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.

but just on the eyebrow it was not gone. He complained of a sense of stiffness over the parts affected, and expressed himself very anxious as to the results. Very soon after this latter case presented itself, I found this disease described by Dr. Addison and Dr. Gull, in Guy's Hospital Reports, vol. vii., p. 2, under the name of "Vitiligoidea."

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

CASES

Reported under the terms proposed by the Association.

BY SCRUTATOR.

Fractured Skull; Depression of Bone; Laceration and Loss of a portion of the Brain; Removal of Depressed Bone; Death.

HENRY HOLLIES, aged 16, admitted November 21st, under the care of Mr. Parker. It was stated that he had just been knocked down and kicked by a boat horse. There was shivering, paleness of the features, and cold extremities; the pupils were contracted, the pulse intermittent, and the heart's action feeble and irregular. There was a wound in the scalp above the right ear, and somewhat profuse bleeding from the arterial branches situated there. On examining the wound, there was found a depressed fracture of the skull, the depressed portion of bone seeming to be about the size of a shilling. It was situated obliquely, one portion projecting from the wound, the other evidently having entered the cerebral substance for some distance. There was also another portion of bone depressed, triangular in shape, and as much as an inch in length, the base of the triangle being applied to the posterior surface of the rounded depressed portion. There was also considerable escape of the cerebral substance itself, as much as a teaspoonful having found its way through the wound. There was a bad cut on the forehead, and another over the occiput.

When seen by Mr. Parker, a short time after admission, the surface had become much warmer, and the pulse of better calibre. He was also sensible, and would answer any question put to him, lying in the meantime perfectly still, and evidently much disinclined to any mental exertion. Mr. Parker determined to raise that portion of bone which was lacerating the cranial substance, and in order to accomplish this was obliged to enlarge the opening in the scalp. This having been effected, several loose portions of bone were readily removed by the forceps, the largest of them being the round portion before mentioned as tilted inwards. During the operation some more of the substance of the brain escaped, but the boy still continued perfectly sensible, and could tell the number of fingers, or any object held before him. Wound to be dressed with plasters.

Vespere.—Still continues sensible; surface is hot; pulse counting 90; countenance slightly flushed; has made water, but bowels not open.—Hab. Ol. Croton, gr. j.

22nd.—Bowels have been moved during the night; he is still sensible but appears stupid, and answers very deliberately, and with evident exertion; pulse counts 96, and is intermittent; head is somewhat hot, and countenance slightly flushed.—To have an injection of castor oil.

Vespere.—Pulse 100, full; head hot; countenance flushed; restlessness; surface dry; bowels not moved.—Mittatur Sang. ex brachio ad, oz. xvij.

23rd.—Has passed a very quiet night, and appears going on well. He is perfectly sensible; pulse counts 90; surface moist; bowels open; tongue moist.

Vespere.—Going on well. To have effervescing draughts.

24th.—No bad symptom present. Strong beef-tea. Wound to be poulticed, as it had put on rather a sloughy appearance.

25th.—Still going on well.

26th.—About the same. No prominent symptom; pulse 90, and moderate as regards force; tongue clean; quite sensible. Takes broth and beef-tea with readiness. Bowels confined.—Hab. Haust. Purgant, oz. ij. statim.

27th.—Does not appear so well this morning, being somewhat hot and feverish; he has been restless during the night, and several times wished to get out of bed, &c. Pulse does not exceed 90, but the tongue is slightly furred.

28th.—Although sensible this morning, he has been delirious during the night, trying to get up, and talking about his friends and employment; pulse counts 90, and is soft; bowels open; tongue furred. On examining the wound there is a slight protrusion of the cerebral matter, which it is stated was first noticed yesterday; it pulsates regularly, and appears likely to become a large hernia cerebri. The edges of the scalp-wound are granulating.—R. Ant. Pot. Tart., gr. ij.; Liq. Opii. Sed., dr. j.; Aquæ, oz. viij. Fiat mist. sumat. oz. j. quartis horis.

Vespere.—Has had two doses of the medicine, and is now much less restless; pulse counted 90, and is reduced in volume; appears inclined to sleep, but makes no complaint, although he continues quite sensible.

29th.—As before in every respect. Takes his beef-tea, broth, &c., well.

30th.—Appears weaker to-day, and the pulse is not so strong as before; the tongue is also brown and dry, although sensibility is perfect. To continue beef-tea with wine in addition.

Dec. 1st.—Is evidently growing weaker, and lapsing into a typhoid state. Continue aliment.

2nd.—Died: having gradually become comatose, with dilatation of the left, and contraction of the right pupil for some hours before death. The wound the last day or two has assumed an ashy pale hue, but without further protrusion of the cerebrum.

Post-mortem.—There was extensive wound of the brain, which appeared to communicate with the lateral