

PALMAR PSORIASIS.

SIR.—In answer to "A Member," in the BRITISH MEDICAL JOURNAL, January 20th, 1883, I wish to say that, in all long standing cases of so-called "palmar psoriasis," not syphilitic, the treatment, to be successful, must consist in scrubbing the diseased surfaces with a broad soft nail-brush, dipped in a solution of green soap and alcohol (*sapo. vir. jas.; eau de Cologne jas.*). This may be repeated when the hardened skin, the newly formed scales or vesicles, may seem to require it. Sometimes it should be done every day; at other times, but once or twice a week. In *eczema rimosum*, the fissures, as well as any vesicles that may appear, should be touched lightly with carbolic acid. The hands are to be kept as carefully as possible from moisture, pressure, and dust. It is well to keep them smeared with vaseline, and protected, when in use, by wearing kid gloves.

In the meantime, the bowels may be regulated with quarter-grain doses of podophyllin; and, when indicated, small doses of colchicum, or antimony, or iron, or arsenic, or acetate of potash, etc., may be given. Arsenic, however, is not usually tolerated in chronic cases of this kind. But, whatever may be the treatment selected, it should be continued patiently till the cure is complete. I have had an unusual number of such cases to treat, some of ten and twenty years' standing, with contraction of the hands and destruction of the nails, in which this line of treatment has proved successful.—I am, etc.,

HENRY COMDELL JULER, M.D., ETC.

CINCINNATI, OHIO, U.S., February 7th, 1883.

A. L. D.—We are distinctly of opinion that it is not justifiable.

AN INDIAN REMEDY FOR RHEUMATISM.

IN the *Brighouse News*, the following is recommended as a new mode of treating rheumatic fever. "Fill a long bath with hot water (keeping the boiler supplied, for replenishing, as the bath cools) so as to cover the person to the throat, the head lying gently back and leaving only the face out of the water. Put in half a pound of mustard and a good pint basin full of salt. Lay the patient carefully in the bath, covering over the head and forehead (all but nose and mouth) with blanket or warm cloth, feeding at intervals with gruel, for twenty minutes. Have towels hot by the fire, and a blanket thoroughly hot. Rub dry with the hot towels, wrap in the blanket, lay in the bed, packing with blankets, etc., tightly, every part of the body, and putting a bottle of hot water to the feet. Let the patient be perspiring for two hours, feeding with gruel as when in the bath. Then unwrap, wash all over with a large basin full of tepid lathered water, previously prepared. Rub dry and put on clean warmed linen, give any food that is preferred. In the bath, the pain leaves the patient rapidly, and continues to leave until the whole person is free, movement restored, appetite, health, and strength, and the patient, after one day of care to avoid cold, is at work the day but one after the bath, cured even when the case has been extreme, and of months' duration.

It is said that this mode of treatment is largely adopted in India. Although it is not likely that it would check the progress of acute rheumatism, it might prove of value in the subacute and chronic forms.

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Clinical Lectures on the Diseases of Women Delivered in St. Bartholomew's Hospital. By J. Matthews Duncan, M.D., L.L.D., F.R.S.E. Second Edition, much enlarged, with Appendices. London: J. and A. Churchill. 1883.

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