GIBSON AND WIFE V. JEFFRIES AND HILLS.

MR. C. B. KEETLEY writes: The following are the contributions to this fund received since June 12th :-

				£	₿8.	d.		£	8.	d.
W. H. Hubert		•••	•••	0	5	0	R. R	0	5	0
W. J. Pickup	•••	•••	•••	0	10	6	T. A. White (L'Abri, Territet,			
P. Sheehy		•••	•••	U	10	0	Vaud)	1	0	0
Mark Cahill							Anon			
A. F. Street	•••	•••	•••	0	5	0				

The total amount received and promised up to date is only £25 14s. 6d., exclusive of £50 from the Bower and Keates fund. About £70, therefore, still remains to be paid. As it may be difficult for some to look back for particulars of this case, and as they may have escaped the notice of many who would feel practical sympathy for Messrs. Jeffries and Hills, they are briefly as follows (the British Medical Journal, August 13th, 1887; Lancet, August 20th, 1887; and Medical Press and Circular, August 10th, 1887; Lancet, During an illness of Mr. Jeffries, Mr. Hills attended a primapara for him. Forceps being required, the perineum was unavoidably lacerated. This was

Forceps being required, the perineum was unavoidably lacerated. This was promptly and properly attended to, as was shown at the trial, and partly healed. Subsequent additional treatment in hospital was required to complete the repair of the part. The plaintiffs (husband and wife) recklessly charged Mr. Hills with malpractice, and brought an action against him, including Mr. Jeffries as the person with whom the contract was made. The jury found for the defendants with costs. As is usual in similar cases, the plaintiffs pleaded no means, and the defendants are now looked to for their own costs. While such actions can be brought, who that follows the practice of midwifery can feel himself for one moment safe? Surely our medical brethren will not leave them unassisted in their trial.

ABSENCE OF RIGHT PARIETAL BONE.

Dr. REGINALD H. LUCY (General Post Office) writes: Under the above heading, Mr. Isaac describes, on p. 490 of the JOURNAL of September 1st, a condition which I think admits of a simpler explanation.

Was it not a case of subperieranial hematoma, confined, as it always is, to one bone—in this case the right parietal—by the continuity of its sutural membrane with the perieranium? The subsequent progress of the tumour corresponds with such a supposition, and the nodulation felt on the bone was probably blood-clot. The increase in size was possibly a relatively softer and more fluid state of the tumour, due to separation of serum from blood-clot. The laxity of the connection of the parietal with surrounding bones makes it difficult even with firm pressure to make out the bony surface beneath the swelling, especially when the experiment is carried out in the mother or nurse's presence.

nurse's presence.

Although the condition I suggest is rare, it occurs most frequently in boys and the children of primiparæ. Mr. Isaac does not state whether there was pulsation or absence of discoloration of the tumour, or whether pressure on the tumour caused cerebral symptoms? If the bone had been absent, the three latter signs would have been elicited, while the first and third would be

absent in hæmatoma beneath the pericranium.

CARCINOMA OF THE BREAST.

DR. HERBERT SNOW (Bayswater) writes: Under this heading, Mr. Latimer (in the JOURNAL for August 25th) discountenances operating upon cases in which there is extensive implication of the axillary glands. I have often thought it strange that no writer has (so far as I am aware) laid stress upon the relatively enormous immunity from future suffering conferred upon the patient by free removal of the axillary contents; even when the disease is likely speedily to reappear elsewhere. The very slight brachial cedema then seen presents a striking contrast to the torturing elephantiasis, abscesses, and fungous ulcers which occur when the axillary glands have not been interfered with. So that whenever it is possible to remove these completely, I hold it justifiable to scoop out the axilla solely as a palliative measure—more important really, under such circumstances, than the excision of the primary growth.

With Mr. Latimer's remarks on the local origin of cancer I cordially

OROTAVA.

Mr. EDWARD H. RYAN-TENISON, M.R.C.S.Eng., L.S.A.Lond. (Bexhill) writes: As dr. Edward H. Ryan-Tenison, M.R.C.S.Eng., L.S.A.Lond. (Bexhill) writes: As many people will be shortly leaving England for the winter, let me recommend the above to those who are suffering from scrofulous disease, pulmonary phthisis in its earlier stages, and kidney disease. I went there last year in October, suffering from overwork both bodily and mental, and from tubercular orchitis. I stayed there six months, and returned in April to all intents and purposes cured. Many of the invalids made good progress, more especially those who took care of themselves, and avoided the excitement and over-stimulation of civilised existence, as led by many at the hotels.

The distance is 1,440 sea miles from Plymouth; fare by the best boats, £14. There is a twenty-six mile drive from the port of landing, Santa Cruz, to Orotova; the country, at first disappointing, becomes with familiarly beautiful. Dr. G. V. Perez, who is a graduate of London University, is familiar with English practice, and can take care of all cases. There is an English church, at which the Rev. T. Gifford Nash is officiating priest.

HYPODERMIC SYRINGES.

MESSES. CHARLES GREEN AND Co.. write: We have noticed a letter in the JOURNAL of September 1st, page 522, from Dr. Arthur Hill Hassall (Lucerne), ament hypodermic syringes, and we fully endorse the statements he makes

concerning their unreliable dosages and general bad manufacture.

Our hypodermic syringes fulfil all the requirements of Dr. Hassall's letter, namely, they are of guaranteed accurate dosage, and show the graduations on the barrel in intense black letters and figures on an opal glass ground, instead of having the readings on the piston of the syringe, so that the doses can easily be seen to be read.

SYNCOPE writes: Amongst the precautions mentioned in using hypodermic syringes, "a prick of the needle in the chest" is mentioned as causing instant death. I do not remember hearing of such a case; perhaps some member could inform me of some recorded cases.

THE L.S.A. QUALIFICATION.

L.S.A. writes: A correspondent, signing himself "Fairplay," writing in the JOURNAL of August 25th, p. 461, respecting the title of L.S.A., speaks of the great changes that have taken place in the extent and character of the ex-

amination since June, 1887. He claims that in justice to men who have pass since then (himself, I presume, being among the number) a change in the title should soon be made. Will you allow me to point out that for at least two years before that the Hall had imposed a searching examination in surgery on those not already qualified in that subject in addition to the examination in medicine and midwifery?

PAPILLOMA OF CHEEK.

MR. W. R. ACKLAND (Clifton) writes: The "papilloma of cheek" recorded by Mr. Vaughan, of Crewe, in the JOURNAL of September 1st, p. 491, appears from its description to be very similar to the inflammatory growths one often sees in the situation described, caused by the irritation of the sharp edges of broken teeth. The treatment of these is very simple, namely, smooth the edges.

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

Dr. A. E. Garrod, London; Messrs. Burgoyne, Burbidges, Cyriax, and Farres, London; Dr. Freeland Fergus, Glasgow; Dr. William Hill, London; Dr. Francis Warner, London; Dr. C. Lewis, Birmingham; Mr. E. L. Walford, London; Mr. Charles White, Warrington; Mr. T. H. Williams, Oswestry; Mr. William Anderson, London; Mr. E. P. Manby, Brighton; Mr. H. W. McConnel, Knockdohan, Ayrshire; Dr. J. Carmichael, Edinburgh; Common Sense; Mr. C. Townsend, Kinsale; Dr. Cremen, Cork; Dr. Willoughby, London; A Volunteer Surgeon-Major; Mr. H. G. Edwardes, Bangor; Mr. W. P. Bridges, Cirencester; Mr. G. O. McKane, Whitburn; Mr. P. M. Scatliff, London; Mr. W. B. Holderness, Windsor; Mr. W. L. Braddon, Rangoon; Dr. S. F. Freyer, Umballa, India; Dr. Thin, London; Dr. D. Kydd, Forfar, N.B.; Dr. A. Thomson, Huntly, N.B.; Dr. W. Frew, Kilmarnock; Mr. C. J. Covernton, Knighton; Dr. C. J. Cullingworth, London; Mr. B. F. Hartzhorne, London; Mr. F. G. Heath, London; Mr. J. H. Butler, Sandiacre; Messrs. Charles and Tubbs, London; Messrs. J. Robinson and Co., Carlisle; Mr. F. Cadell, Edinburgh; Fleet-Surgeon W. Reid, Haslar; Mr. J. Willis, London; Mr. J. O'Connor, Manchester; Dr. Stewart, Glaslough; Our Glasgow Correspondent; Dr. D. J. Mackenzie, Glossop; Mr. G. Morgan, Brighton; Dr. Hubbard, Rugeley; the Secretary of the Society of Apothecaries, London; Dr. G. R. Young, Birmingham; Mr. D. Bradley, Dudley; Our Liverpool Correspondent; Mr. A. Collett, Chatham; Mr. A. II. Baines, Birkdale; Miss E. Noble, London; Mr. B. E. Kershaw, London; Dr. J. H. Garrett, Liverpool; Dr. C. R. Illingworth, Clayton-le-Moors; Dr. H. O. Grenfell, London; Mr. J. W. Wright, Glenbrook; the Secretary of St. Thomas's Hospital, London; Mr. R. T. Collie, Sunderland; Mr. C. B. Keetley, London; Mr. T. P. Pick, London; Dr. Cranstoun Charles, London; Mr. J. Hamilton, Newcastle-on-Tyne; Miss I. Thorne, London; Mr. L. Newton, Huntingdon; Dr. W. A. Algie, Port Patrick; Mr.S.A. Tidey, Acton; L. C.; Dr. Farquhar Matheson, London; Dr. P. McBride, Edinburgh; Mr. J. J. de Z. Marshall, Hastings; Dr. D. Thomas, Swansca; D. W. Currie, M.B., Tillicoultry; Mr. T. Rogerson, Bradford; Messrs. Orridge and Co., London; Mr. A. Stempel, London; Mr. A. W. Mayo Robson, Leeds; Mr. W. C. Thompson, West Drayton; the Secretary of Parkes Museum, London; Mr. H. Lyell, Lewes; Mr. C. A. Payne, Hobart, Tasmania; Mr. W. H. Hughes, Ashton-under-Lyne; Messrs. W. J. Bush and Co., London; Mr. S. G. Vintner, Torpoint; Mr. E. M. Kelly, Nottingham; Mrs. E. Sedgwick, London; Dr. R. N. Ingle, Cambridge; Mr. J. D. Hayward, Liverpool; Mr. H. Hutchinson, London; Mr. R. W. Dunn, London; Mr. W. Mansergh, Manchester; Mr. J. Picker, Parkgate; Dr. Grindrod, Malvern; Dr. J. D. Robertson, Penrith; Dr. J. S. Scriven, Driffield; Dr. Hughlings Jackson, London; Mr. Shirley Murphy, London; Mr. Arthur N. Turner, Anerley; Mr. J. A. Sharpe, Leeds; Mrs. Nunan, Cork; Mr. G. Neale, Cardiff; Dr. J. Rigby, Preston; Dr. Oliver Wendell Holmes, Boston, U.S.A., etc.

## SCALE OF CHARGES FOR ADVERTISEMENTS IN THE "BRITISH MEDICAL JOURNAL."

Seven line			•••	•••	•••	•••	£0	3	6
Each additional line			•••	***	•••	•••	0	0	4
A whole co	lumn	•••	• • •	•••	•••	•••	1	15	0
A page		•••		•••	•••		5	0	0
	4 70 0	a a							

When a series of insertions of the same advertisement is ordered, a discount is made on the above scale in the following proportions, beyond which no reduction can be allowed.

For 6 insert		duction	ı o <b>f</b>	•••	• • •	10 per	cent.		
., 12 or 13	**	**	•••	•••	•••		••		
,, <u>2</u> 6	**	**	•••	***	•••	25	**		
,, 52	**	**	•••	•••	•••		**		
becial terms for occasional change of copy during series:									

20 per cent. if not less than 26 pages be taken or their equivalent in half or \*\*

104 quarter pages. For these terms the series must, in each case, be completed within twelve months from the date of first insertion.

Advertisements should be delivered, addressed to the Manager a the Office, not later than noon on the Wednesday preceding publication; and, if not paid for at the time, should be accompanied by a reference.

Post-Office Orders should be made payable to the British Medical Association, at the West Central Post-Offic, High Holborn. Small amounts may be paid in postage-stamps.

NOTICE.—Advertisers are requested to observe that it is contrary to the Postal Regulations to receive at Post-Offices letters addressed to initials only.