gard to her medication. I submit this brief account of this singular case for your Journal, if you think it will interest your readers.

Baltimore, May 18th, 1843.

D. MEREDITH REESE, M.D.

OPERATION FOR CONTRACTION FROM A BURN.*

By P. W. Ellsworth, M.D., Hartford, Ct.

[Communicated for the Boston Medical and Surgical Journal.]

THE patient was a Miss Elizabeth Daniels, of Humphreysville, aged 11. When three years of age, her clothes accidentally took fire, and before they were extinguished, her chest, arm, face and neck were severely burned. Her recovery was doubtful, but through the attention of her physician, Dr. Kendall, of Humphreysville, and a good constitution, it eventually took place, leaving, however, dreadful deformity. The contraction occupied the left side of the neck, drawing the chin nearly to the sternum, there being an intervening space of two inches at the utmost. The head could not be elevated further than this without opening the mouth. The lower lip was dragged downward and outward towards the left side, being completely everted, the upper edge nearly touching the point of the chin. The left angle was excoriated by the constant contact of saliva dribbling from that corner. The left lower eyelid was also a little dragged downward. The teeth of the lower jaw were in a position approaching horizontal, and shutting several lines anterior to those of the upper, inclining also with the jaw itself towards the left side. The cicatrix extended from the symphysis of the lower jaw to the left ear, which had been almost completely destroyed, and from the sternum to near the junction of the clavicle and scapula. It was narrower in the centre, having an hour-glass shape, resulting from the stretching of the parts, instanced in a piece of caoutchouc extended. The appearance of neck was completely lost on that side, there being a plane surface from the cheek to the breast. The cicatrix was of the natural color of the skin, and soft.

It had been proposed to do the operation^a at Humphreysville, but for convenience Mr. Daniels permitted it at the Hospital at New Haven. This was performed Thursday morning, April 6th. The season was not particularly favorable for such an operation, as the snow was rapidly melting, the temperature of the air very variable, and scarlet fever and erysipelas being also prevalent. But as her constitution was excellent, and she had been well prepared, it appeared to me safe to make the attempt. Drs. Beers, Monson, L. Ives, Jr., Kendall of Humphreysville, and Dr. Miller, Superintendent of the Hospital, were present. I was favored with the assistance of Professor Hooker and Dr. P. A. Jewett. Having placed the little patient in a chair, sitting so that the light might fall full upon the neck, an incision was made directly across the narrowest part of the cicatrix, and an inch from the sternum. Immediately the tense

* See page 244.

bands flew asunder. Descending to the muscles of the neck, of course the incision lengthened, so that at last it extended from the right side of the trachea nearly below the left ear. The dissection was carried on through the condensed cellular tissue to the depth of an inch or more, through the platysma myoides, and the fascia of the neck, until the mastoid muscle was laid bare. Had it been necessary, this muscle could now have been easily divided, but the head could be perfectly elevated, and the lip be made to assume its proper position. The folds of the cicatrix had vanished, but in their place remained a great chasm of bleeding tissues, five inches in length by three or four in breadth, extending from the great retraction half an inch below the clavicle. It was now necessary to fill up this chasm, else the contracting cicatrix would have left the neck as bad as ever. To do this we must prevent healing by granulation, a wound uniting by first intention not contracting. Following the plan of Mütter, a piece of paper shaped exactly like the wound and a trifle larger, to allow for shrinking, was laid upon the shoulder and neck, anterior to the edge of the trapezius, and descending over the point of the acromion process upon the deltoid, the anterior incision of the neck of the flap to commence a little above the posterior angle of the wound, that the flap might lie smoothly. This neck was about three quarters of an inch in length and half an inch in width. The flap having thus been marked out with a pencil moistened, I followed it with the scalpel, but the patient, who had borne the preceding part of the operation with great fortitude, became very restless. With much difficulty, owing to her struggles, the integument was raised exactly as marked and as deep as the fascia of the muscles. It was with imminent danger that it was elevated at its neck, as a slight cut (she being in constant motion) would have separated the flap from the body, and we should have had two bare surfaces instead of one. As it was elevated, the retraction of the skin caused the wound in the shoulder to appear much larger than its real size, through which the denuded shoulder projected, making a surface which could have been hardly covered with the spread hand. Being brought up to its new seat, the flap was found to fit perfectly. A needle* was passed through the anterior end of the flap and anterior angle of the wound, as in hare-lip, and secured by Dr. Jewett with the figure-8 ligature. The upper edge was thus passed over, then the lower; ten needles being used, inserted at about an inch apart, or a trifle less, as appeared

* The needles used were Glover's No. 7, having triangular points. They pass as readily through the skin as broncloth, and answered admirably. After being secured, the points were clipped with wire forceps. Their introduction was much facilitated by using a porte, much resembling one described by Mütter in the 7th No. of the American Journal, for the operation of velosynthesis, the porte being rather short, the beaks shorter than common, in order that the lever power on the handles might render the hold upon the needles more secure. The groove for the needle is straight three lines and perfectly round; an opening between the beaks allows the thread liberty. The handle on one side was elongated by the attachment of a piece of ebony. Instead of closing with a spring, I used a ring, being more easily fitted, which embraced the handles while holding the needle, and was slipped down when to be detached, its motion being controlled by a thread. This is not as neat an instrument as that recommended by Mütter, but much more secure, a matter of no little importance when needles are used about the fauces, and may be altered from Physick's porte in a few minutes by any mechanic. I found it answer perfectly in the operation of velosynthesis for which it was prepared, and in this case, as it allowed the needles to be passed through without the least prying motion, the firm hold on the needle, the curve of beak, and length of handle, giving great power applied in the best manner.

necessary. The edges were further secured by adhesive straps between the ligatures, making the union as complete as possible. Attempt was now made to unite the edges of the posterior wound, and although of so great magnitude, the extensibility of the integument allowed the lower half to be united perfectly; the upper part was loosely drawn together by a stitch supported by straps. It could easily have been more closely approximated, but if so there would have been too much strain upon the flap, for at the upper part there was but a narrow isthmus of integument between the two wounds, and the least traction on one edge must have been equally great on the other. My principal fear was that the neck would not support vitality to so large a portion of integument, but the blue color assumed assured me there was circulation, however imperfect, carried on. There was danger, also, that the depression over the clavicle might prevent a perfect union of parts, the fossa filling with blood. This was guarded against by relaxing the parts as much as possible, depressing the shoulder, removing the arm a short distance from the trunk by a small pillow placed in the axilla, and applying a compress accurately over the depression.

During the period occupied in raising the flap, the patient was laid upon a bed, rendering her shoulder more accessible, and she more easily controlled in her motions, as it was anticipated she would make resistance in this stage of the operation. When all was completed, her pulse was good, and she appeared not to have suffered any shock, spoke up lively, and presented no appearance of faintness. No vessels had required ligature; a few small arteries threw out a little blood, but speedily ceased bleeding. The hæmorrhage was inconsiderable. Fifteen drops tinct. opii were administered, and the patient placed in bed, the head being allowed to assume nearly its old position, so as to facilitate union of the parts. She was forbidden to make any use of the mouth in speaking or swallowing, excepting that water was occasionally given in teaspoonful doses. At 9, P. M., found that the laudanum had caused vomiting, but she had with great self-command kept her head perfectly still, and the exertion had not disturbed the dressings. Pulse nearly natural, thirst very great. Ordered a little peppermint water to control the nausea, and an enema of salt and water, and a sinapism to epigastrium if necessary.

On the morning of the 7th, found that the peppermint water had sufficed to allay all sickness, but she was very feverish and pulse rapid; had not slept any during the night; the wound, however, was not painful.

Being now obliged to leave New Haven, my little patient was entrusted to the care of Dr. P. A. Jewett, attending physician of the Hospital, by whose careful attention and judicious treatment her recovery was greatly facilitated. From him constant intelligence was received, and so perfectly satisfactory was the progress of the case, that I did not see Elizabeth until after her return to Humphreysville. The letters of Dr. J. furnish the substance of her remaining history until her return.

April 7th.—After my departure, her fever subsided; bowels moved freely with an injection, some of the outer dressings were removed, and everything appeared right.

8th.—Slept well last night; very comfortable; all dressings removed, and new ones applied, as the stiff plasters trouble her. All the wound in the neck was healing by first intention, except a small point under the chin and a half inch over the clavicle; these points are in good condition and granulating. A large part of the shoulder healing by first intention; all general symptoms excellent. The lower lip, by the help of adhesive straps, taking its proper place. Is in excellent spirits.

10th.—The pins were removed.

24th.—A stock of binder's board was applied as a support to the head and lower lip, which answered perfectly.

27th.—Left for home. The flap had been so perfectly adjusted, that it was found unnecessary to divide the neck after the union of the other part, the whole having united smoothly. More than two thirds of the wound in the shoulder had united by first intention. Her health suffered not in the least, and her greatest trouble after the third day was to get enough to eat. The steps of the case and results are all very similar to those of Dr. Mutter, of Philadelphia, and go far to establish the soundness of the principles involved. It is an operation which, in the cases admitting of it, will supersede all others.

Our little patient has been strikingly altered, her face having assumed quite its natural appearance, all the main points of deformity having been removed, and the remainder fast disappearing under the care of Dr. Kendall. It will, of course, require time to restore perfect shape to the jaw, though it is already in a great measure accomplished, time only now being requisite to render it perfect.

*Hartford, May 11, 1843. **

MESMERISM IN BALTIMORE.

A Challenge given by Professor C. A. Harris to Messrs. Dods and Jeter, to submit their Theory and Experiments to scientific tests—The Challenge accepted, and a Committee of decision chosen—Two nights' debate, and the complete overthrow of the Mesmerizers. By A MEDICAL TRAVELLER.

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THE last and most foolish of all the stupid humbugs of the day, Mesmerism, has always found Baltimore a hard and unproductive soil for its introduction. So Collyer found it, and so have the more recent sorcerors. It had, indeed, no footing at all until one Jeter, from the interior of Virginia, came to the city, and by playing off the "Virginia gentleman" among the urbane and unsuspicious citizens of this hospitable city, contrived to introduce a belief of it, to some extent, into respectable families. Jeter also lectured in public, but made no pretensions to any theory or anything great, so that no criticism was aroused against him. He would, with apparent modesty, try his experiments before mixed audiences, and