On close examination, it was evident that the two bones were displaced; for a depression could be felt between the lower end of the tibia and the projecting navicular bone, when the finger was pressed forcibly downwards in this situation; whilst on the other side of the projection the metatarsal bone of the great toe could be traced throughout its whole course, and its junction with the internal cuneiform bone could be felt, but its base was found to be much below the level of this latter bone.

Another symptom of the bones being dislocated was, that the foot was shorter than natural, which was found upon measurement from the lower end of the tibia, at the bend of the ankle-joint, to the end of the great toe, the distance being shorter than the same points on the opposite foot. This was to be explained by the displacement of the scaphoid and cuneiform bones, allowing the astragalus to fall more forward, and of course taking the tibia with it, thus diminishing the distances between the bend of the ankle and the great toe. From the same cause, the distance from the lower end of the tibia to the extremity of the os calcis backwards was *increased* in length—which was also ascertained on measurement with the opposite foot.

The above points, together with the absence of all probability, from the nature of the accident, of there being fracture of these small bones, were quite sufficient to make me decide that the scaphoid and internal cuneiform bones were displaced upwards and inwards. The treatment I adopted was that employed in severe cases of valgus, not with the hope of getting the bones into their natural position again, but to give support to the arch of the foot and the ankle-joint. For this purpose, I ordered a strong boot, with a vulcanized indiarubber pad placed within it, to support the arch of the foot underneath the point where the bones were displaced. The boot also had an iron attached to it, passing upwards outside the leg to the knee; round this, opposite to the ankle-joint, a broad strap passed, made to embrace the lower end of the tibia, and so prevent the ankle falling inwards, which it was inclined to do, owing to the eversion of the foot. The patient continued this treatment for about six months, the foot gradually regaining strength, and he was enabled to walk longer distances with but little inconvenience. He now only wears the pad, and this it will be prudent for him always to do, to guard against weakness of the arch of the foot.

The extreme rarity of this kind of injury is shown by no mention being made of it by any authors who have written on dislocations. Cases of dislocation of the astragalus, scaphoid, and cuneiform bones *separately* have been described, but none of dislocation of the scaphoid and internal cuneiform *together*.

Montague-street, Russell-square, 1857.

ON

A NEW CAUSTIC FOR CANCER, &c.

By WEEDEN COOKE, M.R.C.S.,

SURGEON TO THE ROYAL FREE HOSPITAL AND TO THE CANCER HOSPITAL.

MAY I be permitted to revive in the columns of THE LANCET the subject of the treatment of cancer by caustics. I do not propose to reconsider the past history of this particular mode of treatment, overlaid as it is with melancholy instances of unfounded pretension and fatuous credulity, but to ask, first, whether any and what good is effected by this agent, or these agents? and, secondly, which or what form of caustic avails most to the end in view?

In the first place, I would entirely abjure the use of caustics in all cases in which the knife can be employed, for the very simple reasons that the latter instrument is humane, expeditious, safe, and, under chloroform, painless; whilst the former is barbarous, tedious, unsafe, and, as anæsthesia cannot be kept up for four or six weeks, painful in the extreme.

I, then, narrow the use of caustics to those cases of cancer in which there is an open ulcer, having attachments to bone or to vital parts, and in these cases undoubtedly good may be done by destroying the superficial cancerous mass, and establishing a healthy granulating surface, which in many instances cicatrizes, provided the patient be supported during the treatment with all that is nourishing and comforting.

Granting, then, this limited use of caustics, it becomes necessary to consider what agent is the least objectionable.

I have experienced two cases, and have heard of others

where chloride of zinc was employed, in each of which a severe and dangerous attack of pleuro-pneumonia followed the application, and I cannot but believe was consequent upon it. This and the pain it produces urged me to seek for some agent more free from objection. The sulphate of zinc gives great pain; the potassa fusa destroys the mass rapidly, but it grows again after this application. I tried the anhydrous sulphates of copper and iron, and very useful caustics they proved, giving less pain than others, but being at the same time too mild in their action for the destruction of large growths. Eventually the powerfully destructive nature of manganic acid was suggested to me, and Mr. Bastick undertook to combine it with a base—viz., potassa. In this combination I believe, from what I have seen of its effects, we have a most invaluable agent. This caustic contains a very large quantity of oxygen, and would seem to act by imparting this to the tissues, thus producing a chemical combustion. The pain produced is much less than that of any other caustic, and in some instances after the first minute or two there is no pain at all, and I have observed no after ill consequences. This “manganese cum potassa” caustic is a dark green powder, and may be applied very readily by means of a small pepper-castor. A thin coating of it will remove instantly all unpleasant odour from the ulcer, and when used for reducing the exuberant growth, must be applied in a layer as thick as the tissue to be destroyed. By dropping a few drops of water upon the powder after it is applied, it will form a paste, and adhere to the part, after which some simple dressing may be applied. By means of carrot poultices the eschar drops off in three or four days. If necessary, the manganese is reapplied in the same easy way until the diseased mass is all destroyed, and the subjacent healthy tissues granulate and cicatrize by means of a slightly stimulating lotion of chlorate of potash. Velpeau has a high opinion of the sulphuric acid, but could not succeed in making a paste with it to limit its action. This new combination of manganic acid and potassa will, I hope, attract his attention, and supply him, as well as my own countrymen, with an efficacious caustic, convenient for application, less painful than all others, and free from injurious effects upon the constitution. The well-known antiseptic effects of manganic acid suggests its use in all foul and phagedænic ulcers, and I have no doubt that large crops of warts may be conveniently removed by its agency.

Upper Berkeley-street, August, 1857.

REPORT OF A CASE OF

VESICO - VAGINAL FISTULA CURED IN FIVE DAYS BY A NEW FORM OF OPERATION.

By J. H. SAWYER, M.D., L.R.C.S.I.,

MASTER OF THE COOMBE LYING-IN HOSPITAL, AND PROFESSOR OF MIDWIFERY TO THE ORIGINAL SCHOOL OF MEDICINE, PETER-STREET, DUBLIN.

On the evening of the 17th of May, 1856, I was sent for to the Coombe Lying-in Hospital, in the absence of Dr. Ringland, the master on duty, and for the first time saw the subject of the following case:—

Fanny W—, aged twenty-four, remarkably small and very excitable, married fifteen months, first child, admitted into the labour ward at three P.M. on the previous day. She stated that labour had set in on the 15th, and that the waters had come away before her admission. On examination, the os was found fully dilated; head presenting; pains strong and frequent.

On the ensuing day, as she had not made progress, Dr. Kidd, the assistant, was sent for. He promptly introduced a catheter, though with considerable difficulty, owing to the pressure of the head on the pubis. Having relieved the bladder, and finding no other urgent symptoms, he directed that he should be sent for if the labour had not terminated by ten P.M. I saw her at eleven P.M., in consultation with Dr. Jameson, and found her in a state of exhaustion, with quick, feeble pulse, irritable stomach, and the external parts tender, hot, and dry. Under these circumstances, and as the head had remained stationary upwards of nineteen hours, we decided at once to terminate the labour. I could not detect the foetal heart; but as the placental soufflet was evident, and the pupil on duty assuring me that he had heard the foetal tic a short time previous, I was reluctant to resort to the perforator. I succeeded with some difficulty in introducing the blades of Churchill's forceps obliquely, and, after considerable effort, extracted a

large male foetus. She made a good recovery in all points, with the exception of suffering from incontinence of urine, which set in about the fifth day after the operation. The formation of a recto vaginal fistula was ascertained; but as her general health was impaired, she was directed to try change of air, and return to the hospital after two or three weeks' sojourn in the country.

She was re-admitted on the 1st of July, and, on examination, a transverse oval aperture was ascertained immediately above the neck of the bladder, through the vesico-vaginal septum; it measured eight lines in its long diameter, and the finger could be readily passed into the cavity of the bladder. The narrowed condition of the vagina, combined with the soreness resulting from the extensive excoriation, made the examination very difficult. The patient complained that the moment she turned in the bed, or assumed the erect posture, the urine flowed away. She said her life was miserable, that she was offensive to others, and unable to earn her subsistence, and would gladly submit to any operation. Various attempts were made to relieve the extreme sensibility of the parts. Carbonic acid gas (as suggested by Dr. Simpson) was injected, and the vapour of chloroform, through Dr. Hardy's chloroform bellows; but instead of diminishing the soreness, such aggravated suffering, with increased contraction of vagina, was induced, that I was compelled to postpone the operation from the 15th to the 25th. Two days prior to that date I cautiously dilated the vagina with plugs of prepared sponge, smeared with extract of belladonna, which proved an admirable anæsthetic.

Having previously cleared out the bowels, I secured her in the position for lithotomy, and proceeded to operate in the presence of Drs. Montgomery, M'Clintock, Churchill, Ringland, and Mr. Maurice Collis. It had been intended to use chloroform; but after a few inspirations the sudden irregularity of the heart's action compelled us to desist. Two dilators were first introduced, and pressed obliquely upwards and outwards. The third pressing down on the recto-vaginal septum enabled me to get a good view of the fistula. A full-sized catheter passed through the urethra, and pressed downwards and forwards, kept firm the posterior margin of the aperture, and prevented the bladder from coming in contact with the knife. With a long-handled, double-edged knife I carefully split the vesico-vaginal septum at the posterior lip to the extent of three lines, carrying the knife completely around the commissures, and keeping close to the vesical surface. I then did the same to the lower and anterior margin, but with greater difficulty, as its aspect was turned from me. The constant welling of blood and urine compelled me to work very slowly. I then syringed with cold water, which in some degree repressed the bleeding, and with the ordinary fixed needle, as used in a similar operation by Mr. M. Collis, I inserted four ligatures of strong brown thread at intervals of three lines, carefully avoiding penetrating the vesical mucous membrane. I secured the ligatures over two bars of gutta serena, and was most cautious not to draw the thread too tight, thus preventing the risk of strangulation of the margins enclosed between the quills. The operation lasted about half an hour.

She was then placed in bed on her face, her body well supported by pillows, a long gum-elastic catheter was passed and secured, and one grain of opium was directed to be given every third hour.

On the fourth day, I examined, and was gratified to find the margins of the wound in perfect apposition, and no suppuration. I divided the ligatures, but did not remove them until the following day—that is, the fifth from the operation. The union was complete, but I did not venture to withdraw the catheter or act on the bowels until the eighth, when they were gently moved by a mixture of castor oil and tincture of rhubarb.

On the eighteenth day, she was walking about the ward. She said she was able to retain her urine, and her only inconvenience was a tendency to micturate frequently. This gradually subsided, and on the 14th of August she was discharged in perfect health, and is at present in a good situation, and, as she declared to me, as well as ever she was in all her life.

This mode of operating appears to me to possess the following advantages:—

1. Facility of execution.
2. Probability of speedy union by adhesive inflammation.
3. The prominence of the vesical flaps form an admirable barrier to the urine insinuating itself.
4. Comparative freedom from hæmorrhage.
5. If it does not succeed, there will be no increase of the fistulous aperture, as after other plans.

Dublin, 1857.

FACTS AND OBSERVATIONS RESPECTING THE PRINCIPLE TO BE KEPT IN VIEW IN REGULATING THE ADMINISTRATION OF OPIUM.

(In a Letter to JAMES WILKES, ESQ., Commissioner in Lunacy.)

By RICHARD OLIVER, M.D.,

RESIDENT PHYSICIAN TO THE SALOP AND MONTGOMERY COUNTIES LUNATIC ASYLUM.

(Concluded from p. 183.)

THE next case that I shall mention is one which I have reason to suppose that you also saw:—

C. D., No. 983, female, aged twenty-four, admitted Oct. 3rd, 1855; a laundress, living at home with her parents in humble, but respectable circumstances, and remarkably well educated for her station in life; was engaged to be married to a person who suddenly disappointed her. To relieve the distress and depression thus produced, her friends consented that she should leave home for change of scene at a period when she must have been very unfit to take care of herself, and in a short time afterwards it was found necessary to send her to the Stafford County Asylum. In the course of a few weeks she was discharged from thence, to all appearance recovered, and was brought back by her friends to this county. She had not been long at home before she again became ill, and was then brought here. At the time of her admission she was suffering under the most inconsolable sadness and despair. Sleep had entirely forsaken her. She obstinately refused food, and was incapable of paying the least regard to the state of either her clothing or her hair. The general debility of her system was manifested by emaciation, amenorrhœa, and profuse spontaneous ptialism. The skin was shrunken, the bowels were constipated, and the urine deposited abundantly crystals of the double phosphate of ammonia and magnesia. As there was no other possibility of inducing her to take food, she was fed by means of the stomach-pump, and three grains of hydrochlorate of morphia were regularly given for some time with her evening meal.

After going on in this manner for about a fortnight without any perceptible sign of amendment, the hydrochlorate of morphia was exhibited in the dose of four grains and a half of the medicine daily. She proceeded for several weeks, sometimes willingly receiving, but not unfrequently refusing, her food; and beyond the acquisition of three or four hours' sleep every night, making but very little satisfactory progress.

On the 1st of December, with the view of controlling a more than ordinary degree of agitation and distress, six grains of the hydrochlorate of morphia, and on the 2nd, five grains were exhibited, in addition to the regular doses through the day. This, so far as was intended, had its proper effect, but yet there was no decided approach to convalescence. Her dress was still habitually neglected, and her face was seldom seen but in tears.

On the 7th of December a more energetic practice was determined upon. Fifteen grains of powder of opium were given in the forenoon, and the same quantity was repeated at bedtime.

On the following day there were unmistakable evidences of improvement; and in three days from the time at which she commenced taking the remedy in this way not the slightest trace of her malady was perceptible in either her appearance or her conversation, or in the state of her dress. The circumstance of her having previously fallen away from her improved condition so soon after leaving Stafford suggested a caution with respect to these outward evidences of amendment; and notwithstanding the speedy restoration of her strength and flesh, and her return to active and orderly habits, the treatment last mentioned—viz., the administration of fifteen grains of powder of opium twice a day—was steadily continued until the 14th of February, 1856. At that time she ceased to take the opium in the form of powder, and commenced with the use of the tincture of opium in the dose of half a drachm three times a day, in combination with hydrochloric acid.

The only thing that remained to cast a doubt on the security of her convalescence was the continued suspension of the catamenial function. For this reason she was sent from the asylum on the 28th of February, not as recovered, but only "on trial;" and on the 4th of April last, after having entirely discontinued the use of opium for about five weeks, she was finally discharged on the authority of a certificate of her recovery from a medical practitioner, who is intimately acquainted with the circumstances of her case.

On the 12th of the present month (September) the answer which that gentleman gave to my inquiry respecting her was: