but was not able to obtain any satisfactory replies in reference to the matter.

In July, another attack came on, with symptoms of irritation of the kidneys and conjunctival jaundice; the urine, however, was free from bile and albumen. In the latter end of September, diarrhoea was added to the other symptoms, but did not continue long. I should add that I was informed that, during the past summer, she had suffered from hæmatemesis and epistaxis.

On January 8th last, I was sent for, and my patient then presented the following appearances:—Face sallow, tongue red and tremulous; conjunctiva jaundiced, skin dry and unsperspiring, liver somewhat enlarged and hard, spleen also increased in size, pulse quick and weak, urine scanty and loaded with lithates, but Marechal's test could not detect any bile present. There were also loss of appetite, violent and persistent vomiting, the smallest quantity of fluid or solid food being immediately rejected, pain and tenderness in the epigastric and right and left hypochondriac regions, also a constrictive feeling about the chest. These symptoms and signs showed that there was considerable gastritis present; that the spleen was enlarged; and that the liver was in the first stage of cirrhosis; viz., that of increased volume and vascularity, the inflammatory stage of the disease, the lymph effused into the portal canals increasing the size of the organ; the dry and unsperspiring skin, always present, I believe, in cases of cirrhotic liver, being caused by the action of the alcohol absorbed into the system acting on the secreting cells of the skin.

The early symptoms of cirrhosis of the liver are, it is well known, obscure, and it is an extremely difficult matter to obtain from ladies an acknowledgment that they indulge in spirituous liquors to excess. As Dr. Haddon, in a paper on Intemperance read before the Obstetric Section of the British Medical Association in Edinburgh, 1875, says: "Happily, it is still regarded as a great disgrace for a woman to be intemperate, and so she is bent upon deceiving us. We need expect no help from her in arriving at the real cause of her ailments, and the practitioner will, in the great majority of cases, receive from her husband or friends not even a hint as to the real cause of her suffering." As I have mentioned before, my suspicions had been excited; but the symptoms were now so apparent that I had no hesitation in stating to her friends my opinion of the cause of illness. I may here observe that the menses were irregular, having been absent for about seven months: this and the sickness of stomach, which was principally in the morning and had lasted for several months, were the grounds for the statement of the patient that the vomiting was merely the morning sickness of pregnancy.

The vomiting was almost uncontrollable, and I experienced extreme difficulty in arresting it. Ice was given, also milk and lime-water, enemata of concentrated beef-tea; and a mixture containing hydrocyanic acid, morphia, and solution of bismuth was administered with but slight improvement; blisters were applied to the epigastric region, and all food and drink given in very small quantities at a time. The thirst being intense, dilute phosphoric acid was prescribed with benefit; this, and sucking a thin slice of lemon and small pieces of ice, to a great extent relieved this distressing symptom. About the latter end of January, the vomiting gradually ceased, and at last it only occurred in the morning; vesicating collodion was again used over the pit of the stomach, and finally it disappeared, and did not recur again.

About the end of the month, two symptoms presented themselves for observation: double vision (from paralysis of one of the muscles of the orbit) and anæsthesia of a portion of the right side of the chest equal to a space covered by the palm of one's hand; they did not last longer than from two to three days, but were important as showing that the nervous system was being implicated.

On February 3rd, there was numbness of the knees and feet and very little sensation in either leg, a pretty sharp pinch not being felt. At this time, I gave a very unfavourable prognosis, and, on the 7th, met in consultation a medical friend, who corroborated my opinion. On the 8th, there were loss of motor power in both legs, inability to stand, cough, huskiness of voice; and, when swallowing liquids or solids, attacks of spasmodic dyspnoea occurred very constantly. The patient now complained of intense pain (hyperæsthesia) in the thighs, knees, and ankles. The pulse was very weak, the average beats per minute being 104 for the past week. The appetite was miserable, but she took a little jelly, ice, milk, etc., and a small quantity of Saumur champagne. The bowels had a tendency to constipation, and were regulated by occasional doses of Friedrichshall water. The patient was very irritable, and occasionally suffered from loss of memory, whilst the voice was gradually becoming weaker. Another consultation was now requested by her friends, some of whom could scarcely credit my assertion that the case was a hopeless one; and, on the 16th, I saw her with an eminent physician of this city, when she had great dyspnoea,

tracheal breathing, voice almost inaudible, and pulse 120 and extremely weak. Her nights were now restless, and drugs seemed to have no power in producing sleep; chloral-hydrate given in large doses and combined with bromide of potassium not being of any avail. On the 18th, there was oedema of both feet. Death took place early on the 20th, the patient being conscious to the last. During the last few days, the voice had fallen to a mere whisper, and it was only possible to understand a word now and then. The hands also had become affected, motive power being almost entirely lost.

The treatment was very simple, the principal difficulty being to arrest the vomiting; after this had been remedied, the patient took ten-grain doses of bromide of potassium, with small doses of morphia; tincture of iodine was painted over the hepatic enlargement, and an occasional night-draught of chloral was given, sometimes combining that drug with bromide of potassium.

It will be noticed that the first symptoms of the toxic action of alcohol on the nervous centres—viz., double vision and anæsthesia of a portion of the breast—was towards the latter end of January; these disappeared in a couple of days; but, on February 3rd, numbness of the lower extremities came on, and death supervened on the 20th, showing the swiftness with which various parts of the body had become involved in rapid succession.

THE PREVENTION OF POST PARTUM HÆMORRHAGE.

By J. HYDE HOUGHTON, M.R.C.S. Eng.,
Surgeon to Guest's Hospital, Dudley.

INITIATED in midwifery by my late lamented friend Dr. Edward Rigby, I was early taught the importance of the "binder" as a means of preventing post partum hæmorrhage; and through a period of nearly thirty-three years, during greater part of which I have had a very extensive midwifery practice, I have only had one fatal case in my own practice.

In every case, I myself carefully bandaged the patient as tightly as possible with a shawl or large towel, in which I generally wrapped a book to form a pad over the uterus, with the best results, though I had then sometimes to deal with cases of hæmorrhage.

In the year 1861, however, I was engaged to attend one of the largest women I ever saw. She was tall and immensely stout. The labour was natural, but rather tedious; and, after it was over, violent hæmorrhage set in. Here any ordinary binder was useless; and to grasp the uterus through the parietes was impossible, from the immense quantity of fat on the wall of the abdomen. I had the advantage of the advice of my old friend Mr. S. D. Fereday, and all the means which we could devise were used without effect. We watched her for some hours, a certain quantity of draining going on in spite of our efforts; and we anticipated a certainly fatal issue. Where art had failed, however, nature came to her assistance, and she ultimately recovered.

In the following year, I was again asked to attend her, and was called to see her one Sunday morning. I had a most lively recollection of her last labour and a firm reliance on the binder, and was determined, if possible, to bring one to bear on her huge abdomen; so I went to a saddler who lived near, and there extemporised a binder. It consisted of an oval piece of the strongest "butt leather" he had, ten inches long by eight wide, to each side of which a strong strap (nearly as strong as stirrup-straps) with buckle was attached. With this I was able to attain some degree of pressure. Suffice it to say the labour went on well and no flooding took place.

For some time afterwards, I took my "binder" with me only when I had to attend stout persons; but I soon found that the comfort of it was so great and the advantages so signal, that I began to take it with me to every patient I attended, and have continued to do so for the last eight or nine years; and during that period I have not had a single case of hæmorrhage that has given me the slightest anxiety.

This is the practical fact I wish to bring forward: I apply the bandage gently before the child is born. I make the nurse press on the pad during the expulsion of the child. I then tighten the bandage pretty firmly; and, after the expulsion of the placenta, which is rarely long delayed, I again tighten it as firmly as the patient can comfortably bear. It is very rarely necessary to do more; but if the pains be sluggish or infrequent, and if pressure by the binder do not increase them, I give a dose of ergot just before the child is born.

My object in writing has been to insist on the importance of pressure (which is ably advocated by former correspondents of the

JOURNAL) in the prevention of *post partum* hæmorrhage, and to suggest the propriety of the use of a bandage designed for the purpose, instead of trusting to one extemporised in the room.

I will promise my brethren one thing: if they commence the general use of the binder, they will not be allowed to leave it off. Constantly, the first question put to me on entering the room of patients I have attended previously is, "Have you brought your binder?" If it had no other advantage, the comfort it affords to the patient, and its power of retaining the figure, would be sufficient to demand its general use.

NOTES ON THE USE OF THE CHISEL IN CASES REQUIRING THE REMOVAL OF PORTIONS OF THE MAXILLARY BONES.

By J. C. OGILVIE WILL, M.D.,
Surgeon to the Aberdeen Royal Infirmary.

THE surgical use of the chisel seems to be gaining ground speedily, a goodly number of cases proving its utility in operations on long bones having already been recorded in the BRITISH MEDICAL JOURNAL and other periodicals; and, from the success following its employment in suitable cases, there seems to be every reason to expect that a wide field exists where this implement will be found useful. So far as I have myself seen, attention has not yet been directed to the advantages which may be gained by substituting the chisel for the cutting forceps in cases requiring the removal of small portions of the maxillary bones; and, as I have lately used it with good effect in two cases of operation for the cure of epulis, a short notice may prove of use to those who may be called upon to deal with similar cases.

In the first case—a private one—the tumour, which was about the size of a small hazel-nut, was attached to the inferior maxilla, its upper margin slightly overlapping the left central and lateral incisor and canine teeth. The left central and canine teeth having been extracted, two vertical cuts were made, one on each side, with a small stiff-backed saw, and the included portion of bone from which the tumour sprang was readily removed by applying a chisel transversely, and giving it one or two sharp taps with a mallet. The cut surface was smooth and regular, the healing process rapid; and a few months afterwards the patient was supplied with false teeth by my friend Dr. W. H. Williamson, who informed me that the cleanness of the cut aided him considerably in remedying the defect for the relief of which the patient applied to him.

The second case—a hospital one—was one of epulis of the upper jaw. The tumour, which somewhat resembled a plum-stone in size and shape, was attached to the alveolus immediately above the central incisors. Here the proceeding just mentioned was adopted, and with equally satisfactory results. In neither case were the teeth diseased.

The advantages of the chisel over the cutting forceps in cases of the kind spoken of are the following; viz., it can be applied with greater accuracy, the resulting surface is much more even, and, therefore, it is better suited for the insertion of false teeth, and the danger of fracturing adjacent parts is completely obviated. These reasons are, I think, sufficient to induce surgeons to give this instrument the preference.

COMPOUND FRACTURE OCCURRING IN INDIA: CLOSURE OF WOUND WITH COMPOUND TINCTURE OF BENZOIN.

By E. M. SINCLAIR, M.D., Surgeon-Major, Royal Artillery.

AS several cases have recently been published of the successful application of compound tincture of benzoin on lint to "seal" the wound in cases of compound fracture, more particularly at Guy's Hospital, under the care of Mr. Bryant, the following brief notes of a case in which this method of treatment was also successful, in the moderately warm month of August, in the Deccan, may not be uninteresting.

On August 14th last, a healthy boy aged 12, son of a sergeant in the Royal Artillery, was climbing a tree, when a branch gave way and he fell about sixteen feet to the ground, causing a simple fracture of both bones of the right forearm, about the junction of the lower and middle thirds, and a compound fracture of both bones of the left forearm slightly lower down than the other. The upper extremities of both bones protruded through the wound, and a short piece of each had to be removed before coaptation could be obtained. A moderate degree of extension was secured by an extemporised splint having an "interruption" at the seat of fracture; the wound was then sealed with

a piece of lint saturated with compound tincture of benzoin, covered by another piece folded into several layers, and also well saturated with the tincture. There was considerable restlessness for some days, and difficulty, as might be anticipated from the age of the patient, in keeping the *two* arms in proper position.

On the twelfth day, there was a slight smell and suspicion of pus having formed under the lint. This was removed, and a large hard "scab" found over the site of the wound, with a very little pus escaping at one side on pressure. Carbolic acid oil was applied for a day or two, and then water-dressing, until the scab came off in pieces; and the wound, with the exception of a few granulations which had sprung up at one small spot, was cicatrised by the twenty-sixth day. There was never any regular secretion of pus, and a firm cicatrix transversely across the arm, about an inch and a half long and from one and a half to three lines in breadth, marked the position of the wound. When the boy was discharged, at the end of September, rotation was very limited in both hands and a good deal of callus was formed at the seats of fracture, particularly in the left arm.

On January 15th, 1877—three months and a half after discharge—rotation could be performed in both hands to nearly the normal extent. There was no appreciable difference in the length of the two arms on careful measurement. Callus could hardly be felt on either side.

REPORTS

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN.

LONDON HOSPITAL.

CASES OF TUMOUR OF THE MIDDLE LOBE OF THE CEREBELLUM. (Under the care of Dr. HUGHLINGS JACKSON.)

THERE is now under Dr. Hughlings Jackson's care a boy who has symptoms which point to tumour of the middle lobe of the cerebellum; viz., greatly enlarged head, double optic neuritis, and reeling gait. We shall report the case later on. We now publish the following, supplied to us by Dr. Hughlings Jackson, giving the result of a case we published in 1873. That case will be published *in extenso* with some others.

"I wish to note the result of a case I published in the Hospital Reports of this JOURNAL on May 17th, 1873, under the title, 'Supposed Tumour of the Middle Lobe of the Cerebellum'. From that report, I quote: 'When the boy first came to see Dr. Hughlings Jackson in November in 1870, his usual medical attendant, Dr. Young of Aldershot, had so far back made the diagnosis of tumour of the cerebellum. There can be no doubt of its correctness.' The symptoms (enlarged head, optic neuritis, and reeling gait) made me locate the tumour in the middle lobe. The boy lived about seven years from the first symptoms—a very striking thing; and died at last from the effects of a fall, causing meningeal hæmorrhage. For the rest, Dr. Young's diagnosis, made seven years ago, was verified. There was found a tumour involving part of the middle lobe of the cerebellum."

In our reports, November 4th, 1871, we reported a case of this kind under Dr. Hughlings Jackson's care, with remarks on the diagnostic symptoms; we gave notes of a second case during the life of the patient (July 20th, 1872), and published a note of the necropsy which verified the diagnosis (August 3rd, 1872). The case of Dr. Young's patient is thus the third case of the kind we have published completed by necropsy.

SARCOMA OF THE THIGH: EXCISION: RECOVERY. (Under the care of Mr. RIVINGTON.)

ELIZABETH HAYTER, aged 63, was admitted into the London Hospital on September 22nd, 1874. She had a tumour about the size of a shaddock in the upper half of the back of the thigh, just below the gluteal fold. It was not lobulated nor adherent either to skin or bone. She first noticed it four months previously, and could not in any way account for it. She had always enjoyed good health, and there was no history of tumours among the members of her family. She was unable to sit down with comfort, and, when she walked, she experienced severe pain in the thigh and leg. Having obtained the patient's consent to an operation, Mr. Rivington removed the tumour under chloroform on October 29th. The elastic bandage and ligature were applied; a straight incision about five or six inches long was made