

exit at the transverse process of the last lumbar vertebra, and penetrated the intestine. A gush of blood alone followed the wounds. When taken to Scutari, it was found that faeces were coming away from the upper wound; the chief interest in the case being that, though thought incurable, it did very well, faeces passing freely away from the upper wound, but none from the lower, where the ordinary visitor to hospital or nurse would expect the discharge. Another most interesting case we give to-day by Mr. Longmore; the wound here, however, is at the right side.

The case at present in King's College Hospital offers several suggestions to the class, as many students are preparing for military service. We mentioned a short time since, an instance of gun-shot wound in this hospital, in which the shoulder and arm had to be removed. This operation is now modified somewhat, as where the ball lodges in the articulation, the joint is excised. Students read of such things in France, but the want of a school and hospital for military surgery, not mere lectures, is severely felt in London. The course of proceeding which Mr. Fergusson proposed to adopt in the present case, consists of three operations: the first, of course, being the most severe and trying to the patient, was performed on the 9th instant, the subsequent operations depending very much on the success of this first procedure. The patient being placed under the effects of chloroform by Dr. Snow, the large apparently ulcerated fistulous opening was first carefully examined. Mr. Fergusson originally intended to free the edges of this part all round, so as to facilitate its closure; but finding this not sufficient, a flap was obtained, which, by a little surgical management, was made to close over the upper part of the gun-shot orifice, the subsequent steps of the operation being deferred to another day, as it was not advisable, he thought, to make too many incisions at first, for fear of erysipelas; there is the danger also of sloughing of the parts, the risk of their being burst open by the contents of the bowels, &c., if the surgeon strives to do too much at the first operation. The man, it will be remembered, has had a fistulous opening for several years, like one of Napoleon's chief generals—Marshal Ney, we believe—and from the same cause, a gun-shot wound near the groin. If we close a third part of the fistulous wound at present, it would be doing a great deal; while the two other after operations would be comparatively simple, and entirely of a reparative nature. Mention is made of Marshal Ney, as it is said that he would not undergo the surgical operation, fearing the pain and danger; the former at least is now done away with by the inestimable advantages of chloroform; and even the danger is less, as operations become more perfect and better understood.

#### CHARING-CROSS HOSPITAL.

SEVERE CASE OF BURN OF THE NECK, WITH LARGE CICATRIX;  
MÜTTER'S PLASTIC OPERATION.

(Under the care of Mr. HANCOCK.)

We have observed the progress of a very severe case of operation after burn at this hospital for some weeks. When we remember the frequency of burns and scalds, and the hideous cicatrix and deformity left behind, the case is indeed one of no ordinary interest, as a well-conceived plan of plastic operation. After Mr. Hancock had removed the *debridemens* of the cicatrix, he completely succeeded in restoring the parts to almost their normal condition. There is at present in St. Bartholomew's a case almost similar, but where operation is not perhaps advisable. We can scarcely conceive anything more horrible-looking than this child: one eye burned to something like a piece of horn; arms and forearms dragged together by cicatrix; the neck literally nowhere, as the child's mouth, or red everted lips and lower jaw, are pulled down far below the level of the clavicles and shoulder; the part which should be the neck is in point of fact the thickened and everted lower lip. Mr. Hancock has succeeded wonderfully in his case by removing a large flap from over the deltoid and shoulder, and transplanting it over the site of the divided cicatrix. The following is an outline of the case:—

C. B.—, aged ten, was admitted into the Charing-cross Hospital under the care of Mr. Hancock on the 3rd of March, with extensive cicatrix, involving the lower lip, throat, and upper portion of the thorax, the result of a burn incurred four years before. The deformity is very great; she cannot close her mouth, and her saliva continually escapes, the lower lip and jaw being drawn by a strong band passing from the chin and lateral parts of the lower maxilla to the sternum and clavicles, completely obliterating the chin and masking the front of the throat; the front teeth of the lower jaw projected

forwards, the jaw itself being twisted by the force of the contraction of the cicatrix, as described by the late Mr. Earle. The child was under Mr. Hancock's care two years ago; the deformity at that time was still greater, the mouth being wide open, from the intervening band between the jaw and sternum being so short. Mr. Hancock then operated upon her by carrying an incision through the sound skin of the thorax, a little below the clavicles, and dissecting it up until the jaw was freed; the requisite dressing was then applied, and the wound in the sound parts allowed to heal by granulation. She derived some benefit from this first proceeding, but not to the extent desired, contraction gradually coming on until she was reduced to her present condition.

On the 17th of March Mr. Hancock performed the operation recommended by Mütter. The patient having been placed on the operating-table in the semi-reclining position, chloroform was given. An incision was then carried from the sound skin over the trapezius muscle on the right side, transversely across the lower part of the neck, about an inch above the clavicles, to the trapezius of the opposite side; the skin and fascia were then carefully cut through down to the sterno-mastoid muscles, exposing their fibres; they were then dissected up until the skin of the lower lip and cheeks appeared to be free; but as the neck still continued contracted, Mr. Hancock passed a director behind the sternal attachment of the sterno-mastoid muscles, and divided them on both sides of the neck. This had the desired effect; the mouth could now be closed, and the lower lip approximated to the upper, whilst the skin of the neck, having been completely freed, was readily adjusted to the under surface of the lower jaw, so as to restore her chin, leaving a wound at the lower part of the neck above eight inches long by five inches wide. By pressing a piece of white paper into the wound, its size and shape were exactly ascertained, and the bloody surface of the paper, being then pressed upon the skin covering the left shoulder and deltoid muscle, left the impression of the size of the flap required. This was then dissected up, care being taken to make the flap rather larger than the wound it was designed to fill, but leaving it attached by its upper extremity to the sound skin of the shoulder. The flap thus formed was then turned transversely across the neck, filling up the wound resulting from the division of the cicatrix, and carefully secured by sutures and supported by compress and bandage, whilst the wound over the shoulder, caused by the removal of the flap, was dressed with water-dressing and left to granulate up.

Notwithstanding the severity of the operation, comparatively little constitutional disturbance ensued. The patient soon acquired the power of closing her mouth at will, and also of drawing up the lower lip over the edge of the teeth, and at this time she is all but well. She has perfect control over her lips, her chin and throat are well developed, and the wound over the shoulder nearly healed.

#### ST. MARY'S HOSPITAL.

EXFOLIATION OF THE MUCOUS MEMBRANE OF THE UTERUS;  
TREATMENT BY CANULA IN THE OS UTERI, ETC.

(Under the care of Dr. TYLER SMITH.)

CASES of what are styled "membranous menstruation," with the excessive pain attending this affection, are not uncommon in general practice, yet it is only lately that they have come to be properly understood. The older pathologists, as Baillie and Wm. Hunter, believed dysmenorrhœa to depend on an inflammatory condition of the uterus at the period of menstruation, and that even in the virgin uterus an organized substance, resembling the decidua, was formed by the lining membrane, and thrown off, when a small organized mass, the shape of the cavity of the uterus, was passed. Whether in the married or unmarried condition, it was known in common language as a "mole."

Dysmenorrhœa sometimes takes place from the very commencement of menstrual life, and there is good reason for believing that it depends on the small size or strictured condition of the os uteri. The menstrual fluid, after it is formed or while forming, cannot readily escape; distention of the organ speedily follows, which, by exciting the contraction of the uterine fibres, produces pain almost simulating that of labour. Even the action of the abdominal muscles is called into play, and many cases of what are termed "spurious pregnancy" may be very possibly explained in this manner. It is believed, too, that women thus affected rarely, if ever, conceive or bear children, the normal healthy function of the uterus being interfered with, as well as the woman's health reduced by the constant suffering and pain. Of all the means of cure hitherto