

*Fees*.—Matriculation, first year, 10s.; each subsequent year, 5s.; Anatomy and Physiology, first course, £3; each subsequent course, £2; Practical Anatomy, Practical Chemistry, and Surgery, each course, £3; other courses, £1 each for course extending over one term only; £2 for each course extending over more than one; and £1 for each subsequent attendance on the same. Clinical Instruction, six months, £4 4s.; Resident Clerkship, six months, £15 15s.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS. — Physicians: Dr. J. T. Banks, Dr. B. G. M'Dowel, Dr. S. Gordon, Dr. R. D. Lyons; Assistant-Physician and Pathologist: Dr. Reuben J. Harvey; Consulting Obstetric Surgeon: Dr. G. H. Kidd; Surgeons: Dr. William Stokes, Dr. William Thomson, Dr. W. Thornley Stoker, Dr. Anthony H. Corley; Ophthalmic Surgeon: Dr. Charles E. Fitzgerald; Dental Surgeon: Mr. W. B. Pearsall.

These hospitals contain 312 beds; 110 for surgical cases, 82 for medical cases, and 120 for fever and other epidemic diseases.

There will be a distinct Course of Lectures and Clinical Instruction in Fevers. Operations are performed on Monday and Wednesday mornings, except in cases of emergency. A Course of Practical Instruction in Ophthalmic Surgery will be given; fee, £3 3s. Practical Pharmacy is taught under the superintendence of the apothecary of the hospitals. A Resident Surgeon is appointed every alternate year, receives a salary, and holds office for two years. Eight Resident Clinical Clerks are appointed each half-year, and provided with furnished apartments, fuel, etc. These appointments are open not only to advanced students, but also to those who are qualified in Medicine or Surgery. The dressers are selected from among the best qualified of the pupils, without the payment of any additional fee.

The Richmond Lunatic Asylum, containing over 1,000 patients, adjoins these hospitals, affording every facility for the study of mental diseases. The hospitals are visited at 9 o'clock by the physicians and surgeons on alternate days. Two Clinical Lectures are delivered in each week, in addition to the usual bedside Clinical Instruction, which is given daily by the physicians and surgeons.

*Fees*: For the winter and summer session, £12 12s.; for the six winter months, £8 8s.; for the three summer months, £5 5s. Resident Clinical Clerks, 20 guineas for the winter session; 15 guineas for the summer term (from May to October), including certificate of attendance, furnished apartments, fuel, light, attendance, etc.

ROTUNDA HOSPITALS.—Master, Dr. Lombe Atthill; Assistant Physicians, Dr. A. Horne, and Dr. A. Duke; Pathologist, Dr. G. F. Duffey.

This Institution consists of two distinct Hospitals, namely, the Lying-in-Hospital, for labour cases, and the Auxiliary Hospital, for patients suffering from uterine and ovarian disease. There is also a large extern maternity in connection with the Hospital, and a Dispensary for Diseases of Women.

An Obstetrical Museum, containing upwards of 500 preparations, is attached to the Hospital.

Clinical Instruction in Midwifery and the Diseases of Women is given daily; and Lectures are delivered regularly during the Session on these subjects.

The Diploma from this Hospital is granted to pupils after six months' attendance, and on their passing an examination. It is recognised by the Local Government Board in Ireland, as a qualification in Midwifery.

Accommodation is provided for a limited number of Intern Pupils.

*Fees*.—Intern Pupils: six months, £21; three months, £12 12s.; two months, £9 9s.; one month, £6 6s. Extern Pupils: six months, £10 10s.; three months, £6 6s.

SIR PATRICK DUN'S HOSPITAL. — Consulting-Physician, Dr. A. Hudson; Consulting-Surgeon, Dr. W. Colles; Clinical Physicians, Dr. J. M. Purser, Dr. W. Moore, Dr. Aquilla Smith; Midwifery Physician, Dr. E. B. Sinclair; Clinical Surgeons, Dr. A. Macalister, Dr. E. H. Bennett, Dr. T. E. Little; University Lecturer in Operative Surgery, Dr. R. G. Butcher.

The physician on duty visits the wards, with his class, at 9 A.M. on Mondays, Wednesdays, and Fridays; and the surgeon on duty, with his class, at 9 A.M. on Tuesdays, Thursdays, and Saturdays. The Hospital Dispensary is open from 9 to 4 daily.

The payment of £12 12s. to the hospital entitles the student to hospital attendance and clinical teaching during the winter and summer sessions. For the winter session alone, the fee is £8 8s.; for the summer alone, £5 5s. For twelve months' instruction in Practical Midwifery, students of Trinity College, £3 3s.; other students, £6 6s.

Ophthalmic lectures are delivered at St. Mark's Hospital; fee for three months, £3. Silver clinical medals in Medicine and in Surgery are awarded to the students who shall pass the best examinations on the Medical and Surgical cases treated in the hospital during the year.

Candidates for the office of Resident Pupil are requested to forward their applications before 1st May and 1st November.

## ASSOCIATION INTELLIGENCE.

### COMMITTEE OF COUNCIL:

#### NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the office of the Association, 161A, Strand, London, on Wednesday, the 13th day of October next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

161A, Strand, London, September 14th, 1880.

#### NORTH OF ENGLAND BRANCH.

THE autumnal meeting of this Branch will be held at the King's Head Hotel, Barnard Castle, on Tuesday, October 5th, at 3 P.M.; G. B. MORGAN, Esq., President, in the chair. The following papers have been promised.

1. Dr. G. S. Brady: Two Cases of Trichinosis.
2. Dr. Philipson: On Glosso-Labio-Laryngeal Paralysis.
3. The President: On the Power which we possess of aiding in Temperance Reform.
4. Dr. Adamson: Case of Ostitis of Tibia.

Dinner will take place at the King's Head Hotel, at 5.30 P.M. Charge, six shillings and sixpence, exclusive of wine. Gentlemen who intend to be present are requested to intimate their intention on or before Monday, October 4th.

T. W. BARRON, *Honorary Secretary*.

10, Old Elvet, Durham, September 27th, 1880.

#### WEST SOMERSET BRANCH.

THE autumnal meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, October 21st, at a quarter-past five o'clock. The following question has been settled by the Council as the one on which members should be invited to express their opinion at the said meeting after dinner: "What, in your opinion, is the best method to be adopted by the Profession, the Public, and the Sanitary Authorities, in order to check the spread of Infectious Diseases?"

Members having any communication to bring before the meeting are requested to send notice of its title to the Honorary Secretary; they will further oblige by informing him, before the day of meeting, if they purpose being at the dinner.

Dinner, 5s. a head, exclusive of wine.

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

#### SHROPSHIRE AND MID-WALES BRANCH.

THE annual meeting of the above Branch will be held at the Salop Infirmary, on Tuesday, October 19th, at 2.30 P.M. (and not on the 12th, as previously stated).

The annual dinner will take place at the Lion Hotel, at five o'clock precisely.

Members intending to read papers, or bring forward subjects for discussion, are requested to communicate with

HENRY NELSON EDWARDS, *Honorary Secretary*.

#### SOUTH MIDLAND BRANCH.

THE autumnal meeting of the above Branch will be held at the George Hotel, Luton, Beds, at half-past two o'clock on Thursday, October 7th. Luncheon at half-past one. Tickets, 3s. 6d. each, exclusive of wine.

G. F. KIRBY SMITH, *Honorary Secretary*.

#### EAST ANGLIAN BRANCH.

THE annual meeting of this Branch will be held at Lowestoft on Friday, October 8th, FRANCIS S. WORTHINGTON, Esq., Senior Surgeon Lowestoft Hospital, President-elect.

*Programme of Proceedings*.—12 P.M. General meeting; President's Address.—2 P.M. Luncheon at Royal Hotel; tickets, 5s., exclusive of

wine.—3.30 P.M. General meeting for reading and discussion of papers.  
—5 P.M. The President and Mrs. Worthington, At Home.

The following papers have been promised.

1. The President : Perforation of Vermiform Appendix.
  2. T. E. Amyot, Esq. (Diss) : Extensive Lumbar Thoracic Abscess in a Child, with Necropsy.
  3. W. Cadge, Esq. (Norwich) : A Case of Traumatic Cerebral Abscess.
  4. W. M. Crowfoot, M.D. (Beccles) : Notes on three cases of Operation for Ovarian Disease.
  5. E. G. Barnes, M.D. (Eye) : On Concealed Accidental Hæmorrhage, with cases.
  6. W. A. Elliston, M.D. (Ipswich) : A Case of Vesico-Vaginal Fistula, with Laceration of Os and Cervix Uteri.
- J. B. PITT, M.D., Norwich,  
W. A. ELLISTON, M.D., Ipswich, } *Honorary Secretaries.*

#### SOUTH-EASTERN BRANCH : EAST KENT DISTRICT.

A MEETING of this District was held at the Town Hall, Folkestone, on Thursday, September 23rd, at three o'clock; Dr. FITZGERALD of Folkestone in the Chair.

The resignation of the Honorary Secretary, Mr. W. Knight Treves, was received with regret, and he was thanked for his past services. Mr. W. Whitehead Reid of Canterbury was unanimously elected Honorary Secretary in his place.

The following papers were read :

1. A Case of Imperforate Rectum. By Dr. Thomas Eastes.
2. Specialities in General Practice. By Mr. Tyson, F.R.C.S.
3. Some of the Evils arising from Enlarged Tonsils. Mr. Knight Treves, F.R.C.S.

The members afterwards dined at the West Cliff Hotel.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### HOME HOSPITALS.

THE following are the regulations adopted by the Home Hospitals Association for paying patients for the management of their homes, with a view to the satisfactory regulation of the relations of the patients to their medical advisers. They have been put in force at Fitzroy House, Fitzroy Square, the first of the homes in question recently opened. They were drawn with the aid of leading consulting physicians and surgeons and general practitioners; and, as establishing a new precedent likely to be fruitful, seem to deserve record.

PROFESSIONAL ATTENDANCE.—1. Every patient at Fitzroy House shall be attended by his own professional adviser. 2. The medical attendant of any person residing at Fitzroy House shall have access to his patient at all times that he may consider necessary, subject to such regulations as have been made for the general conduct and order of the establishment. 3. The medical attendant shall be considered responsible for the professional care of his patient. 4. The medical attendant shall provide for such professional assistance as may be required during his absence, notifying such arrangements to the lady-superintendent, so that she may be prepared to act in case of emergency. 5. The medical attendant shall give his directions for the management and nursing of the case to the lady-superintendent; such directions to be in writing so far as possible. 6. In the event of a person being admitted who is affected with any infectious or contagious disease, the medical attendant, with the lady-superintendent, will make immediate arrangements for the removal of any such case. 7. To meet the case of those persons who are unprovided with a professional attendant, the medical board of reference, at the request of the managing committee, have prepared an Alphabetical List, containing the names and addresses of professional gentlemen within an easy distance of Fitzroy House. This list may be obtained from the lady-superintendent on application. No official of the association will be permitted to attempt to influence the choice of the patient in selecting a medical attendant from this list. 8. The professional attendant shall be regarded as the patient's private medical adviser, in all arrangements respecting fees, etc. The Association will not hold themselves responsible for the fees of the medical attendant. 9. In cases of accident or emergency not provided for by the foregoing rules, the lady-superintendent shall send for one of the gentlemen named on the alphabetical list, and make such other arrangements for its reception as may be necessary.

GENERAL CONDITIONS.—1. In case of any professional difficulty arising respecting a patient at Fitzroy House, the managing committee will refer such dispute to the medical board of reference, whose decision

shall be final. 2. The managing committee reserve to themselves the right of refusing to admit or to retain any person as an inmate of Fitzroy House without giving any reason for such a decision. All persons will be admitted on the condition that they are liable to be removed from the house at any time by the committee.

PATIENTS.—1. The association will receive patients of both sexes. Persons suffering from epilepsy, lunacy, or diseases of an infectious or contagious nature, are ineligible. Incurable cases, and those of long standing which admit only of temporary alleviation, are not regarded in general as suitable subjects for admission, the chief object being to afford substantial medical and surgical relief to as large a number as possible. 2. In any case of disease about which the committee are in doubt as to whether it shall be admitted to treatment, they shall refer the matter to the medical board of reference, whose decision shall be final. 3. All payments shall be made in advance. Patients suffering from acute disease shall pay the cost of 14 days' maintenance, or one month's maintenance if the case be of a chronic character. Those patients who elect to stay beyond the date paid for in advance must renew their payments within three days of the time their previous payment would expire. 4. Before admission the patient or his friends will be required to fill in a form of application, to be obtained from the secretary. No applicant can be admitted without an order from the secretary, stating the time at which the patient can be received. All expenses in bringing or removing the patient shall be borne by his or her friends. 5. When a patient leaves Fitzroy House, the balance of all moneys which may be due shall be returned to him. The days of entering and leaving will each be charged for as a separate day. Every patient must pay for at least a week's residence. 6. No person except the medical attendant shall speak of the health of any patient in the institution in the presence of such patient, or of any other inmate of the establishment. 7. If after admission any patient is suspected of being affected with an infectious or contagious disease, the lady-superintendent shall communicate with the medical attendant, that arrangements may be made for the immediate removal of such case under proper safeguards. 8. There shall be a regular diet system for the patients, but this scale may be modified at the written request of the professional attendant. When patients believe that particular articles are necessary for them, they will mention this to their medical attendant, and he will order the same if he think necessary. 9. Patients are permitted to see their friends in the institution, at all reasonable hours, subject to such restrictions as the medical attendant in charge of each case may deem necessary. 10. No patient is allowed to bring into the institution, or to use, any article of food or drink, without permission. 11. Patients are not allowed to smoke in the house, except in the smoking-room provided for that purpose. 12. Any article of furniture injured or destroyed will be charged at the cost price. 13. The lady-superintendent, in the absence of the medical attendant, is charged with the duty of enforcing the observance of the rules. 14. Any patient disobeying the regulations, or continuing to do so after being remonstrated with, shall be subject to the forfeiture of the balance of his week's payment, and to removal from the house. 15. It shall be the duty of the lady-superintendent to decide for each patient the room and bed he or she shall occupy and to change the same from time to time as occasion may require, but subject always in this respect to the orders and wishes of the medical attendant under whose charge the patient may be. 16. Patients are requested, in the event of their suffering from any inattention or incivility on the part of the nurses or attendants, or of any annoyance on the part of a fellow-patient, to complain to the lady-superintendent, whose duty it is to prevent a recurrence of the evil complained of. Should that not be effectual, they are desired to address a letter to the Honorary Secretary of the association. 17. All officials of the association are strictly forbidden to receive money from the inmates; and the latter are earnestly requested never to insult the former by any departure from this rule.

### THE INDIAN DISPENSARY SYSTEM.

IN his report on the charitable dispensaries under the Government of Bengal for the year 1879, Dr. A. J. Payne, the newly appointed Surgeon-General, makes some very pithy and weighty remarks, which are worth notice, upon the question of the extension of Indian dispensaries. Chronicling the addition of seven to the number of the Bengal dispensaries, which already largely exceeded the number existing in any other province of India, Dr. Payne observes that, while systematic inspection has improved the official aspect of the institutions, closer insight has revealed much in their essential aspects giving an unfavourable impression of the benefits conferred by outlying dispensaries on the classes for whom they are intended. As regards the institutions that Government has been induced to support by local representations, there is evidence that they have originated too often in the desire of richer men to obtain, for their families and dependents, medical treatment at a

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, September 23rd, 1880.

Charles Henry Fowler, East Kirkby, Lincolnshire.

Pherszeshá, M. Hakim, Bombay.

Nanabhoy, C. Mody, Bombay.

George C. Steele Perkins, Exeter.

Robert Smith Wallace, Arnold, Notts.

The following gentleman also on the same day passed his Primary Professional Examination.

Edward Seaton Cockell, Guy's Hospital.

### MEDICAL VACANCIES.

*Particulars of those marked with an asterisk will be found in the advertisement columns.*

The following vacancies are announced:—

**BALLATER PAROCHIAL BOARD**—Medical Practitioner. Salary, £35 per annum. Applications, with testimonials, to the Inspector of the Poor, on or before October 4th.

\***BETHLEM HOSPITAL**—Two Resident Medical Students. Applications, with testimonials, before October 9th.

**BIRMINGHAM GENERAL DISPENSARY**—Resident Surgeon. Salary, £150 per annum, with furnished apartments, etc. Applications, with testimonials, to the Secretary on or before October 13th.

**BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN**—Surgeon. Applications, etc., to the Honorary Secretary not later than October 5th.

**CHELTHENHAM GENERAL HOSPITAL**—Junior House-Surgeon. Salary, £60 per annum, with board and lodging. Applications, with testimonials, before October 10th.

\***GREAT NORTHERN HOSPITAL**—Physician for Out-Patients. Applications, with testimonials, on or before October 30th.

\***HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST**—Resident Clinical Assistant. Applications, with testimonials, on or before October 9th.

**KINSALE UNION**—Medical Officer for Courcsey's Dispensary District. Salary, £100 per annum, exclusive of sanitary, registration, and vaccination fees. Election on 11th instant.

\***NORTH-WEST LONDON HOSPITAL**—Surgeon. Applications, with testimonials, to the Secretary not later than October 12th.

\***PENZANCE UNION**—Medical Officer and Public Vaccinator for No. 4 District. Salary, as Medical Officer, £35 per annum, with vaccination fees. Applications, with testimonials, etc., on or before October 5th.

**RAMSGATE AND ST. LAWRENCE ROYAL DISPENSARY AND SEAMEN'S INFIRMARY**—Resident Medical Officer. Salary, £130 per annum, with furnished apartments, etc. Applications, with testimonials, to the Secretary on or before October 15th.

\***ROYAL FREE HOSPITAL**—Senior Resident Medical Officer. Salary, £104, with board and residence. Applications, with testimonials, on or before October 20th.

\***ROYAL SOUTH HANTS INFIRMARY**, Southampton. — House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications, with testimonials, on or before October 23rd.

**WESTERN GENERAL DISPENSARY**—Honorary Physician. Applications, with testimonials, to the Secretary, on or before October 11th.

\***WESTMINSTER HOSPITAL**—House-Surgeon. Applications to the Secretary not later than October 5th.

**WESTON-SUPER-MARE HOSPITAL AND DISPENSARY**—House-Surgeon. Salary, £70 per annum, with board, lodging, and washing. Applications, with testimonials, to the Secretary before October 4th.

\***WHITECHAPEL UNION**—Assistant Medical Officer of the Infirmary. Salary, £150 per annum, with furnished apartments, coals, gas, and washing. Applications, with testimonials, not later than October 11th.

**WORCESTER GENERAL INFIRMARY**—Third Physician. Applications, with testimonials, to the Secretary not later than October 13th.

### MEDICAL APPOINTMENTS.

*Names marked with an asterisk are those of Members of the Association.*

**CALLCOTT, J. T., M.B.**, appointed Deputy Medical Superintendent to the Durham County Asylum.

**HARDY, J. G., L.R.C.P.**, appointed Junior Assistant Medical Officer to the Durham County Asylum.

\***NAPIER, A. D., Leith, M.D., C.M.**, appointed Certifying Factory Surgeon for Dunbar and district, *vice* J. S. Cowan, M.D., deceased.

**RUTHERFORD, R. L., L.K.Q.C.P.**, appointed Senior Assistant Medical Officer to the Durham County Asylum.

### POOR-LAW MEDICAL APPOINTMENTS.

\***CLARKE, Arthur, M.R.C.S.**, appointed Medical Officer to the No. 4 District of the Wells Union, Somersetshire; also Medical Officer of Health to the Street Sanitary Authority, *vice* E. W. Paul, M.K.Q.C.P., resigned.

**PRICE, R. G.**, appointed Medical Officer, Public Vaccinator, and Medical Officer of Health to the Ystradgofwg Union, *vice* Watkin Rhys, M.R.C.S.Eng., deceased.

**ROWNTREE, W. G., M.R.C.S.Eng.**, appointed Medical Officer to the Barnsbury District of the Islington Union, *vice* A. D. Harston, M. & F.R.C.S.Eng., resigned.

**TICEHURST, Charles S., M.R.C.P.Ed.**, appointed Medical Officer and Public Vaccinator, No. 2 District, Petersfield Union, and Surgeon to Petersfield Union Infirmary, *vice* T. Moore, F.R.C.S.Eng., resigned.

**TODD, M. Stanley, L.R.C.S.I.**, appointed Medical Officer and Public Vaccinator to No. 3 District of the Abingdon Union.

### PUBLIC HEALTH MEDICAL APPOINTMENTS.

**TICEHURST, Charles S., M.R.C.P.Ed.**, appointed Medical Officer of Health Petersfield Rural District, for three years, *vice* T. Moore, F.R.C.S.Eng., resigned.

### 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 announcements.*

#### BIRTH.

**NAPIER.**—At 3, Royal Terrace, Crosshill, Glasgow, on 28th September, the wife of Dr. A. Napier—a son.

THE West Norfolk and Lynn Hospital has received a legacy of £100 from the late Daniel Gurney, Esq., of North Runeton, Lynn.

**BEQUESTS, ETC., TO MEDICAL CHARITIES.**—The British Home for Incurables has become entitled to £500 under the will of Mrs. Rebecca Sharpley of Stockwell. Mr. John Crouch has given £200 towards the Seaside Branch of the Metropolitan Convalescent Hospital at Bexhill.

**QUEBEC EDUCATIONAL INSTITUTION.**—The autumn term of the Quebec Institute for Evening Classes will commence at 18, Baker Street, Portman Square, on Monday next, October 4th. Students will be prepared for the matriculation University of London January examination by graduates of the University, and for the first and second B.Sc. and preliminary scientific examinations.

THE *Friend of India* (1880), quoting from official returns, states that the recent mortality in Bengal and some other prisons reached the astounding rate of 25 per cent. *per annum*. In the Andaman Islands convict establishment, the death-rate was nearly 7 per cent. These rates are admitted to be exceptional. But in the previous year they were, even in the Andaman, about 5 per cent. In the British convict and other prisons, the annual death-rate is little more than 1 per cent. on the total. As to floggings, in the Amraoti gaol (Hyderabad district), with an average strength of 411 males, there were 333 floggings.

**PUBLIC HEALTH.**—During last week, 3,993 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 24 deaths annually in every 1,000 persons living. The annual death-rate was 21 in Edinburgh, 18 in Glasgow, and 38 in Dublin. The annual rates of mortality in the twenty English towns were as follow: London, 21; Plymouth, 22; Oldham, 22; Birmingham, 22; Brighton, 22; Portsmouth, 23; Bristol, 24; Wolverhampton, 25; Sheffield, 26; Manchester, 26; Bradford, 26; Leeds, 27; Nottingham, 27; Newcastle-upon-Tyne, 28; Salford, 31; Leicester, 32; Liverpool, 33; Sunderland, 35; Hull, 36; and the highest rate, 38, in Norwich. The annual death-rate from the seven principal zymotic diseases averaged 6.3 per 1,000 in the twenty towns, and ranged from 3.5 and 3.7 in Plymouth and London, to 12.6 and 17.0 in Salford and Norwich. Scarlet fever showed the largest proportional fatality in Norwich, Sunderland, and Bristol. The deaths referred to fever (principally enteric) showed a further increase upon recent weekly numbers, and showed the highest death-rate in Salford, Leeds, Portsmouth, and Norwich. In London, 1,441 deaths were registered, which exceeded the average by 104, and gave an annual death-rate of 20.5. The 1,441 deaths included 5 from small-pox, 10 from measles, 48 from scarlet fever, 13 from diphtheria, 24 from whooping-cough, 16 from different forms of fever, and 142 from diarrhoea—being altogether 258 zymotic deaths, which were one above the average, and were equal to an annual rate of 3.7 per 1,000. The deaths referred to diseases of the respiratory organs, which had been 124 and 153 in the two preceding weeks, further rose last week to 174, but were 4 below the corrected weekly average; 107 were attributed to bronchitis, and 41 to pneumonia. Different forms of violence caused 38 deaths; 30 were the result of negligence or accident, including 12 from fractures and contusions, 2 from burns and scalds, 4 from drowning, one from eating poisonous wild berries, and 6 of infants under one year of age from suffocation. At Greenwich, the mean temperature of the air was 56.4°, and 0.2° above the average. The general direction of the wind was south-westerly, and the horizontal movement of the air averaged 9.4 miles per hour, which was 1.6 below the average. Rain fell on two days of the week, to the aggregate amount of 0.19 of an inch. The duration of registered bright sunshine in the week was equal to 23 per cent. of its possible duration. The recorded amount of ozone was considerably below the average during the week.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY .....	Metropolitan Free, 2 P.M.—St. Mark's, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal Orthopaedic, 2 P.M.
TUESDAY .....	Guy'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.—St. Mark's, 9 A.M.—Cancer Hospital, Brompton, 3 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.—King's College, 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.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.—National Orthopaedic, 10 A.M.
THURSDAY....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 P.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—London, 2 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.—Guy's, 1.30 P.M.—St. Thomas's (Ophthalmic Department), 2 P.M.—East London Hospital for Children, 2 P.M.
SATURDAY ....	St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.—London, 2 P.M.

## HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS.—	Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th., Dental, M. W. F., 9.30.
GUY'S.—	Medical and Surgical, daily, exc. Tu., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Th., 1.30; Tu. F., 12.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.
KING'S COLLEGE.—	Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th. S., 1; Ear, Th., 2; Skin, Th., Throat, Th., 3; Dental, Tu. F., 10.
LONDON.—	Medical, daily exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, W., 9; Dental, Tu., 9.
MIDDLESEX.—	Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.
ST. BARTHOLOMEW'S.—	Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopaedic, F., 12.30; Dental, Tu. F., 9.
ST. GEORGE'S.—	Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.
ST. MARY'S.—	Medical and Surgical, daily, 1.15; Obstetric, Tu. F., 9.30; o.p., Tu. F., 1.30; Eye, M. Th., 1.30; Ear, W. S., 2; Skin, Th., 1.30; Throat, W. S., 12.30; Dental, W. S., 9.30.
ST. THOMAS'S.—	Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W. F., 12.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, Tu., 12.30; Skin, Th., 12.30; Throat, Tu., 12.30; Children, S., 12.30; Dental, Tu. F., 10.
UNIVERSITY COLLEGE.—	Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. W. F., 2; Ear, S., 1.30; Skin, Tu., 1.30; S., 9; Throat, Th., 2.30; Dental, W., 10.3.
WESTMINSTER.—	Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY.—	Obstetrical Society of London, 8 P.M. Specimens: Dr. Poole (Sidcup) will show a girl with Double Congenital Dislocation of the Hips. Paper: Professor Stephenson (Aberdeen), "On the Rotatory Action of the Forceps"; and other communications.
FRIDAY.—	Clinical Society of London, 8.30 P.M. Surgeon-Major Curran, "Case of Mutilation of the Face by a Bear"; Dr. Gowers, "A Family affected with Locomotor Ataxy"; Mr. Spencer Watson, "A Case of Eyeball-Tension treated by Sclerotomy"; Dr. Stephen Mackenzie, "A Case of Elephantiasis of the Leg treated by Elastic Bandaging"; Dr. Lees and Mr. Bellamy, "A Case of Traumatic Epilepsy treated by Trephining".

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

Communications respecting editorial matters should be addressed to the Editor, 161, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the General Manager, at the Office, 161, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the General Secretary and Manager, 161, Strand, W.C.

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

## SCOTCH MEASURES.

SIR,—In your comments upon the drunken scene which preceded the fatal occurrence near the village of Glenluce on the 3rd of April last, which I have seen quoted in several provincial newspapers, you have been unwittingly betrayed into an exaggeration which gives to it a more revolting character than the actual circumstances, in themselves sufficiently sad, would warrant. In Scotland, as in England, publicans are now required to use only the imperial measures; and it was of these—not the obsolete Scotch measures—that the witnesses in the murder trial spoke. Instead, therefore, of having between them, as you calculate, at least three quart bottles of whiskey, the quantity actually drunk by the four farm-labourers was variously stated at one-and-a-half and two imperial pints. The confusion would very easily arise from a statement incidentally made by one of the witnesses, that half-a-pint was "rather more than a bottle"; but he either could not have understood the question addressed to him, or the learned judge and he must have been thinking of different sized bottles. That he could not refer to the quart bottle, and that the various witnesses spoke of imperial pints, is clear from the price mentioned. The supply of each member of the company cost only a shilling: the price of two gills of whiskey such as they would purchase.—Yours, etc., W. DICKIE.

Kirkcubright Street, Dumfries, September 27th, 1880.

## THE DEGREE OF M.D. (ST. ANDREW'S).

SIR,—In connection with your "Educational number" and the kindred subject of medical degrees, I would be obliged if you would insert the following observations in the JOURNAL of the 25th instant, or as early thereafter as may be convenient.

It is of the greatest consequence that every young man entering the medical profession should be properly instructed as to the course he ought to take in order to attain the end he has in view. That end, generally, is the possession of at least a legal qualification to enable him to live by his profession. If, however, by any mischance, a young man should begin his student life in such a way as is not likely to lead to his procuring a respectable medical degree, he is almost certain, if he live long enough, to discover his mistake, and to regret, probably for life, that he had not followed a different course. Many practitioners, who have not a medical degree, although very anxious to possess that advantage and honour, find it difficult, if not impossible, to secure their object in that respect. And it is highly probable that, for many years to come, many young practitioners will be commencing and pursuing their professional career without a degree, and who will by-and-by become fired with a laudable ambition to obtain one. For such, the University of St. Andrew's affords opportunity, so far, of gratifying their wish. But why should the authorities of this ancient seat of learning be limited so as to be able to grant medical degrees in any one year to only ten practitioners? A little consideration will show that this is a very anomalous state of things, and calls loudly for rectification. It is easy to see that there are limits placed beforehand on the number who can possibly comply with the conditions required for obtaining the degree. There is, first of all, the fact that a candidate must be at least forty years of age. Then, it sometimes happens, after an applicant has been put on the list of candidates, that one or more years may elapse ere an opportunity of examination is afforded. Again, the records of our profession abundantly and too surely and sadly prove that many practitioners never reach the stipulated age. It is highly probable that many practitioners, who have attained the age of forty years, may not have time, money, inclination, convenience, or ability, to prepare for and obtain a degree. Of late years, many get the degree of M.D. in due course, after having got M.B.; and this arrangement may continue for a long time to come. It appears to me that, when these things are taken into account, all candidates who fulfil the necessary preliminary conditions should be admitted to examination, and should obtain the degree or be rejected, according as they succeed or fail in satisfying the examiners. Last spring, according to the *Glasgow Herald* of April 30th, 1880, thirteen candidates passed the examinations. These would all have graduated but for the absurd limitation to ten in any one year. The extra three who then acquitted themselves to the satisfaction of the examiners, will not graduate till 1881; and so it is manifest that only seven more can obtain the degree next year.

It is very natural for the authorities of St. Andrew's to pass not fewer than ten every year. In order to make sure of this, more than that number are generally selected, and invited to appear for examination. If only ten were so selected and invited, one or more of them might, from some unavoidable cause, not be able to appear, and so a serious loss to the funds of the University would be the result. If more than ten are examined, as happened this year, much inconvenience to one or more of the candidates is the inevitable consequence.

Much more might be said on this subject; but surely enough has been advanced to show the need there is of abolishing this limitation, with its tantalising and preposterous entanglements. This could be all the more safely done, seeing that the General Council of Medical Education and Registration have decided to resume their visitations to examinations.—Yours truly, PODAGRA.

September 20th, 1880.

SIR,—I shall be obliged if any of your readers will kindly answer the following queries. 1. How long prior to the examinations is it necessary for candidates (over forty years of age) to apply for admission to the M.D. degree of St. Andrew's? 2. What works it would be advisable particularly to read in the interim? 3. Having been for some time abroad and so away from any centre of study, the name and address of any private teacher in London from whom I might derive the benefit of a three or six months' course of private study prior to my going in for the examination? Answers to the above queries, and any further hints respecting the character of the examinations, will be thankfully received by your obedient servant,

F.R.C.S. ENG. (EXAM.)

## CONTINENTAL PRACTICE.

SIR,—Having lately obtained my double diplomas, I am anxious to visit the Continent prior to settling down either in England or one of the Colonies. Could you, or any of your readers, tell me where I can obtain particulars of the courses of study and examinations required for the medical degree at any of the Continental universities; and also how I can find out what would be required of me in order to settle in practice in a "strange land"? I know of no work on the subject, and should be obliged to anyone for the information.—Yours truly,

Dale Leigh, Chesterfield.

DOUBLE QUAL.

\* \* \* The required details will be found in the Educational number of the *London Medical Record*, which is chiefly occupied with details of the Continental and Colonial schools and universities.

## THE USE OF MILK-WHITE GAS GLOBES.

SIR,—It has been suggested to me that the constant use of the milk-white or opal globes, now so commonly used for gas-lights, will eventually cause colour-blindness. Can any of your numerous readers, who have made the diseases of the eye their special study, give any information on the subject?—I am, sir, yours obediently, Dudley, September 18th, 1880. DANIEL BRADLEY, L.R.C.P. Edin.

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

#### VACCINATION TREPHINES.

SIR,—In reply to "Medicus," I beg to say that Coxeter's instrument is not similar to the "vaccination trephine" of Dr. Warlomont. It may be procured from Mr. Coxeter, the surgical instrument maker. The price is, I think, about 10s. The special advantage of this "vaccinator" over others of the same kind is its weight, which saves the necessity of much pressure on the arm in making the rotatory movement.—Your obedient servant,  
G. P.

#### HYSTERICAL ANÆSTHESIA.

SIR,—In the discussion at the Cambridge meeting, Section A, upon this question, the members who met to offer and discuss each other's views seem to have resigned themselves to a condition of hopelessness as to any good result, each one looking to the other for light, but the answer returned all round being "Can't." Nor was any attempt made to compare anæsthesia, and its opposite hyperæsthesia, in the "hysterical" with similar degrees of sensibility in ordinary states of health and disease, for the purpose of setting up some standard for comparison or reference in the varying degrees of nervous sensitiveness. I suppose this varying sensitiveness could be pretty accurately determined by a simply arranged æsthesiometer; and I suspect we should find the amount or power of sensibility to vary, not only in different individuals, but in the same individuals. Now, if we could imagine an æsthesiometer constructed with a self-recording arrangement, which could mark for a period of time the degree of one's nervous sensitiveness, or "æsthesia," I suppose we might expect to find as much variation as in the self-registering barometers, thermometers, or atmospheric electrometers—the latter, probably, the most analogous. At whatever degree the nervous sensitiveness stands, we have a margin of control. For instance, certain notes are so high in pitch that we cannot hear them; but some will hear higher notes than others; and a person on some occasions will hear higher notes than at other times. Very high notes, like those produced by the scratching of a pencil on a slate, the piercing note of the bat, produce a peculiar deafening spasm in some ears; and very low notes, like the double C of an organ, has the same effect upon others, causing the most uncomfortable sensations while the notes last. Is this analogous to, or could it be classed under, hysterical anæsthesia? I think numerous daily samples of it can be found in persons not otherwise candidates for Salpêtrière, as well as samples of the opposite kind of under-sensitiveness or anæsthesia. The indifference or unconsciousness of soldiers to injuries and wounds in battles, of football-players in the excitement of a scrimmage, of persons under the influence of mesmerism or fright, are samples of anæsthesia. Will these states come under the term of hysterical anæsthesia? Are we to judge of them by the same standards, reason about them in the same way, and apply the same logic to them as to the manifestations of Salpêtrière? Or is it that a patient once classified or admitted into the Circean circle must not be judged by the same tests, reasoned about by the same logic as other phenomena; in fact, resile from the natural to the supernatural? The discussion, by ignoring manifestations of a similar kind in any other subject than a Salpêtrière patient seemed to be tending in that way. We are all aware of the over-sensitiveness in certain conditions of the body; for instance, in that notable *mauvais quart d'heure* before a dinner-party, in anxious expectation, sudden and exciting disaster, the novelty and surprise of joy, in dyspeptic irritability, the over-sensitiveness of long suffering and confinement—is this to be classed with hysterical hyperæsthesia? On the other hand, the callousness produced by debauchery; the indifference to all around, sensation included, displayed by, say, a condemned criminal; the indifference to feeling, fostered by vanity, in the wearing of tight boots and stays; the abnegation of suffering in cases of the Indian tormented by his enemies; the fanatic at the stake—Will these manifestations be classed with the hysterical anæsthesia of a Salpêtrière? or are we to apply the natural or Baconian method of reasoning to one class of cases, and the logic of the spiritualists, the mesmerists, and the supernaturalists generally?

I remember being present when a Salpêtrière woman was exhibited before a provincial medical and surgical society, in whom, when plates of metals were applied to the subject blindfolded, the hemianæsthesia changed sides. It was stated that she was peculiarly sensitive to iron and steel (including tinned plate). At the close of the sitting, in which extraordinary precautions were taken by the exhibitor, assisted by an eminent professor of physiology, to prevent any collusion and deception, I put the question, asking if any observations had been made, whether the same transference of sensation and the other phenomena (such as anæmia after puncture) took place when she handled the same metals at other times, as her knife, fork, and spoon (the ordinary tinned iron spoon provided her in the hospital), or when she was using her needle, scissors, thimble (it was stated at the meeting, in describing her habits, that she spent much of her leisure in sewing), these being remarkably adapted, as I thought, for conducting the experiments. I also further asked if the promoters had satisfied themselves, during the sitting, that there were no metals about her body in the shape of ribs or "bones" in her corset; hooks and eyes, eyelets, pins, hairpins, about her dress; coins in her pockets; trinkets, such as ear-rings, etc.; and whether, if present, they affected the experiments; also, if the iron bedstead on which she lay in the hospital affected the hemianæsthesia; and, lastly, if the pins and needles applied to her arm to test the anæsthesia should not have produced the phenomenon of changing. I may also remark that the gentlemen engaged in manipulating the girl were close against her for considerable periods, and yet I did not see that they had taken the precaution to remove the watches, chains, trinkets, from their fronts; rings from their fingers, or the coins, penknives, and other articles from their pockets, which I feel sure must have influenced the result, if the plates applied, as I saw them, produced the alleged results. I forget now whether I was told that the metals applied specially for the purpose, and those applied inadvertently, did not produce the same results; it was somehow altogether different. With regard to the practitioners present, I found one set ranging themselves into a class which simply ridiculed the whole proceedings, requiring no argument to convince them of the absurdity of the exhibition; the other set giving in their unhesitating belief, and refusing to listen to any argument or evidence which carried doubt. Does this imply that the latter remove the phenomena from the province of reason, and arrange them under the head of faith in the supernatural? This question suggests another: Is "faith" allowed a province in the realm of physics, physic, and physiology?—I am, etc.,  
M.D.

#### GOUTY THICKENING OF THE CORPUS CAVERNOSUM.

M.D. is desirous of knowing what, in the experience of members of the British Medical Association, is the most effectual means of relieving that troublesome affection mentioned by Sir James Paget as a gouty thickening and hardening of portions of the fibrous sheath of the corpus cavernosum penis.

#### ADMINISTRATION OF BICHLORIDE OF METHYLENE.

SIR,—Could you, or any of your readers, kindly give me some information as to the best method of using "bichloride of methylene" as an anæsthetic? Should it be administered like chloroform, or with a spray, or how? Any enlightenment on this point will be gratefully received by yours, etc.,  
ANÆSTHESIA.

Torquay, September 23rd, 1880.

MR. A. CLARK (Street).—The address of Messrs. H. and T. Kirby and Co. is 14, Newman Street, Oxford Street, London, W.

#### POOR-LAW MEDICAL RELIEF.

SIR,—Let me inform the Committee appointed at Cambridge that there are two classes of travellers in the drug trade. One class, the superior, wait on medical men. We have to pay more for our drugs. The other travellers attend to the wants of druggists, whom they supply at lower rates.—I am, sir, yours obediently,  
Pershore, September 25th, 1880.  
SAMUEL W. SMITH, M.D.

#### CONTAGION FROM FLIES.

SIR,—It is a matter of common observation that an inevitable epidemic occurs amongst our common house-flies at about this time every year. A fungoid growth first of all covers the fly, and distends its body to an abnormal size; and, the insect becoming too weak to fly, fastens itself on to a window, wall, gas-pipe, or other convenient support, and there dies. The fungus then continues to spread, and covers the adjacent window, etc., within a circle of about half an inch radius. It would be of the greatest importance if we knew exactly what this disease or this fungus consisted of, and what are its effects on human beings. Is it not possible that some of our own epidemic diseases, so common at this season, may be either originated or, at least, propagated by this means? The flies get into all sorts of liquid and solid food, such as milk, butter, etc.; and, if they bear the germs of any zymotic disease, it would most certainly be communicated to us through this contaminated medium. The danger can be avoided, or, at least, mitigated, by the use of a piece of muslin, wetted with salt water to keep it moist, and thrown over every jug of milk, every dish of butter, pie, or meat that is not otherwise efficiently protected from these scavengers. Even if there be no actual danger from this source, it is very nasty to have flies in our food; and this alone should be a sufficient reason for adopting the simple remedy I have ventured to suggest, and which I constantly use myself.—Yours obediently,  
MUSCA.

DR. G. S. BRADY will find the prescription to which he refers in the BRITISH MEDICAL JOURNAL for July 24th of this year, at the foot of page 157.

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

Mr. Arthur Clark, Street; Mr. Conolly, Wood Green; Mr. A. W. Dalby, Torquay; Dr. F. P. Atkinson, Kingston-on-Thames; Dr. Thomas, Sheffield; Dr. C. T. Williams, London; Mr. Talfourd Ely, London; Mr. Eastes, London; Dr. F. Taylor, London; Professor Bentley, London; J. L. D.; Dr. W. Thomson, Belgium; E. J.; Our Edinburgh Correspondent; Mr. H. Philpot, London; Mr. G. S. Gamgee, Birmingham; Dr. F. C. Turner, London; Sir C. Trevelyan, Bart.; Dr. J. M. Wilson, Doncaster; Dr. E. T. Tibbits, Bradford; Mr. J. V. Solomon, Birmingham; Our Dublin Correspondent: Dr. Beatson, Glasgow; Mr. J. Buckenham, Cambridge; Mr. C. S. Ticehurst, Peterfield; Mr. T. Walker, Wakefield; Mr. W. Dickie, Dumfries; Mr. Holloway, London; Dr. R. N. Ingle, Cambridge; Dr. Percy Boulton, London; Dr. Wallace, Cardiff; Mr. C. D. Davis, London; Dr. J. Wright, Madeira; Dr. R. Bruce Low, Helmsley; Dr. J. Sinclair Coghill, Ventnor; Dr. A. G. Thomas, Newport; Dr. A. H. Hassall, London; Dr. E. A. Wright, Huddersfield; Dr. John McKendrick, Glasgow; Dr. S. W. Smith, Pershore; Mr. F. F. Moore, Somerset; Mr. Thomas Leeds, London; Dr. A. D. Leith Napier, Dunbar; Mr. Llewellyn Thomas, London; Dr. Fairlie Clarke, Southborough; Mr. Bellamy, London; Mr. Ernest Buckell, Chichester; A. E., Lampeter; Dr. F. Barnes, London; Dr. Alfred Wise, London; Mr. Arthur Flint, Westgate-on-Sea; Dr. George S. Brady, Sunderland; Dr. J. W. Hunt, Wolverhampton; Dr. Fernie, Great Malvern; Mr. William Sedgwick, London; Mr. J. B. Ascher, Detroit; Mr. Herbert Lilley, Parkhurst; Dr. Horatio Donkin, London; Mr. Barkway, Lavenham; Dr. J. Magee Finny, Dublin, etc.

#### BOOKS, ETC., RECEIVED.

Handbook on the Diagnosis of Skin-Disease. By R. Liveing, M.D. London: Longmans and Co.  
Anatomical Outlines. Parts III and IV. London: Longmans, Green, and Co. 1880.  
Disease of the Ear. By W. B. Dalby, M.D. Second Edition. London: J. and A. Churchill. 1880.

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