has been performed, a shocking deformity is the result; which diminishes, however, by degrees, and at length is reduced to almost nothing. The integuments of the chin, and also those of the superior part of the neck, gradually ascend in consequence of the traction exercised by the cicatrix; and this ascent is sometimes carried to such a degree, that we see patients who have lost the entire of the lower lip, in whom the surrounding soft parts have terminated by arriving at the roots of the teeth, and even still higher. We also sometimes see the mucous membrane of the gums unite itself to the wound and reflect itself outwards, so as to resemble by its rosy colour, in some degree, the same portion of the lip which had been removed. Nevertheless, it is not less true that the deformity is never completely disguised, and that it is always more or less sensible; to remedy this, an improvement has been introduced. This improvement we owe to M. Serre of Montpellier; it consists in immediately uniting by suture, the mucous edge placed at the posterior part of the wound with the cutaneous edge of the same. This method has many advantages; the cure is obtained in three or four days, instead of, as formerly, about a month, and the cicatrix is more supple and much less deformed. It is understood, in order to practise this operation, that the mucous membrane be perfectly healthy. When the extent of the cancer renders it necessary to remove the entire lip, and to encroach upon the surrounding parts, the deformity cannot be remedied, except by means of other operations which have been imagined a few years ago, and concerning which I may at some future period have occasion to speak to you.

M. Velpeau performed the operation upon this young man by means of the V incision: two oblique incisions, each about three inches long, and uniting at the apex, circumscribed the whole of the disease, passing it by several lines. Little blood was lost during the operation: the wound was united by two points of the twisted suture, and required no other bandage. The operation was not followed by any bad symptoms.

On Tuesday, 12th November, three days after the operation, M. Velpeau removed the inferior needle, and on the 13th the second. A bandage was applied to prevent disunion of the parts. The union continued perfect: the patient now complained of headache, which was followed by fever and angina tonsillar: the submaxillary lymphatic glands became painful, (leeches applied behind the angle of the jaws, diet and diluents :) a superficial eschar showed itself at the free border of the inferior lip, but adhesion of the edges of the wound continued. This state of fever and disagreeable feeling continued for several days longer, without determining the cause to which these symptoms could be attributed. Courtillac was dismissed cured on the 29th November. The union of the wound is very firm, and there is very little deformity. 13th December, 1839.

I have insisted, in a lecture which I have already delivered on this subject, on the errors of diagnosis into which we may fall in a case of supposed cancerous ulcers of the lips: I am now enabled to furnish you with a good example of this. I have this very day dismissed a young man, a tailor, who entered the hospital about fifteen days ago, affected with a hard ulcerous tumor, with lancinating pains, which was situated on the middle portion of

the free border of the inferior lip. This ulceration rested upon a thickened base, and almost the whole of the lower lip participated in the engorgement. The ulceration was livid, with everted edges, and covered with scales. To this was added a submaxillary tumor situated in one of the lymphatic glands of this region. Fluctuation was also present in this tumor. At first sight, I thought that the ulceration with which this young man was affected was of a cancerous nature, for nothing could be more similar. The submaxillary tumor was opened, which gave discharge to an ill-natured, sanious, and imperfect pus, which might have still more strengthened the idea I had formed of the dangerous nature of the disease: and the prognosis which we *might* have deduced would have been most annoying, as the disease seemed to have attained such a degree, as to leave no hopes of delivery for this unfortunate individual by means of an operation: for the submaxillary lymphatic tumor in suppuration indicated a general infection for which there was no resource. Well, gentlemen, this disease, so frightful in appearance, disappeared in less than fifteen days. Suspecting in that young man a syphilitic affection, I removed the scales which covered the ulceration by means of emollient cataplasms and oleaginous unctions: I cauterized this ulcer with the nitrate of mercury, employing at the same time mercurial frictions on the inferior lip. In the course of a few days the ulceration had completely changed its aspect, it became clear, of a rose colour, and the seat of suppuration of a good nature. The submaxillary swelling diminished, and its suppuration became better. The wound was a second time cauterized, and now it is almost completely cicatrized, two applications of the nitrate of mercury having sufficed. The submaxillary tumor has almost disappeared, and the opening which I made for the discharge of the pus it contained, is closed. Fifteen or sixteen days were sufficient for the working of this wonderful change.

CASE OF TRANSVERSE WOUND OF THE NECK AND LARYNX;

SUCCESSFULLY TREATED BY SUTURE.
BY M. EUGENE BERMOND.

HOUSE SURGEON TO THE HOTEL-DIEU OF BORDEAUX.
(Communicated by Dr. JOHN MAXWELL.)

D. BALU, cook of the ship *Eliza*, forty-eight years of age, was driven to a state of despair by the unpromising aspect of his affairs. On the 8th of July, 1840, he went on board his vessel, and during the whole night felt a constant desire to destroy himself, against which he tried to struggle, but in vain. About four o'clock A. M. he rushed to his trunk, took out one of his razors, and made with it an enormous wound in the neck. Five hours elapsed before any of the crew became acquainted with what had taken place: some one heard a moaning noise, and on entering the berth they found the wretched cook lying on the ground, but he still preserved his consciousness, notwithstanding the immense quantity of blood which had been lost. The surgeon of the vessel regarded the wound as necessarily mortal, and merely placed a piece of sticking plaster over the

cut. The man, however, was carried to the Hôtel Dieu, but did not reach the hospital before five o'clock P. M.

A large wound ran transversely across the hyothyroid space, from one carotid artery to the other. The edges of the wound were widely separate, from the ascension of the superior one; the epiglottis and back of the pharynx were intact. The patient was pale, and his pulse was very feeble. On bending the neck forwards he could speak easily enough; but on attempting to swallow a little fluid, the whole of it passed through the wound, with convulsive efforts of the larynx. The first indication in the case was obviously to obliterate the immense gap caused by the separation of the os hyoides from the thyroid cartilage. This I effected in the following manner. Having armed a curved needle with a double ligature, I passed it immediately above the os hyoides, and then through the middle of the thyroid cartilage, from behind forwards: the ligature was now tied, and the os hyoides brought into close contact with the cartilage; this effected, the lips of the wound and the integuments were united by six points of suture, and the whole supported by compresses of lint and bandages. The patient expressed his joy in the warmest terms; he drank freely and without impediment, but as the pulse began to rise, some blood was drawn from the arm: he passed a quiet night.

On the third day the dressings were removed; a few drops of fluid escaped through the wound during deglutition. On the twentieth day the wound was almost completely healed, and on the twenty-fifth the central deep suture was divided and removed. On the thirtieth day the cure was complete; the patient complaining of nothing beyond a slight feeling of impediment in swallowing, and an increased secretion of saliva. He left the hospital on the 30th of August, full of repentance for his rash act, and of gratitude for the attention which he had received.

REMARKS.—One of the circumstances which assist in giving a hideous aspect to wounds of the neck, is that of their occupying the space between the os hyoides and the thyroid cartilage. The membrane which unites these two bodies is less prominent than either of them, because it is attached to the posterior part of the superior edge of the bone, and not to the inferior edge, as anatomists commonly assert. The hyothyroid membrane is about fifteen lines in length, and rather cellular than fibrous in structure; it is thicker and shorter towards the middle than at the sides; hence, as Bichât has remarked, when, in the larynx removed from the body, we endeavour to separate the os hyoides as far as possible from the cartilage, the lateral and posterior parts of the bone are much higher than the middle portion, and from this disposition it follows that the base of the tongue, supported as it is on the os hyoides, is capable of rising higher on the sides than at the middle, and thus is formed the species of channel along which the food is conducted into the œsophagus.

In front the membrane is covered by a layer of cellular tissue, which receives the superior laryngeal nerve and a branch of the superior laryngeal artery, by the muscles, by a fascia, by the platysma myodes, and finally by the skin. Behind, it is merely separated from the pharynx by mucous

membrane, and from the epiglottis by a triangular space, in which are found some cellular tissue and epiglottidean gland.

The uses of this membrane are completely subordinate to its position. It completes the anterior wall of the pharynx, fixes the os hyoides, and associates it with the larynx, by combining the motions of both during deglutition and the production of sounds. A distinct synovial membrane exists between the posterior surface of the os hyoides and the upper part of the thyroid cartilage, and this shows, if proofs were wanting, that the two bodies frequently move one on the other.

The anatomical facts which I have just mentioned will assist us in understanding wounds about this part of the body. If the hyothyroid membrane be divided transversely, by a wound which penetrates the pharynx, the edges of the wound will be widely separated from each other, for nothing remains to prevent the muscles attached to the lower jaw from drawing up the hyoid bone. This, undoubtedly, constitutes the main danger in wounds of the neck, by leaving an opening for the escape both of food and air, and it seems strange that no surgical writer, up to the present time, has thought of reducing the size of the wound, by bringing the os hyoides and thyroid cartilage directly together. Unless this be done, what advantage do we derive from the means proposed by all writers, and practised by most modern surgeons? We cannot keep the patient with his head constantly bent forward, and when the integuments alone are brought together by means of suture, the latter give way, and allow the escape of fluids, &c., before the wound can cicatrize; in a word, nothing is more difficult than to obtain a cure of wounds, like those we now speak of, under the common method of treatment.

Being convinced of the necessity of bringing the os hyoides and the thyroid cartilage together, I lost no time in applying the idea in practice, and employed the double ligature. The application of the latter was extremely simple and easy of execution, and when the two ends were knotted together, the enormous wound was completely and effectually closed; this mechanical union of the divided parts, moreover, placed them in the conditions most favourable for union by the first intention, and dispensed the patient from the necessity of observing a disagreeable posture.

Finally, the last advantage which attends the method I now propose is, that by bringing together the os hyoides and the cartilage, we obtain a firm support for the soft parts to unite over them, and diminish the chance of the edges of the wound being inverted, as is so often the case.

These few observations will, I trust, induce other surgeons to adopt the method which I have employed with such success in the present case.

CASE OF INJURY OF THE ARM

REQUIRING AMPUTATION AT THE SHOULDER JOINT.

GEORGE GIFFORD, æt. 27, a dark-complexioned man, of sound constitution, was on Thursday, April 25th, admitted into Guy's Hospital with ex-