ment spoken of, fresh skin began to form, so that when it was again healed, there was very tolerable motion of the arm.

I have not had many opportunities of trying rupture of contracted parts, but in one other case where the contraction occurred in front of the elbow-joint, the same means were adopted, and with much success. Should I have cases of a like kind to treat, I should feel disposed to follow out the plan; at the same time I would, for two or three obvious causes, limit its employment to recent cases. There also seems to be no reason why the same principle should not guide the knife in cases of this description. Instead of dissecting the cicatrix, or dividing it, as is usually done, I would make incisions in different directions, and even leave small detached portions of integument, and thus imitate what occurs when the parts are ruptured by force. Each promontory or isolated portion of integument becomes as it were a spring, from which new matter is formed. This suggestion, however, requires to be practised, ere its efficacy can be fully established, and I probably shall practise it in a case now under my treatment, and give the results to the profession.

CASE OF WOUND OF HEART BY A NEEDLE.

By FLOYD PECK, Esq., NEWMARKET.

*Read at the St. Ives Meeting of the Cambridge and Huntingdon Branch,
June 16th, 1852.*

ELLEN PAVIS, aged 6, a healthy child, was observed to come home crying about eleven A.M., on Friday, August 1st, 1851. She complained of pain in her chest till about one o'clock, when some tea was given her and she became better, and played about till evening, when she became sick and continued so all night. About two P.M., she brought up worms, and at eleven A.M., on Saturday, she became worse, and the Union Medical Officer was applied for. The Relieving Officer came to see her, but finding her asleep did not think the case sufficiently urgent to require a doctor, consequently she had none. She complained of pain sometimes in the belly, sometimes in the chest, till she died, at eight, P. M. on Saturday.

I was requested by the coroner to examine the body, which I did forty hours after death.

The abdomen was first examined, but all the organs in it being healthy, the chest was next inspected. In separating the sternum from the anterior mediastinum, the scalpel struck against a metallic body, which proved to be a stout and strong needle, which had been thrust through the junction of the sternum with the cartilage of the third rib, and broken off short externally. A corresponding small spot was then noticed on the skin of the chest, but which, under ordinary circumstances, would have attracted no attention. The part projecting inwards measured about an inch, and had wounded one or two mediastinal veins, and made a small opening into

the pericardium, which was full of blood. There was considerable bloody infiltration into the tissues around. The lungs were congested. The external wall of the right ventricle of the heart was frayed as it were by the point of the needle, in a peculiar manner. On making closer inquiry, some complaint had been made by the child of a needle she had in her pinafore having been broken and pricked her. The points of interest in the case seem to be the unsuspected existence of so serious a lesion, and the absence of any detailed symptoms which might have led even a medical man, had she been seen by one, to have inferred any injury of that nature. The situation of the injury to the heart would indicate with much precision the movements of that organ to be two fold—up and down, and over from right to left.

TWO CASES OF VITILIGOIDEA.

By W. FOSTER, Esq., HUNTINGDON.

*Read at the Meeting of the Cambridge and Huntingdon Branch,
St. Ives, June 16, 1852.*

ABOUT twelve years ago I saw a young lady with a curious affection of the skin of the neck, traversing the left side diagonally from the ear towards the sternum, about one inch in width. At first sight it appeared as the scar of a burn, or skin removed from some superficial cause, not unlike a prolonged scar from the pustule of vaccination, but at the lower part the skin was elevated for a short distance, smooth, and of a colour something like a permanent wheal of urticaria; it seems that it spread by this elevation, which was succeeded by the scar-like appearance; there was no pain or uneasiness; the general health good. The appearance was anything but prepossessing, but as no indication of treatment presented itself, the case passed away with the impression on my mind "that I knew nothing about it." I saw the young lady the other day; there is a very slight elevation just above the collar bone, and the scar-like appearance is much more superficial, and has now nothing more than a dirty appearance.

I saw no other case until last autumn, when a young gentleman, just about to enter Oxford University, showed me what I recognised as the same disease. It appeared in his case after suppressed perspiration, as he supposed; it shewed itself just above the left eyebrow on the forehead in one or more patches. I recommended him to try collodion and *live well*. I could not give him the name of the disease, nor say more about the treatment. I heard from him soon after, when he stated the same affection had all at once darted up his head for about an inch and a half in length, and one in width, entirely destroying the hair at the roots. He applied the collodion assiduously, took more animal food, and a few weeks since I saw him, the disease was evidently stayed on the head, (but the hair had not grown in the least,) also on the forehead it was healed.