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

the contents escaped; this case, M. Dupuytren says, was completely cured in fifteen days.

IN *THE LANCET*, No. 323, Dr. Graefe states his having performed the operation (incision) on three patients with complete success, which method, I consider, is a revival of Fabricius's operation, using concentrated muriatic acid, instead of the mercurial solution, by M. Le Clerc.

From the true nature of ranula, I should conclude that the operation of evacuating the contents of the tumour in any form whatever, is only a palliative; it is treating the effect, instead of removing the cause. Do we anticipate a radical cure of ascites, when we perform the operation of paracentesis abdominis? Or can we ensure a successful result in trephining for hydrocephalus? A re-accumulation is inevitable; to establish a fistulous opening, as in a case related by M. Louis, is the only chance of a permanent cure by operation.

December 16th, I was consulted by Mr. M., who wished my advice relative to a tumour under his tongue; says he first observed it eleven years ago, but within the last two years it has attained an alarming size, causing great difficulty of breathing, particularly in the night, pressing the tongue into the fauces, and threatening instant suffocation; it occupies the whole concave space of the lower jaw, projecting posteriorly over the molar teeth on both sides, rendering mastication extremely painful; discharges a thick viscid matter, which, during the night, passes into the stomach, producing nausea, sickness, want of appetite, diarrhoea, &c. From the good effects which I have repeatedly observed of the preparations of iodine, in glandular swellings, and tumours in the different organs of the human body, I resolved on giving it a trial in this disease, and report, through the medium of your widely-circulated Journal, the results of my experiment with this pharmaceutical engine. Considering this a favourable opportunity for the trial of a remedy which has in my hands, repeatedly, more than realised my most sanguine anticipations, I explained to my patient the nature of the disease, with the only hopes he had of being relieved, viz., by an operation; but that as the operation was of itself painful, I was willing to try the effect of medicine before I decided on it. To this he readily consented. I ordered tinc. of iodine twelve drops night and morning, to be increased gradually if it produced no disagreeable sensation in the stomach; when he had arrived at thirty drops three times a day, he said he felt his appetite improve, nights less restless, stools regular, countenance cheerful, and could easily observe the tumour diminishing; of this I was doubtful, as he

had only been under the influence of the medicine four weeks; not willing to increase the dose, in the beginning of February I was agreeably surprised to hear, that his speech, which formerly was only a hoarse murmur, was now quite distinct; that he could masticate freely; that the discharge was gone, and that the tumour was reduced from the size of a duck's egg, to a mere flat and easy compressible puffiness, causing no uneasiness whatever. By a continuance in the use of the tincture a few weeks longer, I have no hesitation in expressing my belief, that the disease will be totally eradicated.

I have a case, at present, of enlarged tonsils, in a boy about six years of age, which I am treating with the iodine tincture, the results of which I shall forward to you.

MEDICAL DINNER.

To the Editor of THE LANCET.

SIR,—I am induced, by an article in last week's *LANCET*, to acquaint you, that I had nothing to do with the selection of toasts for the proposed dinner; and that I did not attend those meetings at which the toasts were determined on.

It may not be superfluous to inform you, that prior to the publication of the article referred to, I had declared my intention to resign all connexion with the dinner.

I am, Sir, your obedient servant,

W. A. WOLFORD.

Speldhurst Street, Burton Crescent,

April 26th, 1830.

EDINBURGH ROYAL INFIRMARY.

MR. LISTON.

April 21st.

ONE of the most respectable meetings of medical students ever held in Great Britain, took place in Dr. Knox's class room, on Saturday, the 17th instant, relative to Mr. Liston's arbitrary measure, alluded to in our last. Mr. Cheek, the president of the Medical Society, presided. An extremely temperate and judicious address was unanimously voted to the managers, and signed by 127 pupils of the house, out of which number, a moiety, at least, are either surgeons, or candidates for the medical degree.

The memorial was presented to the managers on Monday the 19th, and was received with the utmost courtesy. A reply was promised, when the matter shall have been taken into consideration.