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

OF

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