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PHARMACEUTICAL DEPARTMENT.

Original Communications.

Ranula in New-born Children. By THOMAS A. RODGER, M.D.

So very seldom is it that we meet with a case of congenital ranula, that its existence has by some been denied altogether.

My attention was directed by my friend, Dr. Gardner, to the last number of the *London Medical Record*, where I find that Dr. Muller, of Moscow, has lately drawn attention to the subject.

In a paper read before the Moscow Medical Society, Dr. Muller states that four cases have been recorded by Dubois, Bland, Bertier and Lombard, and four others by Bryant.

In the Foundling Hospital at Moscow, Dr. Muller remarks that four or five cases have been observed during the last seven years in about 80,000 children. Of these Dr. Muller describes three cases.

Considerable difference of opinion exists as to what really constitutes ranula.

It is usually said to be a dilatation of Wharton's duct; "but Erichsen states that there is no proof of the disease being of this nature, nor is it very easy to understand how so very small a duct can be dilated to so large a size as is occasionally attained by these tumors, which seem, in some cases at least, rather to consist of independent cystic formations, such as commonly occur in connection with other secreting glands, and in other parts of the mouth." This view of the case is strengthened by the

fact that these globular cystic tumors containing glairy fluid may occur in the substance of the tongue itself, away from any salivary duct.

The subject of the following case was born on twenty-fourth of April, 1878.

A large globular tumor completely filled the mouth, and even protruded beyond the lips of the infant. This tumor was in size somewhat larger than a pigeon's egg, and produced almost complete asphyxia, the child breathing only through the nostrils, and that, apparently, with great difficulty.

After dividing the funis umbilicalis, and examining the tumor more carefully, I decided it was a case of that form of ranula referred to by Erichsen, as involving the tongue itself; the latter organ being pushed up against the roof of the mouth. The child breathing with so much difficulty, I thrust my lancet into the tumor at once, when out poured a quantity of thick glairy fluid resembling very much the white of egg.

With my little finger I emptied the sac almost completely of its contents, after which the breathing was quite normal.

At my visit on the morning of the 26th, I found that the sac had partially filled again, so that the child could not nurse, notwithstanding that during the previous day, and night also, it had taken the breast with ease.

I again opened the sac, the contents being the same as before. The mother being decidedly adverse to any operative interference, it was with difficulty that I obtained consent to introduce a seton.