

little that is characteristic of suppuration, at any rate if observed only for a short time; but where high rises of temperature from a low level are noted these are likely to be repeated at frequent intervals, and thus to contrast with the isolated rises seen in cases of stones or growth. It is possible that the examination of a large number of cases, however, might not support this statement.

PSORIASIS.

In the *Journal of the American Medical Association*, Nov. 17th, there is an article on the cure of this skin disease, with a study of 500 cases observed in private practice. He emphasizes the following points:

1. Psoriasis is not a purely local disease of the skin, but has constitutional relations which are most important.

2. Psoriasis is not a parasitic disease of the skin, in the usual acceptance of the term; it is not contagious, nor has it a definite micro-organism. But probably the immediate lesions on the skin are caused by the growth of some of the ordinary micro-organisms usually found on the skin, which take on a pathogenetic action when the soil is suitable.

3. Psoriasis can not be cured permanently by local treatment alone, although when properly directed this is commonly capable of removing existing lesions, which are likely to return.

4. In some instances in which local treatment seems to be followed by success, the eruption may be seborrhœic dermatitis, which in some of its phases closely resembles psoriasis.

5. Hereditary influence is a relatively unimportant factor, not operative in more than one-quarter of all cases; even in many of these instances but one child may be affected among many healthy children.

6. Psoriasis is not a late manifestation of syphilis.

7. There is no one tangible internal cause of psoriasis, though faulty metabolic changes are probably at the bottom of every case, and these may be induced in many ways.

8. The repeated and thorough volumetric analysis of the urine is a most valuable aid in determining the line of proper treatment in different cases, and at different times.

9. There is no one internal remedy universally of value in psoriasis, although arsenic is the single agent of most service in the greater number of instances. Arsenic is safe, if properly used, and may be taken for a long time with only beneficial results; but it commonly requires to be employed in conjunction with other internal measures, or alternated with them. In acutely developing psoriasis it often acts badly, increasing the eruption.