second operation. The cough was very troublesome again, with considerable expectoration. The urine presented the same condition as before, and the addition of acetic acid did not show the presence of cystine. The saliva, sputa, and sweat were examined for cystine, in each case by adding acetic acid, but no evidence of its presence could be found.

August 1st. From this date, the bronchitic symptoms gradually increased in severity, becoming of a more acute character and attended with a sense of great weakness. Along with these symptoms, there was no increased irritability or pain about the bladder. Signs of adynamia and deficient aëration of the blood set in, followed by coma, and the patient, gradually sinking, died on August 8th.

Post Mortem Examination.—Both lungs were much congested; the bronchi were dilated and filled with mucus. On the left side, there were some old pleuritic adhesions. The aortic valves allowed regurgitation, and had calcareous plates at their bases; the other valves were healthy. The kidneys were surrounded by a large quantity of fat, which was abnormally adherent to their capsules; both contained numerous abscesses, the lining membrane of the pelvis being, too, inflamed and suppurating. The capsules were thickened and adherent. The ureters were thickened and dilated. The bladder was thickened and fasciculated.

Nature of Calculus.—The fragments passed with the urine during life consisted of yellow waxy-looking particles, varying in size (the largest being about the size of a pea), readily breaking down and crumbling on slight pressure. The weight was seventy-seven grains. The fragments removed from the bladder after death were six in number; the largest portion was a little over one inch in length and about three-fourths of an inch in thickness; the other particles varying in size. Their external surface was rounded, but rough and somewhat tuberculated, of a dull yellow colour, and glistening in places as though studded with minute crystals. The fractured surface of the fragments showed a radiated structure, somewhat transparent, crystalline, and glistening. There was no trace of any nucleus or development of concentric layers, the structure being perfectly homogeneous throughout. On scraping with a knife, it readily crumbled, forming a white powder.

Though two years have elapsed since the removal of the calculus, none of the particles show the pale green colour which is commonly described as appearing after a time. If a small portion be treated with liquor ammoniæ, it readily dissolves, and, on evaporation, the characteristic six-sided crystals are deposited. The weight of the fragments was one hundred and eighteen grains. The total weight of the calculus was, therefore, one hundred and ninety-five grains, and it appears to have been egg-shaped and in size about one inch by one inch and a quarter.

REMARKS.—It is strange that, with such extensive organic disease of the kidneys, evidently of long standing, so little evidence was present during life; for the amount of irritability about the bladder and the quantity of pus and albumen present in the urine were no greater than the presence of the stone would explain. The condition of the bladder and kidneys, as revealed after death, were certainly not favourable for the performance of lithotripsy, as the introduction of instruments and the presence of the fragments of calculi would be calculated to increase the mischief in these organs. The slight amount of irritation excited by the operation may, perhaps, be accounted for by the soft and light character of the calculus and the absence of any sharp angles or spicula in the broken fragments. The condition of the kidneys that existed has probably no special relation to the presence of cystine in the system, although it is notable that, in a case of Mr. Luke of the London Hospital, extensive disorganisation of the kidneys was found associated with a cystine calculus.

Of the pathological conditions of the system which give rise to the formation of cystine, very little is known; Dr. Golding Bird believes that there is strong evidence of its connection with the scrofulous diathesis; but, in the present case, there was not the slightest evidence of such a condition either in the deceased himself or in any member of his family. The close resemblance in chemical composition between cystine and taurine, both substances containing about 26 per cent. of sulphur, suggest that the liver is the seat of its formation; and Scherer has, in fact, demonstrated its presence in this organ; while taurine has also been detected in the urine. It is, perhaps, worthy of notice that, in this case, before there was any evidence of the existence of a calculus, deceased was treated by the medical man whom he consulted for some hepatic derangement. In the majority of cases where cystine has been found in the urine, the general health and nutrition of the patient have been bad; but, up to the last, deceased was robust and well nourished, following the duties of his laborious occupation with more than ordinary energy up to his admission into the hospital. One of the most interesting circumstances in the history of cystine is its

hereditary character and its tendency to be present in several members of the same family. Out of twenty-two cases collected by Poland, ten occurred in four families. Mr. T. Pridgin Teale has described its presence in three members of the same family, and Dr. G. Bird has recorded a case where it was found in three successive generations. I have lately examined the urine of the three surviving children and also of a brother of deceased, in each case adding acetic acid and allowing the urine to stand for twenty-four hours, but in no instance have I been able to detect any evidence of the presence of cystine. In one instance (*viz.*, in the brother of deceased), the urine was of low specific gravity, neutral, pale amber colour, peculiar odour, depositing a whitish sediment of mucus and triple phosphates, and readily decomposing. Microscopical examination did not, however, show the presence of any hexagonal crystals, and in no case was the addition of acetic acid followed by their precipitation, its action being simply to cause a copious deposit of crystals of uric acid.

A COLD AND ITS CURE.

By W. J. HARAM WOOD, L.R.C.P.ED.

It was with great pleasure that I read an article in the JOURNAL of December 9th headed "A Cold and its Cure", by Dr. Jukes Styrup, as I have a personal and peculiar interest in this subject, having been considerably plagued—and that frequently—with coryza. The antimony and morphia treatment was not unknown to me; it is clearly laid down in Sir T. Watson's *Lectures*, and is undoubtedly very good—perhaps the best that can be followed when dealing with private patients, who can be nursed in the house if necessary. I have several times tried it myself—certainly with some relief; but I cannot say that I have found it to shorten or cure the attack, though I am far from denying that it may do so in many individuals. It is, however, a method peculiarly unfitted for medical men and others who cannot remain indoors for a few days, and perhaps would not if they could; and its chief weakness is shown in Dr. Styrup's words, "Confinement to the house for a day or two should be insisted on whenever practicable". Exposed as we are to night-work and sudden changes of temperature, it will not do to be sipping morphia and antimony. What we really require is a method of cure sure and speedy, during which our usual daily work and exposure can be gone through without incurring fresh danger; and such a desideratum has certainly been described by Dr. C. J. B. Williams. It may be widely known, but I fear it is not so extensively appreciated and practised as it deserves. It has been called the *dry plan*, and consists simply in abstinence from drink of any kind until a cure is effected. The theory upon which it is based cannot be better expressed than in the words of Sir T. Watson. "The principle here concerned is that of cutting off the supply of watery materials to the blood. The wants of the system exhaust from the circulating fluid all that can be spared for the sustentation of the tissues, or for the natural evacuations, and there is nothing left to feed the unnatural secretion from the inflamed mucous membrane. Its capillary vessels cease to be congested; the morbid flux is diverted, and the inflammation starved away."

For several years I have made personal trial of this method, and have the highest opinion of its efficacy. The only drawback is the great thirst, which is at times distressing; but this is felt more, I believe, during the first twenty-four hours than subsequently, when one seems to become accustomed to it; and really it is as nothing, compared with the advantages of a diminishing defluxion, a freedom to follow one's occupation, and a certainty (I believe) of cure. But the chief advantage of the *dry method* has yet to be stated, and that is, it almost never leaves even a trace of bronchial irritation or cough of any kind; and I think this result is rarely attained by any other plan, especially where there is a tendency to anything of the sort.

Good as the method is, I think it may be made more complete and satisfactory by observing the following simple directions.

1. Begin with a sharp aperient in the solid form of pills, swallowing them with as little water as possible.
2. The food should be rather less in quantity and more digestible than usual, and at first should be dry; later on, the moister forms of food are more easily swallowed and digested.
3. As much exercise as possible should be taken in warm clothing, to promote the action of skin and bowels.

The thirst often keeps one awake at night; but this may be prevented by taking a small opiate or fifteen minims of chlorodyne, if necessary; and it is probable that the cold is also benefited by such a dose, but with this difference, that, when the dry treatment has been carried so far as to produce great thirst, it is almost certain that opium will not

produce diaphoresis, and therefore does not render exposure more dangerous.

How long must the abstinence from drink be continued? No fixed number of hours will apply to every case. "Until a cure is effected" is a good indication whereby to be guided. Imagine a sharp diarrhoea setting in, and probably the time required would be much shorter; and that is my reason for adding an aperient to the treatment.

As a rule, I think it will be found that twenty-four hours give immense relief; thirty-six or forty-eight hours effect a cure; and sixty hours make it sure and certain. But, during the latter part of the time, I do not think the treatment is at all interfered with by a few teaspoonfuls of water taken with food; and in all cases the return to drink must be very gradual, commencing with small quantities of fluid, which, I need scarcely say, must be simple and non-stimulating.

I cannot but express a fear that my *dry* subject has taken up too much of the space of the JOURNAL, but I hope other practitioners will have something to say upon "A Cold and its Cure".

SURGICAL MEMORANDA.

AURAL THERAPEUTICS.

In the report of the aural *clinique* at Guy's Hospital, which appeared in the JOURNAL for December 9th, among others, two points are dwelt upon; viz., the use of rectified spirits of wine in cases of perforation of the membrana tympani with a thickened mucous membrane in the middle ear, and the employment of Siegle's pneumatic speculum for the reposition of adherent and retracted membranes. That lotions, etc., containing rectified spirits in varying percentage are in use at Guy's is sufficient evidence of their utility in appropriate cases; but that alcohol should always be employed with caution seems to be indicated by the following case, which I briefly relate. After the removal of a polypus from the right ear of a boy aged nine years, a small granulating surface continued to sprout. The mother of the patient was, therefore, recommended by an aural surgeon to drop a little undiluted rectified spirits of wine into the affected ear at regular intervals. This she continued to do for five weeks, during which time the patient was seen by the surgeon on two occasions, when the condition of the ear was reported to be steadily improving. On the evening of a day on which the spirit (always undiluted) had been dropped into the ear, the boy complained of rather more pain than usually followed that operation. The pain greatly increased, a purulent discharge escaped from the ear, the mastoid process became painful on pressure and then boggy; rigors, convulsive twitching of the right side of the face, and occasionally general convulsions, were followed in a short time by stupor and death. There seemed to be no doubt in the mind of the medical attendant of the patient as to the otitis and its results being directly due to the undiluted spirits of wine.

With reference to the employment of Siegle's speculum, I merely wish to remark that I have for some time used a modification of that instrument (see woodcut) for the purpose aforesaid. This is

simply a miniature Brunton's speculum with an exhausting tube having an ivory mouth-piece attached. Near the point where the elastic tubing joins the speculum, there is a small valve which closes on respiration, thus preventing the breath from dimming the reflector. The advantage of this modification is, that, on account of the reflecting mirror in the speculum, and because of the observer looking directly on to the membrane through a lens placed parallel with the surface of the eye, the membrane can be more easily inspected than by direct light and through the obliquely placed eye-piece of Siegle's original speculum. The instrument was constructed by Arnold and Sons of West Smithfield.

ALEXANDER MORISON, M.B., Canonbury, N.

CASE OF COMPLETE DISLOCATION OF HEAD OF TIBIA FORWARDS.

THE following case is of interest, on account of its rarity, and also as showing the complete recovery, without a single bad symptom, from a severe injury of the knee-joint. Mrs. G., aged about 40, a stout healthy-looking woman, sent for me on the morning of September 7th, 1875. She stated that, the evening before, her right leg slipped through a hole in the floor of her sitting-room, and that, in stretching forward to grasp a table for support, she fell and violently wrenched the right knee. On examination, the limb was found to be considerably shortened. The knee-joint was increased in its antero-posterior measurement, the lower end of the femur projecting into the ham and the articular surface of the head of the tibia was distinctly felt beneath the patella. The head of the tibia formed a prominent anterior tumour, with a depression above it; and the condyles of the femur, with their intervening sulcus, were evident posteriorly. The integument on the outer and back part of the joint was of a dusky red colour, from the pressure of the external condyle of the femur, which projected sharply beneath the skin. The anterior surface of the patella was directed upwards, and the joint could be moved in any direction. Pulsation in the blood-vessels below the knee was arrested, but returned on the reduction of the dislocation. Forcible extension of the joint, followed by semiflexion, quickly reduced the deformity, the bones slipping into their places with a loud snap. A straight back splint was applied to the limb, and evaporating lotions used regularly. A month after the accident, the patient was able to walk about on crutches, and she has long since recovered the perfect use of the limb.

OTHO GALGEY, L.R.C.S.I., etc., St. Vincent, W.I.

THERAPEUTIC MEMORANDA.

TREATMENT OF PSORIASIS BY AN OINTMENT OF CHRYSOPHANIC ACID.

GOA-POWDER was recently advocated by Sir J. Fayrer (*Medical Times and Gazette*, October 24th, 1874) as an Indian remedy for ringworm, which deserved an investigation of its therapeutical properties in England. So far as I know, such limited use as has since then been made of it here has been exclusively as a remedy for ringworm. A short time ago, a patient from Hong Kong affected with ringed psoriasis (*lepra vulgaris*), which he took for ringworm, told me that he had often cured different patches of it whilst in China by the use of Goa-powder. This led me to try it in other cases of psoriasis. Professor Atfield, of the Pharmaceutical Society, has, since Dr. Fayrer's paper, analysed Goa-powder, and finds it to consist chiefly (namely, to the extent of 85 per cent.) of chrysophanic acid, although he would not be sure that chrysophanic acid was the most important ingredient therapeutically (*Pharmaceutical Journal*, March 13th, 1875). I thought I would try whether it would prove itself so, and accordingly have employed it in the form of ointment of the strength of two drachms of the acid to an ounce of lard. The views I hold as to the proper mode of preparing this ointment have been described by me in another place (*Pharmaceutical Journal*, December 16th, 1876). A couple of examples will suffice to show the capabilities of this preparation.

A clergyman, aged 53, had for a long series of years had to appear in the pulpit exhibiting over the greater part of his countenance a grotesque white mass of scaly incrustation accentuated by a ruddy complexion. He presented patches of psoriasis on other parts of his body also; namely, a good many on his scalp and his legs, as well as a few small patches on his body, his arms and forearms, and his thighs. As I was a little shy of my new remedy, not as yet knowing much about it, I limited my operation to his face, the region about which he was chiefly solicitous. I gave him no arsenic or other medicine of any kind; I used only chrysophanic acid ointment, and that only to his face. He has now, within the space of twenty days, and after exactly six applications of ointment of chrysophanic acid, become, so far as he or I can perceive, perfectly cured of his disease so far as his face is concerned. He tells me that he has never before experienced so speedy and satisfactory a result from treatment of any kind, and I believe him to be a fair judge. His psoriasis has affected his face, in a greater or less degree, ever since he was twenty-three years of age. He has had at various times several courses of arsenic, always with temporary, almost complete, success, but never so as to get as clear of the eruption on his face as he is now. He has had a good course of Harrogate. He has tried Aix-la-Chapelle and various other sulphurous watering-places, but he has never before succeeded in clearing his complexion. Emboldened by his success, he has for the last week under-