

sisting of a milk diet, nitro-muriatic acid, and large doses of conium. Under this treatment, the man got well. This was a case of ordinary chronic glossitis or inflammation of the tongue, terminating in suppuration. You know what is the usual course of phlegmonous inflammation in other parts; but it is not often that it attacks the tongue, although that sort of inflammation may and does affect that organ. I do not think, however, that, with care, you are likely to mistake chronic glossitis for cancerous disease of the tongue.

There are affections of the tongue which are clearly due to the use of mercury. When a patient has been taking mercury for any time, the tongue is very apt to become affected, and in such case it does not exhibit hard lumps in the centre, or lumps like cancerous or venereal tubercles; but it runs into a nasty state of ulceration. What, however, resembles cancer of the tongue more than any other disease, and what the most experienced surgeons have confounded with cancer, is the venereal tubercle of the tongue. Venereal tubercles occur late in the history of a venereal taint. You sometimes find the patient exhibiting such syphilitic symptoms five, six, or ten years after an apparent cure, or after the disappearance of all other symptoms: I have known them longer. There was lately a woman in the detached wards of the hospital with a foul ulcer in the centre of the tongue, which was due to the softening and ulceration of a syphilitic tubercle, seated in the centre of the tongue; in its ulcerated state, it had all the appearance of a cancerous disease; the history and concomitant symptoms, however, left little doubt as to its true character, for she had also one of these softened tubercles on the breast, and a third on the leg. She was cured by taking large doses of iodide of sodium. Now, with regard to venereal tubercle, it occurs where the patient does not think anything about syphilis; when he has forgotten all about it, or that he ever had it. It begins like a little solid hard lump in the centre; so does cancer. It enlarges slowly, and without much pain: so does cancer. It ulcerates, and gives out a fetid discharge; so does cancer. And like cancer, also, it goes on until the tongue is destroyed. The two diseases run an almost identical course; and unless you go into the history of the patient, you must always be in doubt whether the disease is cancerous or venereal. In cases of syphilis, the taint may operate upon the tongue after a long series of years; mercurial and iodic diseases appear whilst the remedies are being used. It would be a very unfortunate circumstance if you should by mistake operate in a case of syphilis; for the effect would be that you would have a foul spreading ulcer instead of a cicatrising and healing one. If you were to cut out the syphilitic tubercle, you would have a very destructive sore. With regard to the treatment of cancer, I have spoken. With respect to the other diseases resembling cancer, their cause points out the nature of their treatment. Suppose a patient comes to you with suspicious disease of the tongue, one resembling cancer of the tongue, and denies ever having had syphilis, and says that he never took mercury or iodine, your most prudent plan would be to put him on the use of mercury and iodine for some time before having recourse to, or even contemplating, any operative procedure. If no improvement takes place within a reasonable period, you may then act with a very much greater degree of safety. The late M. Dupuytren, of Paris, in all cases of disease of the testicle, whether they were syphilitic or not, always put the patient through a course of mercury; and in this way a great many testicles were saved. Now, where the question of the nature of the disease is doubtful, it is your duty to give the patient a course of specific treatment. There are many other diseases of the tongue whose nature may appear at first doubtful; those produced by working exposed to the fumes of mercury for example. A photographic artist, who had occasion frequently to work exposed to the fumes of mercury, two or three years ago, showed me his tongue, which was covered with a nasty foul ulcer, which I believed to be syphilitic. He said, "I have had syphilis, but what I want to know is,

whether the disease is due to my occupation, or to syphilis." It turned out eventually that the disease was mercurial, because it got well under simple treatment, and absence for a short time from his ordinary employment.

These, then, are the most important tongue diseases that resemble cancer. In forming a diagnosis of tongue diseases, on which to found your practice, the great point is to get a correct diagnosis—the matter of treatment is then a very simple thing. To enable you to do this, the following points are important:—

1. The condition of the general health.
2. The nature of any concomitant disease, whether venereal or not; and whether the patient has at any and at what time suffered from constitutional syphilis; under what forms, and how it has been treated,
3. Whether mercury or iodine have been taken for the disease in the tongue, and with what effect upon it.
4. The condition of the submaxillary lymphatic glands.
5. Whether the patient has worked at any occupation in which the fumes of mercury are employed.

A careful inquiry, based on these suggestions, will, most frequently enable you to ascertain the actual nature of the disease, and thus to treat it properly. If an affection of the tongue, of the nature of which we are doubtful, be aggravated by mercury or iodine, internally administered, it is generally benefited by opium, conium, sarsaparilla, and lime water, with gargles of tannic acid, or the hydrochloric acid, or creasote. In other cases, where the disease is truly venereal, it is benefited by the remedies alluded to—I mean mercury or iodine, especially mercury in the form of vapour, which acts magically in many true syphilitic diseases of the tongue. In truly cancerous diseases, when ascertained beyond doubt to be so, the only remedy is the knife, used as soon as the nature of the disease is clearly and certainly ascertained.

Birmingham, May 1855.

COMPOUND DISLOCATION & COMMINATED FRACTURE OF THE ASTRAGALUS: REMOVAL OF THE BONE: RECOVERY WITH AN USEFUL FALSE JOINT.

By J. H. HOUGHTON, Esq., Surgeon to the Dispensary, Dudley.

[Read before the Birmingham and Midland Counties Branch, May 10th, 1855.*]

ON the 22nd of May, 1854, Thomas Cotton, 14 years of age, residing at Tipton, but working at the Dudley Port Lime Works, received a severe injury, for which I was called to see him. When I arrived at his house, I found the foot and ankle carefully wrapped up, and the stocking not removed. From the position of the foot, as it lay, it was obvious that some serious mischief had been done to the ankle joint. On removing the stocking, which was done by slitting it up with scissors, a wound was observed running parallel with the articulating surface of the tibia, on the internal side, and extending from the centre of the back of the foot to the centre of the joint in front. The wound was as straight and clean cut as if it had been made by the knife of the most dexterous surgeon. Through this wound protruded at least two and a half inches of the internal malleolus, to which was attached the astragalus, perfectly separated from the os calcis, and only loosely attached to the tibia. The injury to the ligamentous structures of the astragalus was very great. The peroneal tendons were observed running behind the malleolus, exposed, but not injured. In the anterior part of the wound, the extensor tendons were seen entire; in fact, there did not appear to be any tendon divided. There had been considerable hæmorrhage, which had ceased. The foot was quite warm and sensitive. The tibia was not broken; the fibula was. The articulating surfaces of the astragalus were at right angles to those of the os calcis and tibia.

* The patient attended the meeting.

The foot was necessarily fearfully distorted, and forced outwards.

The boy was leading a horse down a railroad in the pit; the horse stumbled and fell upon him, and his foot fell upon the sharp edge of the rail, which probably made the clean incision. The force was thus applied to the fibula side of the leg.

The boy was in good health, and not much injured otherwise. He had lost a good quantity of blood, but was not suffering from severe shock. Under these circumstances, I requested Mr. William Underhill to see him with me; and with his entire concurrence it was resolved to endeavour to save the limb; but in order to make this attempt, it was necessary to remove the astragalus.

The articulations between the tibia and astragalus being opened, it only required the ligaments and remains of the synovial membranes to be divided; after which, the bone was removed without very considerable trouble. Extension was then made, and the foot was speedily returned to its proper place. I must here observe that the wound was dirty, and contained a large number of cobbles (small pieces of coal). The edges of the wound were brought together with sutures; and over these was placed a little lint moistened with blood. The whole was very slightly rolled up and placed on the outer side on a pillow a little raised. The knee was flexed. The limb was exposed to the air, and the windows thrown open. He had milk diet, and opium as required.

May 23rd. He had passed a good night; his countenance was very good. The tongue was moist; he had no thirst; pulse 92. The skin was cool; the foot was warm. He had very little pain, and had not taken a single dose of opium.

May 25th. He had very little pain, and no fever. The bowels had been opened by medicine. The lint had formed a complete scab.

May 26th. The tongue was clean and moist; the appetite good; the bowels regular. He was ordered to have meat daily, and to take no medicine.

May 29th. There was a good deal of discharge; the lint was thereupon carefully removed, and the sutures withdrawn. The edges of the wound were perfectly approximated; but no union had taken place. The bones were perfectly covered, and granulations were springing up. His health was good. A poultice was applied to the wound.

June 2nd. His health was good. The wound was healthy. The bones lay in good position. Water-dressing was applied; and he was ordered to have full diet and no medicine.

June 14th. He had fever, with some inflammation of the integuments below the wound, and an appearance of suppuration; but no fluctuation was perceptible. The part was not painful; pulse 120. Saline medicine and cold lotion were ordered.

June 18th. All signs of suppuration were gone. The foot was cool, and free from inflammation. The fever had quite abated. The appetite was good.

June 22nd. A very small collection of pus had formed at the anterior end of the wound. A little matter had also formed beneath the skin of the great toe, and had been discharged. His health was good. The treatment was continued.

June 27th. The wound was nearly healed, except a small spot at the anterior part. It was of the size of sixpence, and looked puffy, as though dead bone were coming out. The health was good. He had no medicine. The water-dressings were continued.

July 3rd. The wound was of the size of a fourpenny piece; it was free from inflammation. He was free from pain, and the health was good.

Sept. 16th. Nothing calling for special note had occurred, and his progress had been rapid. He could now walk across my surgery without any assistance whatever. There was a little want of fulness in the internal side of the foot, and a very slight inclination of the foot inwards. He had considerable motion of the ankle, and indeed very little deformity at all. The health was excellent throughout. He

had worn a fine gutta percha splint for a month with much benefit.

April 30th, 1855. No further note had been taken of the case. He resumed his work on December 7th, and had continued at it ever since. The condition of the joint now is as follows; though of this you will be the best judges, as, at the request of the Council, I have brought the boy for your inspection, and I have further had casts made of his injured and sound legs.

The leg is a very little shorter than its fellow. The muscles of the calf are less. This foot is fully three-fourths of an inch shorter than the other; it is also narrower. The toes are each of them less than the opposite ones; and generally the development of the two feet has not progressed *pari passu*. The hollow which exists under each malleolus, and which is continued thence to the sides of the tendo Achillis, is entirely obliterated; and from the points of the malleoli downwards and backwards the foot is rounded. This destroys the appearance of prominence at the malleoli; though, in fact, they are rather more prominent and larger than the sound ones. The arch of the foot and the instep are very little altered. These deviations from the natural shape are obviously due to the deposition of the osseous matter necessary for the reparation of the injury. There is considerable motion in the ankle-joint; the boy walks with very little lameness, and works twelve hours in the pit daily without inconvenience.

REMARKS. Compound dislocations of the ankle-joint are not very rare accidents in the South Staffordshire coal fields. In the course of my experience, extending over twenty years, I have seen a number of these cases, either in my own practice or in consultations; generally speaking, under moderately favourable circumstances, these dislocations do well, the patient retaining a very useful limb. Had Cotton's been simply one of these cases, I should not have ventured to record it.

But the description I have given you of the accident, together with an inspection of the astragalus itself in the exact state it was in when I had removed it, will show you that this was no ordinary case of dislocation of the ankle-joint, and that in fact it was one of an unusually formidable description. The astragalus itself has received the most remarkable injuries; a considerable piece of bone has been broken off and removed from the anterior-inferior and external angle of the body of the bone, together with the articulating cartilage, and a smaller portion has been broken off the posterior-inferior and external angle, and a deep fissure through the cartilage extends from one of these fractured surfaces to the other. A small piece of bone has also been chipped off the upper surface of the calcis, and remains attached to the ligamentous structure which connected these two bones. It is a singular fact that these injuries to the bone are on the external side, whilst the wound on the soft parts is on the internal aspect of the articulation, and that the soft parts directly over the fractured surface remained entire. A careful inspection of the bones of the foot will show that the injuries could only have occurred from violence directed from without inwards, driving the astragalus across the calcis. One can hardly conceive how the soft parts could have sustained the violence necessary to produce such serious mischief without having their vitality entirely destroyed, rendering amputation necessary; or how the tibia escaped.

Cases of compound dislocation of the astragalus are alluded to by various authors. In Bransby Cooper's edition of Sir Astley's great work, nine cases are related; and one is given in Liston's *Operative Surgery*. Seven of these cases recovered; two died; and one suffered amputation. In four, the astragalus was removed; in five, it was not removed. Two of the cases in which the astragalus was removed proved fatal. Including my own case, recovery from compound dislocation of the astragalus occurred in the proportion of four to one: of the cases in which the astragalus was removed, of three to two.

I regret that I have not had an opportunity of consult-

ing Mr. Smith's work, from which I should doubtless have gained some cases.

The record of cases of recovery from serious injuries is useful to remind us of the extent to which our efforts at conservative surgery may, and indeed ought to be, carried out; and of the resources which nature has at hand for our assistance. Provided the vessels and nerves are safe, the constitution sound, and the patient not too far advanced in life, I believe there is scarcely any case of injury in which we may not attempt to save the limb with every hope of success. This opinion, formed some years since, has been gradually confirmed by experience; for, in fifteen years' practice in the South Staffordshire collieries (of which I believe I have had my fair share), I have only had occasion to remove the extremities four times in consequence of accident. Time, patience, and a *judicious management of the patient's health*, indeed "work wonders"; and I would here add my testimony to that of Mr. Jones, of Jersey, as to the necessity of a generous diet after severe injuries and operations.

The operation for resection of the joints is now too well established to need any support from cases such as this; and, at the present day, I suppose it is hardly necessary to refer to the propriety of closing wounds over articulating cartilages—a practice I have always followed in amputations of the fingers and toes, and from which I have never witnessed any ill effect.

You will not fail to observe the state of the false joint, in which you will see there is considerable motion.

Mr. Syme is of opinion that arrest of development takes place after resection of the knee-joint. Mr. Jones and others, however, have not found this misfortune to occur in their cases. It is certain that the right foot of Cotton is much less than the left; and though the removal of the astragalus, and the consequent approximation of the scaphoid to the calcis, would account for the shortening of the foot: it cannot account for the smallness of the foot generally, and of each toe in particular. It may be a matter of opinion whether the arrest of development, which has certainly taken place, has resulted from the accident, or from a want of sufficient exercise of the parts for their normal nutrition. The deficiency of the development of the calf of the leg doubtless arises from want of use, resulting from the constrained motions of the ankle-joint.

From the facts now detailed, I think we may safely infer that, in cases of compound dislocation of the astragalus, we may, as a rule, safely attempt the preservation of the limb, either with or without removal of that bone; and have a fair prospect of success to our efforts.

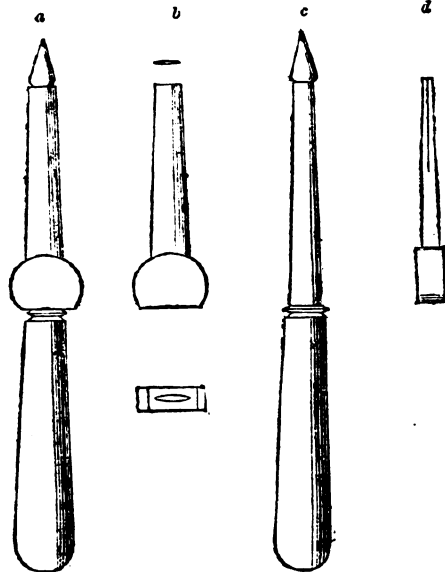
Dudley, May 1855.

IMPERVIOUS RECTUM: SUCCESSFUL OPERATION.

By HENRY JACOBS, Esq.

WHEN in practice in the Dover Road, London, I was called to attend a Mrs. B. in her third confinement: the labour passed off well, with the delivery of a male child. The next day I visited the mother; and found her and the infant apparently doing well; but the nurse told me "that the latter had not passed a motion". I immediately examined the infant more particularly than I had previously done, and found the external opening quite free. I passed the little finger, previously oiled, up, as I thought, the rectum: finding no resistance for at least an inch, I concluded that there was no abnormal state of the parts. I ordered a teaspoonful of castor oil. No motion followed the use of this purgative. On the third day, I made another examination, passing the forefinger half an inch higher up, when I arrived at the lower end of the rectum, much distended with meconium. This was not easily accomplished, from the smallness of the parts. The infant had taken the breast freely. The urine was natural; the bowels were very tumid. Having fully convinced myself as to the cause of

the retention, viz., an imperforate rectum, I went to Mr. Hills, late cupper, etc., at Guy's, who had an instrument by him, made some years since for a similar case; he kindly lent it me; and I hastened to relieve my patient, which I succeeded in doing. The blade of the instrument somewhat resembles a common lancet, protected by a sheath, etc., as represented. After oiling it and my finger, the latter being



a. Instrument sheathed. b. Side view of Sheath. c. Side view of Instrument. d. Edge view of Sheath.

my guide, the sheath was passed up to the bowel; the lancet forced from it into the intestine horizontally. On cautiously withdrawing the instrument, immediately some meconium, mixed with blood, passed, which was exceedingly offensive. After this, rectum bougies were passed, commencing with a small one, gradually increasing the size until as large as the fore finger. On withdrawing each, some meconium followed. I then gave, with a pipe and bladder, an enema of warm water; a teaspoonful of castor oil by the mouth; and had the infant placed in a warm bath. A wax oiled tent was placed in the orifice the first two days. The fæces were expelled only after the withdrawal of the tent and the introduction of the bougies. On the sixth day, the infant for the first time passed a motion without assistance. Another teaspoonful of oil was given, and repeated. Ever since, a free and natural evacuation has taken place more than once daily. The case proved successful. I saw the infant six months after the operation, when the bowels continued to act.

Asylum, Colney Hatch, May 1855.

DIFFICULT LABOUR: PERITONITIS: DEATH.

By HENRY G. TREND, Esq.

ON the 18th of February last, about 10 P.M., just as I was retiring for the night, I was sent for to attend a woman at Dowsdale, about five miles from here. It being a bitter cold and snowy night, and not having been previously spoken to, I was going to decline attending, when the man who came said, "Please, sir, the woman who is with her says you are to bring your instruments." On hearing this, I at once rode off. Arrived at the house, I found that the patient had been in "strong labour" since ten o'clock in the morning, and that an old woman, who pretends to great knowledge in these matters, had been with her during the whole of that time. She told me she had "got the feet", but could not "bring it any further". I at once made an examination, and found, not the feet, but both arms protruded through the vagina, with the back of the neck pro-