Army) in two large volumes. In the following year a third or supplementary volume, containing anonymous works, reports, transactions, and periodicals, was issued. At that time the library contained 25,000 volumes and 15,000 single pamphlets, and the catalogue gave the enormous number of 50,000 titles, exclusive of cross references. Since then the collection has grown largely, and is now, both as regards quantity and quality, one of the finest in the world.

The Index-Catalogue is practically an entirely new work. It is formed after a different plan from that of the earlier catalogue, and includes titles of both authors and subjects, arranged in dictionary order in a single alphabet. This plan, it would seem, was selected after some discussion and deliberation as being, upon the whole, the most serviceable to those who were likely to use the catalogue. To the pure bibliophile separate catalogues of authors and of subjects would, of course, be more convenient, but to the majority of those who will most frequently need and use the work the mixed form will, perhaps, be more acceptable.

Of the amount of labour and time bestowed upon the preparation of the work some idea may be gained when it is stated that under the subject-headings are included the titles of most of the original articles in the medical journals and transactions contained in the library. Under the word "Albuminuria," for instance, there are over fourteen closely-printed columns of references to separate works on this subject, and to original articles in various periodicals. "Amaurosis" has eighteen columns devoted to it; "Amputation" seventy columns; "Anatomy" seventy-four; and "Aneurism" no less than one hundred and thirty columns. These references are not, however, indiscriminately massed together, but are systematically arranged and classified. To take the last-named word, "Aneurism," as an example. There is first a large number of references to works and articles dealing with the subject of aneurism generally, and then come other references under various headings in alphabetical order, as *cirroid*, *diagnosis*, *dissecting*, *false and traumatic*, &c. &c., and, finally, a very complete list of references to aneurism of special arteries. There are, for instance, not less than thirty-nine columns of references to aortic and abdominal aneurisms, and nearly twenty columns to popliteal aneurism. Furthermore, a glance at the pages of the Index-Catalogue gives a very good indication of the age and extent of literature of any particular subject. The references to the literature of the comparatively recent subject of antiseptic surgery occupies ten columns, exclusive of independent and special references to abscess, ligature of arteries, ovariectomy, and other matters relating to antiseptic surgery. There are nearly six columns of references to the interesting but antiquated and exploded subject of alchemy. This list contains the titles of thirty-seven different works, some very scarce, by Glauber. It is, however, necessary to bear in mind the caution given by Dr. Billings in the preface. Though often of the greatest value in indicating the writings of an author and the chief editions, the catalogue is not a complete medical bibliography. It is a catalogue of what is to be found in a single but thoroughly representative collection of medical works, and should only be used as such.

The combined completeness and accuracy of the catalogue is the best monument to the intelligence, industry, and attainments of Dr. Billings and his assistants. Though the first volume does not go beyond the "Berlinski," it includes 9090 author-titles, representing 8031 volumes and 6398 pamphlets. The one thousand pages comprise also 9000 subject-titles of separate works and pamphlets, and 34,604 titles of articles in periodicals. An alphabetical list of medical periodicals employed in the Index-Catalogue occupies 126 pages.

The prospective labour still before the compilers of this valuable work is indeed so gigantic, and the standard of those who have undertaken it so high, that the accomplishment seems almost unattainable. Meanwhile, Dr. Billings and his assistants have earned the sympathy and gratitude of every lover and student of medical and surgical literature.

[THE name of the publishers—Messrs. John Smith & Co. 52, Long-acre—was inadvertently omitted from our notice last week of the "Physician's and Surgeon's Visiting List, Diary, Almanack, and Book of Engagements for 1881."]

THE TREATMENT OF GENU VALGUM.

To the Editor of THE LANCET.

SIR,—I crave permission to make a few remarks on the above subject, in amplification of those contained in your report of the discussion at the Royal Medical and Chirurgical Society on Tuesday Nov. 9th.

I would first wish to modify a little what I am reported to have said about flat foot: "Flat foot was by no means often met with;" *add*, as an *antecedent* condition to genu valgum: when it occurs, it is the direct *consequence* of the genu valgum, and results from the weight of the body being thrown unduly on to the inner ankle. Then in comparing the two operations, osteotomy and tenotomy, I wished to say, in proportion to our knowledge of how to avoid surgical accidents, I did not consider osteotomy more dangerous to-day than was tenotomy at the time it was first introduced into surgical practice.

The object of the paper was to altogether discountenance forcible straightening and osteotomy as means of treatment for this deformity and to advocate tenotomy. Mr. Brodhurst will, I think, fail to secure many followers, for it is hardly reasonable that one and the same method of treatment can be successful in a deformity which may depend on very different pathological lesions. Although an advocate of osteotomy *in certain cases*, I do not range myself among those surgeons, referred to by Mr. Brodhurst, who operate "in every case of genu valgum, even when the deformity was yet very slight." I was disappointed that a mere statement was advanced in support of such a sweeping assertion instead of facts. Fortunately it matters little, for the opinion of the majority in this matter, as others, will ultimately prevail.

Osteotomy is one of the many outcomes of Listerism, without which it would be a very formidable operation. Even with it, it is a serious matter; but so is the deformity, and it unfortunately occurs most extensively in that class of life where its ill effects are most severely felt. Owing to the length of time required for the proper carrying out of Mr. Brodhurst's method, it is inapplicable in a considerable number of patients, and then the question between osteotomy or nothing has to be decided. On the other hand, in cases where the internal condyle has become longer than normal, I fail to see how any plan of treatment can be efficient which does not take this circumstance into consideration. Unless the condyle be shortened in some way the deformity can only be overcome by separating the external condyle from its corresponding tuberosity, thus seriously weakening the joint.

I will again urge that the greatest incentive to osteotomy has been the utter insufficiency of the older methods in a certain class and in a certain number of cases.

It was suggested that no statistics of osteotomy had been published. I venture to believe that detailed statistics of the older method by tenotomy would be a great deal more useful, as well as suggestive. And I further think the statement would be truer of tenotomy than of osteotomy.

I remain, Sir, &c.,

ROBERT W. PARKER.

Old Cavendish-street, W., Nov. 15th, 1880.

THE first prize of 500 dollars, offered by the National Board of Trade of the United States of America for the best essay and draft of an Act to prevent injurious Adulteration and regulate the Sale of Food, without imposing unnecessary burdens upon commerce, has been awarded to Mr. G. W. Wigner, F.C.S., F.I.C., of London, honorary secretary of the Society of Public Analysts.