

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.,

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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