

numberless other tonics had been tried, antimony was the only drug that produced any benefit whatever. When given in the before-mentioned doses continuously for more than a year, I have never seen sickness, diarrhoea, sweating, or debility; but, on the contrary, the appetite improves and the weight increases. I have not had the opportunity of trying the remedy in a patient older than 18½ years suffering from this disease; but in one particular case of that age, the benefit was most marked while the drug was being taken.

Sycosis.—I have given antimony in five well-marked cases of this disease; in four, it did not seem to produce any effect, either beneficial or otherwise; in the fifth, there was considerable improvement after the vinum had been taken a fortnight in seven-minim doses. It seemed to relieve the pain and burning; but, although the remedy was persevered with for over three months, the improvement was only temporary. The local treatment while the drug was being administered was olive-oil or vaseline. In none of these cases was there any bad effect; no depression, diarrhoea, sickness, or sweating.

Urticaria.—In a few cases of chronic urticaria, I have found antimony, like arsenic, of service in checking attacks, so long as the remedy was continued.

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 $\frac{1}{2}$ to $\frac{1}{3}$ 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.—*British Medical Journal.*

NOTE ON DISINFECTANTS.

Dr. W. E. Buck writes: Most practitioners must have often realised the inefficiency of disinfectants in allaying the fœtor of cancerous ulcers, an annoyance which sometimes troubles patients even more than the pain, or the thought of death. I have used the whole round of disinfectants for cancerous ulcers, but all have failed in allaying the fœtor, and keeping the ulcer clean. The disinfectants tried were carbolic acid, sanitas, terebene, resorcin, creasote, boroglyceride, chloride of zinc, charcoal, etc. After failure with these, I tried a saturated solution of hyposulphite of soda added to an equal quantity of water, and found it exceedingly efficacious. The ulcerating surface was well sponged and washed with the solution, and was then

covered with rags steeped in the solution. The granulations were kept clean, and the fœtor was well kept under. Most disinfectants seem to lose their virtue after a few days' application, but I have used this one for months in the same patient with continuous good effects. It is cleanly, has no smell, does not stain, and is very cheap.—*British Medical Journal.*

REMOVAL OF PLASTER-OF-PARIS BANDAGES.

Dr. F. H. Murdock, of Bradford, Pa., says: A very convenient way to remove a plaster-of-Paris bandage is as follows: Take a strong solution of nitric acid, and by means of a camel's-hair pencil paint a strip across the bandage at the most desirable point for division. The acid will so soften the plaster that it may be readily divided by means of an ordinary jack-knife.

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YELLOW FEVER AT PANAMA.

A private letter from Dr. Wolfred Nelson, of Panama, South America, reports the continued presence of yellow fever here. It appeared in June last, when there was a single case fatal; in July out of seventeen cases eleven died; in August there were three deaths; in September four; in October one case fatal. In November, up to the date of his letter, the 21st, there had been five cases, two deaths, one convalescent. Of the remaining two, one was malignant—death certain, one a mild case. The disease had been of a very malignant type. The death rate being over 60 per centum.

The season was very irregular; instead of the usual heavy rains of tropical winter but little