

chrysophanic acid ointment (after first washing the skin each time with soft soap and warm water) twice a day to the legs only. No inflammation had resulted from this application, and the patient was everywhere quite free from all traces of the eruption.

Commentary.—It will be seen from the report that this case, not only as regards the nature and extent of it, but also as to the treatment pursued and the result of that treatment, very closely resembles Dr. Whipham's case, and that it occurred at about the same time. Each patient was a healthy girl at about the age of puberty. In both cases, the eruption was very copious, although in Dr. Whipham's case it was of much longer standing than in mine. But, that circumstance, according to my experience, makes little or no difference as to the difficulty of curing the disease, although I am aware that the contrary opinion is generally entertained. In both instances, the case was treated at first by phosphorus alone.

Dr. Whipham's case was treated by means of one-seventh of a grain of phosphorus in the twenty-four hours throughout (for apparently two months), with marked improvement for the first month, but with a return to the original condition at the end of the second month. By the way, is Dr. Whipham quite sure that his patient continued to take the pills? I am sure that my patient took the perles. Mine was an in-patient, and the matron of the hospital administered in person every single dose. Dr. Whipham's patient was an out-patient, and phosphorus pills are apt to cause disagreeable eruptions tasting of phosphorus.

My case was treated by one-tenth of a grain of phosphorus in the twenty-four hours for the first twenty days, during four of which the dose had been increased to one-fifth of a grain *per diem*. During the next fourteen days, the dose was maintained at a fifth of a grain in the day; for the ensuing eleven days the dose was augmented to three-tenths, *i.e.*, nearly a third of a grain a day; and, for the remaining seven days, the dose was increased to two-fifths, or nearly half a grain a day; making in all fifty-two days of treatment by phosphorus; namely, about the same period as Dr. Whipham's course of phosphorus treatment, my patient, however, taking on the whole considerably more phosphorus than did Dr. Whipham's. The result of the phosphorus in my case was that, after thirty-three days' use of it, the patient had during the entire period steadily improved, so that, at the end of that time, she had lost the greater portion, or at least quite one-half of the original area of her eruption as it had existed at the commencement of the treatment.

During the next fourteen days of phosphorus treatment, notwithstanding an increase of the dose, the eruption for the first seven days even

increased somewhat, and, for the remaining seven days, remained at about a stand-still.

The conclusion I draw from the two cases is that, after about a month's employment of the remedy, the antagonism of phosphorus to psoriasis finds its equilibrium; and that the antagonism in question, although real and obvious, has, nevertheless, a limit which falls short of the complete cure of the disease. Nevertheless, I regard phosphorus as an important and valuable addition to our means of curing psoriasis, and I am induced to think, from the results of further experiments that I have since made with it, that it may be found to be an internal remedy of greater efficacy than arsenic in the treatment of this disease. However, as I said before of chrysophanic acid, the value of it is a question to be determined, not by the results obtained by one or two observers but by the general verdict of the profession.

I ought here to draw attention to the fact that my case shows that the dose of phosphorus when even, as here, it is at first tolerated only with difficulty, may be *gradually* increased even in the case of a child to a dose considerably beyond the limit which is commonly assigned to it. In short, that if caution be exercised, four times the ordinary (one-thirtieth of a grain) dose, namely, as much as one-eighth of a grain three times a day, may be quite safely given without inconvenience of any kind. I have since given this latter dose in a large number of cases of psoriasis.

As to the chrysophanic acid ointment treatment with which both Dr. Whipham and myself made amends for the deficiencies of phosphorus, Dr. Whipham's patient was nearly cured by it in three weeks, and mine in nine days. In both cases, after a further use of the ointment (Dr. Whipham seeing his patient a month and I eighteen days subsequently), we found our patients quite free from eruption.—*British Medical Journal*, Nov. 3, 1877 p. 620.

TREATMENT OF ECZEMA IN CHILDREN.

Mr. J. Dixon remarks on this subject, in the *British Medical Journal*, that the treatment in this disease must be topical, for the relief of local irritation. The local treatment that he has always employed and found successful, has been directed to the exclusion of air, and the prevention of desiccation, thus alleviating local distress. The scabs that form from drying of the exudations are, perhaps, one great cause of keeping up the disease. For the purpose of maintaining constant moisture, he frequently employs a plan recommended by the late Professor Bennett. A piece of lint, saturated in a very weak alkaline solution (thirty grains of bicarbonate of soda to a pint of pure water), is applied to the part effected, and covered with oiled silk or gutta-percha tissue. The dressing