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.

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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.

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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