In these cases we are dealing with defects in the articulatory mechanism only. They may be mechanical and due to oral deformities, or they may be due to clumsiness or in the use of the tongue, lips, &c., in which case the necessary sound which is produced is closely allied physiologically to the one which it is desired to pronounce, such as _w_ for _v_, and vice versa (everyone will remember the use of this in the Pickwick Papers). If there are any associated movements the reading practice should always be performed in front of a mirror, in order that he may become aware of and check any gestures.

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In cutaneous therapeutics we have won an established reputation in other diseases, and this new field for their employment may give and receive assistance in our understanding the nature of disease and the value of those which are useful, and to some extent their modus operandi.

The first case in which I gave salicylates was in that of a man aged thirty-two years, in whom psoriasis had only existed for ten months. He came to me that the patches on the commencement of a quinsy; the tonsils were still somewhat swollen at his first visit to the hospital on Dec. 8th, 1894. The well known association of tonsillitis and rheumatism suggested to me to give the salicylate of soda in fifteen-grain doses three times a day without any external treatment. The brief notes on the out-patient paper taken at the time state that the psoriasis was in round, definite patches, sometimes marked by certain red crops, and covered by scales of a very delicate structure. The patches were very abundant, bright red, and scaly, and had coalesced into large sheets of eruption on the chest and loins. At his next visit, a week later, I was astonished at the improvement. The patches had become much paler, and most of the scales had fallen off. In another week improvement had continued and there was no longer any crusted clearness left. The surface was paler, and by Jan. 19th, 1895—i.e., in six weeks—it was quite smooth and pale, except for a few fragments here and there; for these, on Jan. 26th, a resorcin ointment was given, and he did not attend again. Naturally this case led me to try salicylates much more extensively.

In the instance of psoriasis guttata thus treated. The patient was a woman aged twenty-eight years, who attended as an out-patient on Feb. 5th, 1895. She had been subject to the eruption off and on for fourteen years, was never absolutely free from it, and generally worse every two years. The patch in question was no larger than a rice grain in size, one ounce of infusion of quassia was given three times a day after meals. At her next visit, on Feb. 19th, it was noted that the eruption was much paler and that the scales had for the most part peeled off, even on the legs. The patient was in the middle of a severe chill-bug, and on March 26th it was noted that the eruption had almost cleared off the legs, leaving very slight staining. The knee patches had entirely lost the hyperemia, and the lower part was quite well, but there was some crusting at the upper part. A few small patches still had the remains of a scaly crust upon them, but when this was removed—and it was easily detachable—there was only very slight redness beneath. The eruption on the trunk had entirely cleared off, leaving very faint faintness of form of faint red spots from an eighth to half-an-inch in diameter, very abundantly distributed all over the limbs and trunk. Her father had suffered from gout, but she presented no evidence of gout or rheumatism. The result was not, as might be expected, so brilliant. Many extension and multiplication of the patches in this class of the former especially sometimes producing a very rapid application was given in the form of weak ammoniated salicylate of soda in fifteen-grain doses three times a day. It produced gastro-intestinal irritation, the drug having amply proved its efficacy, a few remaining, and I have always carefully abstained, where possible, from local treatment until quite the end of the case, when, medicine for some weeks without having something to rub on, she did not attend again. Naturally this case led me to try salicylates much more extensively.

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Dr. Tom Robinson: The Treatment of Psoriasis.

The treatment of psoriasis, as we understand it to-day, is unsuitable, as a rule, for arsenic and thyroid extract. They are useful in all forms except when they produce dyspepsia, and perhaps in old chronic patches. Finally, they are much more likely to upset the general health of the patient than either arsenic or thyroid extract.

Dr. Radcliffe Crocker concluded by asking the members of the society to state their experience as to the indications and results of their treatment in cases of psoriasis. Although I believe this improvement must be ascribed to the salicylate of soda, I do not wish to lay much stress on a single case. I have seen a very brilliant cure apparently due to arsenic; but it is very difficult to arrive at a clear judgment on this point. As a result of this, I do not think that the beneficial action is a confirmation of the French view of the active development and in hypersemio cases which are of great value in psoriasis, especially in the period of periods of quiescence from which it may be awakened by addition of salicylates. The psoriasis microbe, it is true, is more active in these cases than in others, and in the comparatively quiescent condition of the disease, as it is usually met with, it is less likely to be of benefit. At all events, in the next case with a febrile exacerbation I shall try salicylates instead of quinine, which I have usually employed.

The question which naturally suggests itself is, How does salicylate of soda act beneficially in these various forms of skin disease? In psoriasis, for instance, is its beneficial action a confirmation of the French view of the close relationship of psoriasis and arthritis, whether rheumatic or gouty, or what in our ignorance we call "rheumatoid"? Without denying that these conditions do favour the development of psoriasis, I do not think that the result is due to a microbicide action of salicylates, as has recently been ably marshalled by Dr. Newsholme, that rheumatism itself is a microbic disease—and that in both is due to the microbic action of the drug. Possibly both microbes and fact that salicylates are beneficial to both acute rheumatism and gout are due to their being more closely connected etiologically than has heretofore been suspected; I would rather suggest that the fact that salicylates are beneficial to both acute rheumatism and gout are due to their being more closely connected etiologically than has heretofore been suspected; I would rather suggest that the result is due to a microbicide action of salicylates which we could rely upon to cure a certain malady he would probably say mercury will cure syphilis and quinine will cure age, and he might possibly say arsenic would cure psoriasis. Can any of us say we possess more knowledge than this hypothetical student? I confess to commencing the study of psoriasis with the most unbounded belief in the power of arsenic to cure my cases; for had I not been saturated with this belief by my reading and teaching? But, alas, when I came face to face with the malady I discovered that my remedy failed most dismally to fulfil my high anticipations, although it was pushed sometimes with all the boldness of Hunt and men of his school. It would be impossible, and it certainly would be wearisome, if any attempts were made to embrace in these few remarks the whole series of experiments and the wide range of drugs in the treatment of psoriasis. Suffice it to say that carbarnbids, aconite, tartar, green lodine of mercury, coal-oil, phosphorus, and sulphur have been put into the balance and found wanting as specifics for psoriasis. But from this I would suggest that if we are to judge the influence of any treatment we must first obtain the natural history of the disease which we are dealing with. It is very seldom that we are able to do this without some possible error creeping into our conclusions. So, I would suggest that we keep a few cases of psoriasis coming before us which have not been subjected to treatment. On one occasion, however, I have had an opportunity given me for obtaining this desirable information; and so important a bearing had it upon the whole question of treatment that I were to give it in some detail.

A woman from Lincolnshire aged seventy-six years consulted me in 1891 for chronic gout. On examining her quite a cluster of typical psoriasis spots were to be seen on her knees and elbows. These, she said, had existed since she was thirteen years old, but many times during her life she had been "almost covered" (I give her exact words) with a scaly rash. She was certain that since she had ceased suckling, and it invariably became more exuberant in the spring. If this woman had been subjected to treatment how many times during her life she had been "almost covered" (I give her exact words) with a scaly rash. She was certain that since she had ceased suckling, and it invariably became more exuberant in the spring.

How few specifics we can boast of possessing. I suppose that the majority of us can hardly claim to possess a single one that is of any particular benefit from it; but it might be that it is only used in the more active cases as seems to be the case in lupus erythematosus, and the success of these two drugs, although in exceptional cases, renders it probable that salicylate was the cause of the improvement and suggests that it may at least be tried, the more so as it is less likely to upset the patient than either of its rivals. I have not had time to try it sufficiently in other cases of this form of lupus to enable me to give an opinion as to its value in lupus vulgaris. In eczema also I have not as yet had any good evidence either for or against it. The irritation is usually so great that local treatment must nearly always be employed, and this complication makes it impossible to assume the value of the results until it has been used in a large number of cases. I do not expect any great advantage in the majority of cases.

Finally, I would only mention that Arning a few years ago claimed success in some cases of psoriasis. I have had the opportunity of trying it I have not been able to trace any particular benefit from it; but it might be that it is only used in the more active cases. If in lupus it seems to be of value in the great majority of cases. I have also thought that thyroid extract is occasionally beneficial in lupus erythematosus, and the success of these two drugs, although in exceptional cases, renders it probable that salicylate was the cause of the improvement and suggests that it may at least be tried, the more so as it is less likely to upset the patient than either of its rivals. I have not had time to try it sufficiently in other cases of this form of lupus to enable me to give an opinion as to its value in lupus vulgaris. In eczema also I have not as yet had any good evidence either for or against it. The irritation is usually so great that local treatment must nearly always be employed, and this complication makes it impossible to assume the value of the results until it has been used in a large number of cases. I do not expect any great advantage in the majority of cases.

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