

method. Pressure is the active therapeutic agent in this as well as in other antiseptic procedures. The best plan of treating a bubo, in the writer's humble opinion, is to put on a pad of lint, soaked in iced lead lotion, and over this to apply a firm spica bandage. Should pus form, the larger the opening the quicker the cure. I think that in this way I have seen better results than those of Petersen.

CHRYSOPHANIC ACID INTERNALLY.

Chrysophanic acid is the best and most generally serviceable remedy in psoriasis. Prof. Charteris, by a simple experiment, proved that its action is general as well as local. In cases where the skin was diseased on both legs, one leg was treated with chrysophanic ointment, the eruption disappeared nearly as rapidly from one side as the other. Then again in other cases, constitutional symptoms were produced by local applications, and nausea, vomiting, looseness of the bowels were noticed.

Dr. Napier, Physician for Skin Diseases in the Dispensary, in connection with Anderson's College, Glasgow, (*Lancet*, May 20th, 1882), has been using the acid internally for the treatment of psoriasis. His cases are as follows: Case 1. Lad aged 16. After having had the disease five months. Nov. 2nd: Three grains of chrysophanic acid and 40 grains of sugar of milk, to be made into twenty four powders; one powder to be taken after each meal. Nov. 9th: Patches much paler, less scaly, less itchy. Four grains of the acid in 24 powders to be taken as before. No vomiting or any sign of gastric disturbance. Nov. 23rd: Patches paler, less itchy. Six grains in 24 powders. Nov. 30th: Eight grains in 24 powders. Dec. 7th: Ten grains in 24 powders. Dec. 21st: Improvement very marked, twelve grains in 24 powders. On the 25th January he was taking 48 grains in 24 powders. Feb. 2nd: perfectly well.

Dr. Napier cites two other cases, but this one contains the instruction necessary for one who wishes to try this promising treatment. By using this drug in this manner, all the drawbacks to its use, externally, are obviated, and in cases where a large surface has to be attacked there will be a great saving effected in the amount of acid consumed in the course of

the treatment. Dr. Napier suggests $\frac{1}{2}$ grain as a good medium dose to start with, and finds sugar of milk the best excipient. The dose should be increased up to the limits of toleration. One of Prof. Charteris' cases, a girl 13 years of age, takes nine grains a day.

SOME POINTS OF GENERAL INTEREST IN OPHTHALMOLOGY.

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(Continued from page 191.)

KERATITIS—(CORNEITIS).

In the commonly-occurring phlyctenular keratitis, a sort of corneal herpes with resulting punctate excoriations or superficial ulceration, met with principally in young subjects of strumous habit, with the characteristic picture of intense photophobia, profuse lachrymation, and spasm of the orbicularis, the knowledge of the constitutional predisposing cause and the probable persistence of the trouble until the former is corrected by general treatment and hygiene, and possibly the eruption of teeth is over, has fostered a tendency to let the eyes pretty much alone. Much, however, can be accomplished by local applications, while the systemic medication, by means of cod-liver oil, syr. ferri. iod., maltine and hypophosphites, syr. ferri. phosph. co., syr. calcis lactophosph., arsenic, &c., is carried on, and a proper regimen enforced. The use of atropine in strong solutions, (grs. 2—4 atropiæ sulph. ad. ℥j. aq. dest.), instilled two or three times a day causes marked relief of pain, photophobia, spasm, &c., and is unattended by toxic effects, the dread of which seems to lead many to discard it altogether or to prescribe solutions so weak as to be of little value. The addition of boracic acid grs. \times .— \times \times ad. ℥j. sol. atropiæ is of great service when, as often happens, catarrhal conjunctivitis accompanies the keratitis. Astringents and argent. nit., so commonly resorted to on the supposition that the former is the principal affection, are contra-