

conditions in the one person is, so far as I know, unusual.

For the anidrosis we gave, you remember, pilocarpine mur., gr. $\frac{1}{10}$, to be taken at bedtime, to be increased until sweating was produced. It required gr. $\frac{1}{4}$ to cause a slight perspiration, and this dose has been continued nightly for some days. The skin is much healthier looking and softer. Syr. fer. iod. m. 20, syr. fer. phosphi. co. in 40, after each meal.

For the offensive sweating of the feet, the mother was directed to bathe them with hot water, dry thoroughly, and then dust freely with finely pulverized boracic acid. She was also to place in the clefts of the toes pledgets of boracic salicylic cotton, and the inside of the stockings were to be dusted freely with boracic acid. The case not being a severe one, we hoped this would be sufficient, and we have not been disappointed, as the offensive odor has quite disappeared, and the feet remain dry. Had this failed, other means could have been adopted. The insides of the boots could be dredged with the boracic acid, and cork soles put into the boots, the soles to be washed daily in solution of the same acid. Internally precipitated sulphur, \mathfrak{z} i, morning and evening, is highly recommended. Hebra's plan, which he said never failed, was: After washing, to apply ung. plumb. vasilini., made of equal parts of lead plaster and vaseline, and adding about $\frac{1}{2}$ per cent. salicylic acid. The unguent is applied by spreading on lint or old soft linen; this is torn in strips, and wrapped round the foot, pledgets being placed between the toes; the dressing to be renewed twice a day (Diseases of the Skin; Radcliffe Crocker). The effect must be watched lest too much irritation result.

Case 2.—This man æt. 60, suffered from a rather rare affection—*peliosis rheumatica*. He says he first had pain in the left knee, which swelled somewhat, and is so still. He was feverish. A day or two afterwards an extensive hemorrhagic eruption occurred, being uniformly diffused from the lower third of the thigh to the toes. You see that its hemorrhagic, from its color not disappearing on pressure and from the greenish-yellow staining of the skin of the thigh above the seat of eruption, the same kind of staining as occurs in bruises. On the outer leg, the body and arms are numerous

small hemorrhagic spots, none of them are raised above the level of the skin, nor are their margins well defined. Their color becomes a dark brown. It lasts usually four or five weeks and then gradually fades. Careful examination with a lens shows the vessels in the margins of these spots thrombosed. Such eruptions as this occasionally occur in acute rheumatism; and on the other hand, disease of the valves of the heart may occur in just such cases as this in which the symptoms of rheumatism are very slight. The disease is classified in *erythema muliforme* or *exudativum*. The simple erythematous rash was possibly prevented by the hemorrhage. The hemorrhage is due, some say, to changes in the vessel walls; others, to changes in the blood itself. Both may be at fault. The treatment is simple. It is important to keep the patient in bed lest relapses occur. He should be fed liberally, his general health attended to as may be required in each case. As in all cases of rheumatism in the debilitated, iron is probably the best remedy.

Case 3.—The next patient is a man aged 55, is suffering you see from a dry scaly eczema of both hands. He has had it for some weeks, he says, and the thickening of the skin from infiltration proves the truth of his statement. He has been employed in soap-making many years, and handles the caustic alkalies, grease, etc., so that doubtless the eczema is due to the irritants he handles. He is not inclined to agree with that opinion, as he has only lately had eczema, though employed as at present for many years. His former immunity was probably due to his better health and strength; at present he is rather ill-nourished.

The first step in the treatment should be the removal of the cause, *i.e.*, have him give up his work. He cannot do this, he said. Then he must protect his hands with rubber gloves. If these cause too much maceration of the skin by retaining the sweat, a kid glove may be substituted. As a local application I have had most satisfaction from salicylic acid and the most elegant way of applying it is in a glycerine jelly as recommended by Unna of Hamburg.

R. Gelatine	15 parts.
Zinci oxid.	10 "
Glycerine	30 "
Aquæ	40 "