she made a progressive recovery to such a state of health as her damaged heart would admit of.

The points of interest in the case are the following :

1. Though this hardly refers to the question, the well marked evidence of cardiac mischief before the articular symptoms were developed, though none had existed before, so far as could be ascertained, and though she had not had rheumatic fever previously.

2. The suddenness of the attack of chorea on the sixteenth day, simultaneously with the cessation of the articular signs, and with such violence as to make us fear lest she should sink from exhaustion arising from excessive muscular exertion, before the movements could be arrested.

3. The sudden and permanent arrest of the chorea after taking only four doses of the medicine (chloral five grains, bromide of potassium ten grains), and her subsequent uninterrupted restoration to such health as her permanently and extensively damaged heart admitted. It may almost be said she was well when she awoke from her chloral sleep, for after that time she did not take a single dose of medicine, and rapidly recovered by simple attention to diet and good nursing.

There are other minor points of interest to which the limits of this paper do not permit me to allude.

In the twenty-second volume of the *Medico-Chirurgica! Transactions*, Dr. Bright gives some cases.

1. A lad, aged 17, April 5th, 1836.—Twelve days previously, general rheumatic symptoms, but not strictly those of acute inflammatory rheumatism, set in. When all these were subsiding, six days before he was seen, consequently on the sixth day of the disease, peculiar spasmodic symptoms arose, which increased till Dr. Bright saw him, when they were fully marked symptoms of severe chorea, except that the convulsion was more severe than is almost ever seen in chorea. The pulse varied from 100 to 120, and there was occasional sharpness, followed by feebleness of the beat, which induced us to pay attention to the action of the heart, which led to suspicion rather than conviction of that organ being more than functionally diseased. Remedies gave some relief for a day or two, when the disease increased and assumed the character of the most violent convulsion. There was slight wandering of the mind. He then required personal restraint to prevent him from injuring himself. He died fifteen days after the spasmodic symptoms set in. After death, the heart exhibited abundant signs of extensive acute inflammation. "The brain and abdominal viscera were most carefully and minutely examined and all found perfectly healthy."

2. Dr. Bright also alludes to the case of a young lady he saw in consultation, who suffered from rheumatic affection of the joints, though not in the genuine form of acute rheumatitis. "Several of the joints were puffy, slightly inflamed, and tender, and she had now begun to show symptoms of involuntary motion, the movements in fact of complete chorea." "The heart was agitated, and to it the chief uneasiness was referred. The pulse was hurried and irregular, and on listening to the heart a *frottement* was distinctly heard. I had no doubt of the inflamed state of the pericardium." The lady recovered completely.

3. He relates very shortly three other cases, in which chorea existed during the course of acute rheumatism: two in the hospital, and one in the son of a medical man, aged 11. The history of this poor lad was shortly as follows: "Within the last two years, two very severe attacks of rheumatism, in both of which most direful inflammation of the heart took place, and with each attack chorea so severe that he threw himself from one end of the bed to the other, and required the constant care of more than one attendant to prevent his injuring himself. He has greatly improved in all his symptoms." (Page 15.)

Dr. Tanner writes: "We sometimes meet with cases, more especially where the heart has become implicated, in which irregular choreal movements come on *during* the progress of rheumatic fever"; but he gives no case.

Trousseau gives two cases only, in which chorea occurred during the course of acute rheumatism, in both of which the attack commenced about the fourteenth or fifteenth day. In one case, there was endocarditis, and this was fatal; but neither the presence of endocarditis nor the result is mentioned in the other. He also gives the case of a boy, aged 5½, seized January 1st with articular rheumatism, which lasted a month; on February 1st, he was attacked with chorea, which was still present on the 7th. In this case, there was endocarditis. The result is not given. (*Clinical Lectures*, vol. i, page 394.)

Rilliet and Barthez give two cases, one reported by Boutillé, in a child eight years old, suffering from violent rheumatic pain in the left arm and shoulder, accompanied by fever so intense as to require frequent bleedings, in which chorea disappeared at the moment when the pain and fever disappeared. They also refer to a case of their own, in which the movements supervened *à cette moment*; and also to Stoll's

cases, in which the rheumatic pains and the movements commenced simultaneously. (*Maladies des Enfants*, tom. iv, 313.)

So far as the limits of my own small library extend (which includes a complete copy of Braithwaite, which I have searched without finding a case), these are all the instances in which chorea set in *during* the course of rheumatic fever. Including the third case by Trousseau—in which, however, the chorea, strictly speaking, did not set in till the fever had subsided—and my own, I can only find eleven cases recorded; and Trousseau, Bright, and Barthez and Rilliet are the only authors who have recorded cases. The coincidence is, therefore, I conclude, one of extreme rarity, and the case in all its bearings one of rare interest.

NOTE.—Since the above was written, the following case came under my care in the Guest Hospital.

W. C., aged 9. October 21st, 1876.—A healthy child; had slight chorea two years since, lasting three weeks. The mother had chorea when a child. The attack commenced on September 30th, and two days afterwards a competent person told his mother he had rheumatic fever, with heart-complication. This continued in a severe form till October 18th, when chorea appeared. On the following day, chorea increased and rheumatism subsided, but did not quite disappear. On admission, the chorea was not severe. He had slight pain in the knees and ankles, and a soft systolic *bruit* at the apex. Temperature 98 deg.; pulse 80; urine acid. He was ordered bicarbonate of potash and iodide of potassium. He continued much the same till the 23rd, when chorea suddenly increased, and ten grains of chloral were given, after which he had a good night. On the following night (24th), the movements became so severe and distressing that the house-surgeon gave him chloroform, after which he slept four hours and awoke much quieter. The paroxysm was marked by a sudden rise of temperature, from 98.2 deg. to 102 deg.; falling on the following day to 99 deg.; on the next day rising to 101.3 deg.; and finally falling the next day to normal. After the chloroform sleep, he took ten-grain doses of chloral every two hours, and on the 27th the rheumatism and chorea had disappeared, and he made a progressive recovery.

GANGLION: ITS TREATMENT BY PNEUMATIC ASPIRATION.

By JOHN BROOM, M.D., Clifton.

THIS disease, whether in its simple or compound form, is one frequently met with by practitioners and almost as often neglected by patients. So far as my own observations have gone, I have been consulted most frequently by women and children, in whom I have invariably found the disease to exist in its simple form. These patients have mostly been of rather delicate constitution, and the subjects of some sudden and violent flexion of the wrist. They have sought advice rather for deformity than pain; especially has this been the case when I have met with it in women.

As the etiology and pathology of the disease are generally understood and accepted by the profession, and I have nothing essential to add, I shall confine my observations to the treatment.

The custom and experience of the surgeon, as well as the age, sex, occupation, and position of the patient, usually determine one of the following methods of treatment: applications, *e.g.*, iodine liniment, or tincture, or blistering solution; pad and strapping; bursting, either by digital pressure, or by striking with the back of a book; incisions, either direct or subcutaneous; drainage, with internal irritation, by passing a seton of thread or silk directly through it. These, separately or conjointly, have usually produced a temporary, if not always a permanent, cure.

The following case—which is one of many taken from my former practice in Sheffield—illustrates the simple form of the disease; its treatment by the pneumatic aspirator; and the result, so far as circumstances permitted me, to prove it.

In 1875, a youth, aged about ten years, was brought to me, having a simple ganglion upon the sheath of the extensor indicis tendon, of a few weeks' existence. I was requested to do all I could for him at this one interview, as he was going into the country for some time, and, therefore, he would not be able to consult me again without some inconvenience. With this view, I at once introduced the needle of the pneumatic aspirator, and drew off about a drachm of semitransparent fluid, which completely emptied the sac; and then, for the purpose of preventing the refilling of the sac, and also of giving support to the weakened and dilated wall of the sheath, I applied a small pad of lint, and kept it *in situ* by encircling the wrist with a single strip of

soap plaster. This dressing I directed the patient to wear for a few days, using the hand in the interim as before the operation.

A few months after the operation, the youth's father informed me that it had been perfectly successful, that nothing further had been done, that there had been no return of the disease, and that his son had neither weakness, pain, nor other inconvenience from it.

As a deduction from the above, the treatment by pneumatic aspiration appears to offer some advantage over the other methods, inasmuch as it is simple, efficacious, and but slightly and momentarily painful—desiderata readily recognised and yielded to by most patients.

THERAPEUTIC MEMORANDA.

CHRYSOPHANIC ACID IN THE TREATMENT OF SKIN-DISEASE.

I AM glad to find in the columns of the JOURNAL still further testimony to the efficacy of chrysophanic acid in skin-disease since I first brought it under notice. My testimony to its efficacy in *non-parasitic* diseases of the skin has throughout been more positive than what I have advanced as to its action in the cure of ringworm. I have reason now, after trying it in a large number of cases of both kinds, to believe that it is of unquestionable efficacy both in the vegetable-parasite diseases as well as in the non-parasitic diseases of the skin; but its action is very much more striking in the latter. Dr. Bushe's cases of Burmese ringworm or Malabar itch are, judging from cases of that disease which I have seen in this country in persons who have been resident in India, of a non-parasitic nature, and come properly under the head of figurate lichen. I quite agree with Dr. Bushe that they are not contagious, and that these diseases have no effect on the hairs of the affected locality. Dr. Bushe is in doubt whether these diseases be due to an animal or a vegetable parasite. Now, if they were due to either the one or the other, they would probably be what, as I think, he has quite accurately advanced them not to be; and that is to say they would be contagious. He states the disease to be commoner in males than females; but an analysis of ten thousand consecutive cases of skin-disease which have come under my observation has shown me that males are more liable to skin-disease in general than females, and that notably so. I find also that skin-disease, in general terms, is more prevalent in cold weather in our country, which would correspond to the rainy season, which, according to Dr. Bushe, specially favours in India the occurrence of Burmese ringworm.

I can quite realise Dr. Keith's observation that less than four ounces of Goa-powder ointment (which, as I have before observed, is little else than dirty chrysophanic-acid ointment) sufficed to cure a case of psoriasis with a rapidity that appeared to him quite marvellous. The swelling and dyeing of the face have been already described by myself and by others also; but I must warn him that chrysophanic acid, in its pure state, has the same effect on the linen in dyeing it that it has in its impure condition (Goa powder). I cannot tell him what will remove these stains; but they are not a very serious drawback. The skin is the only article of clothing we possess that we cannot replace; and if, in repairing it, we obtain a sound skin at the expense of a spoiled shirt, the bargain is not, after all, such a bad one. I have had many letters, testifying to the efficacy of chrysophanic-acid ointment in psoriasis, from various practitioners, and I am sorry that they have not published their experience; and I have had some members of the profession under my treatment for the same disease by the same means, with very satisfactory results. But it is fair to say that the remedy does not invariably succeed. In some cases, it fails altogether, even after a fair trial. Why this is so I cannot say, unless it be that the same may truly be said of every other remedy—namely, that success is never to be absolutely prognosticated under any kind of treatment.

BALMANNO SQUIRE,

Surgeon to the British Hospital for Diseases of the Skin.

SEEING Dr. A. D. Keith's observations on the use and effects of Goa powder ointment in the JOURNAL of April 28th, I wish to add mine on chrysophanic acid. Where I have used it in the form of ointment described by Mr. Balmanno Squire, I have found that it dyed the nails a dark claret colour; the hair also, when applied to the head; as well as the linen, from which no amount of washing or exposure to the weather would obliterate the stains. One patient complained of considerable impairment of vision when it was rubbed over any great extent of surface. There is no doubt about its having very valuable therapeutical powers in certain forms of psoriasis; and, could it be supplied at a sufficiently low price, it would be invaluable—as a fast dye.

CHARLES W. THORP, L.K.Q.C.P.I., Todmorden.

SEEING in the JOURNAL of April 28th that Dr. Keith intends trying chrysophanic-acid ointment instead of Goa powder, the stains of which are very objectionable, allow me to state that the chrysophanic acid ointment is open to the same objection. I have recently tried it in two cases; one of pruritus scroti, which it failed to relieve; the other a case of lepra, which rapidly improved, but was not thoroughly cured, as the ointment soon fell into disuse by the patient on account of the severe erythematous rash, exactly resembling scarlatinal rash, and the stains. The patches of lepra were on both legs, but the red rash only over the femoral region of the right thigh, and was followed by desquamation. I noticed the appearance of the skin and the peculiar dyeing of the nails described by Dr. Keith.

THOMAS J. OLLERHEAD, Minehead.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN.

HOSPITAL NOTES.

GUY'S HOSPITAL (DR. WILKS).

Disease of Suprarenal Capsules.—A man aged 58 was admitted as the subject of moderate continued pyrexia. Having previously enjoyed good health, he had been three weeks under the care of Mr. Chapman of Shepherd's Bush, and exhibited slight signs of pulmonary disease, but none of the usual signs indicating degeneration of the suprarenal capsules. He died within two months of the commencement of illness, and *post mortem* examination showed destruction and cretification of both suprarenal capsules, a condition similar to that seen in mesenteric glands. Such a condition must have been of long duration, and presented a ready-made experiment, proving that these organs are not essential to life or to health, as was maintained by Dr. Addison; the symptoms commonly resulting, but absent in this case, being probably due to an altered condition of the nerves freely connected with these organs. The cause of death was acute tuberculosis.

Continued Pyrexia.—A lad aged 17 was admitted, complaining of being "bodily ill". He was found to have a continuous temperature of about 102 deg., but no signs of local or specific disease, only such symptoms as usually accompany "the feverish state". Dr. Wilks remarked that a condition of continued fever without signs of local or specific disease is laid down in the lecture theatre as indicating probable acute tuberculosis. The case under consideration had continued too long for enteric fever, and, therefore, "ought to have been" acute tuberculosis. After four weeks' duration, there were signs of slight consolidation of the apex of the right lung. There was a family history of consumption, and he had had occasional slight hæmoptysis. Such cases have led to the inference that phthisis frequently follows enteric fever. This is not correct; but signs of phthisis often develop after an attack of continued fever, which is mistaken for typhoid, such period of feverishness coinciding with, and depending upon, the early changes of lung-mischief, which cannot be detected by physical examination. Phthisis never follows as part of the natural history of enteric fever.

Thermometry is a most useful means of clinical investigation, and has thrown much light on the pathology of the "feverish state"; it has revolutionised medical opinion as to this condition. Formerly, this condition was supposed to indicate a measure of the amount of morbid poison in the system; now we know that the symptoms are due to the pyrexia, and directly proportional to its intensity. Feverishness is due to the amount of tissue-waste, as is proved by the increased excretion of urea and phosphates. The cold bath reduces the pyrexia and coincidentally lessens the feverish symptoms. In variola, the most virulent cases, in which there is evidently the greatest amount of morbid material in the system, are almost apyretic and devoid of feverish symptoms: clearly, then, the poisonous material does not produce these symptoms. So in enteric fever the symptoms are moderate if the temperature be not high; the feverish symptoms are due to the temperature.

General Pathological Conditions.—After visiting cases of gout, emphysema, and chronic renal disease with degenerative tissue-changes (arterio-capillary fibrosis), Dr. Wilks remarked: What we want in the present day is the systematic study of general pathological conditions conducted in the manner in which Bichat studied general anatomy.