

feeling of shortening of the tendon-Achilles—he says himself that “it feels as if it should be let out a hole or two.”

The anæsthesia of the hands persists, and he cannot pick up small objects without looking at them. Reflexes are still absent.

There is no room for doubt as to the nature of this case; still it is to be regretted that the urine was not examined for the presence of arsenic. The condition of the nerves in paralysis from arsenical poisoning has not as yet been ascertained by post-mortem examination, but there cannot be a reasonable doubt of a multiple peripheral neuritis, and that on this the symptoms depend. A cord lesion could scarcely cause such widely distributed symptoms without leaving permanent effects in some parts, nor would it likely give rise to such marked sensory symptoms. Then other toxic agents, causing similar phenomena, do so by setting up inflammation of the peripheral parts of the nerves. Alcoholic palsy closely resembles this case, and is to be distinguished only by the absence of the history of intemperance. Exposure and chilling occasionally cause very marked peripheral neuritis, but there is no history of such a cause in this man's case. The palsy produced by lead and mercurial poisoning is accompanied by such distinctive features that further remarks are not called for.

Peripheral neuritis may result from chronic poisoning by small doses, or from acute poisoning. It has developed in five or six days from the acute poisoning; in others again there were no signs for three or four weeks after the poisoning. The medicinal use of arsenic has never been followed by such severe symptoms, but not a few cases of herpes zoster, especially of the trunk, have been observed by Jonathan Hutchinson and Gowers, due to the medicinal use of arsenic. A case came under my own notice last summer in which a copious purpuric rash, especially on the feet and legs, was probably due to the free use of Fowlers' solution. It quickly disappeared on stopping the arsenic.

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BISMUTH SUBIODIDE IN THE TREATMENT OF ULCERS.

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Since the publication in the June number (1887) of THE CANADIAN PRACTITIONER of Dr. Sweetnam's article on the preparation of bismuth subiodide, I have used this drug more or less extensively in the treatment of ulcers and wounds. The results were generally so gratifying, and occasionally so *eclatant*, that I have become quite enthusiastic over its therapeutic qualities, and, with the gentleman who brought the drug under our immediate notice, wish to induce others to give this remedy a trial. While the remarks of enthusiasts should perhaps generally be accepted *cum grano salis*, still in the present instance I fully believe that the anticipations of those unacquainted with the properties of this dressing will be more than realized.

The cases of ulceration to which these remarks more particularly refer, may be divided into those characterized by (1) want of action; (2) over-action.

Those ulcers characterized by some peculiarity of action, e.g., the syphilitic, rodent, etc., do not come under observation sufficiently often to enable me to report the results of treatment by means of bismuth subiodide. As all are acquainted with the appearances and usual situation of the typical indolent ulcer a description is superfluous.

My method of procedure is as follows: To order rest if possible in the recumbent position, elevation to relieve passive congestion, and poultices to soften the hard thickened margins, and favor the formation of granulations. After the expiration of 3 or 4 days the ulcer has likely assumed a more pleasing appearance, granulations may have begun to crop up, epidermis may have proliferated considerably. Bismuth subiodide is now dusted rather freely over the broken surface, a dressing of medicated cotton or gauze superimposed, and finally a bandage snugly applied. About the third day the dressing is changed. Considerable secretion may have collected, this is, however, I think, no objection, as the hardened tissues have thus been bathed, as it were, in an antiseptic solution.

We desire to direct attention to an advertisement showing that the office and residence of the late Dr. Yeomans, Mount Forest, are for sale.