the phenomena connected with this rare malformation of the heart; imperfectly, I fear, but with a hope that it may draw the attention of the profession to the nature of the physical sounds considered to depend on organic valvular disease of the heart, and assist in determining what sounds do, and what do not, depend upon organic alteration of structure. I must take the liberty of adding, that although this case has proved very puzzling to me, I have so constantly found my diagnosis of valvular disease of the heart from auscultation, verified on dissection, that it has not in the least altered the *implicit confidence* I place in *auscultation*.

I am, Sir,

Your faithful servant,

E. J. SHEARMAN, M.D.

Rotherham, November 10, 1845.

CASES OF CONTRACTED CICATRICES, TREATED BY THE TALIACTOTIAN OPERATION.

By J. C. PARKER, Esq.,

Surgeon to the Bridgwater Infirmary.

(For the *Provincial Medical and Surgical Journal*.)

Mrs. Wheeler's child of Middlezoy, near Bridgwater, aged five years, had been severely burnt on the face, neck, and arms. When she first applied to me, the sores were all healed with the exception of the forearm. The head was drawn down by contracted cicatrices, so far that the cheek was within three-fourths of an inch of resting on the right shoulder; the mouth was permanently open, and the lower lip everted and drawn so much to the right side that the saliva could be only partly retained. The contracted cicatrix consisted of firm bands of skin, extending from behind the right ear to the shoulder, and from the lower lip and chin to the sternum.

On August the 2nd, 1844, having placed my little patient on a table, and had her securely held, I commenced by passing a slightly curved needle and double ligature beneath the central portion of the contracted skin; this ligature I held in my left hand during the subsequent steps of the operation; then with a long narrow double-edged scalpel, transixed as extensive a portion as I could, commencing in the sound skin on the scapular side, and cut it out upwards at the angle of the jaw, and downwards to the right clavicle, so as to remove the portion included in the ligature. The bands extending from the sternum to the centre of the lower jaw, were simply divided with the scalpel, and the head then restored to its proper position.

A flap of skin was next dissected from the front of the upper arm, of a sufficient length, and allowing for its subsequent contraction, a small connecting portion being left just at the point of the shoulder; the flap was then twisted round, laid on the neck, and secured to the sound skin on the scapular side by three sutures, the space being thus filled in a perpendicular direction, though only half covered in its transverse diameter.

Water-dressing was then applied over all; not much blood was lost during this tedious operation; and, considering the age of the child, it was borne very well. A collar made with a piece of shoe-sole leather, and covered with chamois-skin, was put over the neck, and worn in the manner of a gentleman's stock. The

patient was then removed to bed; only a small portion of the flap lost its vitality, and the parts healed favourably.

It is now a twelvemonth since the operation, and its success is so far complete that the position of the head is natural, and its motions perfect, with the exception of the power of turning it quite so far towards the left shoulder as the right; the only remaining deformity is the lip being still somewhat everted, though scarcely worth mentioning. The little patient still continues to wear the collar beforementioned, and as it is so easily concealed, she will continue to do so for a considerable time. This description of collar was found to answer very well, and I would recommend it for trial before any of the complicated apparatus in use for this purpose is adopted. The healthy skin united very favourably to the diseased, as in Mr. Carden's case, published in the "Transactions of the Provincial Medical and Surgical Association," Vol. 12th, page 585, and it retains its natural appearance and functions.

I lately operated on a patient at the Bridgwater Infirmary, a boy 13 years of age, in which the contracted cicatrices on the inside of the fingers had drawn them so firmly into the palm of the hand that it was rendered useless; in this case the complete removal of the contracted skin, treating it afterwards by water-dressing, and during the healing of the sores keeping the fingers permanently extended on a flat board, restored all the uses of the hand and fingers.

A similar case I operated on in a young person at North Petherton, a few years since, where the fore-arm was so much bent on the upper arm from contracted cicatrix after burn, that the limb was nearly useless. In this case, by the adoption of the same treatment as in the preceding, all the uses of the limb were restored.

It was only a few years since it was generally held, and is now by many, that in these cases it was best not to interfere, as the contraction would again recur. From the number of successful cases which have been recorded, it appears there are comparatively few of these distressing injuries that may not be so far relieved as to restore the uses of the extremities, and in a great degree remove the deformity.

Eastover, Bridgwater, Nov. 7, 1845.

PROVINCIAL *Medical & Surgical Journal*.

WEDNESDAY, NOVEMBER 26, 1845.

Among the proposed schemes for improving the health of towns, it gives us much pleasure to observe, that there are many for the establishment of cemeteries without the precincts of large and populous towns. The public attention seems at length to be fully alive to the gross indecencies and general evils to the health, and indeed to the moral feeling, which have resulted from the present modes of interment in close and crowded localities; and it needs perhaps little more than a well-sustained effort on the part of some influential medical