the neighboring muscles were so universally adherent. Compression under a gauze bandage was now applied. The wound healed rapidly, the greater part by first intention, with very little traumatic fever or discharge from the wound. The patient was shown in the clinic March 6th, ready to return home.

The temperature usually varied from 98.6° to 100.4° F., never exceeding 104°. The tumor, on examination, proved to be, as was supposed, an enchondroma, bluish-white, pearly, and elastic, being ossified in numerous isolated spots, as large as kernels of corn, scattered throughout the mass. The weight was a fraction over nine pounds. The limb is now capable of considerable voluntary flexion and some adduction.

SHORT COMMUNICATIONS.

THE TOURNIQUET IN TREATMENT OF FRACTURE OF THE PATELLA.

BY R. B. ROOT, M. D., GEORGETOWN, MASS.

I wish to call the attention of the readers of the JOURNAL to a modification, and I think a great improvement, of Dr. Galloupe's excellent apparatus for fracture of the patella, described in the JOURNAL of August 16, 1877.

I have lately treated a case of fracture of the patella in an old man seventy-seven years of age, and I found that however nicely I might place the adhesive straps around the knee they would get loose in a day or two, necessitating their reapplication. And besides becoming loose they caused blisters to form the whole distance across the knee. Just here I happened to think of my *tourniquet*, and I found myself master of the situation, for by placing the screw on the outer side of the leg next to the splint, and making a "figure eight" turn, I had the fracture under perfect control. I could now adjust my pressure as the case required, and as the acute synovitis subsided a single turn or two of the screw brought all the pressure desirable. With the use of the tourniquet I see no necessity for the long adhesive straps applied above and below the knee longitudinally, as it is simply necessary to sew the buckle to the strap of the tourniquet above the fracture, and the strip of cloth that goes *through* the buckle can just as well be sewed to the strap of the tourniquet below the fracture. I think any one trying this modification of Dr. Galloupe's apparatus will be surprised to find how much the tourniquet simplifies and makes easy what has heretofore been a difficult fracture to treat.

GUM CUTTING AGAIN.

BY JOHN YALE, M. D., WARE, MASS.

AMONG the many able and interesting articles contributed to the JOURNAL by the late Prof. C. E. Buckingham was one on the propriety and usefulness of the operation of cutting the gums of children in appropriate conditions. Some time previously the question had been asked, derisively, Who cuts gums? A very decided answer, with reasons, was made by a correspondent, E. T. W., which seemed to settle the matter in its favor. At least my already written reply that I did was committed to the waste basket, as I thought that enough had been said to convince the most skeptical. Grave doubts of its utility under any circumstances seem to exist.

There have been objections to the operation from excessive hæmorrhage. Professor Buckingham had never seen or known of such a case. Yet I have to confess to one thirty years ago. The child was eight months old, and the lower incisors were cut. The oozing of blood continued till death, at the end of four days. In endeavoring to find a cause for it I remembered that instead of cutting directly on to the tooth the instrument glided inside, which may or may not explain its fatal result. To prevent any like occurrence I have always since cut them with the finger on one side and the thumb on the other, compressing the

part while passing the lancet to the tooth, rendering it impossible to slide down either inside or outside. Apart from this case, I have cut hundreds before and since, and seen no harm done.

When should the gums be cut? I mean by cutting not scarifying, but cutting down to the whole diameter of the tooth. If the gums of a child in a fit are swollen I always cut them.

Strong, well-fed children usually are not the ones troubled with teething irritation.

Prof. Eli Ives, of New Haven, taught his students that nature's outlet for teething irritation was by the bowels, ears, and the eruption of the tooth through the gum. Hence a mild diarrhoea, sores behind the ears, cutting the gum, all done artificially if not naturally, are the best means to relieve urgent symptoms. Dentition produces serious disease of itself, besides adding increased trouble in many of the diseases of children.

I have seen as prompt relief by cutting the gums in teething children as in the extraction of a tooth for toothache. A child of two and a half years had a fit which lasted two days, with startings and crying, so that its parents were obliged to carry it in their arms. On examining the mouth, the second molars were much swollen. I made a cross-incision over each. The child was instantly relieved, so that it wanted to get down, and was on the floor with its playthings, laughing, when five minutes before it was in an agony of restlessness and nothing could satisfy it.

In another case the child was not only relieved but gratified by the pleasant sensation of the cutting, and opened its mouth to have me try again before leaving. Some days after, when visiting another case, the child came up with its mouth open.

Helping the wisdom tooth through by cutting down upon it many of us know to be a great relief, and we can thus realize how the tender child must often suffer for want of the same treatment. It would seem also that the swelling of the gums in either case was not the result of biting upon hard substances, as a late contributor to the *JOURNAL*, April 25th, suggests, but from the tooth itself.

In a clinical lecture on disorders occasioned by the development of the dens sapientiæ, by Professor Velpeau at La Charité Hospital, as reported in the *Medical Library*, September, 1846, is the following: Besides four vicious directions of the tooth backward, forward, inwards, and outwards, there is a fifth one directly upward, caused by the tooth merely pressing against the gum, and being thus impeded, as in the case presented, producing severe pain in the face and mouth, with swelling, so as to close the jaws. The jaws were forcibly opened by a wooden wedge, and free division was made down to the tooth, resulting in immediate betterment. He related this case to M. Esquirol, who informed him that a lady had been brought into his institution laboring under mental derangement, and was restored to reason by a crucial incision of the gum which liberated the wisdom tooth.

Previous to reading this article I had a case of complete closure of the jaws, existing for ten years, which the lady said started from her wisdom tooth, doubtless caused by some failure of the tooth to come through. She died soon after, and I had no means of verifying my belief.

If such are the trials of teething in adults with merely the gum as an obstacle, and prompt relief is afforded by cutting, shall we deny this boon to children, among whom the results of difficult dentition are frequently fatal?

THE BLOOD CORPUSCLE.

MR. EDITOR, — When attending the lecture of Dr. E. Cutter in Tremont Temple, in which he gave a *résumé* of his wonderful discoveries concerning the characteristics of the blood corpuscles in the "nameless disease," I was saddened to think that such a mass of nonsense was being poured into the ears of the eager audience; however, knowing the fate of those who attempt to thwart the dear public in obtaining that which it desires rather than that which is true, I held my peace. Yet I must protest when I read a commendation of the same lecture in the letter from Buffalo in this week's issue of your journal. The writer could hardly have examined Dr. Cutter's micro-photographs when he calls them "triumphs of art;" nor could he have heard Dr. Cutter with much attention to pronounce his lecture "a matter-of-fact discourse."