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INDEX TO VOLUME II FOR 1874.

- Abdomen, tumours of, 568, 816
 Abdullah Bey, death of, 417
 Abercorn, Duchess of, visit to Dr. Stevens's Hospital, 89
 Abscess, mammary, in infants, Dr. W. Stephen on, 106, 390; Dr. A. P. Wilks on, 139; communications on, 171, 199, 243, 275; retropharyngeal, Dr. Oxley on, 371; of brain from disease of ear, 774; peripleuritic, 777; of liver, 795
 Academy, Royal, medical exhibitors, 37; of Medicine in Paris, proposed changes in, 689
 Action for illegal practice, Apothecaries' Company v. Anderton, 17; for libel, Bowles v. Hart, 38; for malaproxia in Otago, 87; surgeon against assistant, Gravelly v. Barnard, 118; for railway damages, 229; Pharmaceutical Society v. Day, 251; for neglect, Broad v. Lyle, 283; for a policy, Jany v. Gresham Insurance Company, 281; for libelling a medical man, Buchan v. Pain, 310; under Sanitary Act, 420; for negligence, Bretsford v. Rigby, 471, 594; for recovery of fees, 749
 Adams, Surgeon-Major A. L., 522
 Mr. E. J., the Bethnal Green Workhouse Infirmary, 539
 Mr. W., strangulated femoral hernia relieved by injections of oil, 809
 Addison's disease, Mr. Ferris on a case of, 553
 Addresses, recent, 280
 Adulteration, Committee of Medical Council on, 35, 109, 111; report of Committee of House of Commons, 37; of milk, 117; Act on, proceedings in Parliament regarding, 160; charges for, 625
 Aerated bread, 26
 Africa, North, plague in, 311
 Agricultural implements, preventive surgery in its relations to injuries from, 384
 Aitken, Dr. W., Outlines of Science and Practice of Medicine, *rev.*, 776
 Albumen, Dr. J. Johnson on rare modification of, 618; Mr. G. S. Johnson on certain compounds of with acids, 673
 Alcester, sanitary report on, 633
 Alcohol, Committee on effects of, 532; Mr. T. P. Lucas on action of, 612, 835; Mr. S. W. Moore on action of, 645; Dr. De Chaumont on chromic acid reaction with, 706; Dr. J. Ross on action of, 742
 Alcoholism, Mr. W. C. Garman on, 101; in the upper classes, 373; Dr. J. Russell on, 607; Dr. H. Sutherland on, 610; remarks on, 622. *See* Alcohol, Drunkards, and Drunkenness
 Alexandria, Mr. W. H. Flower on, 362
 Allan, Dr. J. W., case of acute rheumatism, 277; belladonna in excessive perspiration, 615
 Allbutt, Dr. T. C., mediastinal sarcoma simulating callous mediastino-pericarditis, 300
 Alopecia treated by local stimulants, Mr. Roose on, 618; arcata, 709
 Amblyopia in a painter, 712
 Amenorrhœa from absence of uterus, 172
 Ammonia, changes produced in trachea and lungs by, 82; use of in snake-bites, 256
 Amputation, double tibio-tarsal, 829
 Amyl, nitrite of, inhalation of in angina, 682
 Anæmia, idiopathic, Dr. Wilks on, 680
 Anæsthesia by injection of hydrate of chloral, 90, 193
 Anæsthetics, action on red corpuscles of blood, 307
 Anatomy, Dr. Relfern on recent advances in, 271
 Aneurism, Mr. Holmes's lectures on treatment of, 12, 106, 138, 139, 170; with paralysis of left laryngeal recurrent nerve, Dr. E. T. Wilson on, 30; in groin and ham of same side, Dr. T. Diver on, 31; double popliteal, 383; traumatic, of neck, 496; of abdominal aorta, 631, 649; of pulmonary artery, 710; double, of thoracic aorta, 712; abnormal opening into spinal canal, 712; of aorta opening into left auricle, 818; popliteal, 819
 Angina relieved by inhalation of amyl, 682; pectoris, 830
 Aniline dyes, tests of, 696
 Ankylosis, fibrous, 794
 Annandale, Mr. T., symptoms of renal calculus relieved by exploratory incision, 768
 Anningson, Mr. B., pathogeny of communicable disease, 292
 Anstie, Dr. F. E., obituary notice of, 380, 392; memorial of, 410, 567; resolutions of Committee of Hospital Out-patient Reform Association, 471; of Council of Poor-law Medical Officers' Association, 501
 Antagonism of medicines, report of Committee on, 436, 464, 485, 518, 517, 581, 615, 674, 697, 771, 805; remarks on, 779; between strychnia and chloral, 436; between atropia and Calabar bean, 464; Dr. W. A. Richards on, 536; between chloral and Calabar bean, 485; between hydrochlorate and meconate of morphia and Calabar bean, 486; between sulphate of atropia and meconate of morphia, 518, 547, 581; between tea, coffee, cocaine, theine, caffeine, and guaranine, and morphia, 615, 674, 697, 771; between theine and meconate of morphia, 697; between caffeine and meconate of morphia, 698; between guaranine and meconate of morphia, 699; between tea and coffee and meconate of morphia, 771; between extract of Calabar bean and strychnine, 805; between bromal hydrate and atropine, 805
 Antiseptic treatment, M. Demarquay on, 505; action of boric acid and its salts, Mr. B. A. Rugg on, 773; incisions as an aid to surgical diagnosis, 794
 Aorta, abdominal, ulcer of duodenum opening into, 526; aneurism of, 631, 649, 818; aneurism of opening into spinal canal, 712; of thoracic aorta, double, 712; double arch of, 818
 Aphasia, description of by Goethe, 19; Dr. J. W. Oglo on, 163; after enteric fever, 507
 Apomorphia as an expectorant, 279; physiological action of, 378
 Apoplexy, cerebral, in a boy, 277
 Apothecaries in Ireland, proposed Bill for license of, 150
 Apothecaries' Hall in Ireland, officers of, 182; regulations of, 342
 Society of, prosecution by, 17; prizes in botany, 37; visitation of examinations, 77; proceedings regarding conjoint board, 111; Amendment Act, 148; regulations of, 333; assistants, 606; pass-lists. *See* Medical News in each number
 Appendix, vermiform, disease of, 795
 Appetite, morbid, 443
 Arm-presentation, double, Mr. Karkeek on, 773
 Armistead, Dr. W., districts of medical officers of health, 318
 Armstrong, Mr. J., purpura versus flea-bites, 97
 Army, British, the successor to Surgeon-General Beaton, 24; changes in medical department, 66, 715, 755; letters on medical service of, 66, 130, 159, 262, 323, 324, 480, 511, 541; returns from Medical Department to General Medical Council, 79; the medical service of and the students, 176; close of session of medical school, 181; pass-lists, 262; appointments, etc., 159, 295, 391, 392, 480, 540, 603, 634, 659, 722, 755, 797; hospital servants, 323; candidates' marks, 323, 592; regulations for admission into medical service, 412; remarks on medical service of, 440; obituary, 480, 540, 722; opening of session of medical school, 480; Ashantee war rewards, 540; operation of Contagious Diseases Acts in, 564, 572, 629, 661, 693, 720, 724, 789, 830; Dr. De Chaumont's paper on pay and emoluments of surgeons, 655, 723, 756; exchanges for medical officers, 714; hospital corps, 756; civil employment of retired officers, 756; duties of regimental medical officers, 797
 Indian, pass-list, 262, 295; promotion in, 462; civil surgeonship at Benares, 510
 Arsenical poisoning by articles of dress, Mr. R. R. Cheyne on, 643
 Artery, external iliac, ligature of for double aneurism, Dr. T. Diver on, 31; femoral, rupture of, 187; popliteal, aneurism of, 383, 819; common carotid, ligature of with wire, 496; pulmonary, disease of, 649, 794; pulmonary, aneurism of, 710; duodenal ulcer opening into an, 795
 Artichoke, Dr. Copeman on treatment of rheumatism by, 768
 Artisans, lectures on diseases of, 685
 Ascariæ, Dr. Lockhart Clarke on severe nervous symptoms from, 366
 Ashantee war, Dr. A. A. Gore on, 301
 Ashby, Mr. A., scarlatina at Newark, 419
 Ashley, Dr. W. H., appeal on behalf of family of, 605, 664
 Aspirator, Coxeter and Sons', 83; use of in tapping the chest, Dr. J. Russell on, 173, 404; Mr. A. Godrich on, 188, 260, 390, 536; Dr. R. D. Powell on, 260; Mr. G. Brown on, 260, 479, 601; Mr. C. R. Thompson on, 418; Dr. R. S. Smith on, 535; Dr. H. Page on, 536; Dr. Heaton on hydatid of liver treated by, 557; Mr. A. Bell on use of in retroverted uterus, 706
 Aspirator-needle, 820
 Assault on a medical man, 783
 Assembly, French National, legislation regarding employment of children as mountebanks, 90
 Assistant, action against an, 118
 ASSOCIATION, BRITISH MEDICAL, the meeting in 1875, 20, 500, 653, 687, 778, 786; programme of meeting in 1874, 21, 62, 91, 125, 151, 183; list of officers and Council, 41; list of members, 43; scientific grants, 61, 751, 786; proceedings of Committee of Council, 63, 660; remarks on the annual meeting, 85, 147, 183, 227, 307; proposed articles of Association, 120; proposed bye-laws, 121; President's address, 195; Dr. Russell Reynolds's address in medicine, 200, 234; Mr. Cadge's address in surgery, 207, 248; Dr. Matthews Duncan's address in obstetric medicine, 213, 249; Dr. Eade's address in section of medicine, 218; Sir J. Paget's address in section of surgery, 221; Dr. F. Churchill's address in section of obstetric medicine, 223; Mr. Michael's address in section of public medicine, 225; forty-second annual meeting, 231, 247; address of retiring President, and vote of thanks, 231; report of Council, 232; statement of receipts and payments, 233; meeting in 1875, 234; Committee of Council, 234; report of Committee on qualification in State Medicine, 244, 248; report of Parliamentary Bills Committee, 246, 248; report of Committee on registration of disease, 246, 248; members present at annual meeting, 247; report of Medical Reform Committee, 247, 285; report on action of medicines, 248; special general meeting for incorporation of the Association, 249; State Medicine Qualification Committee, *ib.*; American delegation, 250; Scientific Grants Committee, *ib.*; votes of thanks, *ib.*; dinner, *ib.*; soirée, 251; calculi shown in annual museum, 255; the Association and the public medical services, 262; collection of instruments in annual museum, 320; excursions, *ib.*; letter on annual meetings, 326; general meeting, 596; new Branches of, 596, 655
 Section of Medicine: president's address, 218; mechanism of cough, 287; chronic Bright's disease, 287; action of mercury, 287; lesions of speech in general paralysis, 288; croton-chloral hydrate in megrim, 288; Leamington Spa, 288; convulsions from brain-disease, 288; localisation of function in brain, 288; disease of heart in pregnant women, 289; clinical instruments, scales, and weights, 289; a disease of carpenters, 289; etiology of gotte, 289; hydatids of liver treated by puncture, 290; diphtheritic paralysis, 290; diphtheria, 291; administration of phosphorus, 291; treatment of rheumatism, 292; tumours of cerebellum, 292; lymphadenomatous disease, 292; pathogeny of communicable disease, 292
 Section of Surgery: president's address, 221; lithotomy, 382; resection of shoulder-joint, 382; treatment of chronic synovitis, 382; resuscitation from chloroform narcosis, 382; administration of laughing-gas and ether, 382; hereditary syphilis in the adult, 382; incision of knee in children, 382; excision of hip-joint, 383; treatment of wounds, 383; double popliteal aneurism, 383; pressure in inflammatory enlargement, 383; mercury in syphilis, 383; injuries from agricultural implements, 384
 Section of Obstetric Medicine: president's address, 223, 384; tensile strength of fetus, 384; treatment of dysmenorrhœa, 385; application of galvanic cautery to gynaecology, 385; decoliation in shoulder-presentations, 386; rupture of uterus, 386; complex labour, 387; the rectum in relation to uterine disease, 387; instrumental aid in labour, 387; the forceps and vectis, 387; maternal impressions, 388
 Section of Public Medicine: president's address, 225, 313; dispensary system of Poor-law relief, 313; correlation of poor relief and public health administration, 241, 313; hospital hygiene, 314; water-analysis, 316; suicide in army and navy, 317; enteric fever, 317; geographical distribution of disease, 317; tobacco and public health, 318; districts of medical officers of health, 318; disposal of slops in villages, 319
 Aberdeen, Banff, and Kincardine Branch, annual meeting, 157; representation in General Council, *ib.*; Report of Council, *ib.*; president-elect and Council, *ib.*; Dr. MacQuibban's case, *ib.*; medical men as jurors, *ib.*; suggested improvement in ordinary meeting, *ib.*; dinner, *ib.*
 Bath and Bristol Branch, annual meet-

- ing, 155; new members, 155, 598; report of Council, *ib.*; president-elect, *ib.*; votes of thanks, *ib.*; ordinary meetings, 598.
- Association, Birmingham and Midland Counties Branch.** President's address, 101, 123; annual meeting, 127; new members, 127, 535; report of Council, 127; votes of thanks, 123; election of officers, *ib.*; dinner, *ib.*; resignation of Mr. Bartlett as secretary, 501, 535; ordinary meetings, 535; committee on legislation for habitual drunkards, 535, 719.—Pathological and Clinical Section, report, 632; officers, *ib.*; alteration of laws, *ib.*; the late Mr. Ebbage, *ib.*; communications, 632; excision of knee, 632, 633; fracture of scapula, 633.
- Border Counties Branch.** autumnal meeting, 783; new members, *ib.*; office-bearers, *ib.*; pathology of the brain, *ib.*; faecal fistula, *ib.*; excision of femur, *ib.*; melancholia, *ib.*; intestinal concretions, 789. See Cumberland and Westmorland Branch.
- Cumberland and Westmorland Branch.** spring meeting, 92; new members, 92, 390; extension of Branch, 92, 389, 532; public health section, 92, 389; extrauterine pregnancy, 92; treatment of diphtheria, *ib.*; enlarged glands simulating hernia, 93; case simulating enteric fever, *ib.*; annual meeting, 389; report of Council, *ib.*; financial statement, *ib.*; Medical Benevolent Fund, *ib.*; office-bearers, 390. See Border Counties Branch.
- East York and North Lincoln Branch.** annual meeting, 22.
- Gloucestershire Branch.** annual meeting, 690.
- Lancashire and Cheshire Branch.** President's address, 10; annual meeting, 22; report of Council, *ib.*; votes of thanks, 23; next annual meeting, *ib.*; representatives in General Council, *ib.*; Council of Branch, *ib.*; election of Council, *ib.*; proposed convalescent hospital, *ib.*; papers read, *ib.*.
- Metropolitan Counties Branch.** President's address 133; special general meeting for election of representatives in General Council, 153; ordinary meeting, *ib.*; cremation in its bearings on public health, *ib.*; annual meeting, 151; new members, *ib.*; report of Council, *ib.*; vote of thanks to Dr. Quain, *ib.*; to Dr. Stewart, *ib.*.
- Midland Branch.** annual meeting, 23; President's address, *ib.*; new members, 23, 507; representatives in General Council, 23; president-elect, *ib.*; communications, 23, 507; special general meeting, 507.
- North of England Branch.** autumnal meeting, 508; health and mortality of towns and villages as affected by sanitary legislation, *ib.*; papers read, *ib.*. See Northern Branch.
- Northern Branch.** President's address, 73; annual meeting, 156; report of Council, *ib.*; treasurer's report, *ib.*; the late Dr. Charlton, *ib.*; officers, *ib.*; change of name of Branch, *ib.*; votes of thanks, *ib.*. See North of England Branch.
- Northern Counties of Scotland Branch.** annual meeting, 507; communications, *ib.*; officers and Council, *ib.*.
- North Wales Branch.** annual meeting, 156; president's address, *ib.*; vote of thanks to Council, *ib.*; president-elect, *ib.*; Council, *ib.*; intermediate meeting, 157; secretary and treasurer, 157; papers and cases, *ib.*.
- Reading Branch.** annual meeting, 507.
- Shropshire Ethical Branch.** annual meeting, 600; officers, 600; tariffs of fees, 601; vote of thanks to Dr. Styrup, *ib.*.
- Shropshire Scientific Branch.** annual meeting, 534; president's address, *ib.*; hydrophobia, *ib.*; papers and cases, *ib.*.
- South Eastern Branch.** president's address, 72; annual meeting, 93; president's address, *ib.*; votes of thanks, *ib.*; report of Council, *ib.*; financial statement, 94; Medical Benevolent Fund, *ib.*; representation in General Council, *ib.*; secretary, *ib.*; officers and Council, *ib.*; visit to Aquarium, *ib.*; East Kent district meeting, 507; interference in labour, 507; treatment of retention of urine, *ib.*; spontaneous hæmorrhage, *ib.*; aphasia after enteric fever, *ib.*; West Kent district meetings, 508.—East Surrey district meeting, 568; abdominal tumours, *ib.*; origin, varieties, and terminations of idiocy, 569; presentation of testimonial to Dr. Lanchester, *ib.*; East Sussex district meeting, 534; cardiac hyperæsthesia, *ib.*; hydrophobia, *ib.*; meetings of district, *ib.*; West Sussex district meeting, 23; autumnal meeting, *ib.*; deaths of members, *ib.*; communications, *ib.*.
- South of Ireland Branch.** formation of, 653; members, *ib.*.
- Southern Branch.** President's address, 104; annual meeting, 128; officers and Council, *ib.*—South Hants district meeting, 690; papers and communications, *ib.*.
- South Midland Branch.** annual meeting, 61; next annual meeting, *ib.*; officers and Council, *ib.*; aneurism of aorta, *ib.*; typhoid fever, *ib.*; wound of throat, *ib.*; ulcer of stomach, *ib.*; autumnal meeting, 507; gunshot-wounds, *ib.*.
- Association, South Wales and Monmouthshire Branch.** annual meeting, 185; report of Council, *ib.*; new members, *ib.*; meetings, *ib.*; officers and Council, *ib.*.
- Staffordshire Branch.** first meeting, 598; election of president, *ib.*; president's address, *ib.*; officers and Council, *ib.*; dinner, *ib.*.
- West Somerset Branch.** annual meeting, 186; report of Council, *ib.*; officers and Council, *ib.*; congenital deformity of leg, *ib.*; Addison's disease, *ib.*; autumnal meeting, 600; new member, *ib.*; treatment of whooping-cough, *ib.*; what is a tonic? *ib.*; future business arrangements, *ib.*.
- Yorkshire Branch.** autumnal meeting, 598; communications, *ib.*.
- Association, British.** for advancement of science, Professor Huxley's address to, 267; Dr. Redfern's address in section of biology, 271; remarks on addresses, 280; food of plants and animals, 285.
- Dublin Sanitary.** annual meeting, 40; annual report of, 230.
- German Naturalists and Physicians.** annual meeting, 443.
- German Public Health.** programme of, 39; annual meeting, 442.
- Hospital out-patient reform.** meeting of, 148, 377.
- Irish Poor-law Medical Officers.** meeting of, 380, 415.
- Lunacy Law Reform.** 565.
- Manchester and Salford Sanitary.** annual report, 308; proceedings of, 623.
- Medical Defence.** letter on, 600.
- Poor-law Medical Officers.** resolutions of Council, 130; resolution concerning Dr. Anstie, 501.
- St. Andrew's Medical Graduates.** final meeting, 257.
- Social Science.** annual meeting, 442; Dr. Lyon Playfair's address on Sanitary Reform, 455; relative increase of wages, drunkenness, and crime, 473; legislation for habitual drunkards, *ib.*; sewage of towns, 473, 474; restraint of river-pollution, 474; mortality in Glasgow, *ib.*; neglect of infants, 475; amusement and recreation for the people, *ib.*.
- Asthma.** Mr. W. H. Spurgin on iodide of potassium in, 304, 544.
- Asylum, Newcastle-on-Tyne.** annual report, 38; Hayward's Heath, annual commemoration, 86; Caterham, official inspection, 87; Garton, election of superintendent, 88; Limerick County, statement concerning, 89; Lenzie, appointment of superintendent, 150; Belfast, annual report of, *ib.*; Limerick, proposed increase of, 182; Lunatic, in Ireland, proceedings in Parliament regarding, 235.
- Athletic sports.** united hospitals, 18.
- Atkinson, Dr. P.** death from rupture of spleen, 403.
- Atlas and axis.** caries of, 503.
- Atkins, Dr. P.** testimonial to, 533.
- Atropia.** sulphate of, report on antagonism of Calabar bean to, 461; antagonism of meconate of morphia to, 518, 547, 581; an antidote to poisonous mushrooms, Dr. T. L. Brunton on, 617; sciatica treated by hypodermic injection of, 682; antagonism of chloral hydrate to, 905.
- Auditory canal.** see Ear.
- Aural Surgery.** Mr. J. Hinton's Questions of, *rev.*, 560.
- B.
- Baker, Mr. J. W.**, calculus formed on a piece of catheter, 709.
- Bakewell, Dr. R. H.**, aneurism of abdominal aorta, 631.
- Ballard, Dr. T.**, death of, 311; obituary notice of, 422.
- Banbury guardians and vaccination.** 160.
- Barclay, Dr. A.**, obituary notice of, 662.
- Barks, Mr. W. J.**, mosquito-bites, 514; lancing the gums, 576.
- Barnes, Dr. E. G.**, the long and short forceps and the vectis, 387.
- Mr. J. H.**, Notes on Surgical Nursing, *rev.*, 495.
- Dr. R.**, mammary abscess in infants, 199; obstetric bag, 560.
- Barringer, Dr. T. S.**, testimonial to, 309.
- Bartleet, Mr. T. H.**, resignation of as Branch Secretary, 501; aspirator-needle, 820.
- Barwell, Mr. R.**, treatment of chronic strumous synovitis, 489; foreign body in pelvis, 631.
- Bassett, Dr. J.**, mammary inflammation in infants, 171.
- Baths.** warm, misuse of for new-born infants, 496.
- Bearded women.** 659.
- Beaton, Dr.**, death of, 87.
- Beef, Brand's essence of.** 617.
- Belfast.** small-pox in, 89.
- Bell, Mr. A.**, retroversion of gravid uterus, 706.
- Belladonna in excessive perspiration.** Dr. J. W. Allan on, 645; Mr. A. Butler on, 773.
- Bellamy, Mr. E.**, singular forms of fatty tumours, 33.
- Benedikt, Dr.**, pathology of hydrophobia, 563.
- Bennett, Dr. Hughes.** resignation of professorship by, 37; remarks by Mr. Spence on, 230; report on antagonism of medicines, 436, 404, 485, 518, 547, 581, 615, 674, 697, 771, 805.
- Bent, Surgeon-General John.** obituary notice of, 725.
- Bequests.** 37, 250, 393, 423, 476, 663, 682, 717, 753, 825; M. Pontis, 470; an unusual, 594.
- Berry, Mr. W.**, recent resolutions of Medical Council, 259; reading at meals, 513.
- Beverley, Dr. M.**, hospital hygiene, 314.
- Bhai Daji, Dr.**, death of, 17.
- Birds.** instinct of, 312.
- Birling cure for hydrophobia.** 564.
- Birmingham.** small-pox in, 18; special correspondence from, 505, 787; sanitary proceedings in, 787; sanitary report on, 790.
- Births and deaths.** See Registrar.
- Bismarck, Dr.**, 545.
- Black, Dr. D. C.**, medical advertising, 572.
- Blackburn, Mr. Skaffe.** on hygienic condition of, 10.
- Bladder, Dr. Braxton Hicks** on treatment of inflammation of in women, 29; drainage in chronic inflammation of, 496; scrofulous ulceration of, 793.
- Bleeding.** Sir James Paget on former practice of, 221; in old times, 576.
- Blind.** statistics of, 19.
- Blood.** action of anesthetics on corpuscles of, 307; transfusion of lamb's, 710.
- Blood-poisoning.** obscure case of, 817.
- Blood-stains.** diagnosis of, 652.
- Bloodless surgery.** Dr. Esmarch on, 491, 508; remarks on, 529.
- Body-force and stimulants.** 744.
- Books.** old midwifery, 813.
- Boric acid and its salts as antiseptics.** Mr. B. A. Rugg on, 773.
- Botanic surgeon.** a, 513.
- Botkine, Dr.**, visit to Royal College of Surgeons, 685.
- Boulton, Dr. P.**, masturbation in children, 759.
- Bowkett, Mr. T. E.**, obituary notice of, 96.
- Bradbury, Dr. J. B.**, cases of hydatid of the liver treated by puncture, 290, 494, 525, 558, 588; case of mediastinal sarcoma, 363.
- Bradley, Mr. S. M.**, pressure in inflammatory enlargement, 383, 400.
- Brain.** Dr. Brown-Séquard on power of in man, 16; Dr. G. P. Rugg on convulsions from hydatid of, 139; Dr. Gowers on convulsion from disease of, 288, 398; Dr. Ferrier on localisation of function in, 288, 766; disease of simulated by overstrain of convergent muscles of eye, 570; abscess of from disease of ear, Mr. G. Field on, 774; pathology of, 788.
- Brand's essence of beef.** 647.
- Brazil.** yellow fever in, 309.
- Bread.** aerated, 26.
- Breast.** abscess of in infants, Dr. W. Stephen on, 106, 390; Dr. A. P. Wilks on, 139; communications on, 171, 199, 243; removal of molluscum from, 404; soft cancer of, 795.
- Brickwell, Mr. J.**, subcutaneous injection of chloral in cholera, 424.
- Bright's disease.** Dr. Fothergill on systemic indications of, 287.
- Bromal hydrate.** antagonism to atropine, 805.
- Bromide of ammonium** in catamenial excesses, 620.
- Bromide of potassium** with digitalis in delirium tremens, Dr. R. W. Crighton on, 811.
- Bronchitis.** Mr. Greenway on treatment of by carbolic acid, 75; Mr. W. H. Spurgin on treatment of, 304, 544.
- Brown, Dr. G.**, obituary notice of, 161.
- Mr. G.**, use of the aspirator, 360, 479, 601; medical defence association, 600.
- Brown-Séquard, Dr.**, the cerebral power in man, 16.
- Browne, Dr. J. C.**, general paralysis treated with Calabar bean, 522.
- Broxholm, Dr. J. H.**, obituary notice of, 96.
- Brunton, Dr. T. L.**, atropia an antidote to poisonous mushrooms, 617.
- Bucknill, Dr. J. C.**, the law of murder in its medical aspects, 667.
- Butler, the.** on Hospital Saturday, 86.
- Bullet, Dr. Harland** on removal of a, after fifty-nine years, 275.
- Bowman, Dr. J. W.**, idiopathic emphysema, 588.
- Burn, deformities from a.** 794.
- Burns.** Dr. A. G., ergot in purpura hæmorrhagica, 556.
- Burnett's fluid.** Dr. Tuckwell on suicidal poisoning by, 297.
- Burrows, Sir J. C.**, on medical charities, 783.
- Butler, Mr. A.**, belladonna in excessive perspiration, 773.
- Butter.** analysis of, 283, 454; artificial, 375.
- Butterford, Mr. W. H.**, metropolitan registrars and death-returns, 573.

Buzzard, Dr. T., Syphilitic Nervous Affections, *rev.*, 560
 Byles, Dr. J. C., obituary notice of, 24

C.
 Cadge, Mr. W., address in Surgery, 207
 Caffeine, physiological effects of, 617, 677; antagonism to meconate of morphia, 698
 Cairo, Mr. W. H. Flower on, 395
 Calabar bean, antagonism to sulphate of atropia, 464; to hydrate of chloral, 485; to hydrochlorate and meconate of morphia, 486; Dr. J. C. Browne on general paralysis treated with, 522; Dr. W. Munro on therapeutic uses of, 549; antagonism to strychnine, 805
 Calculus, cystine, 187; Mr. W. Cadge on prevalence of, 207; specimens of in Annual Museum, 255; relation of hard water to, 261, 294, 323; influence of temperament on, 419; impacted vesical, Mr. J. H. Porter on, 548; renal, discharged through fistulous opening, 649; formed on piece of elastic catheter, Mr. J. W. Baker on, 709; renal, symptoms of relieved by exploratory incisions, Mr. T. Annandale on, 768
 Calderwood, Mr. H., the Contagious Diseases Acts, 97
 Campbell, Dr. C. M., larvæ of fly in ear, 222; union doctors, 266
 Canada, leprosy in, 656, 803
 Canadian claimant, a, 594
 Cancer of omentum, 174, 649; of stomach and lung, 570; of colon, 710; of breast, soft, 795; cystic, of kidney, 818
 Carbolic acid, poisoning by, 17; Mr. Greenway on treatment of bronchitis and pneumonia by, 75
 Cargoes, unhealthy, deaths from, 256
 Caries of atlas and axis, 509
 Carpenters, Dr. Eade on a disease of, 289, 492
 Carson, Dr. W., obituary notice of, 24
 Carter, Dr. W., the Contagious Diseases Acts, 804
 Cartwright, Mr. S. H., threatened death from nitrous oxide, 128
 Cass, Mr. E. E., obituary notice of, 422
 Cassells, Dr. J. P., foreign bodies in ear, 807; fungus of ear, 809
 Catamenia, bromide of ammonium in excesses of, 620
 Cautery, galvanic, Dr. Braxton Hicks on application to gynecology, 385, 673
 Caulley, Mr. H., obituary notice of, 324
 Cells, Dr. Redfern on theory of, 271
 Cerebellum, tumours involving the, 292, 755
 Certificates, medical, 117; of death, sanitary value of, 464; emigration, 513; caution with regard to, 546; of death, new form of, 654, 714
 Chamberlen, Paul, portrait of, 813
 Chancroids, application of iodoform to, 13; cauterisation with nitric acid, *ib.*
 Charbon, epizootic of at Berlin, 147
 Charge for exposure of infectious patient, 310; of assault against a surgeon, Field v. Pope, 311; of manslaughter against a surgeon, 501; under Medical Act, 443, 656; for allowing infected children to attend school, 566; against a surgeon of obtaining money by false pretences, 782 *See Action*
 Charges of neglect, unfounded, 397
 Charity, letter on, 633, 721; discrimination in, 746; organisation of, 763; Sir J. C. Burrows on, *ib.*
 Charlatans, distribution of papers of, 180
 Charles, Dr. J. J., peculiar injury of shoulder-joint, 397
 Charlton, Dr. E., resolution of Committee of Newcastle Infirmary concerning, 38; Dr. A. Legat on, 73
 ——— Dr. J. F., obituary notice of, 263
 Chauffard, M., and the Paris medical students, 689, 829
 Chemistry, Dr. Apjohn's proposals regarding examinations in, 111
 Chemists, advice by, 180, 261
 Chest, tapping the, Dr. J. Russell on, 173, 404; Mr. A. Godrich on, 189, 260, 390, 536; Mr. G. Brown on, 260, 479, 601; Dr. R. D. Powell on, 266; Mr. C. R. Thompson on, 418; Dr. R. S. Smith on, 535; Dr. H. Page on, 536
 Cheyne, Mr. R. R., arsenical poisoning by articles of dress, 643
 Childbed, mortality of, 214, 527
 Children, excessive masturbation in, 727, 759
 Chili, English physicians in, 17
 China, opium and opium-smoking in, 748
 Chloral, injections of into veins, 90, 193; subcutaneous injection of in cholera, 254, 424, 569; death from overdose of, 374; antagonism to strychnia, 436; antagonism to Calabar bean, 485; injection per rectum in vomiting of pregnancy, 496; nearly fatal poisoning by, 792
 Chloroform, deaths from, 141, 782; Sir J. R. Cormack on recovery from apparent death from, 237; Dr. M. Sims on Nclaton's method of resuscitation from narcosis from, 239
 Cholera, importation of, 17; in Vienna, 228; subcutaneous injection of chloral hydrate in, 254, 424, 569; M. Piory on nomenclature of, 258; in Munich, report on, 410; reported case of, 442; Dr. Pringle's

paper on, 467; spread of in India, 576; letters on, 600, 664; Dr. Maclean's examination of Dr. Munro's views on, 806
 Chorion, structure of decidua in cystic degeneration of, 650
 Chromic acid, Dr. De Chaumont on reaction of with alcohol, 706
 Chuckerbutty, Dr. S. G., obituary notice of, 511
 Churchill, Dr. F., address in section of Obstetric Medicine, 223
 Churton, Mr. T., antiseptic treatment of puerperal pyæmia, 514
 Cities, foreign, health of, 470
 Clamp, Mr. Davy's minor surgery, 83
 Clapperton, Mr. J., maternal impressions, 388
 Clark, Mr. Andrew, introductory lecture at Middlesex Hospital, 448
 ——— Mr. F. Le Gros, medical evidence in courts of law, 261
 ——— Dr. T. E., graduation as M.D., 605
 Clarke, Dr. J. Lockhart, severe nervous symptoms from ascariæ, 366
 ——— Mr. W. F., payment of medical officers, 600
 Class examinations, proceedings of Medical Council concerning, 108
 Clay, as a dressing for wounds, 620
 Clifton, sanitary condition of, 230, 591; sewers of, 652
 Clogg, Mr. S., induction of premature labour, 403, 524
 Clothing in cold weather, 824
 Clover, Mr. J. T., administration of laughing-gas and ether, 382
 Club, Edinburgh University, quarterly dinners, 229, 623; Grantham medical, 375
 Clyde, purification of the, 787
 Coal-mines, loss of life in, 715
 Cocaine, physiological effects of, 615
 Coats, Dr. J., fatty growth on corpus callosum, 75; interstitial inflammation of kidney in scarlet fever, 400
 Coelenterata, living ancestral form of, 686
 Coffee, antagonism of to meconate of morphia, 771
 Cold and clothing, 824
 Cole, Dr. T., intermitting hydronephrosis, 401
 College, in Dundee, proposed, 656; Durham university, professorship of biology in, 19, 308; lectures, fees, etc., 346, 356; prizes at, 358
 ——— King's, the professorship of Materia Medica, 18, 179; professorship of comparative anatomy, 179; changes at, 328, lectures, fees, etc., 346, 350; prizes at, 357; Dr. Ferrier's introductory address, 445
 ——— King and Queen's of Physicians in Ireland, proposed new charter of, 39, 750, 784; female licentiates in midwifery, 182, 230; pass lists, 192, 261, 833; regulations of, 341; officers of, 568
 ——— Owens, Manchester, prospectus of medical school, 187; changes at, 328; lectures, fees, etc., 346, 355; prizes, 358; Professor Huxley's introductory address, 462; building of, 475
 ——— of Medicine and Surgery at Yedo, 283
 ——— Queen's, Belfast, lectures and fees, 414
 ——— Queen's, Birmingham, changes at, 328; lectures, fees, etc., 346, 354; prizes, 358
 ——— Queen's, Galway, lectures and fees, 415
 ——— Royal Medical Benevolent, founder's day, 147
 ——— Royal of Physicians of Edinburgh, regulations of, 337; office-bearers, 754
 ——— Royal of Physicians of London, Dr. West's Harveian oration, 1, 61; *conferentia* at, 37; pass lists, 191, 604, 833; regulations of, 330; renovation of façade, 783
 ——— Royal, of Surgeons of Edinburgh, pass lists, 264, 663; regulations of, 337; introductory lecture, 628
 ——— Royal, of Surgeons of England, Mr. Holmes's lectures on aneurism, 12, 106, 138, 170; election of members of Council, 20, 36, 38; remarks on the examinations, 20, 184; museum of, 61; election of officers, 86; regulation regarding dentists, 86; letters on pathological examination, 94, 129; power to expel offenders, 112; the conjoint examination scheme, 125, 688, 787; pass lists, 191, 264, 691, 726, 757; foreign hospitals and schools recognised by, 228; regulations of, 330; statistics of, 442; proceedings of Council, 543; examination papers, 750; the *Lancet* on attendance of members of Council, 784
 ——— Royal, of Surgeons of Ireland, proceedings of medical Council regarding visitation of examinations of, 79, 379; the conjoint examination scheme, 112; notice regarding letters testimonial, 380; class examinations, 596; Dr. Reynolds's introductory address, 628
 ——— University, changes at, 328; lectures, fees, etc., 345, 353; prizes, 358; Dr. Roberts's introductory address, 448; scholarships, 653
 ——— University, of Toronto, appointment of professor of natural history, 408
 ——— Yorkshire, of Science, professor of chemistry, 147

Colleges, Royal of Physicians and Surgeons of Edinburgh, proceedings of Medical Council on visitation of examination, 77; pass lists, 264, 663; regulations for double qualification, 338
 Colon, transverse, cancer of, 710
 Concretions, rare, in urinary organs, 279; in vesicula seminalis, 417
 Congress, German sanitary, 442
 Constantinople, special correspondence from, 187, 259, 416, 476, 659; water-supply of, 187; unsanitary state of, 259
 Constipation, nervous disorder from, 173
 Contagion, spread of, 566
 Contagious diseases, development of, 727
 Contagious Diseases Acts, Mr. Calderwood on, 97; Colonel Henderson's report on working of, 257; Dr. S. Gibbon on, 310; Mr. Stansfeld's remarks on, 528; action of in army, 564; Mr. Myers on, 572, 720; meeting on in Liverpool, 629, action of in various towns, 658; Mr. Hakes on, 661; Dr. J. B. Nevins on, 661, 693, 830; remarks on Dr. Nevins's statement, 683; Dr. Parkes on, 789, 830; letter on, 804
 Convalescent hospitals, 716
 Conveyances, public, infected patients in, 310
 Convulsions from chronic brain-disease, Dr. Gowers on, 288, 398; puerperal, dry cupping in, 372
 Copeman, Dr. F., president's address at annual meeting of Association, 195; the tow-pessary, 523; treatment of rheumatic fever by cymara, 768
 Copper, poisoning by sulphate of, 407
 Cormack, Sir J. R., recovery from apparent death from chloroform, 237, 382; diphtheritic paralysis, 290, 487, 732; resection of shoulder-joint, 290
 Cornea, conical, Mr. Nunneley on treatment of, 553
 Coroner's court-house in Islington, 18; inquests, *post mortem* examinations at, 132; letters on, 633, 727, 803
 Coroners' charges, 175, 284; Manchester Watch Committee on duties of, 309; remarks on, 651
 Coronership of Central Middlesex, 595, 624, 655
 Corpus callosum, Dr. J. Coats on fatty growth in, 75
 Corrigan, Sir D., proposed Bill to amend Medical Act, 81, 119
 Corrosive sublimate, poisoning by, 258
 Coryza induced by iodide of potassium, 405
 Cotlow, Dr., mammary abscess in infants, 199
 Cough, Dr. Ransome on mechanism of, 287
 Court-martial on a naval surgeon, 159, 391
 Coxeter and Son's aspirator, 83
 Cousins, Dr. J. W., hepatic cyst simulating ovarian tumour, 700
 Cremation in its bearings on public health, Mr. W. Kassie on, 134, 153; of body of Lady Dilke, 500; case of, 655
 Crichton, Dr. R. W., bromide of potassium and digitalis in delirium tremens, 811
 Criminal lunatics and lunatic convicts, 14
 Crisp, Dr. E., the late Dr. Lankester, 606
 Croft, Mr. J., excision of hip-joint for disease, 383
 Croton-chloral-hydrate in megrim, Dr. S. Ringer on, 288, 637
 Cuffe, Mr. R., poisoning by mushrooms, 645
 Cullerier, M., death of, 171
 Cummins, Dr. W. J., pathology of cholera, 664
 Cupping, dry, in puerperal convulsions, 372
 Curling, Mr. T. B., president's address at meeting of Metropolitan Counties Branch, 133
 Cutler, Mr. E., obituary notice of, 392
 Cyanosis, case of, 755
 Cymara, Dr. Copeman on treatment of rheumatic fever by, 768
 Cyst of liver simulating ovarian tumours, Dr. J. W. Cousins on, 700
 Cystitis in women, Dr. Braxton Hicks on local treatment of, 29

D.

Dalrymple, Mrs., drunkenness and dipsomania, 599
 Damascus, fever in, 416, 476
 Date, Mr. W., empyema treated by thoracocentesis, 740
 Davis, Mr. W. G., mammary abscess in infants, 243
 Davy, Mr. R., minor surgery clamp, 83; necropsies at coroners' inquests, 132; payment of medical officers, 600
 Dawson, Dr., memorial of, 379
 Deafness, apoplectiform, 372
 Death, alleged anticipation of, 38; without medical attendance, 375; new form of certificate of, 654, 714
 Deaths, preventable inquests on, 633; returns of, *see Registrar*
 Death-rates, Dr. Letheby's remarks on, 561
 De Chaumont, Dr., the chromic acid reaction with alcohol, 706; letters on his pamphlet on the Army Medical Department, 723, 724, 756
 Decidua, structure of in cystic degeneration of chorion, 650
 Decoliation in shoulder presentations, Mr. F. W. Wright on, 386
 Deer, epizootic of charbon among in Berlin, 117

- Delirium tremens, Dr. Crighton on bromide of potassium and digitalis in, 811
 Demarquay, Dr., on Lister's method of dressing wounds, 505
 De Méric, Mr. V., hereditary syphilis in the adult, 382; the railway accident at Thorpe, 418
 Dentists and the Royal College of Surgeons of England, 86
 Dentition, Dr. Finlayson on alleged dangers of, 364; Dr. J. Ward on, 554
 Diaphragm, Mr. S. W. Hope on spasm of, 742
 Diarrhoea, mortality from, 118, 148; inflammation of joints after, 372
 Diastasis in adolescents, Mr. C. Dukes on, 402
 Dickinson, Dr. W. H., introductory address at St. George's Hospital, 447
 Digitalis and bromide of potassium in delirium tremens, Dr. R. W. Crighton on, 811
 Dilke, Lady, burning of body of, 500
 Diphtheria, treatment of, 92; Sir J. R. Cormack on paralysis after, 290, 487, 732; Mr. T. Prangley on cases of, 291; at Woolwich, 716, 733
 Dipsomania, Dr. A. Robertson on, 499, 599; Mrs. Dalrymple on, 599
 Disease, prevention of, and the Local Government Board, 176; Dr. Reynolds on individuality of, 205; report of Committee on Registration of, 246; communicable, Mr. Annington on pathology of, 292; Mr. Haviland on geographical distribution of, 317
 Disinfection, the science of, 530
 Dislocation of femur and tibia, 141
 Dispensaries, provident, Hon. and Rev. R. Liddell on, 88; the *Times* on, 402; in Manchester, 472, 625; proposed establishment of, 632
 Dispensing, errors in, 566
 Diver, Dr. T., aneurism of groin and ham of same side, 31
 Dobell, Dr. H., the function of the uvula, 305
 Dolbeau, M., perineal lithotomy, 90
 Donations, anonymous, 594
 Dougall, Dr. J., on disinfection, 530
 Downey, Mr. P., mammary abscess in infants, 275
 Dowse, Dr. T. S., treatment of acute rheumatism, 292; fibro-nucleated tumours, *ib.*
 Drainage of Dublin, 150, 230, 257, 312, 444, 473, 657, 784; 825
 Drainage in chronic inflammation of bladder, 496
 Drains, ventilation of, 317
 Draper, Mr. W., induction of premature labour, 275, 575
 Drogheda, sanitary condition of, 411
 Drugs, statistics of, 181
 Drummond, Dr. E., poisoning by mushrooms, 524, 706
 Drunkards, Birmingham Committee on legislation for, 535, 719
 Drunkenness, habitual, Mr. W. C. Garman on, 101; letters on, 599
 Drysdale, Dr. C. R., tobacco and public health, 318; mercury in syphilis, 383; dysmenorrhoea, 385
 Dublin, births and deaths in, 119, 411, 533; drainage of, 150, 230, 257, 312, 444, 473, 657, 784, 825; state of rivers of, 182; public health committee of, 750
 Dukes, Mr. C., diastasis in adolescents, 402
 Duncan, Dr. J. Matthews, address in Obstetric Medicine, 213; tensile strength of adult foetus, 384, 763; fibrous polypus of uterus, 743
 Dunlison, Dr., Medical Lexicon, *rev.*, 560
 Duodenum, ulcer of opening into aorta, 526; opening into a large artery, 795
 Duplay, M., foreign body in oesophagus, 505
 Dyer, Dr. S. S., mammary abscess in infants, 171
 Dysmenorrhoea, Dr. A. B. Steele on, 385; Dr. Drysdale on, *ib.*; membranous, 650, 813
 Dyspepsia and decayed teeth, 26, 98
- E.
 Eade, Dr. P., address in Section of Medicine, 218; a disease of carpenters, 289, 492; the railway accident near Norwich, 381
 Eames, Dr. W., anaesthesia by injection of hydrate of chloral, 193
 Ear, Dr. F. M. Pierce on a speculum for applying remedies to, 12; Dr. C. M. Campbell on larvæ of fly in, 222; Mr. R. M. Mann on tumours of, 403; foreign body in, 509; connection of inflammation of with facial paralysis, 620; abscess of brain from disease of, 774; exostosis of, 795; Dr. Cassells on foreign bodies in, 807; on fungus of, 809
 Eassie, Mr. W., cremation in its bearings on public health, 134, 153
 Edinburgh, special correspondence from, 157, 187, 416, 569, 630, 659, 720, 754, 787, 829
 Edis, Dr. A. W., the rectum in its relation to uterine disease, 387, 701; retroversion of gravid uterus, 810
 Edmunds, Dr. J., mammary abscess in infants, 171
 Education, influence of on health of girls, 503
 Egypt, Mr. W. H. Flower's notes of experiences in, 361, 395, 433
 Elastic ligature, removal of tumours by, 793
 Elephantiasis of leg, 749
 Embleton, Dr. D., symmetry of the spleen, 367
- Emigration certificates, 502, 513
 Emphysema, general idiopathic, Dr. Burman on, 588; Mr. T. M. Evans on, 706
 Empyema treated by thoracentesis, Mr. W. Date on, 740; Dr. D. M. Williams on, 741
 Enchondroma, primary, of lung, 710
 Ennis, sanitary condition of, 784
 Enteritis, acute, 710
 Epidemic Disease, Dr. W. Squire on Period of Infection in, *rev.*, 305
 Epilepsy cured by excision of a neuroma, 692
 Epithelioma, removal of from tongue, 404; of vulva, Dr. Braxton Hicks on application of galvanic cautery to, 672; papillary, 795; of oesophagus ulcerating into trachea, 817
 Ergotin, Dr. W. L. Lane on subcutaneous injection of in purpura, 304; preparations of, 372; treatment of uterine fibroid by subcutaneous injection of, 526, 777; Mr. Burness on action of, 556
 Erichsen, Mr. J. E., Hospitalism, *rev.*, 142
 Erysipelas during puerperal state, Mr. W. Stewart on, 305
 Esmarch, Dr., bloodless surgery, 491, 508
 Ether, Mr. Clover on administration of, 382
 Europeans, mortality of in India, 444
 Evans, Mr. T. M., idiopathic emphysema, 706
 Evidence, medical, in courts of law, Mr. Le Gros Clark on, 261
 Excision of shoulder-joint in gunshot wound, Sir J. R. Cormack on, 299; of hip-joint for disease, Mr. J. Croft on, 383; of knee-joint, 404
 Exostosis, subcutaneous fracture of, 599; of femur, 788; of frontal bone, 794; of external auditory meatus, 795
 Expectant, apomorphia as an, 279
 Experiments on animals, prosecution for at Norwich, 751, 828
 Explosion in Regent's Park, 472, 476, 477
 Extrauterine pregnancy, cases of, 92, 526, 556
 Eyes, overstrain of convergent muscles of simulating brain-disease, 570
- F.
 Faculty of Physicians and Surgeons of Glasgow, visitation of examinations of, 78; regulations of, 339; officers of, 503
 Fatty growth in corpus callosum, Dr. Coats on, 75
 Fayer, Dr. J., appointed Physician to the Duke of Edinburgh, 17; diagnostic value of vomiting and pain in hepatic suppuration, 401
 Febrile diseases, contagion of, 193
 Fees, Shropshire tariff of, 684
 Femur, dislocation of, 141; fracture on both sides, 141; Mr. C. Dukes on separation of condyles of, 402; exostosis of, 788
 Fenwick, Dr. S., introductory lecture at the London Hospital, 450
 Fergus, Dr. A., sewage of towns, 473
 Ferguson, Dr. Joseph, death of, 312
 Fergusson, Sir William, presentation of portrait of to the Royal College of Surgeons of Edinburgh, 157
 Ferrier, Dr. D., localisation of functions in brain, 288, 766; introductory lecture at King's College, 445
 Ferris, Mr. J. S., case of Addison's disease, 553
 Fervor, Dr. Stokes's Lectures on, *rev.*, 277; in Damascus, 417, 476; the proposed asylums for at Hampstead, 716
 — enteric, simulated by disease of lumbar vertebrae, 93; at Clayton West, 190, 255; causes and mode of propagation of, 317; at Brierley, 391; in Thurles, 411; in Ballymoney, 444; aphasia after, 507; at Over Darwen, 563, 592, 823; Dr. Tyndall's views on, 621; at Pateley Bridge, 623; at Lewes, 687; Dr. E. Klein on minute pathology of, 699; the cold pack in, 716; intermittent water-supply as a cause of, 745
 — intermittent and remittent, Dr. Munro on iodine in, 586
 — puerperal, Dr. Matthews Duncan on, 215; treatment of, 261; at Leicester, 717
 — yellow, in Brazil, 309
 Fibula, osteo-sarcoma of, 404
 Field, Mr. G., abscess of brain from disease of ear, 774
 Finlayson, Dr. J., alleged dangers of dentition, 364
 Fisher, Dr. W. W., obituary notice of, 481
 Fistula, penile, Mr. E. N. Smith on, 523; recto-vaginal caused by Zvanck's pessary, 619; faecal, 788
 Fleming, Dr. A., duration of impression caused by pressure on skin, 770
 Fletcher, Dr. J. O., obituary notice of, 603
 Flight, discovery of mechanism of, 260, 293, 322
 Flower, Mr. W. H., the pathological examination at the Royal College of Surgeons, 94; notes of experiences in Egypt, 361, 395, 433
 Flückiger's Pharmacographia, *rev.*, 776
 Foetus, Dr. J. M. Duncan on tensile strength of, 384, 763; Mr. Clapperton on maternal impressions on, 388; a six months', 650, 813; disease of heart in a, 710; Mr. A. S. Underhill on influence of vaccination in, 811
- Food, and Diet, Dr. F. W. Pavy on, *rev.*, 174; of plants and animals, 285; diseased, in Dublin, 379; unwholesome, 412; relation to force, 497
 Foot, Dr. A. W., introductory lecture at the Meath Hospital, 627
 Forceps, Dr. E. G. Barnes on, 387; rat-trap, 650
 Foreign bodies, in vagina, 26; in ear, 503, 807; in female pelvis, 631
 Foster, Dr. B. W., Clinical Medicine, *rev.*, 279
 — Mr. J. B., death of, 784
 Fothergill, Dr. J. M., systemic indications of chronic Bright's disease, 287
 Fox, Dr. C. B., medical officers of health and registrars of deaths, 189; water-analysis, 316; disposal of slops in villages, 319
 Fracture of both femora, 141; of spine, 646
 Fractures, treatment of by flexible splints, 620
 France, mortality of infants in, 258; insanity in, 308
 Francis, Mr. W. Bransby, death of, 409, 442
 Frank-Smith, Dr. W., hephatic hemiplegia, 551
 Frome, sanitary report on, 540
 Frontal bone, medullary sarcoma on, 794; exostosis of, 794
 Frost, accidents caused by, 827
 Fruit-kernels, poisonous, 375
 Fungus of auditory meatus, Dr. Cassells on, 809
- G.
 Gairdner, Dr. W. T., the progress of pathology, 515
 Gale, Dr. H. S., Clinical Atlas of Skin-Diseases, *rev.*, 496
 Gall-bladder, Mr. G. E. C. Jackson on occlusion of, 71
 Galvanic cautery, Dr. Matthews Duncan on application to to gynaecology, 385, 672
 Galvanism in retention of urine, Mr. E. Walford on, 681
 Galway, election of member for, 20
 Gangrene, hospital, treatment of, 13; dry, of penis, Mr. C. Puzey on, 274
 Gant, Mr. F. J., the pathological examination at the College of Surgeons, 129
 Garman, Mr. W. C., habitual drunkenness, 101
 Garment-suspender, 537
 Gas, death following explosion of, 784
 Gascoven, Mr. G. G., syphilitic infection, 691
 Geographical distribution of disease, Mr. Haviland on, 317
 George, Mr. H., obituary notice of, 663
 Gibb, Sir G. D., the election at Westminster Hospital, 633
 Gibson, Mr. A. C., obituary notice of, 25
 Girls, influence of higher education on health of, 503
 Glasgow, mortality in, 474; special correspondence from, 506, 787
 Gloucester, small-pox at, 67
 Godfrey's cordial, death from, 470
 Godrich, Mr. A., the aspirator in tapping the chest, 188, 260, 390, 536
 Goethe, description of aphasia, 19; views on medical matters, 266
 Goitre, anemic exophthalmic, Dr. H. M. Jones on case of, 775; Mr. W. W. Westcott on case of, 811
 Gonorrhoea, with uterine and ovarian disorder, Mr. T. E. Williams on, 32
 Goodridge, Dr. H. F. A., thoracentesis in acute pleuritic effusion, 738
 Goodworth, Mr. W. H., obituary notice of, 263
 Gore, Dr. A. A., leaves from diary during Ashantee war, 301
 Governors' letters, and the Charity Organisation Society, 18
 Gowers, Dr. W. R., convulsions from organic brain-disease, 288, 398
 Graham, Dr. A. R., illness from drinking milk tainted with sewer-gases, 742
 Grant, Dr. R. E., death of, 284
 Graphic newspaper, liberality of, 181
 Greek at the matriculation examination of the University of London, 193
 Greene, Dr. G., obituary notice of, 392
 Greenway, Mr. H., treatment of pneumonia and bronchitis with carbolic acid, 75; hospital construction, 419
 Grey, Dr. G., herb-poisoning at the Cape of Good Hope, 168
 Griffith, Dr. G., the use of the tow-pessary, 644
 — Mr. T. T., testimonial to, 834
 Grigg, Dr. W. C., rigor mortis in an infant at birth, 493, 586, 707
 Groves, Mr. T. B., advice by chemists, 261
 Guaranine, physiological action of, 617, 678
 Gull, Sir W., introductory address at Guy's Hospital, 425
 Gunshot wound, Sir J. R. Cormack on resection of shoulder in case of, 299; anaesthesia and paralysis after, 505
- H.
 Hæmatocœle, pelvic, case of, 774
 Hæmorrhage, *post partum*, treated by perchloride of iron, Mr. W. P. Swain on, 301

- Hair-washes, effect of lead in, 394, 513
 Hakes, Mr. J., the Contagious Diseases Acts, 661
 Halford, Dr. G. B., ammonia in snake-bites, 256
 Hall, Mr. A. R., subcutaneous injections of chloral in cholera, 254, 569; pathology of cholera, 600
 — Dr. J. C., introductory lecture at Sheffield Medical School, 451
 Halpin, Dr., testimonial to, 444
 Hammer-palsy, Dr. Frank-Smith on, 551; Dr. Inman on, 587
 Hampstead, fever asylum at, 716, 826
 Hand, congenital deformity of, 599
 Hardesty, Mr. J. J., lancing the gums, 435
 Hardy, Mr. H. N., treatment of out-patients, 129, 322, 479
 Harland, Dr. H., removal of bullet from hand, 275
 Harris, Mr. J. W., address presented to, 758
 Harrogate, Dr. W. W. Leeper on, 473
 Harveian oration, Dr. West's, 1; remarks on, 61
 Hastings prize essay, Mr. Lawson Tait's, 1, 29
 Haviland, Mr. A., geographical distribution of disease, 317
 Haydon, Dr. T., introductory address at the Catholic University Medical School, 628
 Hayman, Dr. C. C., obituary notice of, 481
 Haynes, Dr. S., maternal impressions, 394
 Health, Dr. J. S. Stocker's Hints for, *rev.*, 145; of towns, Dr. Yeld on, 508
 Heart, Dr. Peter on accidents to pregnant women with disease of, 289; and respiratory organs, relations of disease of, 599; Dr. Moon on hyperæsthesia of, 708; disease of in a fetus, 710; fibroid patch on, 710; syphilitic disease of, 710; congenital disease of aortic valves, 710; case of disease of, 794
 Heaton, Dr. J. D., hydatid of liver treated by aspiration, 557
 Hemiplegia, Dr. Hughlings Jackson on case of, 69, 99; hephæstic, Dr. Frank-Smith on, 551; Dr. Inman on, 587
 Herb-poisoning at the Cape of Good Hope, Dr. G. Grey on, 158
 Hernia, simulated by enlarged glands, 93; in infants, 140; femoral, 141; Mr. C. Steele on operations for radical cure of, 584; strangulated femoral relieved by injections of oil, Mr. W. Adams on, 809; inguinal, 818
 Hernia cerebri, case of, 646
 Herpes gestationis, 372
 Hicks, Dr. J. Braxton, local treatment of cystitis in women, 29; application of the galvanic cautery to gynaecology, 385, 672
 Hill, Mr. P. E., mammary abscess in an infant, 171
 Hilliard, Dr. R. H., his pen-vaccinator, 590, 727
 Hinton, Mr. J., Questions of Aural Surgery, *rev.*, 560
 Hip-joint, Mr. Croft on excision of for disease, 382
 Hodgson, Mr. G. F., address to South-Eastern Branch, 72
 Holland, Dr. E., the explosion in Regent's Park, 478
 — Mr. P. H., coroners' inquests, 803
 Holmes, Mr. T., lectures on surgical treatment of aneurism, 12, 106, 138, 170
 Hope, Mr. S. W., spasm of the diaphragm, 742
 Horsley, Mr. J., tests for nitrates, etc., in water, 394
 Hospital, Belfast General, charter obtained by, 312
 — Birmingham General, officers, fees, etc., 346
 — Bristol General, officers, fees, etc., 346, 355
 — Charing Cross, appointments at, 17, 328; lectures, fees, etc., 344, 349; prizes at, 357; Dr. Douglas Powell's introductory lecture, 449
 — for Children, Ulster, annual meeting, 379
 — for Consumption, Royal National at Ventnor, bequest to, 36, 393; addition to, 284
 — for Consumption, Brompton, bequests to, 230; extension of, 715
 — for Contagious Diseases, proposed, at Hampstead, 653
 — Cottage, for Wells, 86
 — Cottage, at Wirksworth, annual report, 423
 — Delancy Fever, at Cheltenham, 39
 — Devon and Exeter, Sunday collection for, 374; prizes at, 441
 — Gray's, Elgin, donations to, 179
 — Guy's, appointments at, 147; changes at, 328; lectures, fees, etc., 344, 349; prizes at, 357; Sir W. Gull's introductory address, 425, 441
 — Hampstead, 826
 — for Incurables at Oxford, completion of, 284
 — for Incurables in Scotland, 717, 754
 — Jervis Street, prospectus of, 414
 — Kilmainham, typhoid fever in, 235
 — King's College, changes at, 328; fees, etc., 344, 350
 — Liverpool Royal Southern, fees, etc., 355
 — London, out-patients at, 311; changes at, 328; lectures, fees, etc., 345, 351; prizes at, 357; enlargement of, 409; Dr. Fenwick's introductory address, 450
 — Mater Misericordie, introductory address, 627
 — Maternity, proposed Edinburgh, 718, 754
 — Meath, prospectus of, 414; proceedings regarding Hospital Sunday, 441; introductory address, 627
 Hospital, a mediæval, 500
 — Mercer's, prospectus of, 414
 — Middlesex, changes at, 328; lectures, fees, etc., 345, 352; prizes at, 358; Mr. A. Clark's introductory lecture, 448
 — Norfolk and Norwich, mortality in, 314; proposed committee on nursing, 543
 — Orthopædic, vacancies in, 87
 — Queen's, Birmingham, officers, fees, etc., 346, 351
 — Rotunda of Dublin, mortality in, 223
 — Royal Ophthalmic, appointments at, 86
 — St. Bartholomew's, appointment of treasurer, 119; changes at, 328; classes, fees, etc., 344, 348; prizes at, 357; vacancies in, 717; Reports of, *rev.*, 776
 — St. George's, the office of orthopædic surgeon, 86; alterations of, 310; changes at, 328; lectures, fees, etc., 344, 349; prizes at, 357; Dr. Dickinson's introductory lecture, 447
 — St. Mary's, changes at, 328; lectures, fees, etc., 345, 351; prizes at, 357; Mr. Owen's introductory lecture, 446; scholarships at, 512
 — St. Thomas's, the Queen's statue, 255, 378; changes at, 328; lectures, fees, etc., 345, 352; prizes at, 358; Mr. Mac Cormac's introductory address, 447
 — St. Vincent's, prospectus of, 414; introductory address, 627
 — Samaritan, at Belfast, 312
 — Sir Patrick Dun's, prospectus of, 414
 — Sheffield, officers, fees, etc., 346
 — for Skin Diseases at Belfast, 379
 — Steevens's, visit of Dukes of Abercorn to, 89; prizes, 358; medical school of, 413
 — University College, bequest to, 131; changes at, 328; lectures, fees, etc., 345, 353
 — Victoria, at Netley, donation from *Graphic* newspaper, 181
 — West London, annual dinner, 19
 — Westminster, training school for nurses, 117; addition to buildings, 230; changes at, 328; lectures, fees, etc., 345, 353; prizes at, 358; Dr. Potter's introductory lecture, 451; appointments at, 563, 593, 633
 — for Women, 39; letters on, 98; remarks on, 823
 Hospital Saturday, the *Builder* on, 86; proceedings regarding, 255, 284, 374, 443, 468, 531, 594, 654; letters on, 537, 572
 Hospital Sunday in London, 14; report of, 822, 824; in Dublin, 411, 444, 568; in Birmingham, 787
 Hospitalism, Mr. Erichsen on, *rev.*, 142
 Hospitals, governors' letters for, to the Charity Organisation Society, 18; treatment of out-patients at, 129, 259, 322, 479; changes in staffs of, 328; construction of, 419; in Birmingham, opening of clinical session, 505; of Paris in 1790, 620; Richmond, Whitworth, and Hardwicke, prospectus of, 414; introductory address at, 627
 Houses, wholesome, 568
 Howatt, Dr. H. R., obituary notice of, 190
 Hughes, Dr. J., introductory address at Mater Misericordie Hospital, 627
 Humerus, Mr. C. Dukes on diastasis of epiphysis of, 403
 Humphry, Dr. G. M., the treatment of wounds, 383; double popliteal aneurism, 383
 Hunt, Mr. R. T., obituary notice of, 542
 Huxley, Dr. T. H., theories of life and motion, 267; introductory address at Owens College, 462
 Hydatid of the brain, Dr. G. P. Rugg on, 139; of liver treated by puncture, Dr. J. B. Bradbury on, 40, 494, 525, 558, 588; Dr. J. D. Heaton on, 557; Dr. Philipson on, 557; suppurating, 619
 Hydrocephalus, case of, 813
 Hydrocephrosis, intermittent, Dr. T. Cole on, 401
 Hydrophobia, remarks on, 36; cases of, 89, 118, 257, 285, 295, 312, 378, 501; treatment of, 309, 564, 645; in Madrid, 375; Dr. W. W. Moore on, 531; pathology of, 563; Mr. Prince on treatment of, 811
 Hymen, imperforate, Dr. G. W. Joseph on case of, 680
 Hyperæsthesia, cardiacæ, Dr. Moon on, 708
 Hypochondriasis with delusions, 692
 Hypodermic injection of chloral in cholera, 254, 569; of ergotin in purpura hæmorrhagica, Dr. W. L. Lane on, 304
 I.
 Ichthyosis linguae, 711
 Idiocy, origin of, 569
 Idiot, Dr. O. T. Woods on tubercular meningitis in, 32
 Impaling on a broomstick, case of, 743
 India, English rewards for merit in, 146; mortality of Europeans in, 444; spread of cholera in, 467, 576
 Individuality of man, Dr. Russell Reynolds on, 204; of disease, 205
 Infants, new-born, characters of, 82; mammary abscess in, Dr. W. Stephen on, 106, 390; communications on, 139, 171, 199, 243, 275; hernia in, 140; mortality of in France, 258; pathological relations of paralysis in, 405; neglect of in large towns, 475; rigor mortis in at birth, Dr. Gregg on, 493, 588, 707; Mr. J. A. Thompson on, 550, 640, 772; Dr. P. A. Young on, 707; Mr. C. H. W. Parkinson on, 772; new-born, misuse of baths for, 496
 Infected houses, 391
 Infection, duration of, 565
 Infectious patients in public conveyances, 310; isolation of, 391
 Infirmary, Edinburgh, new, 754
 — Edinburgh Royal, bequest to, 393
 — Glasgow Royal, 88; appointments at, 533
 — Glasgow Western, 506, 787; constitution of, 567; opening of, 595
 — Radcliffe, proposed children's ward, 685
 — Salop, regulations of, 255
 — Worthing, 624, 823
 Inflammatory enlargements, Mr. S. M. Bradley on a mode of employing pressure in, 400
 Injection, intravenous, of chloral, 439
 Inman, Dr. T., hephæstic palsy, 589
 Inoculation at Castlebar, 312
 Insanity, plea of in criminal cases, 149; in France, 308
 Instruments, Mr. MacCarthy on use of in obstetric practice, 524
 Insurance company, action against an, 284, 624
 Intussusception in an infant, 538
 Iodide of potassium in bronchitis and asthma, Mr. W. H. Spurgin on, 304; Dr. Allan on coryza induced by, 405
 Iodine, Dr. J. Morton on injection of in spina bifida, 521; Dr. W. Munro on use of in intermittent and remittent fever, 586
 Iodoform applied to chancre, 13; action of, 805
 Ireland, Local Government Board report, 150; births and deaths in, 379; quarterly returns of Registrar-General for, 825
 Iris, sarcoma of, 755
 Iritis, scrofulous, Mr. Vernon on, 276
 Iron, injection of perchloride of in *post partum* hæmorrhage, Mr. W. P. Swain on, 301
 J.
 Jackson, Mr. G. E. C., occlusion of gall-bladder, 71
 — Dr. J. Hughlings, lecture on a case of hemiplegia, 69, 99
 — Mr. Marsh, mammary abscess in infants, 243
 Jacob, Dr. A., obituary notice of, 411, 611
 Japan, medical education in, 283
 Jeaffreson, Mr. C. S., perforation of the rectum, 403
 Jefferson, Mr. R., obituary notice of, 131
 Johnson, Dr. G., gains derived from the use of the laryngoscope, 33, 139; rare modification of albumen in urine, 618; laryngeal symptoms from pressure on vagus and recurrent nerves, 790
 — Mr. G. S., certain compounds of albumen with acids, 673
 Joints, inflammation of after diarrhoea, 372
 Jones, Dr. H. M., anæmic exophthalmic goitre, 775
 — Mr. Shelton, testimonial to, 453
 Joseph, Dr. G. W., imperforate hymen, 680
 Journal, British Medical, prospectus for 1875, 799
 Journal of the Chemical Society, *rev.*, 145
 Juries, exemption of surgeons from, 605
 K.
 Karkeek, Mr. P. Q., double arm-presentation, 773
 Keith, Dr. A. D., vaccination regulations, 722
 Kelly, Mr., introductory address at Ledwich School of Medicine, 628
 Kent, East, sanitary report on, 796
 Kidney, Dr. Fothergill on systemic indications of chronic Bright's disease of, 287; physiology of, 373; Dr. Coats on acute interstitial inflammation of in scarlet fever, 400; Dr. T. Cole on intermittent dilatation of, 401; calculus of discharged through fistulous opening, 649; Mr. Annandale on symptoms of calculus in cured by exploratory incision, 768; cystic cancer of, 811
 Kingstown, sewerage of, 379, 504
 Klein, Dr. E., minute pathology of enteric fever, 699
 Knee, cases of excision of, 404; Mr. Barwell on treatment of chronic strumous synovitis of, 689; case of tapping, 619
 L.
 Labour, premature induction of, Dr. J. G. Swayne on, 165, 479, 555, 707; Mr. W. Draper on, 275, 575; Mr. S. Clogg on, 403, 524; complex, Dr. Madden on, 387; antique group representing, 811
 Lanchester, Dr. H., presentation of testimonial to, 567
 Lancing gums, Dr. Finlayson on, 364; Mr. Hardesty on, 435; Dr. J. Ward on, 554; Mr. Barkas on, 576
 Lane, Mr. J. R., modern treatment of syphilis, 729
 — Dr. W. L., hypodermic injection of ergotin in purpura, 304
 Lankester, Dr. E., obituary notice of, 603; letter on 666

Larvæ of fly in ear, Dr. C. M. Campbell on, 222
 Laryngoscope, gains derived from use of, Mr. P. Thornton on, 11, 105; Mr. A. T. Norton on, 11; Dr. G. Johnson on, 33, 139
 Larynx, Dr. Sawyer on neuroses of, 552; extirpation of, 686; Dr. G. Johnson on effect of pressure of tumours on, 782, 790, 830
 Lateau, Louise, and the disease of the mystics, 116
 Lattey, Mr. W., determination of casts in urine, 132, 728
 Lead in drinking-water, 561; Dr. Lauder Lindsay on disuse of in conveyance of water, 593
 Lead-poisoning in France, 453; by aerated water, 282, 322, 825; by hair-washes, 394, 513; remarks on, 562
 Leamington spa, Dr. J. Thompson on, 288
 Lectures, on surgical treatment of aneurism, Mr. Holmes, 12, 106, 138, 170; clinical, on hemiplegia, Dr. Hughlings Jackson, 69, 99; clinical, on aphasia, Dr. J. W. Ogle, 163; on Fever, Dr. Stokes, *rec.*, 277; introductory, at Guy's Hospital, Sir W. Gull, 425; at Leeds School of Medicine, Mr. Wheelhouse, 429; introductory, remarks on, 439, 481; at King's College, Dr. Ferrier, 445; at St. Mary's Hospital, Mr. Owen, 446; at St. Thomas's Hospital, Mr. Mac Cormac, 447; at St. George's Hospital, Dr. Dickinson, 447; at the Middlesex Hospital, Mr. A. Clark, 448; at University College, Dr. Roberts, 448; at Charing Cross Hospital, Dr. Powell, 449; at the London Hospital, Dr. Fenwick, 450; at the Westminster Hospital, Dr. Potter, 451; at the Sheffield Medical School, Dr. J. C. Hall, 451; at Owens College, Dr. T. H. Huxley, 462; Liverpool Royal Infirmary School of Medicine, Mr. T. S. Walker, 504; Meath Hospital, Dr. Foot, 627; Richmond, Whitworth, and Hardwicke Hospitals, Mr. Thomson, 627; Mater Misericordie Hospital, Dr. J. Hughes, 627; St. Vincent's Hospital, Mr. O'Leary, 627; School of College of Surgeons in Ireland, Dr. Reynolds, 628; Ledwith School of Medicine, Mr. Kelly, 628; Catholic University Medical School, Dr. Hayden, 628
 Leeper, Dr. W. W., a few days at Harrogate, 478
 Leg, elephantiasis of, 619
 Legat, Dr. A., address to Northern Branch, 73
 Leprosy in Canada, 656, 803
 Letheby, Dr., on death-rates, 561
 Leucocythæmia, supposed, Dr. E. Wells on case of, 305; with lymphosarcoma, Dr. R. S. Smith on, 638
 Lewes, outbreak of fever at, 687
 Lewis, Mr. J., promotion of, 308
 — Dr. T. C., appeal on behalf of family of, 394, 424, 454, 483, 664
 Libel against a medical man, action for, 38
 Lichen urticatus, Dr. Mackey on local treatment of, 810
 Liddell, Mr. J., prevention of accidental poisoning, 636
 — Hon. and Rev. R., on provident dispensaries, 88
 Liebig's liquid extract of meat, 565
 Life, Dr. J. R. Reynolds on, 200; Dr. T. H. Huxley on, 257
 Liffey, state of the, 20, 40, 89, 473, 784
 Limbs, lost, value of, 825
 Lindsay, Dr. Lauder, disuse of lead in conveyance of water, 593
 Lithotomy, Mr. J. W. Baker on a case of, 709; cases of, 812
 Lithotomy, perineal, 90
 Liver, acute yellow atrophy of, 107; Dr. Maclean on vomiting in abscess of, 138; hydatids of treated by puncture, Dr. Bradbury on, 290, 494, 525, 558, 589; Dr. Heaton on, 557; Dr. Philipson on, 557; Dr. Fayer on diagnostic value of vomiting and pain in suppuration of, 401; suppurating hydatid cyst of, 619; hydatids of, 619; Dr. J. W. Cousins on large cyst of, 700; abscess of, 795
 Llandudno, sanitary report of, 509
 Local Government Board and Diseases Prevention Act, 176; report of, 420. *See also* Poor-law and Public Health
 Local Government Board in Ireland, report of, 150. *See also* Public Health (Ireland)
 Lucas, Mr. T. P., the action of alcohol, 612, 835
 Lunacy, Dr. L. Winslow's Manual of, *rec.*, 776
 Lunacy Commission in Scotland, report of, 280
 Lunacy Law Reform Association, 565
 Lunatic, murder by a, 410
 Lunatics, criminal, and criminal convicts, 14; assaults on, 256
 Lungs, changes produced in by ammonia, 82; cancer of, 570; primary enchondroma of, 710
 Lymphadenoma, Dr. Ogle on illustrations of, 292
 Lymphatic glands, primary tubercle of, 649
 Lymphosarcoma with leucocythæmia, Dr. R. S. Smith on, 638
 M.
 Macclesfield, sanitary report on, 797
 MacCarthy, Mr. G. D. R., use of instruments in obstetric practice, 524

Mac Cormac, Mr. W., introductory lecture at St. Thomas's Hospital, 447
 McGee, Dr. W., obituary notice of, 191
 Mackenzie, Dr. Morell, etiology of goitre, 289
 — Dr. P. M., obituary notice of, 512
 Mackey, Dr. E., recent resolutions of General Medical Council, 188; local treatment of lichen urticatus, 810
 Mackintosh, Dr. A., enteric fever, 317; ventilation of drains and sewers, 317
 MacLagan, Dr. D. M., accident to, 416
 Maclean, Dr. W. C., diagnostic value of vomiting in hepatic abscess, 138; critical examination of Dr. Munro's views on malarial fever and cholera, 764, 806
 Macleod, Dr. W., treatment of puerperal fever, 261
 Madden, Dr. T. M., rupture of uterus during labour, 386, 769; case of complex labour, 387
 Magill, Dr. J., obscure peritonitis, 587
 Magnan, M., his experiments on animals, prosecution for at Norwich, 751, 828
 Malahide graveyard, 657
 Malaprasix, action for in New Zealand, 87; charges of, 180, 283, 501, 594
 Malaria, Dr. Maclean on Dr. Munro's views regarding, 764, 806
 Malta, health of, 747
 Mammary abscess in infants. *See* Breast.
 Man, Dr. Russell Reynolds on peculiarity of, 202; on individuality of, 204
 Manby, Mr. F. E., the M.D. degree, 575
 Manchester, special correspondence from, 187, 476
 Mann, Mr. R. M., aural tumour, 403.
 Manser, Mr. F., proceedings under the Sanitary Acts, 573
 Marcet, Dr. W., consumption a form of septicæmia, 520
 Martin, Mr. J., use of the tow pessary, 588
 — Sir J. R., death of, 719; biography of, 785
 Masturbation by children, 727, 759
 Maternal impressions, Mr. J. Clapperton on, 388; Dr. S. Haynes on, 394
 Maule, Dr. J. T., obituary notice of, 422
 Meat, unwholesome, prosecutions for possession of, 147, 442, 469; Liebig's liquid extract of, 565; diseased, in Liverpool, 716; raw, new method of administering, 777
 Meatus auditorius. *See* Ear
 Mediastinal sarcoma simulating callous mediastinopericarditis, Dr. T. C. Allbutt on, 300; sarcoma, with bloody pleurisy, Dr. J. B. Bradbury on, 363
 Medical Act, proposed amendment of, 81, 82, 119; prosecutions under, 443, 656
 — addresses, 439
 — advertising, 572
 — advice by chemists, 180
 — certificate of death, new form of, 654, 714
 — Club, Grantham, 375
 — Council, session of, 33, 76, 108; new members, 33; president's introductory speech, 33; report on new offices, 35, 76; re-election of Dr. Paget, *ib.*; visitation of examinations, 35, 76, 77, 80; Committee on Adulteration, 35, 109; Committees, 78; midwifery diploma of Queen's University in Ireland, 76; prosecution of unqualified practitioners, 76; alleged misconduct of a registered practitioner, 76, 77; improper use of a registered practitioner's name, 76, 79; visitation of Apothecaries' Society of London, 77; of conjoint examinations of Royal Colleges of Physicians and Surgeons in Edinburgh, 77; of separate examinations of Colleges in Edinburgh, 78; of Faculty of Physicians and Surgeons of Glasgow and Royal College of Physicians of Edinburgh, 78; of Faculty of Physicians and Surgeons of Glasgow, 78; of University of Glasgow, 79; of Royal College of Surgeons in Ireland, 79; of the Queen's University in Ireland, 80; returns from the Army Medical Department, 79; the case of Mr. Pernewé, 79; the University of London and conjoint examinations, 79; proposed alteration of name, 80; the *British Pharmacopœia*, 80; the register of students, 80; the Pharmaceutical Society, 80; compilation of the *Register*, 80; proposed Bill to amend the Medical Act of 1858, 81, 82; class examinations, 82, 108; proposed limitation of subjects of examinations, 82, 109; conduct of examinations, 109; appointment of analysts, 109, 110; conjoint examinations, 111; executive committee, 111; examinations in chemistry, 111; results of examinations, 111; conjoint examination scheme in Ireland, 111; period of professional study, 111; misconduct of an Aberdeen graduate, 111; the Apothecaries' Society and the conjoint board, 111; the power of the Royal College of Surgeons of England to expel offenders, 112; the Royal College of Surgeons of Ireland and the conjoint examination scheme, 112; practical examination, 112; report of the Pharmacopœia Committee, 112; the Apothecaries' Hall of Ireland and the Conjoint Scheme, 113; preliminary education, 113; conjoint examining scheme for England, 113; recommendations of the General Council, 113;

report of the Finance Committee, 113; the presidency of the Council, 113; votes of thanks, 113; summary of proceedings, 115; Dr. Mackey on recent resolutions of, 188; Mr. W. Berry on, 259; meeting of Executive Committee, 596, 659
 Medical degrees and titles, letters on, 424, 484, 544, 575, 605, 606, 665, 728, 760, 804, 836; remarks on, 821
 — education in Japan, 283; for women, 443
 — evidence in courts of law, 261
 — examinations, conjoint scheme for England, proceedings of University of London, 79; of Society of Apothecaries, 111; of Royal College of Surgeons, 125, 688, 751; remarks on progress of, 780
 — examinations, conjoint scheme for Ireland, proceedings of King and Queen's College of Physicians, 40, 111; proceedings of Royal College of Surgeons in Ireland, 112
 — examinations, visitation of, proceedings of General Council regarding, 76 *et seq.*; summary of reports of, 84, 114; in Ireland, remarks on, 125; visitors recommended in Ireland, 633, 605; appointment of visitors, 659
 — fees, tariff of Shropshire Ethical Branch, 684
 — Mayors, 623, 685
 — men, English, in Chili, 17; foreign honours conferred on, 28; liability to serve on juries, 394
 — officers, payment of, 527, 600
 — officers of health. *See* Public Health.
 — practice, minimum qualification for in England, 780
 — registration, importance of, 473
 — Schools. *See* School.
 — science in Spain, 377
 — students, and the public services, 176, 440; and their examinations, 327; Mr. Wheelhouse on duties and responsibilities of, 429; *see also* Lectures, introductory; alleged misconduct of, 717; in Dublin, 718
 — titles. *See* Medical degrees and titles.
 Medicine, Mr. G. F. Hodgson on progress in, 72; Dr. Russell Reynolds's address in, 200; Clinical, Dr. B. W. Foster's, *rec.*, 279; Sir William Gull on study of, 425; Dr. Aitken's Outlines of Science and Practice of, *rec.*, 776
 Medicines, patent, revenue from, 180
 Medico-parliamentary: Outbreak of small-pox at Gloucester, 67; supply of vaccine lymph in Ireland, 67; militia medical officers, 96; Slaughter-houses, etc., Bill, 159, 190; Factories (Health of Women, etc.) Bill, 160; Vaccination Act Amendment Bill, 160; Public Health (Ireland) Bill, 160, 190; the Banbury guardians and vaccination, 160; supplementary estimates, 160; army medical service, 160; outbreak of fever in Marylebone, 160; committee of supply, 160; Sanitary Laws Amendment Bill, 189; medical officers on the Gold Coast, 190; typhoid fever near Huddersfield, 190
 Megrim, Dr. Ringer on action of croton-chloralhydrate in, 288, 637
 Melancholia, recovery from, after four years of silence, 692; cases of, 788
 Memorial of Dr. John Murray, 118, 721; of Sir J. Simpson, 378; of Dr. T. Ballard, 574; of Dr. E. Waters, *ib.*; of Professor Sedgwick, 635
 Meningitis, tubercular, in an adult idiot, Dr. O. T. Woods on, 32; cerebral, 682
 Mercury, Dr. J. Ross on action of, 287; in syphilis, Dr. Drysdale on, 383; Mr. J. R. Lane on, 729; subcutaneous injection of, 795
 Meredith, Dr. J., spread of cholera in India, 576
 Methylene, bichloride of, death after inhalation of, 823
 Miall, Mr. P., local use of tannin, 587, 760
 Michael, Mr. W. H., address in Section of Public Medicine, 225
 Microscopes, British, 26
 Midwifery, female licentiates in, and the King and Queen's College of Physicians in Ireland, 230; engagements, liability for, 394, 514; old books, etc., 814
 Miles, Dr. J., obituary notice of, 422
 Militia medical officers, proceedings in Parliament regarding, 96
 Milk, adulteration of, 117; supply of in London, 149; putrid, 229; official inspection of in Lisbon, 595; tainted with sewer-gases, Dr. A. R. Graham on illness from drinking, 742
 Miller, Dr. W., scarlet fever in Ireland, 537
 Molluscum, removal of from breast, 404
 Monckton, Mr. M., the song of the union doctor, 266
 Moon, Dr. H., cardiac hyperæsthesia, 708
 Moore, Mr. S. W., physiological and chemical action of alcohol, 645
 — Dr. W. W., hydrophobia, 534
 Morphia, hydrochlorate and meconate of, antagonism of Calabar bean to, 486; meconate of, antagonism to sulphate of atropia, 518, 547, 581; antagonism of tea, coffee, cocaine, theine, caffeine, and guaranine to, 615, 674, 697, 771; poisonous dose of for children, 721, 832
 Morphia alba, Mr. J. H. Stowers on case of, 517
 Morton, Dr. J., spina bifida cured by injection, 521, 646

- Mosquitoes, 282; bites of, 514, 575
- Mountebanks, legislation in France on employment of children as, 90
- Mouth, hypertrophy of mucous membrane of, 816
- Mudge, Mr. H., obituary notice of, 264
- Munro, Dr. W., therapeutic uses of Calabar bean, 548; iodine in remittent and intermittent fever, 586
- Murder, law of in its medical aspects, Dr. J. C. Bucknill on, 667
- Murray, the late Dr. John, memorial bust of, 118; memorial fund, 721
- Dr. J. C., hard water and lithuria, 261; urinary calculi, 419
- Muscle, sterno-mastoid, induration of in an infant, 818
- Museum, annual, instruments in, 320; of science and art in Edinburgh, 829
- Mushrooms, poisoning by, Mr. J. Sedgwick on, 464; Dr. E. Drummond on, 524, 706; Dr. H. L. Snow on, 555; Mr. R. Cuffe on, 645; Dr. T. L. Brunton on atropia as an antidote to, 617
- Mustard, adulteration of, 625
- Myers, Mr. A. B. R., the Contagious Diseases Acts, 572, 720
- Myoma of oesophagus, 818
- Myxoma of parotid region, 755
- N.
- Navy, resignation of medical officers, 24; appointments, 24, 66, 95, 131, 295, 324, 392, 481, 542, 635, 755; letters on medical service of, 95, 130, 542, 602, 725, 756, 757; courts-martial on surgeons, 151, 159, 183, 391; pass-lists, 189; regulations for admission into medical service, 412; medical service of as a career for students, 176, 440, 470; dismissal of surgeons for refusing to serve, 500; water-analysis in, 510; medical compassionate fund, 602; reports on health of, 749
- Naylor, Mr. G., Diseases of the Skin, *rev.*, 776
- Needle, thrombosis caused by, a, 571
- Niclato's method of resuscitation from chloroform-narcosis, Dr. Marion Sims on, 239
- Nerve, left recurrent laryngeal, aneurism with paralysis of, Dr. E. T. Wilson on, 30; pneumogastric, relation of abdominal branches of to treatment of gastritis, etc., 372
- Nerves, of uterus, 405; vagus and recurrent, Dr. G. Johnson on symptoms resulting from pressure on, 790, 830; dental, application of nitric acid to, 816
- Nervous disorders from constipation, 173; tissues, Dr. Batty Tuke on a means of examining, 304; Affections, Syphilitic, Dr. Buzzard on Clinical Aspects of, *rev.*, 560
- Neuroma, epilepsy cured by excision of a, 692
- Neurins, Dr. J. B., the Contagious Diseases Acts, 661, 693, 830; remarks on his statement, 683, 759
- Newark, scarlet fever at, 374, 419
- Newcastle-on-Tyne, sanitary report on, 634
- Nicholas, Dr. G. E., the pen-vaccinator, 636
- Nile, Mr. Flower on voyage on, 433
- Nitric acid, painless cauterisation with, 13; application to of dental nerves, 816
- Nitrous oxide, threatened death from, 128; administration of, 382
- Northampton, sanitary report on district of, 601
- Norton, Mr. A. T., germs derived from the use of the laryngoscope, 11
- Dr. J. H., obituary notice of, 481
- Norwich, Dr. Copeman on, 195
- Nose, absence of in a child, 256; polypus of, 404
- Nunneley, Mr. J. A., conical cornea and its treatment, 583
- Nurses, trained, annuity fund for, 17; for the sick poor, proposals for providing, 19; institution for in Salisbury, 86; trained school for in connection with Westminster Hospital, 117; overworked, 308; perquisites of, 325; for the sick poor, letter on, 514; skilled monthly, 601, 633
- Nursing, Surgical, Mr. J. H. Barnes's notes on, *rev.*, 495
- O.
- Obituary, an American, 376
- Obituary, Dr. W. Carson, 21; Dr. J. C. Byles, *ib.*; Mr. A. C. Gibson, 25; Dr. Beaton, 87; Dr. J. H. Broxholm, 96; Mr. T. E. Bowkett, *ib.*; Mr. R. J. C. B. Steele, 131; Mr. B. Schlesinger, 149, 263; Mr. E. C. B. Steele, 160; Dr. G. Brown, 161; Dr. H. Sandwith, 190; Mr. C. W. Smerdon, *ib.*; Dr. H. R. Howatt, *ib.*; Dr. W. McGee, *ib.*; Surgeon-Major J. Wyatt, 227; Dr. F. Charlton, 263; Mr. J. J. Sewell, *ib.*; Mr. W. H. Goodworth, *ib.*; Mr. H. Mudge, 264; Dr. R. E. Grant, 284; Dr. T. Ballard, 311, 422; Dr. J. R. Taylor, 324; Mr. H. Cantley, *ib.*; Mr. E. Cutler, 359, 393; Dr. F. E. Anstie, 380, 393; Dr. G. Greene, 393; Dr. R. Paton, *ib.*; Mr. W. B. Francis, 409; Dr. A. Jacob, 411, 511; Dr. J. Wilson, 422; Dr. J. Miles, *ib.*; Dr. J. T. Maule, *ib.*; Mr. E. F. Cass, *ib.*; Dr. W. W. Fisher, 481; Dr. J. H. Norton, *ib.*; Dr. C. C. Hayman, *ib.*; Dr. S. G. Chuckerbutty, 511; Dr. P. M. Mackenzie, 512; Dr. F. A. H. Robson, 542; Mr. R. T. Hunt, *ib.*; Dr. E. Lankester, 603; Mr. J. Swan, *ib.*; Dr. J. O. Fletcher, *ib.*; Dr. E. Smith, 633; Dr. A. Barclay, 662; Dr. J. S. Vesey, *ib.*; Dr. H. Rudge, *ib.*; Mr. H. George, 663; Surgeon-General J. Bent, 725; Mr. J. N. Stevens, *ib.*
- Obstetric bag, Dr. Barnes's, 560
- Obstetric Medicine, Dr. Matthews Duncan's address on, 213; Dr. Churchill's address in Section of, 223
- Obstetric practice, Mr. MacCarthy on use of instruments in, 524
- Oesophagus, epithelioma of ulcerating into trachea, 817; myoma of, 818
- Ogle, Dr. J. W., clinical lecture on aphasia, 163; tumour involving the cerebellum, 292; lymphadenomatous disease, 292
- Oil, sweet, as a dressing for wounds, 13
- Old practice and new, 98
- O'Leary, Mr., introductory address at St. Vincent's Hospital, 627
- Omentum, malignant disease of, 174, 649
- One-bedroom system, 824
- Operations, Mr. Erichsen on Causes of Death after, *rev.*, 142
- Ophthalmoscope, Mr. Priestley Smith's new demonstrating, 776
- Opium, poisoning by, 98; smoking in China, 748
- Orbit, tumour of, 794
- Orfeur, Mr. H., mammary abscess in infants, 243
- Organic refuse, disposal of, 473
- Orton, Mr. C., skilled monthly nurses, 633
- Osteosarcoma of fibula, 404
- Oswestry, sanitary report on, 602
- Ovarian diseases, Mr. Lawson Tait on pathology and treatment of, 8, 27; tumour, Dr. J. W. Cousins on large hepatic cyst simulating, 700; cyst with muscular envelope, 817
- Over Darwin, typhoid fever at, 563, 592, 823
- Owen, Mr. E., introductory address at St. Mary's Hospital, 446; the Contagious Diseases Acts, 804
- Oxley, Dr., retropharyngeal abscess, 371
- P.
- Pachydermatocle, case of, 796
- Page, Dr. H., the use of the aspirator in tapping the chest, 536
- Paget, Dr. G. E., address to Medical Council, 33; retirement from presidency of Council, 113
- Sir James, and the *Pictorial World*, 1e8; address in Section of Surgery, 221
- Paracanthosis thoracis, Dr. Russell on, 173, 394; Mr. A. Godrich on, 390, 536; Mr. C. R. Thompson on, 418; Mr. G. Brown on, 479, 601; Dr. R. S. Smith on, 535; Dr. H. Page on, 536; Dr. Wardell on, 735; Dr. Goodridge on, 738; Mr. W. Date on, 740; Dr. D. M. Williams on, 741; Mr. C. Steele on wounding pericardium in, 493. See also Aspirator
- Paralysis of left recurrent laryngeal nerve, with aneurism, Dr. E. T. Wilson on, 30; general, of insane, pathology of lesions of speech in, 288; diphtheritic, Sir J. R. Cormack on, 290, 487, 732; infantile, pathological relations of, 405; general, treated with Calabar bean, Dr. Crichton Browne on, 522; facial, connection of purulent infection of middle ear with, 620; with numbness of extremities, 775
- Paris, special correspondence from, 90, 258, 417, 505, 689, 829; hospitals of in 1790, 620
- Parkes, Dr. E. A., the Contagious Diseases Acts, 789, 830
- Parkinson, Mr. C. H. W., rigor mortis in an infant at birth, 772
- Parotid region, myxoma of, 755
- Parsons, Dr. F. H., antiseptic treatment of puerperal pyæmia, 390
- Dr. H. F., mammary abscess in infants, 243; the University of London and degrees in Public Health, 790
- Pateley Bridge, typhoid fever at, 625
- Patent medicines, trade in, 181
- Pathology, Dr. W. T. Gairdner on the progress of, 515
- Paton, Dr. R., obituary notice of, 392
- Pavy, Dr. F. W., Treatise on Food and Diet, *rev.*, 175
- Peacock, Mr. E., charge against, 180
- Peculiar people, 181, 255
- Pelvis, Mr. Barwell on foreign body impacted in, 631
- Penile urinary fistula, Mr. E. N. Smith on, 523
- Penis, dry gangrene of, Mr. C. Puzey on, 274
- Pensions, civil list, 117
- Pericardium, Mr. C. Steele on wounding the, in paracanthosis, 493; tapping of in acute rheumatism, 787
- Peripleuritic abscess, 777
- Peritonitis, obscure, Dr. J. Magill on, 587
- Perspiration, excessive, belladonna in, Dr. J. W. Allan on, 645; Mr. A. Butler on, 773
- Pessary, tow, Dr. Copeman on, 523; Mr. J. Martin on, 588; Mr. G. de G. Griffith on, 643; Mr. T. P. Sanger on, 773; Zwanck's, recto-vaginal fistula caused by, 649; specimen of, 813
- Peter, Dr., accidents to pregnant women suffering from disease of the heart, 289
- Pettigrew, Dr. T. J., and the Edinburgh chair of Physiology, 129, 158; discovery of the mechanism of light, 203
- Pewter vessels, action of liquids on, 502
- Pharmacographia, Flickiger's, *rev.*, 776
- Pharmacy Act, prosecution under, 254
- Phillipson, Dr. G. H., hydatid disease of liver treated by puncture, 557
- Phosphorus, Mr. J. A. Thompson on internal administration of, 291, 584, 680
- Phthisis, a form of septicæmia, Dr. Marcet on, 520; rational treatment of, 689
- Physiology, Dr. Redfern on recent advances in, 271
- Pictorial World*, the, and Sir J. Paget, 158
- Pierce, Dr. F. M., improved speculum for auditory meatus, 12
- Pim, Captain Bedford, the naval medical service, 470
- Piory, Mr., proposed nomenclature of cholera, 258
- Plague in North Africa, 25, 254, 311, 343, 409; in Asia, 259; in Arabia, 282
- Playfair, Right Hon. Lyon, the progress of sanitary reform, 455
- Pleurisy, chronic, aspiration in, Dr. J. Russell on, 173, 467
- Pleuritic effusion, Dr. J. R. Wardell on, 577, 614, 640, 678, 703, 735; Dr. Goodridge on thoracentesis in, 738; Mr. W. Date on, 740; Dr. D. M. Williams on, 741. See also Paracanthosis
- Pneumonia, Mr. Greenway on treatment of by carbolic acid, 75
- Pneumothorax, simple, with recovery, Dr. Wilks on, 770
- Potophyllin in acute rheumatism, 526
- Poisoning by carbolic acid, 17; by opium, 98; by herbs, at Cape of Good Hope, Dr. G. Grey on, 168; by lead, 258, 394, 513, 562; by Burnett's fluid, Dr. Tuckwell on, 297; by peach-kernels, 375; by sulphate of copper, 407; by mushrooms, Mr. J. Sedgwick on, 464; Dr. E. Drummond on, 524, 706; Dr. H. L. Snow on, 555; Mr. R. Cuffe on, 645; accidental, prevention of, 636; arsenical, by articles of dress, Mr. R. R. Cheyne on, 643; by chloral hydrate, 792
- Police, metropolitan, health of, 282
- Polypus, uterine, becoming sphacelated, Mr. T. Symson on, 171; Dr. Braxton Hicks on application of galvanic cautery to, 673; cure of, 743; large nasal, removal of, 404
- Ponti, M. Girolamo, bequest of, 470
- Poor-law medical service, letters on, 68, 95, 130; resolutions of Council of Poor-law Medical Association, 130; proceedings of guardians at Horsham, 162; increase of salaries, 188, 755; song of the union doctor, 191, 296; Dr. Rumsey on correlations of medical relief and public health administration, 241, 313; appointments of medical officers, 294, 391, 510, 540, 634, 662, 722, 797, 833; Dr. J. Rogers on economy of dispensary system, 313; gratuity to a medical officer, 294; superannuations, 420; report of Local Government Board, 420; suspension of a medical officer, 480; Mr. E. J. Adams and the Bethnal Green workhouse infirmary, 539; superannuations, 823
- Poor-law medical service, Ireland, increase of salaries of medical officers, 182, 312, 379, 626; meeting of Medical Officers' Association, 380; superannuation, 379, 444, 796; memorial of medical officers of Carlow union, 563
- Porter, Mr. G. H., impacted vesical calculus, 548
- Potter, Dr. J. B., introductory lecture at the Westminster Hospital, 451
- Poultice, linseed-meal, substitute for, 829
- Powell, Dr. R. D., the use of the aspirator, 260; introductory lecture at Charing Cross Hospital, 449
- Prangley, Mr. T., diphtheria, 291
- Pregnancy, exhaustive, 92, 526, 556; hydrate of chloral in vomiting of, 496; intractable vomiting during, 620
- Pregnant women, accidents to, while suffering from disease of the heart, 289
- Pressure, Mr. S. M. Bradley on means of employing in cases of inflammatory enlargement, 383, 400; on space, 483
- Prince, Mr. C. L., treatment of hydrophobia, 309, 535, 564, 811
- Prizes, of Society of Apothecaries, 37; of University of Edinburgh, 265, 416; at St. Bartholomew's Hospital, 357; at Charing Cross Hospital, *ib.*; at St. George's Hospital, *ib.*; at Guy's Hospital, *ib.*; at King's College, *ib.*; at the London Hospital, *ib.*; at St. Mary's Hospital, *ib.*; at the Middlesex Hospital, 368; at St. Thomas's Hospital, *ib.*; at University College, *ib.*; at Westminster Hospital, *ib.*; at Queen's College, Birmingham, *ib.*; at Bristol Medical School, *ib.*; at Liverpool School of Medicine, *ib.*; at Leeds School of Medicine, *ib.*; at Owens College School of Medicine, *ib.*; at Newcastle-on-Tyne College of Medicine, *ib.*; at Dr. Stevens's Hospital, *ib.*; of German Empress, 593; Astley Cooper, 624

Public Health, Mr. Simon's report on, 123. *See Registrar*
 Public Health, Sanitary Acts Amendment Bill, proceedings of Parliamentary Bills Committee of Association, 64; opinions of medical officers of health, 64; reports of medical officers, 130, 262, 509, 539, 601, 633, 796, 833; the Local Government Board and the Diseases Prevention Act, 176; medical officers of health and registrars of death, 178, 189, 573; Mr. Michael on medical officers of health, etc., 225; Dr. Rumsey on correlation of administration of with poor-law relief, 241, 313; appointments of medical officers, 295, 480, 510, 540, 573, 602, 634, 722; Dr. Armistead on districts of medical officers, 318; degrees in, in Edinburgh, 379, *see* State Medicine; infected houses, 391; isolation of infectious patients, 391; prosecutions under Act, 420, 502; report of Local Government Board, 420; Dr. Lyon Playfair on progress of sanitary reform, 455; sanitary neglect in high places, 480; sanitary value of certificates of death, 490; Dr. Yeld on health and mortality of towns and villages, 508; proceedings at Truro regarding the appointment of officers, 539; Mr. F. Manser on proceedings under sanitary acts, 573. *See* Sanitary
 Public Health (Ireland), proceedings in Parliament respecting bill, 160, 190; circular issued by Local Government Board, 312, 411; proceedings regarding Act, 411, 473, 504, 596, 597, 718, 781; appointments under, 504, 661, 722; salaries of medical officers, 504, 825; deputation to Council of College of Surgeons, 626; Mr. O'Leary on, 627; meeting of members of Irish Medical Association regarding, 657; remonstrance of medical officers of Naas union, 718; deputation of King and Queen's College of Physicians to Sir M. H. Beach, 719; the Dublin Public Health Committee, 750
 Puerperal mortality, Dr. Matthews Duncan on, 214; pyæmia, 215; treatment of, 261, 390, 514; fever, Dr. F. Churchill on, 223; condition, Mr. W. Stewart on erysipelas during, 305; scarlatina during, Mr. W. E. S. Stanley on, 366; normal pulse, respiration, and temperature during, 526; Dr. H. L. Snow on septicæmia during, 534; infection, propagation of, 576, 664; state, management of, 606, 696
 Purpura *v.* flea-bites, 97; hyperdermic injection of ergotin in, Dr. W. L. Lane on, 304; Mr. A. G. Burnes on, 556; types of, 710
 Puzey, Mr. C., dry gangrene of the penis, 274
 Pyæmia, puerperal, 215; antiseptic treatment of, 261, 290, 514
 Q.
 Quacks, advertising, 696
 Quarantine, international sanitary conference on rules of, 178; in America, 470
 Queen, statue of at St. Thomas's hospital, 255, 378
 R.
 Rabies, remarks on, 36. *See* Hydrophobia
 Rachitis, congenital, 13
 Radford, sanitary report on, 510
 Railway injuries, actions for, 229; whistles, railway commissioners of Massachusetts on, 376; accident near Norwich, 377, 381, 409, 418
 Ransome, Dr. A., mechanism of cough, 287
 Reading at meals, 454, 513
 Rectum, in relation to obstetric practice, Dr. A. W. Edis on, 387, 701; perforation of, Mr. C. S. Jeaffreson on, 403
 Redfern, Dr. P., recent advances in anatomy and physiology, 271; food of plants and animals, 285
 Reed, Dr. S. C., nurses for the sick poor, 514
 Reeves, Mr. H. A., testimonial to, 534
 Registrar-General's returns of births and deaths, 18, 88, 409, 470, 685, 717; quarterly returns, 180, 253, 622; for Dublin, 119, 533; for Ireland, 379, 825; remarks on Dr. Letheby's reports, 591
 Registrars of death, etc., and medical officers of health, 178, 189, 531; payment of, 717
 Registration of death without medical certificate, 375; new medical certificate, 654
 Registration of disease, report of committee on, 246
 Rendle, Mr. W., removal of broken glass syringe from vagina, 26
 Retropharyngeal abscess, Dr. Oxley on, 371
 Reynolds, Dr. E., introductory lecture at medical school of Royal College of Surgeons in Ireland, 628
 ——— Dr. J. R., address in medicine, 200
 Rheumatic arthritis, 649
 Rheumatism, acute, case of, 277; Dr. Dowse on treatment of, 292; podophyllin in, 526; Dr. Copeman on treatment of by cynara, 768
 Richards, Dr. W. A., antagonism of medicines, 536
 Richardson, Dr. B. W., poisoning by chloroform, 238
 Richmond, water-supply of, 148
 Rigor mortis in infants at birth, Dr. W. C. Grigg on,

493, 586, 707; Mr. J. A. Thompson on, 550, 640, 772; Dr. P. A. Young on, 707; Mr. C. H. W. Parkinson on, 772
 Ringer, Dr. S., action of croton-chloral hydrate in megrim, 289, 637
 River pollution, restraint of, 474
 Roberts, Dr. E. T., introductory lecture at University College, 448
 Robertson, Dr. A., drunkenness and dipsomania, 599
 ——— Mr. C., testimonial to, 380
 Robinson, Mr. J., mammary abscess in an infant, 275
 Robson, Dr. F. A. H., obituary notice of, 542
 Rogers, Dr. Joseph, the Soho Hospital for Women, 98; the dispensary system of poor-law medical relief, 313
 Rome, sanitary state of, 471
 Roose, Mr. E. C. R., alopecia treated by local stimulants, 618
 Ross, Dr. James, action of mercury, 287; physiological and chemical action of alcohol, 742
 Rudge, Dr. H., obituary of, 662
 Rugg, Mr. B. A., boric acid and its salts as antiseptics, 773
 ——— Dr. G. P., hydatid of the brain with epileptic convulsions, 139
 Rumsey, Dr. H. W., correlations of medical poor relief and public health administration, 241, 313
 Russell, Dr. J., case of chronic pleurisy in which aspiration was performed four times, 173, 404; remarks on alcoholism, 607
 Rutherford, Dr. W., appointed professor of physiology in the University of Edinburgh, 441
 S.
 Salmon, Dr. T., testimonial to, 257
 Sanderson, Dr. J. B., the Scientific Grants Committee, 751
 Sandwith, Dr. H., obituary notice of, 190
 Sanger, Mr. T. F., use of the low-pessary, 773
 Sanitary conference in Vienna, 39, 178; Laws Amendment Bill, proceedings of Parliamentary Bills Committee on, 61; literature, 312; congress, German, 442; reform, Right Hon. Lyon Playfair on progress of, 455; state of Rome, 471; offences, 502; legislation, effect of on towns and villages, 508
 Sarcoma, mediastinal, Dr. T. C. Allbutt on, 300; Dr. J. B. Bradbury on, 363; specimen of, 710; of iris, 755; medullary, on frontal bone, 794; spindle-celled of axilla, 812
 Sausages, adulteration of, 87
 Savory, Mr. S., structure of tumours, 761
 Sawyer, Dr. J., neurosis of the larynx, 552
 Scarlet fever, mortality from, in London, 18, 148, 377, 443, 594; during the puerperal state, Mr. W. E. S. Stanley on, 366; at Newark, 374, 419; Dr. J. Coats on acute interstitial inflammation of kidney in, 400; in Vienna, 408; on board the Worcester training ship, 443; waves of, 498; in Ireland, 503, 537, 687; spread of in London, 532; limitation of, 747; circular letter regarding, 748; causation of, 814
 Schlesinger, Mr. B., death of, 149; obituary notice of, 263
 Scholastic disquisitions, 686
 School of Medicine, Bristol, classes, fees, etc., 355; prizes, 358; Leeds, classes, fees, etc., 355; prizes, 358; Mr. Wheelhouse's introductory address, 429; Liverpool Royal Infirmary, classes, fees, etc., 355; prizes, 358; introductory lecture, 504; Owens College, classes, fees, etc., 355; prizes, 358; introductory lecture, 462; description of, 475; Sheffield, classes, fees, etc., 356; introductory lecture, 451; Carmichael, classes, fees, etc., 413; Catholic University, classes, fees, etc., 413; protest of students, 533; introductory lecture, 628; Ledwith, classes, fees, etc., 413; introductory lecture, 628; of medicine for women, 469; Paris medical, disturbance in, 689, 829. *See* also College and Hospital
 Schools, medical inspection of, 593
 Sciatica, hypodermic injection of morphia in, 682
 Scientific grants of British Medical Association, 61, 719, 751, 786
 Scientific men, ages of, 823
 Scott, Major-General, restraint of pollution of rivers, 474
 Scrofula, natural selection in production of, 252
 Scrofulous iritis, cases of, 276
 Scurvy, causes and nature of, 689
 Sedgwick, Mr. J., poisoning by mushrooms, 464
 ——— the late Professor, memorial of, 635
 Selby, sanitary report on, 634
 Selection, natural, in production of scrofula, 202
 Septicæmia, acute, outside hospital, 493; Dr. Marcet on consumption as a form of, 520; fatal, at full period of gestation, Dr. H. L. Snow on, 551
 Sewage of towns, discussions on in Social Science Association, 473, 474
 Sewerage of Kingston, 379
 Sewell, Mr. J. J., obituary notice of, 263

Shaftesbury Park estate, buildings on, 118
 Shoulder-joint, Sir J. R. Cornack on a case of excision of, 299; peculiar injury of, Dr. J. J. Charles on, 397
 Sheffield, cost of disease in, 655
 Simon, Mr. J., report on Public Health, 123
 Simpson, Sir James, memorial of, 378
 Sims, Dr. J. M., Nélaton's mode of resuscitation from chloroform narcosis, 239
 Sisson, Dr. R. S., non-mercurial treatment, 296
 Skaife, Mr. J., president's address to Lancashire and Cheshire Branch, 10
 Skin, disease of in dogs communicable to men, 451; Dr. Gale's Clinical Atlas of Diseases of, *rec.*, 496; duration of impression caused by pressure on, Dr. A. Fleming on, 770; Mr. Naylor on Diseases of, *rec.*, 776; doubtful case of disease of, 792; rare disease of, 818
 Skrimshire, Dr. J., prevention of accidents from agricultural implements, 381
 Skull, fracture of, Mr. J. G. Douglas on, 646
 Slaughter-houses, proceedings in Parliament regarding, 159; in London, new regulations for, 472
 Sleeplessness, treatment of, 68, 162
 Slops, Dr. C. Fox on disposal of in villages, 319
 Small-pox, in Birmingham, 18; at Gloucester, 67; in Belfast, 89; the golds of, 282; at Newmarket, 309; in an emigrant ship, 717, 747; in Vienna, 717; Dr. J. Ward on prevention of pitting of, 773
 Smart, Dr. W. B. E., address to Southern Branch, 104; address to Epidemiological Society, 815
 Smerdoff, Mr. C. W., obituary notice of, 190
 Smith, Dr. Edward, death of, 653
 ——— Mr. B. N., penile urinary fistula, 523; treatment of spina bifida by injection, 555
 ——— Mr. Priestley, demonstrating ophthalmoscope, 776
 ——— Dr. R. S., the aspirator in tapping the chest, 535; lymphosarcoma with leucocythæmia, 638
 Snake-bites, ammonia in, 256
 Snow, Dr. H. L., septicæmia at full period of gestation, 551; poisoning by mushrooms, 555
 Society, Charity Organisation, and governors' letters, 18
 ——— Chemical, Journal of, *rec.*, 145
 ——— Clinical, of London: traumatic stricture of trachea, 508; bloodless surgery, *ib.*; foreign body in ear, 509; caries of atlas and axis, *ib.*; brain-disease from overstrain of muscles of eye, 570; cancer of stomach and lung, *ib.*; thrombosis caused by a needle, 571; reflected irritation, 692; recovery from melancholia, *ib.*; hypochondriasis with delusions as to food, *ib.*; Transactions of, *rec.*, 776; poisoning by chloral hydrate, 792; doubtful skin-disease, *ib.*; tumour removed by elastic ligature, 793; scrofulous ulceration of bladder, *ib.*; rare skin-disease, 819; popliteal aneurism, 819; deferred secondary syphilis, 820
 ——— Epidemiological, president's address, 815
 ——— Junior Surgical of Ireland, opening of session, 686
 ——— Medical, of College of Physicians of Ireland, office-bearers, 533
 ——— Medical, of London: syphilitic infection, 599; congenital deformity of hand, *ib.*; subcutaneous fracture of exostosis, *ib.*; diseases of heart and respiratory organs, *ib.*; fibro-fatty tumour, 710; transfusion of lamb's blood, *ib.*; hypertrophy of mucous membrane of mouth, 816; tumour in abdomen, *ib.*; application of nitric acid to dental nerves, *ib.*; gastric vertigo, 816; obscure blood-poisoning, 817
 ——— Medical, of Manchester: cyanosis, 755; malignant tumour of cerebellum, *ib.*; medicinal paint, *ib.*; myxoma of parotid region, *ib.*; sarcoma of iris, *ib.*; cranio-tabes, *ib.*; treatment of fœtus, *ib.*; slow pulse, 794; fibrous ankylosis, *ib.*; deformities from burn, *ib.*; medullary sarcoma on frontal bone, *ib.*; wry-neck, *ib.*; disease of pulmonary artery, *ib.*; exostosis of frontal bone, *ib.*; orbital tumour, *ib.*; scarlet fever and diphtheria, *ib.*
 ——— Medical Microscopical: ichthyosis lingua, 711
 ——— Medical, Ulster, office-bearers, 647
 ——— Medical, of University of Dublin, officers of, 749
 ——— Medico-Chirurgical, of Bradford, annual meeting, 117
 ——— Medico-Chirurgical, of Edinburgh: pathological specimens, 794; antiseptic incisions an aid to diagnosis, 794; abscess of liver, 795; subcutaneous injection of mercury, *ib.*
 ——— Medico-Chirurgical, of Glasgow, office-bearers, 379
 ——— Medico-Chirurgical, West Kent, office-bearers, 501
 ——— New Sydenham, annual meeting, 286
 ——— Obstetrical, of Dublin, officers and council, 686
 ——— Obstetrical, of London: garment-suspender, 537; fibroid tumours of uterus, 537, 813; congestion and flexion of uterus, 537; intussusception in

an infant, 538; fistula from Zwanck's pessary, 649; six months' fetus, 650, 813; decidua in degeneration of chorion, 650; rat-trap forceps, *ib.*; membranous dysmenorrhœa, 650, 813; retroversion of gravid uterus, 650, 813; antique group, 813; old books, *ib.*; portrait of Paul Chamberlain, *ib.*; hydrocephalus, *ib.*; pessary, *ib.*; uterine dilator, *ib.*; the sphygmograph, 815

Society, Pathological of Dublin: injury of leg, 796; pachydermatocle, *ib.*; nasal tumour, *ib.*; subject for gold medal, *ib.*; officers, 796; resolutions, *ib.*

Pathological, of London: fibro-cystic tumour of neck, 648; aneurism of thoracic aorta, 648, 818; Addison's disease, 648; cancer of omentum, 649; suppurative gastritis, *ib.*; renal calculus, 649, 817; hydratids of liver, 549; rheumatic arthritis, *ib.*; aneurism of abdominal aorta, *ib.*; diseased pulmonary arteries, *ib.*; elephantiasis of leg, *ib.*; tubercle of lymphatic glands, *ib.*; alopecia areata, 709; heart-disease in fetus, 710; acute enteritis, *ib.*; cancer of colon, *ib.*; aneurism of pulmonary artery, *ib.*; sarcomatous tumours, *ib.*; euchondroma of lung, *ib.*; fibroid patch on heart, *ib.*; syphilitic disease of heart, *ib.*; congenital disease of aortic valve, *ib.*; epithelioma of œsophagus, 817; ovarian cyst with muscular envelope, *ib.*; induration of sterno-mastoid muscle in an infant, 818; cystic cancer of kidney, *ib.*; double arch of aorta, *ib.*; myoma of œsophagus, *ib.*; inguinal hernia, *ib.*

Pathological and Clinical, of Glasgow: Dr. Gairdner's address to, 515; recurrent tumour, 711, 712; double aortic aneurism, 712; aneurism opening into spinal canal, *ib.*; amblyopia in a painter, *ib.*; specimens, 795; epithelioma, *ib.*; Carden's amputation, *ib.*; exostosis of ear, *ib.*; disease of vermiform appendix, *ib.*; soft cancer of mamma, *ib.*; duodenal ulcer opening into artery, *ib.*

For Relief of Widows and Orphans of Medical Men, meeting of directors, 149; general meeting, 655

Royal, new officers and council, 625; medals, *ib.*; annual meeting, 717

Royal Medical Benevolent Fund, of Ireland, quarterly meeting, 626

Royal Medical and Chirurgical: subcutaneous injection of chloral hydrate in cholera, 569; aneurism of abdominal aorta, 631; foreign body in female pelvis, *ib.*; fibro-myoma of uterus, 632; elimination of urea, 648; syphilitic reinfection, 691; laryngeal symptoms from pressure on vagus and recurrent nerves, 790

Royal Medical of Edinburgh, presidents of, 749

Statistical, officers and council, 38

Surgical, of Ireland, office-bearers, 596

Spain, adulterated, prosecution for sale of, 466

Spain, medicine in, 377

Speculum, an improved, for applying remedies to ear, Dr. F. M. Pierce on, 12; tapering metallic tubular, 83

Speech, lesions of in general paralysis of insane, Dr. Voisin on, 288

Spence, Mr. J., his address to Edinburgh graduates, 187

Dr. J. B., mammary abscess in an infant, 172

Spermatic colic from concretions in vesicula seminalis, 417

Spilsby, sanitary report on, 540

Spina bifida cured by injection, Dr. J. Morton on, 621, 646; Mr. E. N. Smith on, 555

Spine, disease of, simulating enteric fever, 93; unusual injuries of, 646

Spleen, Dr. Embleton on symmetry of, 367; Mr. E. Atkinson on death from rupture of, 403

Spurgin, Mr. W. H., treatment of bronchitis and asthma, 304, 544

Squire, Dr. W., the Period of Infection in Epidemic Diseases, *rev.*, 305

Stammering, treatment of, 376

Stansfeld, Mr., and the Contagious Diseases Acts, 528

Stanley, Mr. W. E. S., scarlatina during the puerperal state, 366

State Medicine, report of Committee on Qualification in, 244; degree of in University of Edinburgh, 379; proposed certificate at University of Cambridge, 713, 757; proposed granting of certificates by University of London, 781, 790

Stead, Mr. E. D., the Soho Hospital for Women, 98

Steele, Dr. A. B., treatment of mechanical dysmenorrhœa, 385

Mr. C., wounding the pericardium in paracentesis, 493; operations for radical cure of hernia, 684

Mr. H. C. B., obituary notice of, 160

Stephen, Dr. W., mammary abscess in an infant, 106, 390

Stevens, Mr. J. M., obituary notice of, 725

Stewart, Dr. A. P., proposed testimonial to, 656

Mr. W., erysipelas during the puerperal state, 305

Stimulants and body-force, 745

Stocker, Dr. J. S., Hints on Health, *rev.*, 145

Stokes, Dr. W., Lectures on Fever, *rev.*, 277

Stomach, cicatrix of pyloric end of, causing death, Mr. M. A. Wood on, 366; origin of perforating ulcer of, 405; cancer of, and of lung, 570; diffuse suppurative inflammation of, 649

Stowers, Mr. J. H., morphia alba, 517

Strychnia, antagonism of chloral hydrate to, 436; antagonism of Calabar bean to, 805

Subcutaneous division of neck of thigh-bone, 37; injection. See Hypodermic Injection

Sunderland, sanitary report of, 833

Sunstroke, how to get, 87

Surgeon, charge of assault against a, 179, 311; charge of negligence against a, 190, 501, 594; conviction of a, for fraud, 189

Surgeons, exemption of from juries, 394, 605

Surgery, Mr. Cudg's address in, 207; Sir James Paget's address in Section of, 221

Sutherland, Dr. H., alcoholism in private practice, 610

Swain, Mr. E., testimonial to, 635

Mr. W. P., post partum hæmorrhage treated by injection of perchloride of iron, 301

Swan, Mr. Joseph, obituary notice of, 603

Swayne, Dr. J. G., the induction of premature labour, 165, 479, 555, 707

Syme's operation, tetanus after, 718

Symmons, Mr. G. S., emigration certificates, 513

Symson, Mr. T., polypus sphacelated within uterus, 171

Synovitis, chronic strumous, Mr. R. Barwell on treatment of, 489

Syphilis, modified, Mr. J. H. Porter on, 104; hereditary, in the adult, Dr. de Méric on, 382; use of mercury in, Dr. Drysdale on, 389; in the sixteenth century, 590; infection of, 599; Mr. Gascoyen on reinfection of, 691; disease of heart from, 710; Mr. J. R. Lane on modern treatment of, 729; secondary, twenty-three years after primary infection, 820

Syringe, broken glass, in vagina, 26, 95

T.

Tait, Mr. Lawson, pathology and treatment of ovarian diseases (Hastings prize essay), 8, 29; removal of fibromyoma of fundus uteri, 632

Tannic acid as a styptic, Mr. L. L. Thomas on, 523; Mr. Miall on local use of, 587, 760

Taunton, sanitary report on district, 130; on town, 539

Taylor, Dr. W. H., development of cutaneous diseases, 727

Taylor, Dr. A. S., the Regent's Park explosion, 477

Dr. M., extrauterine pregnancy, 92

Dr. J. R., obituary notice of, 324

Tea, Coffee, and Cocoa, Mr. Wanklyn on, *rev.*, 175; antiquated, 566; antagonism of to meconate of morphia, 771

Teaching, University and medical, Dr. T. H. Huxley on, 462

Teething powders, 621, 835

Testimonial to Dr. T. Salmon, 257; to Dr. Barringer, 390; to Mr. C. Robertson, 380; to Mr. J. H. Marshall, 413; to Dr. Halpin, 444; to Dr. O'Neil Quinn, 453; to Mr. S. Jones, *ib.*; to Dr. Lanchester, 507; to Mr. J. Caskie, 574; to Mr. M. Cull, *ib.*; to Mr. E. Swain, 635; to Mr. W. Wilkinson, 693; to Mr. J. W. Harris, 758; to Mr. T. T. Griffith, 834; to Mr. H. A. Reeves, *ib.*

Tetanus after Syme's operation, 718

Theme, physiological action of, 616, 674; antagonism to meconate of morphia, 697

Therapeutics, chemistry of, 829

Thigh-bone, subcutaneous division of neck of, 37

Thomas, Dr. Gaillard, Practical Treatise on Diseases of Women, *rev.*, 560

Mr. L., tannic acid as a styptic, 523

Thompson, Mr. C. M., blood-letting in old times, 576

Mr. J. A., dyspepsia, 26; administration of phosphorus, 291, 684, 689; rigor mortis in an infant at birth, 550, 640, 772

Dr. James, Leamington Spa, 288

Thomson, Dr. Spencer, influence of hygienic conditions on zymotic disease, 419

Mr., introductory address at Richmond, Whitworth, and Hardwicke Hospitals, 627

Thorne, Dr. Thorne, report on fever at Lewes, 687

Thornton, Mr. P., the grains derived from the use of the laryngoscope, 14, 105

Thrombosis caused by a needle, 571

Tic douloureux, Dr. W. Munro on treatment of by Calabar bean, 549

Tilt, Dr. E. J., glass syringes in the vagina, 95

Times and manners, 654

Tobacco and public health, Dr. Drysdale on, 318

Tongue, removal of epithelioma from, 404; ichthyosis of, 711

Tonics, depression of, 690

Tow-pessary, Dr. E. Copeman on, 523; Mr. J. Martin on, 588; Mr. G. de G. Griffith on, 644; Mr. T. F. Sanger on, 773

Towns and villages, Dr. Yeld on health of, 508

Trachea, changes produced in by ammonia, 82; traumatic stricture of, 508

Transfusion of lamb's blood, 710

Trichinosis in Germany, 182

Trismus, unilateral, 692

Tubercle, primary, of lymphatic glands, 649

Tubercular meningitis in an adult idiot, Dr. O. T. Wood on, 32

Tuckwell, Dr. H. M., suicidal poisoning with Burnett's fluid, 297

Tuke, Dr. J. B., method of examining nervous tissues microscopically, 304

Tumour, fatty, Mr. Bellamy on singular form of, 33; antral, Mr. R. M. Mann on, 403; utero-fibroid, hypodermic injection of ergotin in, 526, 777; cases of, 637, 692, 813; Dr. Braxton Hicks on application of galvanic cautery to, 673; abdominal, cases of, 569, 816; fibro-cystic of neck, 648; fibro-fatty, 710; recurrent, 710, 711; malignant, of cerebellum, 755; of back, removed by elastic ligature, 793; of orbit, 794; nasal, 796

Tumours, involving the cerebellum, Dr. J. W. Ogle on, 292; sarcomatous, 710; Mr. Savory on structure of, 761

U.

Ulcer, duodenal, opening into abdominal aorta, 526

Underhill, Mr. A. S., influence of vaccination on foetus *in utero*, 811

Union doctor, song of the, 194, 266

Universities, foreign, numbers of students in, 530

University of Aberdeen, regulations, 339; courses of lectures, fees, etc., 347, 356; proceedings of University Court, 503

Anderson's, appointments in, 150, 328, 472; courses of lectures, classes, fees, etc., 347, 357; opening of session, 595

of Berlin, appointment in, 228

of Cambridge, regulations, 335; courses of lectures, 354; notices, 482, 796; examiners, 543, 663; Downing professorship of medicine, 565; proposed certificates in public health, 713, 757; pass list, 834

Catholic, of Ireland, opening of session, 533; protest of students, *ib.*; opening address, 628

of Dublin, representation of in Parliament, 19, 686; scholarships and exhibitions, 89; rights of graduates, 89, 150, 182; anatomical museum, *ib.*; regulations, 342; courses of lectures, 412; resolutions of provost and fellows, 567; professorship of chemistry, 568; examiners, 626

of Durham, pass list, 25; regulations, 337

of Edinburgh, the chair of physiology in, 37, 85, 157, 158, 416; degrees in Public Medicine, 89, 379; graduation day, 187; pass list, 264; changes in, 328; regulations, 339; courses of lectures, fees, etc., 347, 356; extension of buildings, 378, 416, 747; prizes, 416; proceedings of University Court, 503, 626; opening of session, 595; Lord Rectorship of, 625, 659; non-professional examiners, 667; the chair of Natural History, 829

of Glasgow, proceedings of Medical Council regarding examinations of, 79; professorship of chemistry, 257; changes in, 328; regulations, 339; courses of lectures, fees, etc., 347, 357; opening of session, 567; opening address on clinical medicine, 626; opening of class of clinical surgery, *ib.*; election of Lord Rector, 636; proposed chair of aural surgery, 749

of London, resolution regarding admission of women to degrees, 18; pass lists, 191, 235, 264, 324, 635, 694; Greek at the matriculation examination, 193; regulations, 335; state medicine diplomas, 781, 790

of Oxford, regulations, 335; courses of lectures, 356

of Philadelphia, so-called, 309, 376

Queen's, in Ireland, proceedings of Medical Council regarding examinations of, 80; pass list, 192; regulations, 343; annual meeting of Association, 633

of St. Andrew's, regulations of, 339; Lord Rectorship of, 410

of St. Petersburg, discussions in, 686

of Vienna, number of students in, 282; appointment in, 408

Uremia, pathology of, 258

Urea, Mr. S. West on elimination of in certain diseases, 648

Urinary organs, rare concretions in, 279

Urine, determination of casts in by inspection, 132, 728; Dr. G. Johnson on a rare modification of albumen in, 618; Mr. E. Walford on galvanism in retention of, 681

Uterus, inflammation and lateral flexion of with gonorrhœa, Mr. T. B. Williams on, 32; Mr. T. Symson on polypus sphacelated within, 171; Dr. A. B. Steele on chronic induration of cervix of, 385; Dr. T. M. Madden on rupture of during labour, 385, 769; Dr. Edis on the rectum in relation to disease of, 396, 701; innervation of, 406; prompt replace-

ment of inversion of, 496; fibroid of, treated by injection of ergotin, 526, 777; cases of, 537, 632, 813; gravid, retroversion of, 650, 813; Mr. A. Bell on, 706; Dr. Edis on, 810; Dr. Braxton Hicks on application of galvanic cautery to disease of, 672; true fibrous polypus of, 743; dilator of, 813; dysmenorrhœal discharge from, 813

V.

Vacation, the long, 177
Vaccination, efficient, gratuities for, 25, 189, 391, 573, 596, 833; by deputy, 95; prosecutions for non-performance of, 95, 116, 160; regulations, 602, 634, 662, 722; influence of on foetus *in utero*, Mr. A. S. Underhill on, 811
Vaccination officers, duties of, 630
Vaccinator, pen, 590, 636, 727
Vagina, glass syringe broken in, 26, 95
Veal, unwholesome, 119
Vectis, Dr. E. G. Barnes on the, 387
Veins, injection of hydrate of chloral into, 90, 439
Vernon, Mr. B. J., scrofulous iritis, 276
Vertigo, gastric, 816
Vesey, Dr. J. S., obituary notice of, 662
Vesicula seminalis, concretions in, 417
Vienna, death-rate of in 1873, 410
Visitation of examinations. *See* Medical Council
Vital statistics, upper class, 406
Vivisection, prosecution for at Norwich, 751, 828
Voisin, Dr. A., pathology of lesions of speech in general paralysis of insane, 288
Vomiting, diagnostic value of in hepatic abscess, Dr. W. C. Maclean on, 138; Dr. J. Payrer on, 401; intractable, during pregnancy, 620
Voting charities, recommendations regarding, 715
Vulva, Dr. Braxton Hicks on application of galvanic cautery to epithelioma of, 672

W.

Wages of working classes, 181; influence on drunkenness and crime, 473

Wagstaffe, Mr. W. W., treatment of out-patients, 259, 419
Walford Mr. E., galvanism in retention of urine, 681
Walker, Mr. T. S., introductory address at Liverpool School of Medicine, 504
Wall-papers, red, poisonous nature, of 467
Wallis, Mr. W., treatment of hydrophobia, 645
Wanklyn, Mr. J. A., Tea, Coffee, and Cocoa, *rev.*, 175
War, proportion of wounded in, 146; statistics of killed and wounded in, 716
Ward, Dr. J., dentition and lancing the gums, 554; prevention of pitting from small-pox, 773
Wardell, Dr. J., pleuritic effusion, 577, 614, 640, 678, 703, 735
Water, supply of to Richmond, 148; Constantinople, 187; hard and lithuria, 261, 294; analysis on board ship, 262, 823, aerated, lead in, 282, 322, 825; filtered, on board ship, 284; test for nitrates in, 394; supply of in Drogheda, 411; analysis of in the navy, 510; drinking, lead in, 561, 593; intermittent supply of in relation to enteric fever, 687, 745; supply of in Galashiels, 727
Waters, Dr. Edmond, memorial of, 574
Watson, Mr. W. S., the Soho Hospital for Women, 198
Webb, Dr. W., relation of hard water to stone in bladder, 294
Webster, Dr. J. H., vote of thanks to, 131
Weddell, Dr. J. C., mammary abscess in an infant, 172
Wells, Dr. E., rapid case of supposed leucocythæmia, 305
West, Dr. C., Harveian oration, 1, 61
— Mr. S., elimination of urea in certain diseases, 648
Westcott, Mr. W. W., exophthalmic goitre, 811
Wheelhouse, Mr. C. G. introductory lecture at Leeds School of Medicine, 429
Wilkinson, Mr. W., testimonial to, 695
Wilks, Dr. A. P., mammary abscess in an infant, 139
— Dr. S., idiopathic anæmia, 680; simple pneumothorax with complete recovery, 770

Williams, Dr. D. M., case of paracentesis thoracis, 741

— Mr. T. E., endometritis and gonorrhœa, 32
Wilson, Mr. A. T., lead-poisoning by aerated water, 322

— Dr. John, death of, 86; obituary notice of 422

Wimbledon, health of troops at, 181

Winslow, Dr. Lyttelton, Manual of Lunacy, *rev.*, 776
Winter resorts, 502

Women, Dr. Braxton Hicks on local treatment of cystitis in, 29; Soho Hospital for, 98; medical education of, 230, 443; medical school for, 469; Dr. Gaillard Thomas on Diseases of, *rev.*, 560; bearded, 659

Wood, Mr. M. A., cicatrix of pyloric end of stomach causing death, 365; skilled monthly nurses, 601

Woods, Dr. O. T., tuberculosis meningitis in an adult idiot, 32

Woolwich, outbreak of diphtheria at, 716, 783

Working-classes, wages of, 181; influence on drunkenness and crime, 473

Wounds, sweet oil a dressing for, 13; treatment of, 383; use of clay for dressing, 620

Wyatt, Surgeon-Major J., will of, 227

Wright, Mr. F. W., decollation in shoulder-presentations, 386

Y.

Young, Dr. P. A., rigor mortis in an infant at birth, 707

Z.

Zinc, Dr. Tuckwell on suicidal poisoning by chloride of, 297

Zymotic disease, Dr. Spencer Thomson on influence of hygienic conditions on, 419

Medico-Chirurgical Transactions, was also produced, and the history commented upon at length; as was also Perry's case (*Medico-Chirurgical Transactions*, vol. xx) of spontaneous arterio-venous aneurism of the femoral vessels, the preparation from which is still in the Museum of St. Bartholomew's Hospital. The records of several of the other cases were also reproduced. From all these data the following rules of treatment were deduced. 1. The object of treatment must be to obliterate the arterio-venous orifice; and this may be accomplished, when the disease is recent, by pressure executed according to Vanzetti's plan, with one forefinger on the orifice, and with another on the artery above—a plan which is more likely to succeed in varicose aneurism than in pure aneurismal varix. 2. In old-standing cases, the artery above the communication becomes so thinned and dilated, that it is hopeless to operate upon it; and therefore early treatment is necessary if the disease is to be cured. 3. The Hunterian operation has always failed in this form of arterio-venous aneurism, as far as present experience extends. 4. The old operation, *i. e.*, the ligature of the artery above and below the opening, has proved successful when practised early, but is a very severe and dangerous operation. 5. The artery has been tied successfully above and below the tumour, without opening the latter, by Mr. Spence; but the operation is very difficult, and is not always feasible. Hence a trial should first be given to Vanzetti's plan of pressure, on the failure of which, the case must be treated either by Mr. Spence's method or by the old operation; but, in old-standing cases, if pressure fail, only palliative treatment is indicated.

The next topic was aneurism of the profunda femoris, of which several cases were cited, and some preparations were placed on the table. The effect of these was to show that the disease may, in well-marked cases, be diagnosed from aneurism of the femoral on the one hand, and from malignant tumour of the femur on the other, though it has many points of resemblance to both; and that it may be treated with success by pressure (of which two alleged cases at least are on record), or by ligature of the artery above, either the common femoral or the external iliac, as the surgeon judges best; but, in traumatic aneurism with an imperfect sac, or in ruptured aneurism, or in arterio-venous communication (if in the latter, it is really necessary to operate), the old operation, by laying the sac open and tying both ends, is to be preferred.

After relating a case of spontaneous aneurism of one of the secondary branches (in this instance, the external circumflex), and remarking that affections of such small vessels, when not under the influence of pressure, should be treated by the old operation, the lecturer turned to traumatic affections of the smaller vessels, such as the well known case of Liston, where a traumatic aneurism formed on a branch of the femoral, or that of Lawrence, where the circumflex iliac was wounded. In both these cases, the external iliac was tied with a fatal result; but cases are recorded which show that it is not impossible to diagnose the vessel injured, and that the proper treatment, when pressure fails, is to cut down and tie the wounded artery.

Finally, the topics of the two lectures were resumed in the following ten propositions.

1. The operation of ligature of the external iliac artery has been, on the whole, fairly successful, as evidenced by a very small mortality in uncomplicated cases of hæmorrhage, and a mortality of about one-fourth in published cases of aneurism—a conclusion supported by the unpublished records of hospital practice, though a few cases of recurrence of the aneurism have occurred.

2. The operation on the superficial femoral for aneurism situated in Hunter's canal is a very successful operation.

3. The ligature of the common femoral is a perfectly justifiable proceeding, though whether it be more or less trustworthy than that of the external iliac artery, we are not as yet in a position to judge.

4. Ruptured aneurism in the thigh has been treated with a large amount of success by the old operation.

5. Ilio-femoral and femoral aneurisms have been treated with a very fair proportion of cures in the few instances on record by rapid compression applied to the aorta or to the common iliac; but there is no evidence to show that this treatment is less dangerous or more successful than the operation on the external iliac artery, when the latter is feasible.

6. Compression, especially digital pressure, has been applied to the treatment of inguinal and femoral aneurism with striking success, though in what proportion of cases we do not as yet know; and the comparative ill-success of this method in our hospital-practice is more calculated to raise doubts of the efficiency of the application than of the soundness of the method itself.

7. In rare cases, direct pressure, or even manipulation, may be advantageous.

8. Arterio-venous femoral aneurism should be treated by double compression, applied to the vein and artery, which failing, Mr. Spencer's

method of tying the artery above and below is the most hopeful measure, and, when this is impracticable, either the old operation should be performed, or the case abandoned.

9. Spontaneous aneurisms of the profunda have been diagnosed and successfully treated by compression.

10. Recent traumatic aneurisms of branches of the external iliac or femoral are best treated as wounds of these vessels—*i. e.*, either by compression or by ligature at the wounded point.

SELECTIONS FROM JOURNALS.

THERAPEUTICS.

NOTES ON PRACTICE IN THE NEW YORK CHARITY HOSPITAL. —*Hospital Gangrene.*—Hospital gangrene is treated at the New York Charity Hospital in the pavilion, and not allowed to remain in the hospital building. Two principal methods of treatment are resorted to. In one, pure carbolic acid is applied thoroughly to the gangrenous surface. This is followed by a charcoal-poultice, which is allowed to remain on for twenty-four hours, and after its removal the surface is cleaned of the sloughs and washed thoroughly. Pure acid is again applied. After the third application, if the progress of the disease have been stayed, the ordinary solution of carbolic acid is used. By the other method, pure bromine is used instead of the carbolic acid, but the remainder of the treatment is the same. Conjoined with these local applications, tonics and stimulants are used. If the patient suffer from pain, opium is administered.

Use of Sweet Oil as a Dressing for Wounds.—Dr. J. W. Howe has recently introduced ordinary sweet oil for the treatment of all kinds of wounds. It has several advantages over any of the other dressings in use, and apparently yields better results. It keeps the air from the wound, and at the same time is grateful to the patient. It also promotes healthy granulations. The mode of application varies with the variety of wounds. In necrosis, after the sequestrum is removed, the cavity is filled with the oil, and a lint-tent introduced. Every day the oil is renewed. In one case of necrosis of the lower jaw this procedure was had recourse to, and, shortly afterwards, the patient was attacked with facial erysipelas; but the side of the face which had been operated on was not affected. In incised wounds, the edges are brought together, and lint soaked in oil is used as an external dressing.

Chancroids.—Iodoform is used as a dressing for chancroids, in the proportion of one part of glycerine and one of iodoform. This is applied to the ulcer twice in twenty-four hours, and appears to be more satisfactory than the usual applications.

Painless Method of Cauterising with Nitric Acid.—It is found that chancroids can be cauterised with nitric acid without causing severe pain, by first applying to the sore pure carbolic acid. The carbolic acid serves as a local anæsthetic, and prevents the nitric acid from causing pain which is not easily borne by the patient.—*New York Medical Journal*, May 1874.

PATHOLOGY.

CONGENITAL RACHITIS.—The term congenital rachitis is usually applied to the condition in which new-born children are found to have the shafts of the bones of the limbs thickened, bent, often broken, the epiphyses swollen, soft, and quite cartilaginous. While some of those cases are to be regarded as true intrauterine rachitis (called by Winkler fetal when recovery has taken place before birth, and congenital when it is still going on), others are to be placed in a separate category. H. Urtel, in an inaugural dissertation (Halle, 1873), relates a case in which all the epiphyseal cartilages were extraordinarily swollen and of a soft gelatinous consistence, while the diaphyses were much ossified, and were remarkably thick and short. The portions of the skeleton not formed from cartilage were also characterised by a remarkable bony development. Microscopic examination of the epiphyses showed small cartilage-cells lying confusedly together, becoming flatter towards the diaphyses, especially in the peripheral portions, and finally passing into a layer of connective tissue, which insinuated itself, from the inferior layer of the periosteum, between the epiphysis and diaphysis. Only in the most central parts did the cartilage and bone lie in direct contact, and here cells like large vesicles were found in the calcified cartilage. There was evidently here a disease of the epiphysal cartilage, commencing with arrest of the growth of the epiphysis; while the periosteal growth at the same time appeared to be increased. Urtel proposes the provisional name of pseudorachitismus for this condition.—*Centralblatt für die Medicinischen Wissenschaften*, April 18, 1874.

ject, as conducted by an expert or by a gifted teacher, is of the utmost value when it attracts for its own sake; but we are quite with those who hold that the age of *pro forma* lecturing has past, and that this kind of lay sermon may be in many instances dispensed with, being very analogous to the enforcement of attendance on a college "chapel". A large amount of valuable time is consumed and wasted by good men, and can be of but little good to idle men, who depend on their attendance on their lectures merely as aids to their chance of "going up"; whereas the time might be more profitably employed in both instances—in the former in progress, and in the latter in exciting the student's interest by a direct method of appeal. We speak of the curriculum as it at present exists. We are glad, however, to see that in some of our schools attempts are being made to institute a thorough course of practical work, conducted in a rational way as an adjunct to the lectures, viz., a course of practical surgery consisting of *a.* Bandaging; *b.* Surgical Pathology, as illustrated by the museum and recent *post mortem* examinations; *c.* Operative Surgery on the dead body, supplemented by demonstrations on the living model, in which all the surface-markings are most carefully pointed out and examined. With regard to the clinical instruction, we are glad to notice that, especially amongst the younger surgical teachers, there is great attention paid to the students in the out-patient rooms; and we could only wish that many of them had the chance of ward-teaching, as we have often had occasion to notice that, after long waiting, and the demands of practice, the full officers are rather prone to neglect this portion of their duty as hospital surgeons, or will not take pains to keep up with the reading of the day. Of course the clinical teacher always ensures a class.

With regard, then, to the causes of failure at this examination. The chief and foremost cause of all the recent rejections is undoubtedly a want of knowledge of surgical anatomy. If we look at the late papers we shall see that two or three, or in one case four, of the six questions, were either entirely confined to the subject, or involved it; *i.e.*, such questions as, "What structures are necessarily cut through in performing such and such an operation"? or a "collateral circulation". Again, in the *visu voce*, the want of knowledge shown by the candidates in regard to the surface-markings, to hidden things, and indeed to things absolutely seen merely beneath the integument, is painful. It would seem that special courses should be adopted in all our schools, of what has been very properly termed "applied anatomy"—the anatomy of the *undissected* subject, in fact, accompanied by demonstrations and examinations on the living body, and that body at rest and in action. We suggest this, as of the utmost advantage to the student, quite irrespective of the fact of his having any examination to pass, but as of vital importance to himself in operation or diagnosis. Terrible mistakes are made over the pathological "pickles", which we agree with the student in regarding as far more difficult to recognise than the normal preparations shown him at the primary examinations; and it would be better if as many as possible were more recent. Students require to be well worked in their own or in the College museums, in order to become familiar with such specimens.

With regard to the nature of the practical examination on actual patients, it has always appeared to us of far too limited a nature, and to afford an "occasion for improvement" for such of the examiners as require, as we hinted, stock replies to stock inquiries; and it is, of course, obvious that all the cases must be capable of pedestrianism, and not likely to be very acute. At all events, the results of the examination for the pass in surgery show, as a rule, that the main causes of failure lie in the practical portion of it; and, setting aside one or two elements at which we hinted last week, we are inclined to think that the majority of plucks are deserved; that men do come up unprepared; and that similar pains are not employed as are on the primary. Our own experience shows that all *practical* teaching is of great interest to every student, and that he will attend to it when he can be hardly compelled to attend his lectures; and we are inclined to think that repeated failures in this branch point rather to its neglect, or imperfect teaching in the school from which he comes.

There is certainly not enough of the intelligent teaching of practical surgery in our schools; there are not enough clinical appointments, and men are not looked after sufficiently when they get these appointments; note-taking is not properly enforced, and in too many instances dresserships are nominal tenures of office, for which men obtain all they desire—a signature of attendance. The amount of really critical knowledge of the science of surgery is so small, that it is of the greatest importance that the nature of the queries should, as far as possible, tend to some amount of exercise of the intellect; and hence the examinations should be so conducted that the public may have practitioners who have at all events satisfied a fully qualified Court of their ability to act and to use the intellect, and the teaching should be made as thorough as possible.

ASSOCIATION INTELLIGENCE.

BRITISH MEDICAL ASSOCIATION: FORTY-SECOND ANNUAL MEETING.

THE Annual Meeting of the British Medical Association will be held at Norwich, on Tuesday, Wednesday, Thursday, and Friday, August 11th, 12th, 13th, and 14th, 1874.

President—Sir WILLIAM FERGUSSON, Bart., F.R.S., Surgeon to King's College Hospital, London.

President-elect—EDWARD COPEMAN, M.D., Senior Physician to the Norfolk and Norwich Hospital.

An Address in Medicine will be given by J. RUSSELL REYNOLDS, M.D., F.R.S., Physician to University College Hospital.

An Address in Surgery will be given by W. CADGE, Esq., Surgeon to the Norfolk and Norwich Hospital.

An Address in Obstetric Medicine will be given by JAMES MATTHEWS DUNCAN, M.D., F.R.S. Edin., Lecturer on Midwifery and Diseases of Women and Children in the School of Medicine, Edinburgh.

The business of the Association will be transacted in four Sections, viz.:—

SECTION A. MEDICINE.—*President*: Dr. Eade, Norwich. *Vice-Presidents*: Dr. Sydney Ringer, London; Dr. Durrant, Ipswich. *Secretaries*: Dr. Bradbury, 59, Corpus Buildings, Cambridge; Dr. Lowe, King Street, King's Lynn.

SECTION B. SURGERY.—*President*: Sir James Paget, Bart., F.R.S., London. *Vice-Presidents*: T. W. Crosse, Esq., Norwich; Dr. Macnamara, Dublin. *Secretaries*: F. Worthington, Esq., Lowestoft; Reginald Harrison, Esq., 51, Rodney Street, Liverpool.

SECTION C. OBSTETRIC MEDICINE.—*President*: Dr. Churchill, Dublin. *Vice-Presidents*: Dr. W. S. Playfair, London; Dr. Steele, Liverpool. *Secretaries*: Dr. Edis, 23, Sackville Street, London; F. Image, Esq., Westgate Street, Bury St. Edmunds.

SECTION D. PUBLIC MEDICINE.—*President*: W. H. Michael, Esq., London; *Vice-Presidents*: Dr. Bateman, Norwich; Dr. Ransome, Bowden. *Secretaries*: Dr. Bond, Gloucester; Dr. Leech, Manchester.

The Honorary Local Secretaries are:

Dr. J. B. PITT, Norwich.

H. S. ROBINSON, Esq., Norwich.

Dr. BEVERLEY, Norwich.

Papers.—The following papers have been promised.

Ogle, J. W., M.D. 1. Cases of Tumour of the Cerebellum; 2. Cases of Adenomatous Tumours within the Thorax.

Fothergill, J. Milner, M.D. The Systemic Indications of Chronic Bright's Disease.

Gowers, W. R., M.D. Cases of Convulsions from Organic Brain-Disease.

Ferrier, D., M.D. The Localisation of Function in the Brain.

Eade, Peter, M.D. A Disease of Carpenters.

Mackenzie, Morell, M.D. On the Ætiology of Bronchocele.

Anningson, Bushell, M.B. On the Ætiology of Infectious Diseases.

Ross, James, M.D. On the Action of Mercury.

Thompson, J. Ashburton, Esq. General Remarks on the Internal Administration of Free Phosphorus.

Bradbury, J. B., M.D. Notes of Six Cases of Hydatids of the Liver treated by Puncture.

Hicks, J. Braxton, M.D., F.R.S. On the Adaptation of the Galvanic Caution to Gynaecology.

Wright, Frederick W., M.D. On Decollation as a Mode of Delivery in Arm-Presentations.

Smart, W. R. E., M.D., C.B., Inspector-General of Hospitals and Fleets. On the Relative Frequency, the Causes, and Modes of Suicidal Attempts in the Navy and Army.

Fox, Cornelius B., M.D. Water-Analysis; as it should and as it should not be performed by the Medical Officer of Health.

Thornton, W. Pugin, Esq. On the Indications for Tracheotomy afforded by the Laryngoscope.

Thorowgood, J. C., M.D. On the Nature of the Asthmatic Paroxysm.

Baker, J. Wright, Esq. Case of Lithotomy: the Nucleus of the Stone being a Broken Piece of Elastic Catheter.

Gentlemen desirous of reading papers, cases, or other communications, are requested to forward the titles to the General Secretary, or to one of the Secretaries of the Section in which the paper is to be read. All papers should be forwarded to one of the above-named officers *on or before the 1st of August*.

No paper must exceed *twenty* minutes in reading; and no subsequent speech must exceed *ten* minutes.

All speeches at the General Meeting must not exceed *ten* minutes each.
 FRANCIS FOWKE, *General Secretary*.
 General Secretary's Office, 37, Great Queen Street, W.C.,
 June 25th, 1874.

NORTH WALES BRANCH.

THE annual meeting of this Branch will be held at the Royal Oak Hotel, Bettws-y-coed, on Tuesday, July 7th, at 1 P.M.; T. EVANS JONES, Esq., President.

Luncheon will be kindly provided by the President at the Hotel, from 12 to 1 P.M.

The dinner will be ready at 4 P.M. precisely. Tickets, 10s. 6d. each, including a pint of wine.

Gentlemen who may wish to communicate papers or cases, and who intend dining, will please to give early intimation to the Secretary.

D. KENT JONES, *Honorary Secretary*.

Beaumaris, June 3rd, 1874.

SOUTHERN BRANCH: HAMPSHIRE, DORSET, SOUTH WILTSHIRE, AND THE ISLE OF WIGHT.

THE first annual meeting of the above Branch will be held on Thursday, July 9th, 1874, at the Pier Hotel, Southsea, at 3.30 P.M., when the President, Inspector-General SMART, M.D., C.B., will deliver an address.

The business of the meeting will be to receive the report of the Provisional Council, to elect the officers of the Branch, and the representatives to the General Council for the ensuing year.

The dinner will take place punctually at a quarter past six. Tickets, 10s. each. (Wines at moderate charges.)

The Dinner Committee particularly request that those members who intend to be present at the dinner will send in their names before Saturday, July 4th, in order that the necessary arrangements may be completed.

J. WARD COUSINS, *Hon. Sec.*

Southsea, June 11th, 1874.

BATH AND BRISTOL BRANCH.

THE annual meeting of the above Branch will be held at the Mineral Water Hospital, Bath, on Thursday, July 9th, at 4.20 P.M.; when Dr. FOX will resign the Chair to F. MASON, Esq.

The members will afterwards dine together at the York House. Dinner tickets, 7s. 6d., exclusive of wine.

R. S. FOWLER, Bath. } *Honorary Secretaries*.
 E. C. BOARD, Clifton. }

Bath, June 17th, 1874.

ABERDEEN, BANFF, AND KINCARDINE BRANCH.

THE annual general meeting of the above Branch will be held at Aberdeen, on Saturday, July 18th, at 2 o'clock.

Intimation of particulars will be made to the members by circular.

ALEXANDER OGSTON, *Honorary Secretary*.

METROPOLITAN COUNTIES BRANCH.

THE twenty-second annual meeting of this Branch will be held at the Banqueting Hall, Alexandra Park, on Monday, July 20th, at 4 P.M.: President for 1873-74, RICHARD QUAIN, M.D., F.R.S.; President-elect for 1874-75, T. B. CURLING, Esq., F.R.S.

At 5.30 P.M. precisely, the members will dine together; T. B. CURLING, Esq., F.R.S., in the Chair. Tickets, fifteen shillings each (including ices, tea, coffee, and attendance, but exclusive of wine).

A. P. STEWART, M.D., } *Hon. Secretaries*.
 ALEXANDER HENRY, M.D., }

London, June 24th, 1874.

WEST SOMERSET BRANCH.

THE annual meeting of this Branch will be held at the White Hart Hotel, Milverton, on Thursday, July 23rd, at 2.30 P.M., under the presidency of H. W. RANDOLPH, Esq.

W. M. KELLY, M.D., *Honorary Secretary*.

Taunton, July 1st, 1874.

CUMBERLAND AND WESTMORLAND BRANCH.

THE annual meeting of the above Branch will be held at Carlisle, on Wednesday, July 29th, 1874.

Gentlemen intending to bring forward communications, are requested to give immediate notice.

HENRY BARNES, M.D., *Honorary Secretary*.

Carlisle, June 30th, 1874.

EAST YORK AND NORTH LINCOLN BRANCH: ANNUAL MEETING.

THE eighteenth annual meeting was held at the Hull Infirmary on May 27th, G. F. ELLIOTT, M.D., the President, in the Chair. Nineteen members and two visitors were present.

The Report of the Committee upon the Fortnightly Meetings was taken as read.

New Members.—The following were admitted to the Branch: Ralph Burnham, Esq., Kealby; R. W. Cooper, Esq., Hull; S. N. Harrison, Esq., Hull; F. Macnab, Esq., Hull; T. J. Quicke, Esq., Hull; C. Solomon, Esq., Skirlaugh; T. Sharpley, M.D., Louth.

Officers.—The following were appointed. *President-elect*: J. Dix, Esq. *Honorary Secretary and Treasurer*: Robert H. B. Nicholson, Esq. *Committee*: Sir H. Cooper, M.D.; R. M. Craven, Esq.; H. Gibson, Esq.; J. F. Holden, Esq.; K. King, M.D.; J. W. Lunn, M.D.; J. Morley, Esq.

Half-Yearly Meeting.—The appointment of the place of meeting was left to the Committee.

Representatives in the General Council.—The following were elected: G. F. Elliott, M.D.; J. Dix, Esq.; W. J. Lunn, M.D.

Representative in the Parliamentary Bills Committee.—Sir H. Cooper, M.D., was chosen.

Papers.—The following papers and cases were read:

1. The Introductory Address. By Dr. G. F. Elliott.
2. Sanitary Legislation: its present and remote influences on the Medical Profession. By William Holder, Esq.
3. Surgical Cases. By R. M. Craven, Esq.
4. Case of Colotomy. By Dr. K. King.

A Dinner was held at the Vittoria Hotel, to which twenty-two members and visitors adjourned.

LANCASHIRE AND CHESHIRE BRANCH: ANNUAL MEETING.

THE thirty-eighth annual meeting of this Branch was held in the Council Chamber, Town Hall, Blackburn, on Wednesday, June 17th; JOHN SKAIFE, Esq., President, in the Chair. Forty-five members and eight visitors were present.

President's Address.—The PRESIDENT delivered an address, in which he gave some interesting reminiscences of his practice in Blackburn. (See page 10.)

Report of Council.—Dr. STEELE, the Honorary Secretary, read the Annual Report of the Council. The Council congratulated the members on holding the meeting in Blackburn, now for the first time constituted the place of the annual gathering; in anticipation of which, a large number of members, chiefly from this district of the county, had joined the Association and Branch. The Council, as usual, had the satisfaction of reporting the continued success and prosperity of the Branch. The number of members in June 1873 was 402; joined since, 95; losses by death, resignation, removal, etc., 33—viz., 4 deaths, 29 resignations; remaining as the present numerical strength of the Branch, 464. There still remained in the two counties constituting the Branch ample scope for numerical increase; and the Council would remind the members that individual influence and exertion should now supplement the organised care for new members which originated in 1871. With unfeigned regret the Council recorded the death of Thomas Turner, Esq., of Manchester, full of years and honours. His urbanity, geniality, and unbounded hospitality, his long and loyal connection with this Branch, would embalm his memory in the respect and affection of its members. A special general meeting of the Branch was held in Liverpool on March 23rd, to consider the Report of the Subcommittee of the Parliamentary Bills Committee on the Education and Registration of Midwives. The following resolution was carried: "That this meeting would gladly welcome any plan for the voluntary improvement of professional education amongst midwives; but it is not in favour of any application to Parliament for legislation in the direction of compulsory education, implying, as a consequence, penalties on the one hand and legal advantages upon the other, which the experience of the last few years in medical legislation has shown to be futile." The Council directed attention to the recently announced decision of the Court of Chancery as to the disposal of the surplus of the "Cotton Famine Fund", which surplus, the Council were informed, the trustees contemplated to devote to the erection of convalescent or other hospitals for the operatives of this district. The Council felt strongly that this was a subject respecting which the medical profession ought to be consulted, and they conceived that no better means of accomplishing that

object would be attained than by referring it to this Branch. Since the last annual meeting, the Council had had under consideration the desirability of a change in the mode of electing the Council of the Branch.

Dr. CHEESBROUGH (Blackburn) moved that the report of the Council and the Treasurer's statement be received and adopted.—Dr. OXLEY (Liverpool) seconded the proposition, which was unanimously agreed to.

Votes of Thanks to the Officers and Council.—Mr. H. A. GRIME (Blackburn) proposed that the best thanks of the meeting be accorded to the President, Vice-President, and the Council of the Association, for their valuable services during the past year.—Dr. GARSTANG (Blackburn) seconded the resolution, and it was adopted.

Next Annual Meeting.—Dr. A. T. H. WATERS (Liverpool) moved that the next annual meeting be held at Chester; and that Dr. Davies-Colley, of Chester, be President-elect; and Dr. Russell, of Newton, and Dr. Brown, of Preston, Vice-Presidents.—Dr. DESMOND (Liverpool) seconded the proposition.—Dr. WATERS (Chester), as one of a deputation from Chester, expressed, on behalf of the professional gentlemen of Chester, their desire to give the Association a noble welcome to the ancient and loyal city.—The motion was unanimously agreed to.

Representatives in the General Council.—Dr. LIGHTBOURNE (Blackburn) moved that the following gentlemen be the representatives of the Branch in the General Council of the Association: R. Beales, M.D., Congleton; T. Davies-Colley, M.D., Chester; L. E. Desmond, M.D., Liverpool; W. Hall, Esq., Lancaster; J. Hardie, M.D., Sale; J. Harrison, Esq., Chester; R. Harrison, Esq., Liverpool; C. Johnson, Esq., Lancaster; E. Lund, Esq., Manchester; C. E. Lyster, M.D., Liverpool; W. McEwen, M.D., Chester; W. Martland, Esq., Blackburn; T. Mellor, Esq., Manchester; J. E. Moreton, M.D., Tarvin; E. S. Morley, M.D., Blackburn; G. W. Mould, Esq., Cheadle; D. W. Parsons, Esq., Liverpool; A. Ransome, M.D., Manchester; T. L. Rogers, M.D., Rainhill; H. Simpson, M.D., Manchester; G. Southam, Esq., Manchester; A. T. H. Waters, M.D., Liverpool; C. White, Esq., Warrington; M. A. E. Wilkinson, M.D., Manchester; with Dr. Steele, Honorary Secretary, *ex officio*.

Council of the Branch.—The following gentlemen were elected ordinary members of the Branch Council: S. M. Bradley, Esq., Manchester; W. Cooper, Esq., Widnes; Samuel Crompton, M.D., Manchester; E. D. de Vitre, M.D., Lancaster; W. H. Fitzpatrick, M.D., Knotty Ash; N. S. Glazebrook, Esq., West Derby; J. H. Gornall, Esq., Warrington; John Haddon, M.D., Eccles; M. J. J. Jennett, Esq., Birkenhead; D. J. Leech, M.D., Manchester; W. McCheane, Esq., Liverpool; J. McNaught, M.D., Liverpool; J. E. Morgan, M.D., Manchester; J. Thorburn, M.D., Manchester; J. Vose, M.D., Liverpool; E. Waters, M.D., Chester; W. Garstang, M.D., Blackburn; F. P. Weaver, M.D., Frodsham; and T. C. Smith, Esq., Warrington.

Election of Council.—Dr. STEELE moved, "That Law 3 be so altered that in future the whole Council, except the officers, be elected annually by a ballot-paper, to be sent to each member with the annual circular, as per form annexed."—Dr. OXLEY (Liverpool) seconded the motion, and it was unanimously adopted.

The Proposed Convalescent Hospital.—Dr. STEELE said that the Court of Chancery had directed that a certain amount of the surplus of the Cotton Famine Relief Fund should be devoted to the erection of a Convalescent Hospital for the county of Lancaster. There was an opinion that the medical men of the county should have an opportunity of communicating their views upon the matter. If the meeting were desirous that the Branch should take the matter into consideration, it would devolve on him to call a meeting of the Branch or of the Council. He had no resolution to propose. He had now discharged his duty. The question was, whether the members thought it desirable for the Branch to interfere.—No discussion of the subject took place.

Papers.—The following papers were read.

1. Remarks on Pleuritic Effusions and their Treatment. By A. T. H. Waters, M.D.
2. On the Treatment of Bites of Dogs by Lunar Caustic, as being unsound in Theory, injurious and unsuccessful in Practice. By J. Haddon, M.D.
3. Retropharyngeal Abscess in the Child. By M. G. B. Oxley, L.K.Q.C.P.
4. Specimens of Rarer Forms of Contracted Pelvis. By D. Lloyd Roberts, M.D.
5. On some of the Uses of Chloral Hydrate in Labour. By J. Wallace, M.D.
6. On the Action of Stimulants. By J. Ross, M.D.
7. Specimens of the Pathological Anatomy of the Liver. By A. Davidson, M.D.
8. On Mazoitis (*apud Lactantes*): its Course, Result, and Management. By W. Garstang, M.D.

9. Morbid Growths removed from the Uterus. By A. B. Steele, L.K.Q.C.P.I.

10. Specimens of Brain and Lung in Tubercular Meningitis in a Child. By M. G. B. Oxley, L.K.Q.C.P.

Votes of Thanks.—Mr. MELLOR moved, "That the best thanks of this meeting be given to the readers of papers and exhibitors of specimens."—Mr. MCCHEANE seconded the resolution, which was carried with acclamation.

Mr. COULTATE moved a vote of thanks to the Mayor and Corporation for kindly allowing them the use of the room.—Dr. NOBLE seconded it, and it was carried unanimously.

Dinner.—The members afterwards dined together in the Assembly Room of the Town Hall; John Skaife, Esq., President, in the Chair.

SOUTH-EASTERN BRANCH: WEST SUSSEX DISTRICT.

A MEETING of the above district was held at the Royal Sea House Hotel, Worthing, on Tuesday, June 8th; W. J. HARRIS, Esq., in the Chair—nine members being present.

Autumn Meeting.—It was unanimously resolved that the autumn meeting be held at Chichester, and that Dr. Tyacke be requested to act as Chairman.

Secretary.—Mr. W. J. Harris was re-elected Honorary Secretary for the ensuing year.

Deaths of Members.—The CHAIRMAN, in the course of a short address, alluded especially to the losses which the Association and the South-Eastern Branch had sustained in the deaths of Dr. John Murray of London, Dr. Collet of Worthing, and Mr. Morris of Petworth. The following resolution, proposed by W. HARRIS, Esq. (Clapham), seconded by Dr. MOON (Brighton), and carried unanimously, was ordered to be entered upon the minutes, and a copy of the same to be forwarded to Mrs. Collet by the Honorary Secretary.

"That the members of the West Sussex District of the South-Eastern Branch of the British Medical Association do much deplore the loss of their esteemed and valued associate Dr. Collet, and they beg to express their very sincere sympathy towards his widow and family for the sad bereavement which they have sustained."

Communications.—The following communications were brought before the notice of the members present.

1. A. H. Collet, Esq.: On a Case of Obstruction from Gall-Stones.
2. W. J. Harris, Esq.: The Advantages of the Use of *Bougies à boue* in the Treatment of Stricture of the Urethra.
3. Dr. Moon: A Case of Acute Rheumatism in a person aged 45, where death ensued from syncope upon the sixth day.

All these communications gave rise to some discussion amongst the members, and some valuable information was gained therefrom.

Dinner.—Ten members and one visitor afterwards dined together, under the presidency of Mr. W. J. Harris.

MIDLAND BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held at the Guildhall, Lincoln, on Thursday, June 25th, under the presidency of T. SYMPSON, Esq., F.R.C.S. About thirty members attended the meeting.

President's Address.—After a vote of thanks had been passed to the retiring President, Mr. Lankester (Leicester), the PRESIDENT delivered an able address, commenting upon the unsatisfactory state of the Branch, and upon professional remuneration—a subject now under the consideration of the members of the profession in the county.

The following gentlemen were elected members of the Association and Branch: Mr. Thomas Highton (Derby); Mr. J. Warren (Tutbury); Mr. Richard M. Allen (Welbourne); Mr. T. A. Crackle (Breaston); Mr. George B. White (Nottingham); Dr. W. F. Lill, Dr. Mitchinson, and Mr. A. Marten French (Lincoln); and Mr. Tone-Johnson (Heighington). Dr. Domenichetti, Deputy Inspector-General of Hospitals (Louth), and Dr. J. Hadden (Horncastle), were elected members of the Branch.

Representatives in the General Council.—The following gentlemen were elected members of the Council: Mr. White and Dr. Ransom (Nottingham); Mr. Baker and Mr. Dolman (Derby); Mr. Benfield and Mr. Lankester (Leicester); Dr. Morris and Mr. Sympson (Lincoln).

President-elect.—Mr. A. H. Dolman was appointed President-elect; the next meeting to be held at Derby.

Communications.—1. Mr. Dolman read a paper on the use of Convalescent Rooms in Infirmarys.

2. Mr. Broadbent made some remarks on the use of Alcohol in the Treatment of Disease, which were followed by an interesting discussion on the use of alcohol generally, in which many of the members took part.

3. Mr. Thompson read a paper on Deligation of the Umbilical Cord at Parturition, in which he expressed his opinion that there was no necessity to tie the cord. He seldom applied any ligature, and never had any hæmorrhage.—Mr. Barton and others did not agree with Mr. Thompson, and considered it unsafe not to apply the usual ligature.

4. The President read notes of a case of Uterine Fibroid, and exhibited a patient whose Knee-joint he had excised some years before. The youth was in good health, was able to play cricket, and run for himself.

5. The President also exhibited a patient whose Os Calcis he excised some years ago.

Dinner.—The members afterwards dined at the Great Northern Hotel; the Mayors of Lincoln and Derby, and several other gentlemen, being present as guests.

MILITARY AND NAVAL MEDICAL SERVICES.

THE SUCCESSOR TO SURGEON-GENERAL BEATSON.

WE understand that the vacancy created by the death of Surgeon-General Beatson will shortly be filled up by the promotion of Deputy Surgeon-General Bent, who now occupies the senior place in his rank. This, in addition to other recent evidence, seems to show that the authorities are now disposed, in all ordinary cases, to adopt the principle of seniority in preference to so-called selection. The picking out of special men from among these elders to occupy posts of honour and emolument is always an invidious process, and must be conducted with peculiar care, to avoid the imputation of favouritism. The act of supercession is a very painful one, and very deep and lasting heart-burnings have been caused in the Department by the way in which hard-working men have frequently been passed over when their turn for promotion came. It would seem, therefore, to be decidedly a popular step to return to the old plan and to give every competent medical officer an equal prospect of attaining some day to the higher branches of his profession. Mr. Bent's promotion will absorb Deputy Surgeon-General Mackenzie, and it is rumoured that Deputy Surgeon-General Woolfreys may undergo the same process before long, by the retirement of Surgeon-General O'Flaherty. It is now settled that Surgeon Currie, C.B., succeeds Dr. Beatson in charge of the Bombay Division and Principal Medical Officer of India, and Surgeon-General Gordon, C.B., proceeds from Aldershot to take up the reins of power at Madras. These Indian appointments are among the best paid, and consequently the most coveted, appointments in the Department, and the senior of the three does not exceed the others so much now as formerly in the way of emolument, on account of the manner in which the supreme medical command has recently been vested in the officer in charge of a division, instead of being, as in the case of the Director-General at home, a separate and distinct office.

NAVAL MEDICAL SERVICE.

SIR,—A deputation from the Parliamentary Committee of the British Medical Association lately waited on the First Lord of the Admiralty to propose measures in the hope of putting an end to the existing unpopularity of this service, and were civilly received by him.

That an exodus of young officers is progressive and still unchecked, is shown by a decrease of ten in the navy list, published to-day; and as there are officially notified only one death, and two retirements from age, the remainder are to be accounted for from other causes. I think they must have been by resignation of commissions.

There are only three names given as "resigned"; but at a glance I know of at least three others who have resigned, and whose names have disappeared from the navy list without comment of any kind on the reason; these are,

1. Richard Beamish, B.A., M.D., 1866.
2. C. F. K. Murray, M.D., 1869, late *Rattlesnake*.*
3. James McCarthy, M.D., 1871, late *Victor Emmanuel*.

From this I infer that these inconvenient facts are intentionally concealed; and, after the prominence taken by the question before Parliament and the public press, it appears to me to be a clear case of *suppressio veri*, if not one of *suggestio falsi*, with intent to deceive through the channel of a semi-official navy list.

Nothing can be gained by such disingenuous practices, however natural to the performers; for, if the Admiralty are thereby quieted in

their apprehensions, no one outside the sea-horses, who takes the trouble to sift statements for facts, will feel it to be a sadly weak and unworthy cause or condition that resorts to such means to deceive the public. I am, etc.,

Medical Club, 1st July, 1874.

A NAVAL DOCTOR.

NAVAL MEDICAL APPOINTMENTS.

SURGEON N. F. H. Fitzmaurice, from half-pay, to H.M.S. *Victor Emmanuel*, for appointment to *Thistle*, on China station.

Surgeon Robert Atkinson, from H.M.S. *Dromedary* (paying off) to H.M.S. *Implacable*, additional for *Sealark*.

Surgeon Edward Thomas Lloyd, from H.M.S. *Vanguard* to H.M.S. *Fly*, commissioned.

Surgeon Septimus Sexton, from H.M.S. *Jackal* to H.M.S. *Beacon*, *vice* Leech.

Staff-Surgeon Geo. Mason, M.D., from H.M.S. *Achilles* to H.M.S. *Durham*, *vice* MacClinton (period of service expired).

Staff-Surgeon Jacob E. Dyas, from half-pay, to H.M.S. *Achilles*, *vice* Mason.

Staff-Surgeon (second class) James W. Fisher, M.D., from half-pay, to H.M.S. *Vanguard*, in lieu of surgeon for temporary service, *vice* Lloyd, to *Fly*.

OBITUARY.

WILLIAM CARSON, M.D.,

DEPUTY INSPECTOR-GENERAL, ROYAL ARMY.

AT Grove Lodge, Merchiston, Edinburgh, on May 16th, died Dr. W. Carson, Deputy Inspector-General of Hospitals, aged 60. Dr. Carson was appointed in 1836 assistant-surgeon to the 85th Regiment of Foot, then stationed at Plymouth. He continued with it, at home and abroad, until made full surgeon, when he was ordered to the Mauritius, where he served for about nine years on the staff of Sir William Gomm, the Governor and Commander-in-chief. He became staff-surgeon of the first class in 1855, and did duty for two or three years chiefly in and around London, and finally retired on half-pay in 1862. He afterwards accepted the appointment of resident medical officer to the new military prison then being formed in Southwark. When on the point of entering on this duty, he was seized with paralysis, which led to his immediate resignation, and from which he never recovered.

JAMES COTTON BYLES, L.R.C.P.ED.

WE regret to announce the death of Dr. James Cotton Byles, which took place at his residence, Victoria Park Road, Hackney, on May 21st, when he had but a month previously completed his 36th year. He was educated at Bancroft's and the City of London Schools, and entered as a pupil at the London Hospital in October 1856. As a student, he was remarkable as a quiet steady worker, doing well and thoroughly all he undertook. He became a member of the College of Surgeons in 1859, after which he went to Melbourne as a surgeon to an emigrant ship, and subsequently took two voyages to Madras in a similar capacity. He returned to England in 1864, and soon afterwards became a Licentiate of the Apothecaries' Company. In April 1865, he married Edith Adeline, the youngest daughter of Charles Dinham, Esq., who, with three sons, the issue of the marriage, survive him. In 1866, Dr. Byles became a Licentiate of the Edinburgh College of Physicians, and also a Licentiate in Midwifery of the College of Surgeons of England. He was Surgeon to the French Hospital, and for several years a Member of the British Medical Association.

In 1864, upon his return from Madras, Dr. Byles settled at Hackney, succeeding Dr. Giles in practice there; and soon, by his devotion to his work, his kindness and gentleness of manner, increased his professional connection, so that during the last few years of his life his health was seriously damaged by the large demands made upon the hours he should have set apart for rest. In the autumn of 1871 his health gave way, and some indications of kidney-disease gave anxiety to his friends; and, acting under the advice of his old teacher Dr. Andrew Clark, and Dr. Palfrey (having received Mr. F. G. M. Brittin into partnership), he took a voyage to the Cape of Good Hope. He returned in July, 1872, in restored health, and entered with all his accustomed energy again into practice. He continued to work until September of last year, when, during a short trip to Devonshire, he was attacked with some alarming symptoms, referable chiefly to his heart and kidney. Upon his return to town, his illness increased, and confirmed manifestations of Bright's disease appeared. Sir William Gull joined his advisers; and at this

* It is a fact pregnant in its meaning, that this young officer, having gained the highest honour in examination of his year, had secured to himself promotion after five years' service, which had nearly expired, when, after general as well as war service, he prefers to resign his commission, rather than to take his promised promotion.

time an attack of acute pericarditis placed his life in great peril. He, however, rallied; his malady ran its usual course, and he died at the date mentioned, the event being immediately due to embolism.

During his protracted illness, his former teachers—Drs. Herbert Davies, Andrew Clark, Ramskill, and many others—frequently visited him, Dr. Palfrey being in almost daily attendance.

The writer of this memoir (for ten years) had frequent opportunities of meeting the deceased in consultation, and can testify to the fact that the ranks of the profession has been deprived of one who in every capacity lived steadily up to the great principle of "being to all men kind and true".

ALEXANDER CRAIG GIBSON, M.R.C.S.Eng., F.S.A., etc.

MR. GIBSON was born in Cumberland, and studied in Edinburgh and London. He began practice in his native county, and, in 1856, removed to Bebington, near Birkenhead, where he soon acquired a large and important practice.

Mr. Gibson was a robust man, both in mind and body, possessing a wonderful memory and much force of character. While he was humane, manly, able, and scrupulously upright, he was full of kindness, considerate sympathy, and every finer feeling of our nature. His literary ability was of a high order; but he indulged his literary tastes merely to amuse himself in his spare hours. He was the author of *Roivings and Ramblings round Coniston Old Man*; of *Folk-speech in Cumberland and Adjacent Districts*—a volume so abounding in rich humour, and minute knowledge of the dialect and habits of the Cumberland peasantry. He also wrote many songs and ballads well known and often sung in the Lake Country among Cumberland men.

Mr. Gibson was an active member of several learned societies, and wrote many topographical, antiquarian, ethnological, and medical papers. Four years ago, while in the full enjoyment of health and strength, Mr. Gibson unfortunately caught syphilis on the forefinger while attending a midwifery case. Secondary symptoms followed; and, though these were checked from time to time, and his general health, which had now suffered greatly, was much improved by a trip to the Mediterranean in 1871, still the enemy clung to him; and, soon after his return, it seized his brain and brought on paralysis. From this attack he never completely recovered, and, in January 1872, he resigned practice. After moving about for change from place to place for some months among his old friends, he returned to Bebington about two months ago. On the morning of the 1st instant, a new attack of paralysis completely prostrated him, and he sank on the 12th, in the sixty-second year of his age.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, June 25th, 1874.

Caddy, Henry, Ulverston, Lancashire
Hicks, Edward John William, George Street, Hanover Square
Otley, Walter, General Hospital, Nottingham
Woodforde, Alfred Pownall, 83, Marylebone Road

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

Breach, John Frederick, Guy's Hospital
Glyn, Herbert Arthur, St. Bartholomew's Hospital
Sewell, William, St. George's Hospital

UNIVERSITY OF DURHAM.—At a Convocation, held on June 23rd, the following Degrees and Licences in Medicine were conferred after examination at the Newcastle College of Medicine, on June 15th, 16th, 17th, and 18th.

Degree of M.D.—George Rowell.

Degree of M.B.—W. T. Wilson and Ralph Young.

Licence in Medicine.—Andrew Arnold and Charles W. Wilson.

MEDICAL VACANCIES.

THE following vacancies are announced:—

ABERDEEN—Public Analyst. Applications, 15th instant, to James Valentine, Clerk of Police.
ARMY MEDICAL DEPARTMENT—Surgeons. Applications, 10th August, to Sir W. M. Muir, Director-General.
BURNLEY RURAL SANITARY DISTRICT, combined with several others—Medical Officer of Health: £500 per annum. Applications, 27th instant, to A. Hanley Dean, Clerk to the Burnley Rural Sanitary Authority.
BURNLEY UNION, Lancashire—Medical Officer and Public Vaccinator for the Habergham Eaves District: £50 per annum, and fees.

CARDIFF UNION—Medical Officer and Public Vaccinator for the West District: £125; 10 per annum, and fees. Applications, 10th instant, to W. P. Stephenson, Clerk.

CARLISLE DISPENSARY—Assistant House-Surgeon: £90 per annum, apartments, coals, gas, and attendance.

CERES, Fifeshire—Parochial Medical Officer and Public Vaccinator: £23 per annum, and fees; and £42 per annum as Medical Officer of the Adamson Institution. Applications, 31st instant, to Mr. Younger, Inspector of Poor.

CROOM UNION, co. Limerick—Apothecary to the Workhouse: £20 per annum; and to the Croom Dispensary District: £30 per annum. Applications, 23rd instant, to J. D. Fitzgerald, Clerk.

DURHAM UNIVERSITY COLLEGES OF MEDICINE AND PHYSICAL SCIENCES, Newcastle-upon-Tyne—Professor of Biology combined with Physiology: £450 per annum, and a portion of fees. Applications, 15th August, to T. Wood Bunning, Secretary to College of Physical Science.

EVANGELICAL PROTESTANT DEACONESSES INSTITUTION AND TRAINING HOSPITAL, Tottenham—Resident House-Surgeon.

GENERAL INFIRMARY, Northampton—House-Surgeon and Assistant House-Surgeon: £125 and £30 per annum, furnished apartments, board, etc., respectively. Applications, 18th instant, to S. P. Bennett, Secretary.

HARTLEPOOLS HOSPITAL AND DISPENSARY—House-Surgeon: £80 per annum, increasing to £100, board and lodging. Applications, 13th instant, to the Secretary.

HENDON UNION, Middlesex—Medical Officer for the Harrow Weald District: £30 per annum.

HUDDERSFIELD AND UPPER AGRIGG INFIRMARY—Surgeon. Applications, 17th instant, to John Marsden, Honorary Secretary.

HUNTINGDON COUNTY HOSPITAL—House-Surgeon: £60 per annum, board, and rooms. Applications, 15th instant, to M. Foster, Esq.

INDIAN MEDICAL SERVICE—Fourteen Surgeons. Applications, 10th August, to T. P. Pears, Major-General, Military Secretary.

ISLE OF MAN GENERAL HOSPITAL AND DISPENSARY—Resident Medical Officer: £100 per annum, rooms, etc. Applications to E. L. Watts, Sec.

KENMARE UNION, co. Kerry—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Sneem Dispensary District: £100 per annum, and fees. Applications, 21st inst., to Thomas M. Jermyn, Hon. Sec., Less Cottage.

KIDDERMINSTER INFIRMARY—House-Surgeon: £150 per annum, furnished apartments, etc. Applications, 6th inst., to T. F. Toens, Honorary Secretary.

KING'S COLLEGE, London—Professor of Materia Medica.—Professor of Comparative Anatomy.

KING'S COLLEGE HOSPITAL—Physician.

LEOMINSTER URBAN SANITARY DISTRICT—Medical Officer of Health: £40 per ann. for two years. Applications, 6th July, to G. T. Robinson, Clerk.

OKHAMPTON UNION—Medical Officers for No. 2 District, and the Workhouse: £55 and £40 per annum respectively. Applications, 10th instant, to Robert Fulford, Clerk.

OWENS COLLEGE, Manchester—Professor of Anatomy: minimum emoluments, £500 per annum. Applications, 1st August, to the Council, under cover to J. Holme Nicholson, Registrar.

QUEEN'S HOSPITAL, BIRMINGHAM—House Physician: £50 per annum, board, lodging, etc. Applications, 16th instant, to Walter Young, Secretary.

RAWMARSH URBAN SANITARY DISTRICT—Medical Officer of Health: £40 for one year. Applications, 6th instant, to F. L. Harrop, Clerk.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road—Physician. Applications, 14th instant, to C. L. Kemp, Secretary.

ROYAL NAVAL MEDICAL SERVICE—Surgeons. Applications, 6th August, to A. Armstrong, Director-General.

STAINES UNION—Medical Officer for the Sunbury District: £75 per annum.

STOCKPORT INFIRMARY—Assistant House-Surgeon: £60 per annum, board, and apartments. Applications, 8th instant, to S. W. Wilkinson, Hon. Sec.

SUSSEX COUNTY HOSPITAL, Brighton—Dispenser: £100 per annum, and meat luncheon. Applications, 20th instant, to Arthur Veysey, Secretary.

TENDRING UNION, Essex—Medical Officers for the Great Bromley and No. 6 Districts: £16 15 and £40 per annum, respectively.

WEST NORFOLK AND LYNN HOSPITAL—House-Surgeon and Secretary: £80 per annum, board, and apartments. Applications, 11th instant, to the Weekly Board.

WESTMINSTER HOSPITAL—House-Surgeon: board and lodging. Applications, 24th instant, to F. J. Wilson, Secretary.—Resident Obstetric Assistant: board and lodging. Applications, 4th instant, to F. J. Wilson, Secretary.

BIRTHS, MARRIAGES, AND DEATHS.

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

DEATHS.

AITKEN, James, Esq., Surgeon, at Ceres, Cupar, aged 67, on June 25th.

*HARDY, Henry George, M.R.C.S.Eng., at Byer's Green Hall, Durham, aged 48, on June 21st.

MR. MARSHALL MONCKTON, Hurstpierpoint, has received a gratuity of nine guineas for efficient vaccination in his district.

MR. J. BERRY, of Leyland, Lancashire has received a gratuity of £17:13 for efficient vaccination in his district of the Chorley Union.

THE PLAGUE IN TRIPOLI.—The Board of Trade have received a dispatch from Her Majesty's agent and consul general in Egypt, stating that a disease, supposed to be plague, had broken out at Mendj, in the province of Benghazi. The Egyptian government have consequently subjected all arrivals from the infected country to a quarantine of ten days. A sanitary commission has been sent from Benghazi to report on the matter, and in the event of the disease proving to be the plague, it is probable that a resolution will be passed by the Egyptian authorities to repel all arrivals by land and sea from the coast as far as Tripoli.

OPERATION DAYS AT THE HOSPITALS.

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

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

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

THURSDAYSt. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.

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

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

NOTICES TO CORRESPONDENTS.

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

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

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

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

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

M.D., who has written to us two or three times concerning the Poor-law Medical Service without appending name and address, is reminded that no notice can be taken of anonymous communications. If he has any suggestions to offer, and will make them over his own name (not necessarily for publication), they shall have our best attention.

NOTWITHSTANDING that nearly every number of the BRITISH MEDICAL JOURNAL published this year has included a supplement of eight pages, and that one-third more of original matter has been published this year in the BRITISH MEDICAL JOURNAL up to the present date than in any former year, we have still a considerable accumulation of manuscripts from town and country contributors. We would therefore especially ask our correspondents to compress, as much as possible, any communications with which they may favour us, with a view to their publication with the least possible delay.

BRITISH MICROSCOPES.

We have seen with regret an attack by Mr. C. Brooke, F.R.S., on the microscopical instruments exhibited by English firms in the Vienna Exhibition. Usually well informed on such subjects, Mr. Brooke has in this matter fallen into serious error. From some accidental misunderstanding, he appears never to have inspected the high powers exhibited by Mr. Pillischer of New Bond Street, or to have done justice to the excellence of manufacture and conscientious workmanship of the microscopical and optical instruments exhibited by that firm. We had an opportunity of seeing these instruments when they left the workshop, and of admiring their accuracy and perfection of finish; and we rejoice to see that Mr. Pillischer's merits have been recognised by the bestowal of the Gold Cross of Merit with the Crown, an order which has been bestowed on only one other firm, that of Hartnack of Potsdam. This is a satisfactory testimony to the excellence of British microscopes.

DYSPEPSIA.

SIR,—Two notes have recently appeared in the JOURNAL on Dyspepsia and its connection with decayed or deficient teeth. One writer reminds the profession that imperfect deglutition is one cause of dyspepsia; the other, that functional dysphagia sometimes results from it. Are such notes worth the space they occupy in pages already inadequate to record the original matter forwarded for publication? Is it possible that a practitioner exists who fails to inquire into the state of the digestive organs in his dyspeptic patient? Or is it indeed not generally remembered that the process of digestion begins with the act of mastication? In either of these cases, these notes would be invaluable—even as revelations; but it is to be hoped that they possess but little novelty for the general body of practitioners. For my own part, in reading the letter dealing with the first named fact, I seem to be informed of something with which I have been acquainted from the earliest period of youth; and, in fact, on turning to Watson's *Practice of Medicine*, there may be found this cause of dyspepsia recognised, and the mechanical remedy indicated.

The note referring to the second symptom of dyspepsia, in speaking of the unsuccessful treatment of the dyspepsia with electricity and bougies, testifies to so blind a regard for symptoms and disregard for causes, as makes one hope that these measures were not taken by qualified practitioners. Perhaps the cases came to the author's hands from homœopathic care, which essentially concerns itself to obviate symptoms.

I am, etc.,
207, Caledonian Road, N., June 22nd, 1874.

J. ASHBURTON THOMPSON.

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

ADULTERATION OF FOOD: AERATED BREAD.

SIR,—The recent revelations of the witnesses examined by the Committee of the House of Commons on the Adulteration Act of 1872 are very startling. It appears that the corn-flours sold for infants' food contain nothing but starch; and if it were not for the milk with which they are cooked, the children fed on them would die of starvation. Some years ago, the attention of the profession was directed to the value of aerated bread as a food for infants, boiled with water and some milk added, as that bread, in addition to the starch, contains gluten and protein, which are necessary to give bone, muscle, and strength. Bread made in the usual way by the fermentation of yeast has the first stages of a putrefactive process produced in it, and, when taken into a stomach in which from ill health or the weakness of infancy the gastric juices are not sufficiently powerful to arrest the putrefactive fermentation, it becomes a cause of flatulence, diarrhoea, and infantile convulsions.

The London Aerated Bread Company have recently adopted an improved and patented process for making their bread, by which the flour is first mixed with some malt wine: this sets up a *vinous* instead of a *putrefactive* fermentation, which arrests the decomposition of the gluten and protein in the flour, so that you have in their bread all the building-up properties of wheat, thoroughly well cooked, and in a most digestible form.

The principal objection to the aerated bread by the public has been its want of taste—in fact, its great purity—but the malt-wine gives it a fragrant and milky flavour, which will eventually bring it into great favour with the public. The whole meal-bread manufactured by the company is highly useful as a food for growing children after they have passed the age of infancy; the phosphate of lime contained in it giving growth and hardness to the bone, and preventing that disposition to rickets which town-bred children are so prone to. The bread being very digestible, there is a notion among the labouring classes that it is not so sustaining as bakers' bread; but this is a mistaken idea. There are more nourishing constituents in aerated bread; and as they are readily digested and carried into the circulation, they must give greater support to the system.

I am, etc.,

M.R.C.S.

REMOVAL OF A BROKEN GLASS SYRINGE FROM THE VAGINA.

SIR,—Observing in your JOURNAL of Saturday a case of broken glass syringe abstracted from the vagina, I am tempted to relate a like case which occurred in my own practice when in London. A young woman in some wholesale business in the city had used the syringe in a closet there, and had broken it. The broken end, which is before me now, is two inches long, with one small sharp point extending half an inch further, with this fragment pointing directly downwards, and two or three inches within the vagina. The girl kept on with her business, moving about; and so well packed was it by the soft parts of the vagina, that little injury was done when she came to me. Discovering the size and position of the fragment by a careful (for myself as for her) examination with the finger, I cased my forefinger with a double fold of fine rag, fastened round with fine thread, and very slowly and carefully insinuated it into the fragment until my finger and the glass were as one. A slight bend of the finger gave a sufficient hold; then, with a direction to force well down, and gentle traction with the finger, it came away without catching the membrane. No evil resulted, and the girl was at work on the morrow.

I have heard lately of a like case in one of the hospitals, which proved fatal. I think the insertion of a speculum in my case would have forced a fold of the lining upon the sharp point referred to.

June 15th, 1874.

I am, etc.,

W. RENDLE.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Birmingham Daily Gazette, June 20th; The Carlisle Patriot, June 27th; The Macclesfield Advertiser; The Shield; The Glasgow News; The Manchester Guardian; The Cork Examiner; The Sunderland and Durham County Herald; The Cork Constitution; The Blackburn Standard; The Berkshire Chronicle; The Brighton Daily News; The Dublin Evening Mail; The York Herald; The Kendal Mercury; The Western Mail; The Bath Express and County Herald; The Pembroke Advertiser; The Leeds Mercury; The Blackburn Times; The Leicester Advertiser; The British Press and Jersey Times; The Brighton and Dover Daily Mail; The Torquay Directory; The Liverpool Daily Courier; etc.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Dr. Albert A. Gore, Dublin; Dr. Dyce Duckworth, London; Dr. J. Hughlings Jackson, London; Dr. Sankey, Cheltenham; Dr. Wilson, Cheltenham; Dr. George Johnson, London; Mr. T. F. Sanger, Seaford; Mr. M. Hall Wright, Birmingham; Dr. Bond, Gloucester; Dr. Palfrey, London; Dr. Hope, London; Dr. Eustace Smith, London; Dr. J. Northcote Vinen, London; Dr. Stevenson, London; Our Dublin Correspondent; Mr. Harris, Worthing; M.R.C.S. Eng.; Dr. Alexander Young, Kirkcubbin; Mr. G. W. Crowe, Hartlepool; Inadequate; Mr. Lawson Tait, Birmingham; Lene; Mr. H. G. J. Atkinson, London; The Secretary of the Manchester Medical Society; Dr. J. G. Swayne, Clifton, Bristol; Dr. Cornelius Fox, Chelmsford; Mr. W. C. Arnison, Newcastle-upon-Tyne; Dr. C. Parsons, Dover; Mr. O'Connor, Liverpool; Anti-Humbug; Mr. Eastes, London; Mr. Pugin Thornton, London; Dr. Livy, Bolton; Dr. Thomas Wright, Cheltenham; Our Glasgow Correspondent; Dr. George Wilson, Leamington; Mr. A. T. Norton, London; Dr. Jukes Styrap, Shrewsbury; Dr. H. M. Tuckwell, Oxford; Mr. Lennox Browne, London; Dr. Cornfield, Elland; Mr. Hunting, London; Dr. Young, Malton; Dr. R. Stewart, Belfast; Dr. W. W. Keen, Philadelphia; An Associate; Dr. Robert Newman, New York; Mr. Bellamy, London; Dr. Heywood Smith, London; Dr. Walters, Reigate; Mr. Cowell, London; Mr. T. Vincent Jackson, Wolverhampton; Dr. Gilbert Child, Oxford; The Secretary of the Epidemiological Society; Dr. Henry Barnes, Carlisle; Dr. Balthazar W. Foster, Birmingham; Dr. Wilberforce Arnold, Glasgow; Mr. James Sawyer, Birmingham; Mr. J. J. W. Bunning, Newcastle-upon-Tyne; Dr. Kelly, Taunton; Mr. John Berry, Leyland; Mr. T. Holmes, London; Dr. J. W. Langmore, London; Our Edinburgh Correspondent; Mr. T. M. Stone, London; Messrs. Longman and Co., London; Miss Broxholm, Sunbury; Mr. W. Fairlie Clarke, London; Surgeon-General Maclean, Netley; Mrs. Smerthwaite, Coal Clough; etc.