Psoriasis.—Though, in the majority of cases of psoriasis, arsenic is to be preferred to antimony, I have elsewhere called attention to the fact that, in certain persons, arsenic not only fails to relieve, but even aggravates the disease. I have, in some of these cases, tried antimony, and have noticed in a few instances that improvement took place, while in others it seemed to have no effect.

I have been obliged to condense the facts in this paper into very brief space, but two points I wish especially to lay stress on; first, that tartar emetic—in doses of $\frac{1}{240}$ to $\frac{1}{30}$ of a grain, according to age—can not only be tolerated, but seems to have a decided tonic action; secondly that it proves useful in those acute forms of skin disease that are usually aggravated by arsenic.

TREATMENT OF TYPHOID.—A fair idea of the manner in which typhoid fever is treated in New York may be gathered from the routine of the different hospitals.

In the New York Hospital many patients are simply put on a milk diet, with the addition of a moderate amount of whiskey, and no other treatment is used. Peptonized milk instead of ordinary milk is thought to be of service. For high temperatures the body is sponged with equal parts of alcohol and water, and sometimes the fluid extract of eucalyptus is given in fifteen-minim doses. Quinine is not much used. Tympanites is treated with turpentine internally, and in stupes over the abdomen. Opium is given when there is hemorrhage from the bowels or excessive diarrhœa.

At St. Luke's Hospital the treatment is the same, except that quinine is sometimes employed to reduce the temperature, and ergotine hypodermically for intestinal hemorrhage. Either opium or chloral are used to control restlessness and sleeplessness.

At St. Francis' Hospital, if the cases are seen early in the disease, large doses of calomel are given, with the idea of aborting the disease. Quinine in large doses is given to most of the patients. The salicylate of soda or the benzoate of soda are given by some of the physicians throughout the disease. Cold water in any form, to reduce the temperature, is but very little used. A solution of the acetate of alumina is given to nearly all the patients to prevent or control the diarrhœa.

At St. Vincent's Hospital quinine in doses of two grains every two hours is given to control the temperature. Cold water is not employed. Opium is used with diarrhœa and intestinal hemorrhage.

At Mount Sinai Hospital quinine in large doses is given to nearly all the patients. Cold water is not much used, but sometimes the patients are sponged off.

At Bellevue Hospital the treatment varies in the different divisions.

In one division the peptonized milk is much used. Quinine, in large doses, is given when the temperature reaches 103°, and sponging is also sometimes used. Opium, the bromides, and cold to the head are used for the restlessness.

In another division quinine in moderate doses is given to most of the patients. For temperatures over 103° sponging with cold water or the Kibbee cot and sprinkling with cold water are used. Opium is given when needed.

In another division carbolic acid gt. j. and tincture of iodine gtt. ij. every two hours are given early in the disease. Quinine in ten-grain doses every half hour is given to reduce the temperature. Sponging with cold water is sometimes used. Opium is employed for severe diarrhœa.

In another division occasional sponging, and whiskey and opium when required are the only treatment.

At the Roosevelt Hospital full bathing has been tried in many cases but now cold sponging is more used. Bismuth and pepsin are given to many of the patients.

In all the hospitals milk, either simple or peptonized, is the regular diet of the patients.—*Med. Record Nov. 17.*

EASY METHOD OF RHINOSCOPY.—The importance of visual inspection of the naso-pharynx and posterior nares in all local diseases cannot be questioned. Ordinarily such exaimnations are attended with various difficulties. Dr. Walsham *(Lancet)* describes a simple method of overcoming these difficulties, admitting, however, that a somewhat similar procedure has for years been practised by some American specialists: A piece of soft red rubber tubing, about one-eight of an inch in diameter, is introduced into one nostril, and pushed very gently along the floor of the nose till it presents just below the soft palate. It is then gently seized with a forceps, drawn out through the mouth, and loosely tied across the upper lip to the end protruding from the nose, the elastic tube being stretched just sufficienly to loop upward and forward the soft palate, and draw it well away from the posterior wall of the pharynx. The looping of the palate on one side is often sufficient; but a better view is obtained by passing a tube through the other nostril also and looping up the soft palate of that side in the same way. The posterior nares and naso-pharynx can now be examined with the ordinary laryngoscopic mirror with the greatest facility. One hand only is required to hold and direct the mirror (the stem answering the purpose of a tongue-depressor), the other hand is consequently free to perform any manipulation or operation that may be required. The tubes serve as a good guide, as they can be followed in the mirror winding round the upper surface of the palate, and so into the respective cloacæ. The introduction of the tube causes hardly any discomfort or annoy-