

attention, and we hope that before long it may have secured the desired result. On the whole, the deputation was a most successful one, and we congratulate its members upon having, in some cases at considerable sacrifice of time, thus aided in furthering a work which may yet prove of inestimable benefit to the whole country.

CHRYSOPHANIC ACID IN THE TREATMENT OF PSORIASIS.

Any one who has had experience in the treatment of this disease by the old-fashioned method with tar ointment, and who employs chrysophanic acid for the first time, cannot fail to be struck with the almost marvellous effect of this drug. Yet there are many in the profession who do not know its value, and there are a few who doubt its efficacy. At a recent meeting of the New York Dermatological Society, this was made the subject of a very interesting discussion, and certain conclusions were then formulated and pretty generally agreed upon, which we consider of sufficient value to present to our readers:—

1. That chrysophanic acid is perhaps the most efficient agent known to the profession for the external treatment of certain cases of psoriasis, especially chronic cases which have resisted other methods of treatment.

2. That its range of application is limited; in children, in patients with sensitive, irritable skins, and acute cases, generally, it is contra-indicated.

3. That in psoriasis affecting the face and hairy scalp, the intensely irritating action producing puffiness of the face and eyelids, and its discoloring effect upon the hair render its employment impossible.

4. That it is prompt in its action, a week or ten days' active treatment being usually required to develop its full therapeutic efficacy.

5. That its curative effect is only temporary; it does not afford a safeguard against relapses.

6. That it probably acts only locally and by virtue of its irritating properties, setting up a substitute inflammation, which modifies or corrects the tendency to overgrowth of epidermic cells.

7. That its employment is attended with certain objectionable results, some of which always follow its use, while others seem to depend upon idiosyncrasy, physiological and morbid predispositions, etc.

8. That a brownish, prune-juice discoloration of the skin which persists long after the application is discontinued, a reddish staining of the hair and nails, and an indelible dyeing of the clothing are inseparable from its use.

9. That the erythematous and furuncular inflammations which occasionally follow its use may be classed as incidental effects, as they do not always depend upon an excessive strength of the preparation employed, but are frequently manifest after a mild application; intense dermatitis,