allow the mucous lining of the urethra to be reflected back and stitched to the cutaneous covering of the penis. The disease is so rare, and the ultimate success of the operation so uncertain, that we have no data to guide us in this matter, and I therefore prefer the more rapid and less complicated plan adopted in the above cases. But, I do not recommend complete removal of the end of the penis when the disease is so situated as to admit of extirpation, as was performed in the first case I have given. For this improvement we are indebted to Lisfranc, who found that the disease did not always extend to the fibrous sheath of the organ, although the deep and fixed attachment of a cancer in this situation are well known to practical surgeons.

Montreal, 1st May, 1860

ART. XXVIII.—A Unique case of Surgery—Severe burn followed by exfoliation of the whole upper portion of the skull, by HARWEY J. PHILPOT, M.D, M.R.C.S.L., Simcoe, C. W.

Mrs. B— an Irishwoman aged 50 residing within a few miles of our County Town, on the 29th of October 1857, whilst engaged in cooking her breakfast over the open fireplace was suddenly seized with a fit, and falling forwards on the burning brands suffered a severe injury of the scalp, face, and neck; portions of the parietal and frontal bones were denuded entirely of flesh and charred by the flames. Dr. J. M. Salmon, my partner, was in attendance shortly after the accident, and applied Linseed Oil and Lime Water which had the desired effect of easing the pain, together with the internal use of Tinct. opii. and Spt. Amm. Aromaticus. A severe attack of irritative fever set in consequent upon the great shock to the nervous system, which however yielded to treatment, and no other unfavourable symptoms supervened.

Mrs. B- residing at a distance, and consequently not able to receive much medical attendance, left the charge of her head to a great extent to the care of With the assistance of a weak stimulating lotion, in the course of a few weeks a large slough was thrown off, which left behind it a healthy granulating surface upon the free margin of the scalp, surrounding the denuded surface of the upper two thirds of the two parietal, and the frontal bones. I called to see her occasionally by request, and had a fair opportunity of observing the efforts made by nature to restore to my patient's cranium this severe loss of personal property. One morning I called "en passant," and upon entering the house, to my unfeigned astonishment, was greeted by my patient herself with her head bound up, Turk fashion, in a turban of well greased cloths, and bearing in her hands what I discovered at a glance to be her entire skull cap. After alternately scrutinizing her and the semi-skull she held in her hand, seeing that she still remained alive, after opening her mouth and otherwise exerting herself, I at last found courage to address her. She told me that a week or two previous, on the 15th of August 1858, just ten months after the accident, whilst applying as usual the lotion upon a piece of rag to the front portion of her head, she felt the bone move, and using a little extra force succeeded in