

visitors, attracted there by the beauty and grandeur of the mountain scenery, the great variety of charming walks and excursions, the coolness and salubrity of the air, and, perhaps not least, by its primitive and pastoral individuality. It is centrally and conveniently situated for invalids requiring change, and is, next to Andermatt, the most accessible of all our high Alpine health-resorts.

### EXTENSIVE DEFORMITY AFTER BURN, TREATED BY RESECTION OF BONE.

By ARTHUR NEVE, F.R.C.S. EDIN.

"It may be considered a rule with scarcely an exception that cicatrices should never be touched by the knife." So says the writer in a well-known "System of Surgery," with whom most surgeons of experience will agree. Yet, probably, each one buys his own experience on this subject. The following case, surely almost unique in the extent of contraction, justified resort to exceptional measures.

A Kashmiri girl, of about ten years of age, was severely burnt in the arm three years ago. The burn must have extended over the whole anterior aspect of the arm, and have destroyed at the elbow not only the skin, but the deeper tissues. When admitted to the Mission Hospital in August, 1884, her hand was fixed to the shoulder by a web of cicatricial tissue extending from about two inches below the acromion to the styloid process of the radius. There was a large ulcer over the elbow, which showed no signs of healing; the whole skin of the arm being very tense.

As no cure could be expected by mild measures, the following operation was performed. Through a vertical incision at the elbow I cut the ligaments of the joint, stripped the periosteum from the lower three inches of the humerus, and removed that extent of the bone. The proximal four inches of both radius and ulna were then removed subperiosteally. The olecranon had been distorted, so that without excision of the joint the limb could not have been straightened, which was now, after division of the web, easily done. The ends of the humerus and ulna were fastened in proximity by a wire suture, and the incision closed. There was now left an ulcer at the incision, and a wound 4 in. by 3 in. in area on the anterior aspect of the arm, to heal which abundant lax skin was now available. The operation was performed under the spray, and gauze dressings with iodoform were applied.

The deep incision healed at once; the healing of the ulcer was slow, but satisfactory, though at first the base of the ulcer was rather sloughy. In the course of five weeks the elbow became firm, and, to our great satisfaction, powers of flexion and extension, pronation and supination, began to be exhibited. She remained some time longer in the wards. The wire suture was removed. A new-elbow-joint seemed to have been formed, with a range of movement of about 60°. There was slight recontraction, and, as I was absent in the Punjab, nothing was done to remedy this. But the result was satisfactory beyond my anticipations; for at the time of operation the muscles were much atrophied, and the removal of the bones deprived many of them of their bony origins or insertions. The slow healing of the ulcer and general appearance of the arm satisfied me that none too much bone had been removed. The patient now has a useful and scarcely deformed limb, which I could have had no hope of obtaining in any other way.

Patients in this country will not submit to prolonged mechanical treatment. This has led me in five or six cases to try cutting and plastic operations, and with fair or good success. But in the more extensive contractions of limbs, removal of bone by shortening the limb seems to be the best treatment, as thus less extensive division of the cicatrix, tendons, &c., is required, while at the same time redundant skin is supplied. As far as I am aware this case is unique, but its successful issue may encourage others to bolder measures in dealing with the distressing deformities after burns which from time to time are met with in English as well as foreign practice.

Kashmir Mission Hospital.

### SUPRA-VAGINAL AMPUTATION OF THE UTERUS FOR REMOVAL OF A SUB- MUCOUS FIBROID, WITHOUT OPENING THE CANAL OF THE CERVIX.

By WILLIAM FERGUSON, M.D.,  
SURGEON TO CHALMERS' HOSPITAL, BANFF.

J. J.—, aged forty-one, single, was admitted into Chalmers' Hospital on May 7th, 1885, suffering from profuse menorrhagia and an abdominal swelling, which she had first noticed about eighteen months before. The swelling had been increasing rapidly; it was always smaller after the catamenial flow. She had one child seventeen years ago. After careful examination the swelling was diagnosed to be a submucous fibroid. She was treated medicinally until the beginning of July, with no improvement, but rather the reverse. At this time the fundus reached the umbilicus. She was very anxious to be operated on, as she was obliged to earn her living, which she was totally unable to do in her present condition.

On July 10th I performed the usual abdominal section, employing the carbolic spray and other antiseptic precautions. I determined to treat the pedicle, which was the cervix uteri, by the intra-peritoneal method; but, as far as I am aware, this procedure has not been employed before. It consisted in seizing the cervix immediately below the tumour with two pairs of Sir Spencer Wells' large forceps; the cervix being broad, they just met in the middle of it. About one-third of an inch below them I transfixed the cervix in two places, one on either side of the canal, by means of a strong curved needle armed with double silk ligatures (the silk had been boiled in a 5 per cent. carbolic lotion), so that the cervix was divided into three equal segments, which were then separately encircled by their respective divisions of the double ligatures, the middle segment requiring two knots, the one on the anterior, the other on the posterior aspect of the cervix; the cervix was now divided close to the forceps by a probe-pointed bistoury and the tumour removed, all other obstacles having been previously dealt with in the usual way. The stump of the cervix was quite pale. The peritoneum was not stitched over the cut surface of the cervix, which, the ligatures having been cut short, was dropped into the pelvis, and the abdominal wound sutured, &c.

The patient's recovery was excellent. Her temperature was only once at 100.4°—viz., on the evening of the fifth day, it having been 100° on the evening of the fourth day; after that it was occasionally 100° and 100.2°, reaching 100.4° once again on the twelfth evening, but it was generally normal in the morning and 99° to 99.6° in the evening. The abdominal wound healed throughout by first intention, being only dressed twice. She left the hospital, quite well and rapidly regaining strength, on August 26th.

Could it be proved that the intra-peritoneal method of treating the cervix, when it is the pedicle, was as safe as the extra-peritoneal method, it would doubtless be invariably adopted. The great objection to doing so is the difficulty of avoiding septic infection from the canal of the cervix. None of the usual precautions, such as stitching the peritoneum over the stump, were used in this case; consequently, if credit be due to anything at all, it must be to the complete closure of the cervical canal.

AMBULANCE HUTS.—Surgeon-General Longmore, C.B., and Mr. John Furley have each received within the last few days from the Empress of Germany a handsome medallion and a miniature silver easel for it to rest upon, "in grateful remembrance of their participation in the work of the jury for the competition of models for a field hospital." This competition took place at Antwerp in September. More than eighty different systems from all countries competed. The prize—a gold medal and 5000 francs—was awarded to the Danish portable Doecker huts, constructed by Messrs. Christoph and Unmack, Copenhagen. Some confusion seems to have arisen from the fact that an American gentleman, Mr. Ducker, exhibited a hut closely resembling the Doecker huts, and some American papers have been led to inform their readers that it was these huts that gained the prize.