, 278
- LEGUÉ: Treatment of wounds of spleen, 209
- LEHMANN, O.: Novaspirin, 94
- LEHRMITTE: Radiumtherapy in syringomyelia, 160
- LEICK, B.: Pyramidon in enteric fever, 9
- Leiomyomata of gastro-intestinal tract, 283
- LEMAINE: Treatment of tuberculosis, 339
- LENHARTZ, H.: Acute and chronic pyelitis, 139
- LEONCINI, F.: *Post-mortem* changes in the pancreas, 343
- LEPINE: Uraemic meningitis, 232
- LERCHE: Diffuse dilatation of the oesophagus without anatomical stenosis, 312; annular gastrectomy, 316
- LESSER, E.: Treatment of syphilis, 259
- Leucocytes in the blood, sudanophil, 108
- Leucocytic action of blood serum in leukaemia, 280
- Leucocytosis and digalen, 229
- Leucopenia in diagnosis of typhoid, 29
- Leucoplakia of the mucosa of the urinary passages, 332
- Leukaemia, leucocytic action of blood serum in, 280
- LEVADITI: Tick fever, 122
- LEVY, MAX: Mortality of ear disease, 87
- LEWIN, L.: Acoanthera and ouabain, 67
- Light treatment of lupus, 274
- Limbs, dangers of immobilization of, 47
- LINDENHEIM, H.: Fever reaction following the application of mercury in early syphilis, 340
- LINossier: Gastric ulcer, 296
- Lithopaedion in a woman aged 85, 289
- Liton bread in diabetes, 148
- Liver and regulation of blood pressure, 190
- Liver after complete thyro-parathyroidectomy in the dog, 150
- Liver and small intestine in an infant, anastomosis between, 237
- LOCKWOOD, GEORGE ROX: Treatment of gastropoiesis, 107
- LÖHLEIN: Phagocytosis *in vitro*, 42
- LORENZI: Post-operative psychoses, 155
- LÖWENSTEIN, E.: Histology of tuberculous sputum, 27
- LUCAS-CHAMPIONNIÈRE: Dangers of immobilization of limbs, 47
- LUCCHESINI: Glandular fever and parotitis, 249
- LUGIATO, L.: Morphology of dementia praecox, 44
- Lumbar canal, dosage of suprarenin in, 66
- Lumbar puncture in treatment of cerebral tissues, 38
- Lung, ruptures of, 73
- Lupus, light treatment of, 274
- Luxations, subastragaloid, treatment of, 284
- M.
- MADSEN: Snake venoms and antivenins, 309
- Magnet in ophthalmology, 196
- MAIELLA, G.: Cerebro-spinal fluid and cytodiagnostics, 69
- Malaria, atoxyl in, 174
- Male, pus tubes in, 17
- Malformations in one family limited to one sex, 65
- Malignant disease, trypsin treatment of, 273
- Malignant tumours. *See* Tumours
- MALLY: Light treatment of lupus, 274
- Mammary cancer. *See* Cancer
- MANCHOT, C.: Method of giving phosphorus to children, 92
- Manganese intoxication, 128
- MANOUÉLIAN: Tick fever, 122
- Maretin, 79
- Marmorek's serum. *See* Serum
- MARTIN: Gunshot wounds of the stomach, 88
- MARTINI: Kala-azar, 325
- MARTINI, E.: Paraplegia following x-ray treatment of malignant tumours, 30
- MARZAGALLA, G.: Operation for cancer of breast, 235
- Massage in treatment of fractures, 32
- Massage, vibratory, 200
- MASTROENI, L.: Pancreatic juice in experimental jaundice, 123
- Maternal tissues, influence of the placenta on, 49
- MAURER: Quinine in obstetrics, 318
- Measles, diphtheria reappearing during an attack of, 165
- Membranes, rupture of: precautions necessary, 62
- Membranous dysmenorrhoea, 225
- Meningitis, cerebro-spinal. *See* Fever, cerebro-spinal
- Meningitis, fetal, and spina bifida, 203
- Meningitis, serous, 179
- Meningitis, uraemic, 232
- Meningitis, zonular, 329
- Mercurial injections in diabetes insipidus, 135
- Mercurial poisoning, acute, treatment of, 323
- Mercury in early syphilis, fever reaction following the application of, 340
- Metritis, chronic, 171
- Metrorrhagia syphilitica, 131
- MEYER: Treatment of fresh wounds by sugar, 300
- MEYER, F.: Typhoid immunization, 214
- MICAS, DE. *See* De
- MICHELEAU: Dechlorinated diet in pemphigus, 199
- Micrococcus tetragenus*, septicaemia due to, 279
- Milk in the artificial feeding of infants, 293
- MIRANO: Digalen and leucocytosis, 229
- MOORE, W.: Prostatectomy under spinal anaesthesia, 141
- MORAWITZ, P.: Transfusion in severe anaemia, 37
- MORESTIN: Rupture of ovarian cyst during pregnancy, 271
- Morphology of dementia praecox, 44
- MORSE: Membranous dysmenorrhoea, 225
- Motor aphasia. *See* Aphasia
- MÜHSAM: Presence of the vermiform appendix in an umbilical hernia, 333
- Mumps, ititis a complication of, 264
- MURATOFF: Metrorrhagia syphilitica, 131
- Myasthenic reaction of Jolly, 85
- Myeloid, nature of, 82
- Myelomas, multiple, and albumosuria, 138
- MYER-BURG: Climacteric haemorrhages simulating cancer, 7
- Myocarditis after influenza, 72
- Myoma and double uterus, 338
- N.
- Nephrectomy, decortication of kidney and, 268
- Nephritis, chronic, uraemia in, 218
- Nerve cells, changes in due to experimental hyperpyrexia, 96
- Nervous manifestations of hereditary syphilis, 219
- Nervous system in rabid animals, virulence of, 137
- Neuralgia, treatment of, 321
- Neuritis, toxic peripheral, due to gastric retention, 151
- Neurosarcokleisis, 74
- Neurotic skin gangrene, multiple, 205
- NICOLA, B.: Reaction of Justus in syphilis, 246
- Nicotine, influence of upon immunization, 10; experimental arterio-sclerosis produced by, 53
- Nipple, lesions of during lactation, 287
- NOGUCHI: Antitetanic action of eosin, 295; snake venoms and antivenins, 309
- NOIRE: Electrical treatment of pruritus, 26
- Novaspirin, 94
- O.
- Obstetrics, alcohol in, 6; quinine in, 318
- Occhipito-posterior presentations, 317
- Oesophagus, diffuse dilatation of, without anatomical stenosis, 312
- Omentum, torsion of the great, 181
- Ophthalmic tuberculin reaction. *See* Tuberculin
- Ophthalmology, the magnet in, 196
- Opsonic index in diabetes, 111
- Opsonic treatment of some diseases in the tropics, 146
- Opsonins, 344
- Opsonins and vaccines in surgical treatment, 241
- Orthotic albuminuria, 3
- Ouabain, 67
- OUT: Uterine cancer complicating pregnancy, 144
- Ovarian cyst. *See* Cyst
- Ovarian dermoids. *See* Dermoids
- Ovarian tumour. *See* Tumour
- P.
- Painful areas, circulatory changes and, 217
- Paludism and the fetus, 128
- Pancreas, *post mortem* changes in, 343
- Pancreatic cysts. *See* Cysts
- Pancreatic juice in experimental jaundice, 123
- PANICHI: Early treatment of gonorrhoea, 244
- PAPADIA, G.: Experimental arterio-sclerosis produced by nicotine, 53
- Paralysis, hysterical, following intraspinal injection of stovaine, 185
- Paralysis, post-diphtheritic, antitoxin and, 307
- Paraplegia following x-ray treatment of malignant tumours, 30
- PARMENTIER, E.: Operation for gastric ulcer, 265
- Parotitis, glandular fever and, 249
- PAUL, T.: Standardization of disinfectants with streptococci, 257
- Pelvic deformity in spina bifida, 285
- Pelvitomy, 256
- PEMBERTON: Toxic reaction and the x ray, 186
- Pemphigus, dechlorinated diet in, 199
- Pentouria and diabetes, 28
- PEPPER: Aneurysm of abdominal aorta, 192
- PEREZ, G.: Splenectomy, 127
- Pericardium, surgery of, 180
- Perineum, care of during labour, 48
- Peripheral neuritis. *See* Neuritis
- Peritonitis, local treatment of by alcohol, 319

Peritonitis, puerperal, abdominal section for, 104, 223
 Peritonitis, tuberculous, intraperitoneal injections of air in, 276
 PEUCH: Intractable vomiting of pregnancy, 183
 Phagocytosis *in vitro*, 42
 Pharyngeal reflex, 298
 PHILIP, MAURICE: Ear trouble in caisson workers, 168
 Phlebectomy, 182
 Phosphorus, method of giving to children, 92
 Phthisis. *See* Tuberculosis
 PIANORI: Myocarditis after influenza, 72
 PICQUÉ: Gunshot wounds of the gravid uterus, 198
 PINARD: Fibromata and pregnancy, 253
 PINKUS, A.: Ovarian dermoids and undeveloped uterus in a child of ten, 91
 PIKOWSKI: Iodofan, 212
 PIRON: Production of giant cells, 230
 PIRQUET, VON: Cutaneous tuberculin reaction, 299
 Placenta, retention of, 103
 Plants, action of radium on, 147
 Pleurisy, 84; etiology of, 328
 Pneumococcal infection, extra-pulmonary, 216
 Pneumonia, bacteriology of conjunctiva in, 41
 Pneumonia, post-operative, 221
 Pneumonia, treatment of, 161
 Pneumothorax, artificial, in treatment of phthisis, 105
 PODWYSSOTSKI: Production of giant cells, 230
 Poisoning, chloroform, adrenal extract in, 173
 Poisoning, acute mercurial, treatment of, 323
 POLINI: Post-operative pneumonia, 221
 Polypus, malignant vaginal, 118
 PONS: Surgical treatment of innominate aneurysm, 250
 Post-diphtheritic paralysis and antitoxin, 307
 POTARCA: Case of trichroilitis, 324
 PRALL, F.: Standardization of disinfectants with streptococci, 257
 Pregnancy, diagnosis of the period of, 335
 Pregnancy, chorea of, 336
 Pregnancy and diabetes, 288
 Pregnancy and fibromata, 253
 Pregnancy, and tuberculous laryngitis, 76; chorea during, 129; uterine cancer complicating, 144
 Pregnancy, tubal, 254
 Pregnancy, twin, in a woman who had previously undergone abdominal hysterectomy, 130
 Pregnancy, rupture of ovarian cyst during, 271
 Pregnancy, intractable vomiting of, 183
 Priessnitz's application, action of, 322
 PRIVAT, J.: Diagnosis of congenital dislocation of hip, 314
 Prolapse of cord, diagnosis and treatment of, 197
 Prostatectomy, indications and results of, 86; under spinal anaesthesia, 141
 PROVERA, C.: Crural hernia of the ureter, 169
 Pruritus, electrical treatment of, 26
 Pseudo-diabetes, its diagnosis and treatment, 247
 P-ychooses, post-operative, 155
 Puerperal erythema, 303
 Puerperal insanity, treatment of, 270
 Puerperal peritonitis. *See* Peritonitis
 Pulmonary tuberculosis. *See* Tuberculosis
 Pus tubes in the male, 17
 Pyelitis, acute and chronic, 139
 Pyelitis in enteric fever, 233
 Pyosalpinx opening into rectum: double uterus and vagina, 132
 Pyramidon in enteric fever, 9

Q.

QUARELLI, G.: Sudanophil leucocytes in the blood, 108
 Quinine in obstetrics, 318

R.

RABAUD: Fetal meningitis and spinal bifida, 203
 Rabid animals, virulence of nervous system in, 137
 Rachistovisulization, 208
 Radium, intratumour application of, 52; action of on plants and animals, 147
 Radiumtherapy in syringomyelia, 160
 RAECKE: Hysterical insanity, 311
 RANDOLPH: Bacteriology of conjunctiva in typhoid fever and pneumonia, 41
 Rasula, epitheliomatous degeneration of, 140
 RAYMOND: Intermittent claudication of extremities, 206; tabetic arthropathies, 326
 Rectal cancer. *See* Cancer
 Rectum, pyosalpinx opening into, double uterus and vagina, 132
 REGGIANINI: Jaundice after chloroform, 187
 REHN: Surgery of heart and pericardium, 180
 REMY: Death during expulsion of fetus, 19
 Retro-colic cholecystenterostomy, 154
 Retroflexion at term, abdominal section, 64
 REYLER, P.: Treatment of whooping cough, 242
 Rheumatism, gonorrhoeal, 45
 RICHELOT: Treatment of severe vesicovaginal fistulae, 90
 Rickets, genu valgum and late, 142
 RIEBOLD, G.: Serous meningitis, 179
 RITTER, C.: Treatment of chilblains, 201
 RIVALLA, F.: Early traumatic arteriosclerosis, 2
 ROBIN: Gonorrhoeal rheumatism, 45; treatment of hypersthenic dyspepsia, 133
 RONDONI, P.: Decapsulation of the kidneys, 143
 ROSENAU: Antitoxin and post-diphtheritic paralysis, 307
 ROSENTHAL, F.: Visvit, 121
 RUDAUX: Rupture of membranes, precautions necessary, 62; treatment of vaginal lacerations, 184; diagnosis and treatment of prolapse of cord, 197; treatment of puerperal insanity, 270; lesions of nipple during lactation, 287; puerperal erythema, 303; chorea of pregnancy, 336
 RUMPF, E.: Prognosis in phthisis, 1; circulatory changes and painful areas, 217
 RUNCK, T.: Bromural, 51
 Rupture. *See* Hernia
 Rupture of membranes, precautions necessary, 62
 Ruptures of the lung, 73
 RYDYGIER, L. R. V. RÜDIGER: Dislocation of hip-joint, 46

S.

SAKORBAPOS: Liberal feeding in pulmonary tuberculosis, 80
 SALMON, A.: Myasthenic reaction of Jolly, 85
 SALVATANI: Treatment of acute mercurial poisoning, 323
 Sarcoma of vulva, 240
 Scarletina. *See* Fever, scarlet
 Scarlet fever. *See* Fever
 SCARPINI, V.: Changes in nerve cells due to experimental hyperpyrexia, 96
 SCHADE, H.: Action of Priessnitz's application, 322
 SCHADLE, JACOB E.: Antrum of Highmore and hay fever, 14
 SCHIRMER: Malformations in one family limited to one sex, 65
 SCHUELE: Modern diagnostic methods in diseases of the stomach, 164
 SCHULTZE, Dr.: Treatment of neuralgia, 321
 SCHWAB, MAX: Uterine fibroid and cancer, 337
 SCHWARTZ: Ruptures of the lung, 73; hysterical paralysis following intraspinal injection of stovaine, 185
 Sclerodactylia, 245
 Scopalamine, dangers of, 227
 Scopalamine in childbirth, 34
 Scrotal tongue, 83

SCUDDER: Bone metastases of hypernephroma, 267
 SEILLER: Diabetes insipidus, 43
 Septicaemia due to *Micrococcus tetragenus*, 279
 SERAFINI, G.: Cancer-precipitins in the diagnosis of gastric cancer, 15
 Serous meningitis. *See* Meningitis
 SERRA: Arsenic in cutaneous epithelioma, 202
 Serum, Marmorek's, in tuberculosis, 172; in laryngeal tuberculosis, 8
 Serum treatment of diphtheria, 188
 Serums, therapeutic, artificial preparation of, 11
 SEVERINO: Quantitative estimation of bilirubin in the urine, 234
 SHAW, W. FLETCHER: Choreia during pregnancy, 129
 SHEFFIELD, HERMAN B.: Vulvo-vaginitis in children, 21
 SIEBERT, W.: Granuloma pudendi, 158
 Sigmoid flexure and the female organs, 211
 SILVESTRI: Intraperitoneal injections of air in tuberculous pericarditis, 276
 SIMON, CHARLES E.: Oponins, 344
 Sinuses, frontal, dilatation of, 334
 SIPPEL, Dr.: *Post-mortem* Caesarean section, 302
 Skin gangrene, multiple neurotic, 205
 "Skin-stone" or the syndrome of Prothet, 282
 SKUPIEWSKY: Intact hymen, abortion, and retained placenta, 78
 SMITH, J. F.: Leucocytic action of the blood serum in leukaemia, 280
 Snake venoms and antivenins, 309
 SOBIERI: Leukoplakia of the mucosa of the urinary passages, 332
 SOUZA: Serum treatment of diphtheria, 188
 SPEESE: Surgical conditions arising from branchial clefts, 331
 SPelta, G.: Fever as a symptom of gastric carcinoma, 57
 Spina bifida, fetal meningitis and, 203; pelvic deformity in, 285
 Spinal anaesthesia. *See* Anaesthesia
Spirochaeta pallida, 260
 Spirochaete in dead syphilitic fetus, 117
 Spleen, surgery of, 102; treatment of wounds of, 209
 Splenectomy, 127, 153; and the power of resisting disease, 153
 SPOLVERINI: Hepatic cirrhosis of tuberculous origin in infancy, 110
 Sputum, tuberculous, histology of, 27
 STADELMANN, E.: Acocanthera and ouabain, 67
 Standardization of disinfectants with streptococci, 257
 STARCK, H.: Intravenous application of strophanthus, 119
 Stenosis, subaortic, 55
 Sterility from atresia of the Fallopian tubes, 145
 Stomach, cancer of. *See* Cancer
 Stomach, modern diagnostic methods in diseases of, 164
 Stomach, gunshot wounds of, 88
 Stomach, operative treatment of severe burning of by caustic fluid, 299
 Stovaine, hysterical paralysis following intraspinal injection of, 185
 Strabismus, causes of, 115
 STREBEL, H.: Intratumour application of radium and other rays, 52
 Streptococcal erythema and scarlatina, 162
 Streptococci, standardization of disinfectants with, 257
 Strophanthus, intravenous application of, 119
 Strychnine, harmlessness of large doses of, 258
 Subaortic stenosis. *See* Stenosis
 Subastragaloid luxations, treatment of, 284
 Sudanophil leucocytes in the blood, 108
 Sugar in treatment of fresh wounds, 300
 Summer diarrhoea. *See* Diarrhoea
 Suprarenal insufficiency, "white line" as a sign of, 71
 Suprarenin in the lumbar canal, dosage of, 66

Surgery, in diabetes, 59; of heart and pericardium, 180
Surgical conditions arising from branchial clefts, 331
Surgical treatment, of goitre, 222; of innominate aneurysm, 250
Surgical treatment, opsonins and vaccines in, 241
Syphilis, acquired, mortality of, 124
Syphilis, early, fever reaction following the application of mercury in, 340
Syphilis, early treatment of, 25
Syphilis, experimental inoculation of, 136
Syphilis, experimental, in the dog, 95
Syphilis, hereditary, nervous manifestations of, 219
Syphilis, inflammation of the cutaneous arterioles in, 248
Syphilis, reaction of Justus in, 246
Syphilis, treatment of, 259
Syringomyelia, radiumtherapy in, 160
SZOELLÖESY, L. VON: Multiple neurotic skin gangrene, 205

T.

Tabetic arthropathies, 326
Tachycardia, essential paroxysmal, 178
Talipes, congenital and acquired, tendon transplantation in, 286
Tannin in dental pain, 39
Tattooing by hypodermic injections, 99
TAVEL: Artificial thrombosis of varices, 100
Temperatures, low, action of certain disinfectants at, 291
Tendon transplantation in congenital and acquired talipes, 286
Tendons, inflammation of and round, 220
Testicle, tuberculosis of, 238
Testis, ectopic, adenoma and, 31
Tetanus, preventive treatment of, 60
Tetra-chlor methane as a solvent, 68
THALMANN: Early treatment of syphilis, 25
THEILHABER: Alcohol in obstetrics, 6
Therapeutic serums. *See* Serums
Thoracic duct, disseminated tuberculosis in relation to, 12
Thoracic wall, resection of in removal of mammary cancer, 251
Thrombosis of varices, artificial, 100
Thrombo-phlebitis, varicose, 252
Thyroid carcinoma, 308
Thyroid insufficiency, 13
Thyroid operations, selection of anaesthetics in, 236
Thyroidectomy, hypertrophy of the hypophysis cerebri after, 163
Thyro-parathyroidectomy in the dog, the liver after complete, 150
Tick fever. *See* Fever
TINKER: Surgical treatment of goitre, 222
TISSIER: Spontaneous rupture of umbilical cord, 269
TOFF, E.: Care of perineum during labour, 48
Tongue, the scrotal, 83
Torsion of the great omentum, 181
Toxic reaction and the α rays, 186
Transfusion in severe anaemia, 37
Traumatism and appendicitis, 207
Trichocephalliasis, fatal, 152
Triorchiditism, case of, 324
TROISFONTAINES: Harmlessness of large doses of strychnine, 258
Tropical diseases, opsonic treatment in some, 146

TROUSSEAU, A.: Prognosis of foreign bodies in the eye, 101
TRUDEAU: Tuberculin immunization in pulmonary tuberculosis, 81
Trypsin treatment of malignant disease, 273
Tubal pregnancy. *See* Pregnancy
Tubercles, vascular, disseminated tuberculosis in relation to, 12
Tuberculin immunization in pulmonary tuberculosis, 81
Tuberculin reaction, cutaneous, 290
Tuberculin reaction, ophthalmic, in children, 297
Tuberculosis of alimentary origin, 176
Tuberculosis of breast, primary, 315
Tuberculosis and the induction of abortion, 157
Tuberculosis, disseminated, in relation to the thoracic duct and vascular tubercles, 12
Tuberculosis of inner genitals in early childhood, 20
Tuberculosis, laryngeal, Marmorek's serum in, 8
Tuberculosis, Marmorek's serum in, 172
Tuberculosis, prognosis in, 1
Tuberculosis, pulmonary, liberal feeding in, 80; tuberculin immunization in, 81; diazo reaction in, 313
Tuberculosis of testicle, 238
Tuberculosis treated by artificial pneumothorax, 105
Tuberculosis, treatment of, 339
Tuberculous laryngitis, pregnancy and, 76
Tuberculous patients, blood in the faeces of, 112
Tuberculous peritonitis, intraperitoneal injections of air in, 276
Tuberculous sputum, histology of, 27
Tumour, ovarian, 304
Tumours of ampulla of Vater, 330
Tumours, malignant, paraplegia following α -ray treatment of, 30
Typhoid fever. *See* Fever, enteric
Typhoid immunization, 214

U.

Ulcer, gastric, 296; operation for, 265
Umbilical cord, spontaneous rupture of, 269
Umbilical hernia. *See* Hernia
Uraemia in chronic nephritis, 218
Uraemic meningitis, 232
Ureter, crural hernia of, 169
Urinary passages, leucoplakia of the mucosa of, 332
Urine, quantitative estimation of bilirubin in, 234
Urine, retention of in adolescents, 266
Uterine cancer. *See* Cancer
Uterine fibroid associated with a dermoid cyst, 272
Uterus, primary chorion-epithelioma outside, 239
Uterus, undeveloped, and ovarian dermoids in a child aged 10, 91
Uterus didelphys in adult, haematometra, 255
Uterus, double, and myoma, 338
Uterus, gravid, gunshot wounds of, 198

V.

Vaccines and opsonins in surgical treatment, 241
Vaginal lacerations, treatment of, 184
Vaginal polypus. *See* Polypus

Vagus, resection of, 195
VAN ARMSTEL. *See* Armstel
VAPHTADES: Mercurial injections in diabetes insipidus, 135
VARANINI: Adrenalin in diabetes insipidus, 40
Varices, artificial thrombosis of, 100
Varicose thrombo-phlebitis, 252
VARIOT: Summer diarrhoea, 193
Vascular lesions in experimental glanders, 261
Vascular tubercles. *See* Tubercles
Vater, tumours of ampulla of, 330
VENOT: Resection of the vagus, 195
VERDELET: Strangulated hernia and rectal cancer, 16
VERHOOGEN: Total extirpation of the bladder, 5
Vermiform appendix. *See* Appendix
Vesico-vaginal fistulae. *See* Fistulae
Vibratory massage. *See* Massage
VINEBERG: Uterus didelphys in adult, haematometra, 255
Virulence of nervous system in rabid animals, 137
Visvit, 121
VOGEL, J.: Uses of the permanent catheter, 113
Vomiting of pregnancy, intractable, 183
VON JAKSCH. *See* Jaksch
VON PIQUET. *See* Pirquet
VON SZOELLÖESY. *See* Szöellöesy
Vulva, sarcoma of, 240
Vulvo-vaginitis in children, 21

W.

WALLART: Lithopaedion in a woman aged 85, 289
WEDERHAKKE: Tetra-chlor-methane as a solvent, 68
WEIL: Marmorek's serum in laryngeal tuberculosis, 8
WEINDLER: Inoperable uterine cancer: apparent cure, 77
WHIPPLE: Disseminated tuberculosis in relation to the thoracic duct and vascular tubercles, 12
"White line" as a sign of suprarenal insufficiency, 71
Whooping-cough, treatment of, 242
WIENER, JOSEPH: Surgery in diabetes, 59
WILLIAMSON, H.: Cherion-epithelioma complicated by haematometra, 224
Wounds, fresh, sugar in treatment of, 300

X.

XYLANDER: Festiform and formobor, 305
X-ray treatment of malignant tumours, paraplegia following, 30
X rays, toxic reaction and, 186

Y.

Yaws, experimental, 231

Z.

ZAMBELLI, G.: Maresin, 79
ZIELER, K.: Modern treatment of gonorrhoea, 106
ZIRONI: Primary tuberculosis of breast, 315
ZOJA, L.: Subaortic stenosis, 55
Zonular meningitis, 329
ZWEIFEL: Pelvotomy, 256