in some situations. It is always a more painful proceeding than that by incision alone, and not to be preferred, unless under peculiar circumstances, when profuse and dangerous hæmorrhage might be apprehended. Here there is no such risk. The tumours are not very vascular. On the large one removed from Snell a vessel could with difficulty be found, capable of receiving one of the smallest injecting tubes. On examining and preparing specimens of the erectile tumours of less size, he had introduced pipes, such as might be used for the brachial, besides being obliged to tie many more. But independently of the consideration that the tumour might be safely attacked by incision, the reason for resorting to the operation is to be looked to in the situation of the tumour. You cannot expect to preserve the form of the organ, or to restore its proper colour so well by ligature, as by the use of cutting instruments. However well a patient may submit to [the annoyance and stench of a mortified part during the process of separation in some situations, you will find few who will submit to it so near the organ of smell. The operation by incision is not attended with great difficulty, the hæmorrhage is readily restrained by pressure, the nostrils being plugged. You need not stop to tie vessels during the dissection; afterwards it may be necessary to tie one or two. You would notice how the sides of the nose were cleared in this case; an assistant placed one finger on the nostrils, so that the cartilages of the apex and the alæ might not be encroached upon. The best plan is to cut right down in the mesial line, and then to dissect away the diseased mass, first from one side and then from the other, keeping the two sides as like as possible to each other. He had been in the habit of operating, and had removed in this way a great many tumours, without any unpleasant symptoms following. It might be supposed that after removal of the integuments cicatrization might be very slow, and that the cicatrix would be discoloured; in this they would be agreeably disappointed, the healing process going on very rapidly: the scar may remain for a short time a little red and tender, but it ultimately comes to resemble closely the surrounding skin. The countenances of these patients are generally of a rubicund cast, which is so far favourable as regards the appearance afterwards. The tumours in this case were the largest of the sort he had ever removed. They may be warranted in removing only part of the integument covering the apex or the alæ; and at some future period another portion of skin and subcutaneous cellular tissue may become affected. This, however, was not to be expected in general; out of many cases he had only once been called upon to interfere a second time, and that after an interval of about ten years. A large mass was re-

moved from the apex; the alæ were then slightly affected, but the patient did not wish them to be meddled with at that time; the enlargement very gradually proceeded, and very lately he was called upon to remove the annoyance. No growth had proceeded from the original cicatrix.

[These remarks were illustrated by a number of preparations, as is usually the case in Mr. Liston's clinical lectures, which are, perhaps, the most complete of any in London.]

INTRODUCTION OF THE CATHETER.

In lecturing lately on some cases of stricture of the urethra under treatment, Mr. LISTON made some remarks on the mode which he had long observed in introducing the catheter, or bougie, in all cases in which the obstruction was not seated near the orifice of the urethra. He preferred the employment of one hand only, the urethra being left perfectly free; by pursuing that method the instrument was less likely to be impeded, the natural obstacles met with about the sinus of the urethra being more effectually and certainly avoided, the patient suffering less uneasiness, and the operation being altogether more easily and dexterously effected than when the member was pulled out, and the urethra was put unnaturally upon the stretch.

EVACUATION OF WATER BY PUNCTURE OF THE HEAD.

To the Editor of THE LANCET.

SIR:—The following case of hydrocephalus externus is forwarded for insertion in your excellent journal. Your's respectfully,

JOHN JEFFERY, Surgeon.
Cockburn's Path, near Dunbar,
4th Jan. 1837.

On the 1st of August last, I was called to see a boy about three months old, whom I found suffering from a disordered state of the stomach and bowels. By the use of gentle laxatives, he seemed to have perfectly recovered in eight days, when I discontinued attending him. I was, however, requested to see the child again, about three weeks afterwards, when the mother told me that she thought the head was enlarged, because the cap which was formerly of sufficient size was now too small. I found the head a little enlarged, and thought that I could feel the fluctuation of a fluid under the anterior bregma; the eyes were turned downwards, as if the child was looking at the præcordia; pulse of about the natural standard; tongue clean and moist; bowels re-

gular; urine rather scanty, but in other respects the child seemed to be well, and free from pain. I gave small doses of calomel, repeated at short intervals, with a view to promote the absorption of the fluid, but though this treatment was persevered in for a considerable time, the head continued to enlarge. The integuments, particularly over the anterior bregma, became tense, and the bones began to separate. Under these circumstances, I urged the parents to allow me to puncture the integuments, in order that the fluid might escape, but to this they would not consent. I still continued my attendance, and several times spoke of puncturing to the parents, but it was not till the 17th of November that they would agree to it. By this time the head had attained a considerable size; the bones were separated fully $\frac{3}{4}$ ths of an inch, particularly along the course of the sagittal and coronal sutures; the circumference was 22 inches, and from the inferior part of the squamous plate of the right temporal bone, over the parietal protuberances, to the left, the measure was $12\frac{1}{2}$ inches. On the 20th of the same month, I punctured, with the point of a lancet, the integuments and dura mater, at the anterior bregma, a little to the left side of the superior longitudinal sinus, and allowed about an ounce and a half of fluid to escape slowly. Having previously passed a bandage loosely around the head, I gradually tightened it as the fluid oozed out, in order to prevent fainting and further accumulation. The child stood the operation well, and in the course of a few days appeared to be considerably better; the eyes looked more natural, and he seemed to notice objects when placed before the eyes, which he did not appear capable of doing previously. I still continued to act gently upon the bowels, and about ten days afterwards repeated the operation. A small quantity of the fluid was allowed to escape every day. The child became more lively, and improved daily, until the morning of the 10th December, when the pupils became dilated, the respiration hurried, and the pulse quick and small; he got rapidly worse, the face and extremities became cold, the body was covered with a cold clammy perspiration, and he died at four o'clock in the afternoon. The parents would not permit a post-mortem examination.

THE NEW PHARMACOPŒIA.

ERRORS IN BOTH EDITIONS.

To the Editor of THE LANCET.

SIR:—The College of Physicians having at length been delivered of their *parvum in multo* "Pharmacopœia Collegii Regalis Medicorum Londinensis;" and Mr. Richard Phillips having furnished us with what he

calls a "Translation;" but since, from the order in council (*vide Pharm.*), we are likely to be transported beyond the seas, or "proceeded against according to the utmost severity of the law," if we do not implicitly obey the directions of the College, who "had rather that some of them should be prepared according to our directions, than trust to the attention or inattention of others," I beg to call the attention of medical practitioners and pharmaceutical chemists to a manifest error in the original, and to several serious errors in what Mr. Phillips designates "a translation."

The errors committed by Mr. Phillips are in perfect accordance with his former translation; for never did any unhappy wight, not even Dr. Powell, present such a constellation of blunders as did Mr. Phillips. However, I take the liberty of requesting the medium of THE LANCET to convey a knowledge of the mistakes to the medical profession, in order that the necessary corrections may be made. I remain, most respectfully, Sir, your very obedient servant,

G. WHIPPLE.

Elaboratory, Jan. 16, 1837.

ACIDUM HYDROCYANICUM DILUTUM.

The College direct,—

Cyanide of silver, $9\frac{1}{2}$ grains.
Distilled water, a fluid ounce.
Hydrochloric acid, 9 minims.

Mr. Phillips' Translation.

Cyanide of silver, $48\frac{1}{2}$ grains.
Distilled water, a fluid ounce.
Hydrochloric acid, $39\frac{1}{2}$ grains.

CERATUM CETACEI.

The College direct,—

Spermaceti, 2 ounces.
White wax, 8 ounces.
Olive oil, a pint.

Phillips' translation.

Spermaceti.
White wax, 2 ounces.
Olive oil, 4 fluid ounces.

POTASSÆ BISULPHAS.

The College direct,—Water, six pints.

Phillips' translation,—Water, four pints.

UNGVENTUM CREOSOTE.

The College direct,—Creosote, half a fluid drachm.

Phillips' translation,—Creosote, a fluid drachm.

The College insert,—Tinctura Rhei composita. Tinct. Rhei omitted in Phillips' translation.

The College direct,—Tinctura Sennæ composita. Tinct. Sennæ.

Phillips,—Tinct. Sennæ. Tinct. Sennæ compos.

TINCTURA AMMONIÆ COMPOSITA.

The College direct,—Mastich, 2 ounces.

Phillips' translation,—Mastich, 2 drachms.

In this instance Mr. Phillips directs the proper quantity of mastich. The monstrous quantity ordered by the College is an error.