"These figures are somewhat remarkable, and, although it would be absurd to suppose that the new rule prevented suicide, yet it is clear that it has not stimulated it as a practice. The experience of the Mutual thus shows that the risk of an Englishman taking away his own life, in order that his family may reap the benefit of his assurance money, has been hitherto overestimated, and that it is, in fact, so small as to be inappreciable."

On the other side, one manager writes to me and says that he has "long had an impression that the usual condition of forfeiture may in some cases operate as a protection to the assured, presenting a consideration that may influence a very morbid mind to abstain from an act which it is otherwise disposed to commit". This opinion is not supported by any facts, but it is not at all unreasonable. Of the two companies which act upon the liberal principle of only waiting six months before declaring the policy positive, or nearly so, the Scottish Provident Institution has some important observations in its report, which I shall quote. It says: "According to a strict view, suicide should be a cause of forfeiture only where it has been committed with the intention of defrauding the assurers. But the extreme difficulty of obtaining proof that such was the object has rendered it necessary to adopt a broader rule, which has varied in the regulations of different assurance societies. In some, there is a forfeiture, if the party assured die by his own hand, although the act would not amount to *felo de se*; while, in others, it was provided that he must be held *felo de se*, and, therefore, of sound mind. The former rule is adverse to every dictate of justice and sound feeling; for, if the suicide be insane, although his hand be the instrument, his malady is the true cause of death as much as if he died through cholera or fever."

There is another point on which there seems to have been a general agreement amongst the directors of insurance companies; that is, the necessity of taking some precaution that a person should not insure his life with the deliberate intention of relieving himself from the cares and troubles of this life, whilst, at the same time, his concern for those he leaves behind him is such as to impel him to insure his life. It is difficult to obtain instances sufficient to prove anything certain on this subject, as the only evidence at my disposal is given in the prospectus of the Mutual Society, quoted above, and these facts show that a more liberal arrangement does not increase the number of suicides amongst the assured. As there are only five offices which make their policy certain without any conditions, it is impossible to give many facts; but it appears to me that the occurrence of such a business-like and deliberate design of suicide must be very unusual, and would imply an amount of "method in madness" which is extremely rare, or which does not exist at all. In the opinion of the directors of the Caledonian, which is one of the liberal companies, requiring only a delay of six months before accepting the policy as a positive one, "the probability is, that the act of self-destruction would, in such circumstances, follow closely the taking out of the policy, and the knowledge that no payment would be made, if death occurred in that way within six months, would naturally deter a person having an intention of the kind from assuring with this company."

There is still another subject on which directors have been generally unanimous, according to the reports which I have received. They appear to have been more influenced by a commercial spirit in framing their rules than by a concern for the welfare of the family of the person assured. In more than one-half of the reports—and the proportion is really greater—it is stated that the policy shall remain in force, under any circumstances whatever, where any other person shall have acquired a *bona fide* interest in it by assignment or by legal or equitable lien. Now, surely this is exhibiting a much greater tenderness for the creditors of the assured individual than for his sorrowing and perhaps suffering wife and children. If the directors, in the interest of their respective companies, can afford to make such an invariable rule as this with regard to business matters, they can well afford to make a more liberal arrangement for the family of the deceased. The secretary of one company is fully aware of this anomaly, and writes to me thus: "The general rule in these cases—viz., to pay in full only to third parties who have given due notice of their interest in the policy—must often work great hardship to the widow and family, who are not generally dealt with on terms as liberal as those which are accorded to persons who are merely purchasers, and may make a large profit on the transaction." Where the policy, therefore, is alienated, the parties recover the full value of the policy; but, where it is not alienated, the family of the deceased must take their chance of obtaining even the return of the premiums paid, and these without interest. This seems unkind and unjust to the survivors, as the object for which an insurance is usually made is really defeated. The would-be suicide can generally alienate his policy, and so render it perfectly safe.

I have not been able to ascertain the annual number of suicides and

particulars respecting them. From one society, however, I have been favoured with such details, and the number of deaths of this class was twenty-seven during thirty-six years. In very few of the cases, real *felo de se* could not be proved; for, in some instances, the persons were found drowned, others were obviously insane, whilst in some the cause of death appears to have been accidental.

As it is impossible and undesirable, in the course of this paper, to give in detail the mass of information which I have obtained, I shall condense my conclusions into the following statements.

1. The present rules and practice of insurance societies is thoroughly irregular and uncertain, no distinct principle being uniformly acted upon, except that those to whom a policy is alienated are most tenderly considered.

2. The idea of a person's assuring his life, and then deliberately committing suicide, is of such rare occurrence as only to justify very moderate precautions.

3. The fact of a person having insured his life prevents him from committing suicide is a very questionable statement, and has not been proved by any known facts.

4. The present restrictions are severe and unreasonable towards those who are almost always of unsound mind, and ought to be done away with or materially modified.

I would recommend, therefore, an uniform practice, which would meet the views and objections of the insurance societies, and would be far preferable to the present state of things. In order to prevent a person from insuring his life and immediately committing suicide, my opinion is, that in every case the full amount of the policy should be paid after thirteen months; that is, when two annual premiums have been paid. This would be a sufficient protection to the offices, and, if death took place, it would not appear so great a loss to the family, to whom the premiums might be returned. After thirteen months, the policy should be a positive one, and the question of soundness or unsoundness of mind should not be raised at all. Directors would find it advantageous rather than otherwise to come to an agreement on this subject, and it is not likely, with such a few cases, that any increase of premium would be required. A very slight increase, however, would be better than the present uncertainty; and it is strongly urged upon directors of insurance societies to adopt an uniform rule in dealing with deaths from suicide, and thus to remove a reproach which at present exists.

CASE OF CARIES OF THE TROCHANTER MAJOR SUCCESSFULLY REMOVED WITH THE CHISEL AND MALLET.

By THOMAS ANNANDALE, F.R.S.E.,

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I PUBLISH a note of the following case, as it is an addition to the already recorded instances of caries confined to the trochanter major without any involvement of the hip-joint, and also as an illustration of the advantages of the chisel and mallet in removing bone from situations not easy of access to the saw. I am inclined to think that the disease in the present case had its origin in inflammation and suppuration of the bursa, lying between the trochanter major and the insertion of the gluteus minimus muscle.

D. McCrae, aged 25, was admitted into the Infirmary under my care on May 17th, 1876. For more than three years previously to his admission, he had suffered from pain in the region of the great trochanter and hip-joint, and he had been repeatedly blistered over the painful part, but without benefit. Three months ago, a swelling formed on the inner side of the corresponding thigh immediately below the groin, and has since steadily increased in size.

When examined, the patient was found to have flattening of the buttock on the affected side, and there was well marked fullness over the great trochanter. There was tenderness on pressure over this process, but the movements of the hip-joint caused no pain. The swelling in the thigh was a large abscess. On May 25th, the abscess was opened with antiseptic precautions, and the wound dressed in the usual way. Six weeks after the operation, the patient was sent to the convalescent hospital, the wound not being completely closed, but discharging only a small quantity of thin pus.

On July 31st, the patient's symptoms were much the same as before, and the wound was discharging more freely.

On August 25th, the trochanter major was exposed by a free incision, and then it was found that a portion of its anterior and external surfaces was affected with caries. The disease was superficial, and involved a surface measuring about two inches in length and one in

breadth. The surrounding bone and the hip-joint were healthy. The diseased surface, to a depth of about a quarter of an inch, was chipped off with the chisel and mallet, and a clean-cut healthy surface of bone resulted.

After the removal of the diseased bone, the patient's progress was good, and he was dismissed on September 20th with a strong and useful limb and with perfect movement in the hip-joint. Both wounds were soundly healed.

CHRYSOPHANIC ACID AS A REMEDY IN SKIN-DISEASE.

By BALMANNO SQUIRE, M.B.Lond.,
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IN my previous communication on chrysophanic acid as a remedy in ringworm, I expressed a diffidence in arriving at a summary conclusion on the strength of my own researches. I am, therefore, glad that two observers have responded to this expression on my part by stating their own views; the one stating that Goa powder is "of some value in ringworm", and the other that he "has tried it with the very best results, and ever since has considered it a specific". It will need, however, to be tried by a great many observers before its real competency can be satisfactorily ascertained. Now, inasmuch as some general interest in this remedy has been awakened, and as I have received several letters since my first communication to the JOURNAL on the matter, inquiring of me the best method of employing chrysophanic acid, it may be convenient that I should here briefly state my views on that head.

In the first place, I advocate chrysophanic acid in preference to Goa powder. It is true, the former is the dearer of the two at present; but if any general demand for it should arise, it would no doubt speedily become nearly, if not quite, as cheap as Goa powder now is. My researches with chrysophanic acid, undertaken, in the first instance, to try if it would prove a remedy in psoriasis, were to ascertain if the virtues of Goa powder were possessed by this constituent of it; and I find that they are so, not only in cases of psoriasis, but in cases of ringworm also. One of the great and quite natural obstacles to the use of Goa powder has been that, until very recently, it was a secret remedy; and it even still remains saddled with the drawback of a name which is vague, and by no means self-explanatory, from a scientific point of view. Now, chrysophanic acid, the chemical composition of which is well known, is a more definite substance to experiment with, and a far more satisfactory thing to bring under the notice of clinical observers, if it will only prove itself to be really the active therapeutical constituent of Goa powder, as my researches have led me to think that it is. Then, again, Goa powder ointment is a dark-brown substance, and a very dirty-looking smudge when smeared over the skin, whereas chrysophanic acid ointment, if properly made, is a remarkably clean preparation.

As to the mode of applying the remedy; the mere pasting the Goa powder on with water or vinegar, which after all will not make it stick, or with lemon-juice, which is scarcely better, is a primitive method of a very inefficacious kind. This appears to be the favourite mode in the East, and seems to be due to an impression that the powder is soluble in these menstrua, which it certainly is not. Then, the mere mixture of the powder and a similar quantity of acetic acid with lard, at the ordinary temperature, is another of the conventional modes of using the remedy. This is a better plan by far than the other one, although what the acetic acid is for, unless with a hopeless view to its dissolving the powder, it is difficult to guess. A far better method is to mix the powder with hot lard, which dissolves it pretty freely, and afterwards retains even when cold a certain portion of it in solution, if, for want of a better expression, I may apply such a phrase to a solid substance. I do not by this mean that Goa powder is thus capable of being dissolved; but certainly 85 per cent of it, that is to say, its chrysophanic acid, can be so dissolved; or, if pure chrysophanic acid be employed, a perfectly clear solution of it in hot lard may always readily be produced. (About 20 grains of the acid are soluble in an ounce of hot lard.) In the intimate state of admixture of the acid with the lard, which exists when the solution has been allowed to cool, the ointment obtained is far more efficacious than ointment prepared in the conventional way, as is evidenced by the far greater readiness with which it produces the characteristic phenomena of the action of chrysophanic acid on the skin. There exist, therefore, what I should call the comparatively inefficacious, as well as the efficacious, methods of applying Goa powder and equally of chrysophanic acid. It will be an advantage if those who may relate their experience of either remedy in the future will say

in what form the remedy shall have been used by them. Then, as to watching for appearances of improvement, I have already referred, in an earlier number of the JOURNAL, to the phenomena that occur in cases of psoriasis treated by chrysophanic acid ointment. In ringworm, however, the microscope is a necessary means to enable us to judge how matters are going on. For example, if sufficient weight of evidence should be adduced that, under the use of the remedy, the trichophyton disappears from the hair and skin, it would scarcely go for much if any one were blankly to disparage the remedy in vague terms, without being able to say also how long it had been used, and on what data he had arrived at a conclusion; nor would it be sufficient even for him to say that, after a certain comparatively brief use of it, he had still found the hair-stumps "diseased"; inasmuch as the injury inflicted on the hair by the trichophyton is irremediable until fresh hair has had time to grow. It is scarcely to be expected of chrysophanic acid, or indeed of anything else, that it will cause hair, which has become split up into its constituent fibres by the development between them of numerous vegetable spores, to glue themselves together again as they were before that phenomenon had happened. I mention this because, in another place, it has been alleged that, after the use of the remedy (although in some cases it had proved quite successful, yet in others), the hair-stumps were still found "diseased". Now, in my previous communication, I stated that it was on the freedom of the still "diseased" hair-stumps from spores that I based my opinion of the efficacy of chrysophanic acid ointment in ringworm. I preferred the obviously still diseased hair-stumps for examination, as being, of all the hairs, those in which the trichophyton, if still existent, would most surely be found. As to the efficacy of the parasitocides in more common use, I think I may venture to say that, if they were good for much, we should not find ringworm, as it unquestionably still is, a very tedious and tiresome complaint to treat.

In conclusion, I beg to point out that the only conclusive test of the value of chrysophanic acid, or of any other remedy for ringworm, is the absence of relapses after apparent recovery under its employment. Meanwhile, the use of the microscope is the next best test. Although this is necessarily an imperfect means of arriving at a conclusion, I have not yet been engaged for a sufficient length of time in investigating the effect of chrysophanic acid on ringworm, to be able to speak with the certainty that I could only derive from long continued observation of cases that have been so treated. I can only speak at the present from the results of a careful use of the microscope; but these results are sufficiently encouraging to induce me to recommend others to try whether chrysophanic acid may or may not possibly prove some slight improvement on the not very excellent means that we at present have at our command.

SURGICAL MEMORANDA.

AURAL THERAPEUTICS.

WITH reference to the use of Siegle's pneumatic speculum to raise a sunken membrane, or to break down adhesions between it and neighbouring parts, which Dr. Cassells says he has employed without encouraging results, may I be permitted to state that, in two cases which have recently been under my treatment, I have found this manoeuvre of the greatest service? In both of them, there was distinct evidence of adhesions accompanied with marked rigidity of the membranes. These patients rapidly improved under the use of the pneumatic speculum, and in one the improvement was so evident to the patient himself, that on each occasion he frequently exclaimed: "It is the drawing out of the drum of the ear that improves my hearing." Both recovered fair hearing power and lost all tinnitus. Until Siegle's speculum was employed, all other means had failed to obtain this result.

JOHN ST. S. WILDERS, Birmingham.

THE USE OF PADS IN EXCISION OF TUMOURS.

I FULLY agree with Dr. W. W. Campbell (JOURNAL, January 13th, 1877) on the value, as a general principle of practice, of pads after the excision of tumours. I have no doubt whatever that sponge (though expensive), by reason of its soft and elastic nature, would be the best material; and, on account of its latter quality, I occasionally use it as a compress after herniotomy. After the removal of larger tumours, such as the mamma, I adopt precautions very similar to those mentioned by Dr. Campbell, but with this exception—I use two pads, one on each side of the linear wound. Each pad is made of folded lint, somewhat longer than the wound and parallel with its edge. A wide and long piece of strapping, also parallel with the long axis of the pad, secures this in