

great popularity—being considered by some a specific for every form of skin-affection—and of equally undeserved disrepute. Now, however, we are forming a more rational estimate of its value; and, while acknowledging its utility in a few certain, well-defined conditions, I have thought it might prove useful to bring before this Section some of the results observed during the administration of its near ally. A certain share of attention has also been paid to phosphorus, but antimony has hardly been noticed. The probable reason for this is that antimony has been looked upon as a drug to be avoided, on account of the dangerous symptoms produced by even apparently moderate doses. But the same argument that applies to arsenic, and strychnia, and other drugs, applies with equal force to antimony—that the action depends entirely on the dose employed. We find in text-books that it has two actions, in the smaller pharmacopœical dose depressant or antiphlogistic, in the larger dose emetic. But no mention is made of its alternative action in repeated small doses. The sulphide, in combination with mercury and guaiacum, is the only preparation which has been used for this purpose.

Tartar emetic, or tartarated antimony, is the preparation I have used in these investigations, the largest dose being 1-32 of a grain, or $7\frac{1}{2}$ minims of the vinum, only half of the minimum dose of the *British Pharmacopœia*. I must mention that, in all cases in which the effect of the drug has been watched, little or no local treatment has been used.

I will state now, in as concise a manner as possible, some of the more important diseases in which I have used the drug, leaving a more complete and detailed account for another opportunity.

Eczema.—It is now several years since my colleague, Dr. Cheadle, pointed out to me the value of antimony in the treatment of the acute form of this disease. In the majority of the cases which have come under my care, its beneficial effect has been both marked and rapid. In the acute general eczema of adults, which usually commences somewhat suddenly by heat and burning on the flexor surfaces, and on other characteristic positions, and is soon followed by abundant exudation of clear fluid, and in the form known as *eczema rubrum*, I generally begin with four or five minims of the vinum antimoniale three times a day, increasing the dose gradually up to seven minims. After a few doses the exudation ceases, and the local irritation is much relieved; but, in order to prevent a relapse, it is necessary to continue the treatment until all traces of the eruption have disappeared. In acute eczema of children, the dose should be in proportion to the age of the child—half a minim or less up to six months, and one minim or less up to a year. As a rule, I have found both children and adults bear these quantities well, neither sickness nor diarrhoea being produced. In the case of aged persons, however, the dose should not exceed three or four minims to

begin with, as diarrhoea may result from the administration of a greater amount.

In the subacute forms, both of children and adults, similar doses, but continued for a longer period, are necessary. In chronic eczema, especially when localised, the use of antimony is less often successful; but even in this troublesome form it relieves the acute exacerbations, and is occasionally followed by cure when other methods of treatment have failed.

In eczema impetiginodes of children I have noticed little benefit from the drug till the scabs have been removed, and formation of pus checked by local treatment. Simple impetigo contagiosa from a local cause is not included in this category.

In the various forms of so-called lichen that occur in children, I have found antimony in the previously mentioned doses of the greatest value in relieving the irritation—a feature in which it resembles arsenic.

Erythema.—In most of the cases of erythema met with in practice the eruption disappears without any special treatment; occasionally, however, when the disease is continued by fresh outbursts, antimony is of great service in modifying the course and relieving the burning and heat. There is a condition which is not clearly described, either in special books on the skin or in those on general medicine, that I have found to be greatly benefited by antimony, whereas it is aggravated by arsenic. The attack usually commences suddenly, with heat and burning of the skin of the face, which is followed very rapidly by great swelling, that often involves the eyelids. The smarting is severe, and pain is experienced when the part is touched. Occasionally, vesicles or bullæ are formed on the swollen and inflamed skin. The patient feels ill, but there is no special rise of temperature. The disease usually runs its course in from three or four to ten, or even twenty, days. The chief feature of the disease is that it is almost certain to relapse. By some authorities this is considered to be idiopathic erysipelas—the public always call it so; by others, it is looked upon as a peculiar form of eczema, and said to be associated with gout. I have seen several cases, and am inclined to think it may be called relapsing erythema, as it has none of the dangerous qualities of genuine erysipelas. Antimony acts in this disease as in acute eczema, by shortening the attack and diminishing the severity of the symptoms. It should be continued for a considerable time after recovery, to prevent, if possible, a relapse.

Prurigo.—In this troublesome affection, frequently met with in our out-patient rooms—the relation of which to the severe form known on the Continent as Hebra's prurigo, Mr. Marrant Baker pointed out at the International Congress of 1881—antimony is of great use. Three or four minims of the vinum, continued over a long period, allays the itching to a large extent, and often prevents the relapses of eczema. In several cases, after arsenic, iron, iodide of iron, cod-liver oil, and