

M. Dupuytren ordered leeches to the perineum, and a warm bath. Soon after the operation, symptoms of peritonitis and cystitis acceded, under which the patient died, on the morning of the 11th, four days after the operation. On examination, the incision was found to commence at the bulb, and to extend to about two or three lines from the peritoneal fold, between the rectum and bladder. The rectum, and cellular tissue round the neck of the bladder, were inflamed. In the left side of the bladder, below the ureter, there was a sacciform enlargement, into which the finger could be passed for some distance, and where, probably, part of the stone had been lodged; its surface was inflamed and ulcerated. A similar dilatation, though not so large, was found in the left side of the bladder. The right ureter was contracted, and the kidney atrophic; the left kidney was enlarged, and the ureter dilated. The peritoneum was inflamed, and contained a great quantity of turbid serum.

The fragments of the stone were not weighed; altogether they appeared to equal in size a large hen's egg.

WESTMINSTER MEDICAL SOCIETY.

April, 1830.

THE meetings of this society closed, for the season, on the 24th: the subjects discussed on the last two evenings, were syphilis and apoplexy, but the debates yielded nothing worth recording. Scarcely a dozen members have latterly been accustomed to attend.

MEDICO-BOTANICAL SOCIETY.

THE members of this society held their annual dinner at the Thatched House Tavern, on Saturday last, Earl STANHOPE, the president, in the chair. Many complimentary toasts were drunk, followed by brief speeches from Sir James M'Gregor, Drs. Roupell, Whiting, Short, Sigmond, &c. but they did not contain any thing of particular interest to the profession. The condition of the society was, throughout alluded to as very prosperous. The evening was spent with considerable enjoyment, and the company did not finally separate until twelve o'clock. It is worthy of remark, that two toasts intervened between the "College of Physicians," and the "College of Surgeons," the former having been given first, and being followed by that of Sir James M'Gregor and the Professors of the Society. The College of Surgeons was drunk subsequently to all the chief toasts of the evening.

HYDROCYANIC ACID IN NEURALGIA.

By FORBES WINSLOW, Esq., Surgeon.

I HAVE read with pleasure the account of two cases recorded in your last number, in which M. Rayer, of St. Antoine, has been administering the essential oil of turpentine with partial success, in neuralgic affections. Of this remedy I cannot give any opinion, never having tried its effects, but I believe it is a remedy employed by the German and American physicians, in affections of this nature. I had an opportunity of witnessing, some months ago, the beneficial effects of hydrocyanic acid in a case of neuralgia; and with a hope of exciting the attention of medical practitioners, who may have cases of this description under their care, to this remedy, I shall briefly relate the case.

M. B., ætat. 31, of a sanguine temperament, applied to me labouring under a violent neuralgic affection of the left side of the face. By the urgent solicitation of the patient, who imagined the pain to originate thence, I was induced to extract a decayed tooth, but no relief arising from this, I administered many of the usual remedies, narcotics, carbonate of iron, etc., and abstracted blood locally from the part by the application of leeches, but without avail. The patient's sufferings were of the acutest description, enjoying but little relapse from the excruciating pain. A medical friend to whom I mentioned the case, suggested the propriety of trying the effects of hydrocyanic acid, and I was accordingly induced to do so. I first administered two m of the medicinal acid every four hours; this produced no relief. The dose was then increased to four m every fourth hour, and by paying particular attention to the state of the digestive organs, which were very much disordered, the patient, by the fourth day, after the administration of the acid, had perfectly recovered.

This is the only case in which I have administered the hydrocyanic acid; whether it is deserving the name of a remedy for this painful disease, further experience only will satisfactorily testify. But judging from the speedy relief which its administration afforded in this case, I should think it not unworthy the attention of those practitioners to whose care patients suffering under these affections may be confided.

16, York Street, Portman Square,
April, 1830.

CASE OF IMPERFORATE ANUS.

By HENRY MEYMOTT, Esq. M.R.C.S.

THE wife of a labouring man was put to bed by a midwife, of her third, a fine female child, on the 13th of March. The labour, I

was informed, was natural. The next morning the child was brought to me for advice. On examination, a depression was found just at the point of the os coccygis; but there was no opening in the skin: the vagina was also imperforate; but the existence of a meatus urinarius, somewhat below the usual situation, was ascertained by the passage of the blunt end of a probe, although no water was ever observed to pass. The little patient appeared to be suffering very much, and refused the breast: the abdomen was greatly swollen, and very tense; there was also repeated vomiting; and efforts to relieve itself by straining, as though it wished to pass something backwards. As the only probable chance of saving the child's life, I decided at once upon an operation, notwithstanding that Dr. Blundell, in his lectures, as reported in *THE LANCET*, recommends waiting a few days, or even weeks, until the gut has become more distended; and this, principally, because it might so chance that the surgeon is unskilful; a reason for withholding the use of the knife, which is, I think, untenable in this, or in any other operation, there being abundance of difficulties to anticipate in laying down rules for operating, without inventing such an excuse as the possibility of the operators incapability, from whatever cause, of adhering to those rules. The child being held by an assistant, nearly in the same position as that recommended for the operation of lithotomy, I made the external incision, commencing at the depression at the point of the os coccygis, about an inch in length, towards the vagina, and continuing it cautiously upwards, in a perfectly straight direction, and inclining the scalpel backwards, at the same time, in the direction of the median line of the os coccygis and sacrum, the point of it penetrated the gut, at the distance of full two inches from the external artificial opening, which circumstance was ascertained by the somewhat sudden escape of the meconium: a tent of lint, well oiled, was then inserted, and two tea-spoonfulls of castor oil ordered to be given immediately: the exit of the meconium appeared to give relief: very little blood was lost. During the time the child lived, which was 76 hours after the operation, a moderate-sized urethra bougie, covered with oiled lint, was passed, from time to time, and suffered to remain in a short while, in order to keep the parts properly dilated; but the bowels were but sparingly acted upon, although castor oil and calomel were retained for a considerable time. The vomiting, which was never effectually stopped, was somewhat relieved by a carminative; and friction with castor oil allayed the tenseness of the abdomen in a slight degree. It may be worthy of remark, that on the

2nd day after the operation, the child vomited, to all appearance, pure bile from the mouth, and also through the nostrils; and the skin about the face and neck was considerably tinged: whether the effects of the action of 3 grs. of calomel promoted its absorption, I will not affirm; but the next day the skin was of nearly its natural colour. The mother was subject to bilious complaints. No post-mortem examination was allowed.

Ludlow, April, 1830.

NEW METHOD OF TREATING RANULA.

By G. SMITH, Esq., Surgeon, Barnsley.

HAVING been a constant reader of *THE LANCET* from its infancy, and knowing the great influence it has in the surgical world, I have sent for your insertion the result of a case of ranula, which I trust you will give a place in an early Number, that others, who may meet with this formidable disease, may make trial of the same remedy which has in my hands been so peculiarly successful.

The true nature of ranula being well understood by every one who has studied surgical pathology, I should consider a description of it a misappropriation of your invaluable pages, as its characteristic features are to be met with in every surgical work, ancient and modern. However much Fabricius differed in the pathology of this disease from the writers of the present day, his mode of treatment was, in every respect, similar; yet it cannot be denied, that an accurate diagnosis of a disease must be clearly ascertained before we can ensure success, either by the knife, or by medicine. All authors whom I have consulted, have uniformly had recourse to an operation, either in the form of puncture, incision, or extirpation, which latter mode is seldom had recourse to, even by the most experienced operators, from the many important parts connected. Fabricius supposed that ranula was an encysted tumour of the meliceris kind, and, consequently, thought nothing short of extirpation would effectuate a radical cure, although he generally contented himself with opening the tumour its whole length, from the great danger of a fatal hæmorrhage in extirpation.

M. Dupuytren, who has contributed so much to the advancement of surgery, records a case in the *Répertoire Général d'Anatomie*, of a soldier, on whom he performed the operation in the following manner: having made a small opening into the tumour, he introduced one end of a tube, or cylinder, four lines in length, and two in breadth, with a small plate on each end to retain it into the cavity of the tumour, through which