

Gilles de la Fourette's disease—Motor inco-ordination, with echolalia and coprolalia.  
 Goyrand's hernia—Inguino-interstitial hernia.  
 Graves' disease—Exophthalmic goitre.  
 Graefe's sign—Dissociation of the movements of the globe of the eye and of the upper eyelid.  
 Guyon's sign—Renal ballotement.  
 Harley's disease—Paroxysmal hemoglobinuria.  
 Heberden's rheumatism—Rheumatism of the smaller joints, with nodosities.  
 Hebra's disease—Polymorphous erythema.  
 " pityriasis—Chronic pityriasis rubra.  
 " prurigo—True idiopathic prurigo.  
 Henoch's purpura—Purpura with intestinal symptoms.  
 Heselbach's hernia—Crural hernia with multi-lobar sac.  
 Hippocratic facies—Agonized facies.  
 Hodgkin's disease—Adenitis.  
 Hodgson's " —Aortic atheroma.  
 Huguier's " —Uterine fibro-myoma.  
 Hutchinson's teeth—Syphilitic teeth.  
 " triad—Syphilitic teeth, interstitial keratitis, and otitis.  
 Jacob's ulcer—Chancroid.  
 Jacksonian epilepsy—Partial epilepsy.  
 Kaposi's disease—Xeroderma pigmentosum.  
 Kopp's asthma—Thymic asthma; spasm of the glottis.  
 Kronlein's hernia—Inguinal, properitoneal.  
 Laennec's cirrhosis—Atrophic cirrhosis.  
 Landry's disease—Acute ascending paralysis.  
 Langier's hernia—Hernia across Gimbernat's ligament.  
 Leber's disease—Hereditary optic atrophy.  
 Levret's law—Marginal insertion of the cord with placenta prævia.  
 Littre's hernia—Diverticular hernia.  
 Ludwig's angina—Subhyoid infectious phlegmon.  
 Malassez's disease—Cystic testicle.  
 Menière's " —Labyrinthic vertigo.  
 Millar's asthma—Stridulous laryngitis.  
 Morand's foot—Foot with eight toes.  
 Morvan's disease—Analgesic paresis of the extremities.  
 Parrot's disease—Syphilitic pseudo-paralysis.  
 " sign—Dilatation of the pupil on pinching the skin.  
 Paget's disease—Pre-cancerous eczema of the breast.  
 " " —Hypertrophic, deforming osteitis.  
 Parkinson's disease—Paralysis agitans.  
 Parry's " —Exophthalmic goitre.  
 Pavy's " —Intermittent albuminuria.  
 Petit's hernia—Lumbar hernia.  
 Pott's aneurysm—Anastomotic aneurysm.  
 " fracture—Fracture of the fibula by division.  
 " disease—Vertebral osteitis.  
 Raynaud's disease—Symmetrical gangrene of the extremities.  
 Reclus' disease—Cystic disease of the breast.  
 Richter's hernia—Parietal enterocele.  
 Rivolta's disease—Actinomycosis.  
 Romberg's sign—Unsteadiness of ataxics in darkness.  
 " trophoneurosis—Facial hemiatrophy.  
 Rosenbach's sign—Abolition of abdominal reflex.  
 Salaam tic de—Convulsive salutation.

Sæmisch's ulcer—Infectious corneal ulcer.  
 Storck's bleorrhœa—Bleorrhœa of the upper air passages.  
 Stokes' law—Paralysis of muscles subjacent to inflamed serous or mucous membranes.  
 Sydenham's chorea—Common chorea.  
 Thomsen's disease—Muscular spasm at the beginning of voluntary movements.  
 Tornwald's disease—Inflammation of Luschka's pharyngeal gland.  
 Velpeau's hernia—Crural hernia in front of the vessels.  
 Volkmann's deformity—Congenital tibio-tarsal luxation.  
 Wardrop's disease—Malignant onyx.  
 Weil's disease—Abortive typhus with jaundice.  
 Well's facies—Ovarian facies.  
 Werlhoff's disease—Purpura hemorrhagica.  
 Westphal's sign—Abolition of patellar reflex.  
 Willan's lupus—Lupus tubercular in form.  
 Winkel's disease—Pernicious cyanosis of new-born infants.

## SURGERY.

### Subdural Abscess of the Brain.

The following are the conclusions of Sir William Stokes regarding abscesses of the brain:

1. That after the primary symptoms of cerebral traumatism have subsided, there is frequently a latent period of varying length, during which there are no distinct brain symptoms connected with abscess formation whatever.

2. That their appearance is, as a rule, sudden, and if uninterfered with they run a rapidly fatal course.

3. That the concurrence of pus production resulting from cerebral traumatism is not incompatible with a perfectly apyrexial condition.

4. That the latter fact will probably aid in differentiating traumatic cerebral abscess from meningeal or encephalic inflammation.

5. That, both as regards color and consistence, there is great variety in the contents of cerebral abscess cavities, and that, as shown in Wilne's case, published by Rose, of Berlin, they may become transparent.

6. That antisepticism has largely diminished the risks of the operation of trephining.

7. That, having regard to the great mortality of cases of cerebral abscess when uninterfered with, viz., from ninety to one hundred per cent, the operation is indicated even when the patient is *in extremis*.

8. That, in the case when the trephine opening does not correspond to the situation of the abscess,