

buttocks. Eczema is never limited to these regions. In pediculosis the intensity of the itching and the great number of scratch marks are out of all proportion to the lesions present. There are never any patches as in eczema, but only scratch marks and torn papules capped with a blood crust.

Care in examination of the clothing and even of the skin itself will often reveal the parasites or their nits.

"*Pediculi capitis*" are a frequent cause of pustular eczema of the scalp, especially in children. In every pustular eczema, whether in children or in adults, this factor must be first eliminated. Either the parasites themselves or their nits can always be detected, and in children enlargement of the posterior cervical glands is almost a sure sign of pediculosis.

"*Pediculi pubis*" may cause an eczema about the genitals, in the axilla, or on the edge of the eyelids. With a hand-glass the crab-louse can generally be detected firmly attached to the skin at the base of a hair, or its nits are found on the shaft of the hair.

Scabies.—It is very important to differentiate scabies from eczema, since the treatment for one is inappropriate to the other. The lesions of the two diseases resemble each other in a marked degree, and in some cases a distinction cannot be made; in fact, eczema is sometimes caused by the acarus scabiei. In the early stages of scabies, careful search will usually reveal the furrows produced by the burrowing of the female acarus, but in older cases these are masked by the irritation and changes in the skin produced by scratching. The distribution of the eruption in scabies is the chief feature upon which the diagnostician must rely. The regions commonly affected are the interdigital spaces and adjacent surfaces of the fingers, the flexors of the wrists, the elbows, axilla, buttocks, and thighs. In females the mammae and nipples are favorite sites, and in males the glans and body of the penis. In children pustular lesions upon the hands, feet, and buttocks are almost sure to denote scabies. The face and scalp are never invaded by this disease. Eczema may also occur in all these localities, but the lesions are not so scattered, often form patches, which are not seen in scabies except in very aggravated and long-standing cases, and extend to the face, scalp, and other regions not affected in scabies. There is, finally, often a history of infection from fellow-workmen, room-mate, or other members of the family.

Sycosis.—For the diagnosis between eczema and sycosis the reader is referred to eczema of the beard.

Tinea Favosa.—See eczema of the scalp.

Seborrhoea.—See eczema seborrhoicum.

Prognosis.—The question as to the curability of eczema can undoubtedly be answered in the affirmative. It is quite another thing to be able to say when a given attack will be cured or whether the patient is liable to suffer a relapse.

To answer these questions correctly it is necessary for the physician to be familiar with the disease in its varied and manifold phases. He must know his patient as well as the various possibilities and vagaries of the disease itself. Eczema at the best is a very rebellious affection, and one must be guarded against giving a prognosis without carefully weighing the case in all its bearings. Experience, then, must be the physician's chief reliance, as little more than hints or generalizations can be acquired from others.

If the cause of the disease in any given case is known and removable, the chances of a quick recovery are generally good. If the cause has been long in operation, however, it must not be forgotten that the eruption may continue and prove rebellious after this is removed.

Eczema in children and infants, being due generally to known and removable causes, is less rebellious than some other forms and a favorable prognosis can be given. The great tendency to exacerbations in the case of infants, dependent upon irritation of the gastro-intestinal tract through teething and other causes, should, however, be borne in mind.

In acute vesicular types of eczema, a speedy and per-

manent recovery can usually be expected. The forms of eczema requiring more guarded prognoses are the chronic papular, the neurotic and gouty forms, those in elderly people, and certain obstinate types dependent upon locality. Chronic eczema of the scalp is extremely rebellious, as is also chronic squamous eczema of the palms. Eczema of the anus and scrotum, and the form of the eruption which is seen on the lower legs, and which is dependent upon varicose veins are extremely difficult to cure. Relapses are generally to be expected in gouty, neurotic, and debilitated subjects. In regard to contagion and the likelihood of transmitting the disease by heredity, a negative answer can assuredly be given.

Treatment.—From what has been said thus far, it may readily be inferred that the subject of the treatment of eczema is of vital importance. There is no subject in dermatology of so much consequence to the practitioner, for eczema constitutes a large majority of all the cases of skin disease that come under his care. Unfortunately, however, it is one of the most difficult diseases to treat and often proves most obstinate and rebellious even in the hands of the expert.

In any given case it is necessary at first to discover if possible the cause, and if this is a local one and can be eliminated the simplest local measures will often suffice. But, as already seen, the disease is rarely due to local causes alone, and in order to subserve the best interests of the patient as regards relapses and future attacks, it is necessary to take into consideration every possible factor that may have a bearing upon the case. Every deviation from health should be carefully looked into and all irritating and depressing influences removed as far as possible. Family tendencies, individual idiosyncrasies, temperament, habit, environment, etc., must all be duly weighed if the best results are to be attained. It is the physician with the best knowledge of disease in general who will meet with the greatest success in the treatment and management of eczema. There is no specific for the disease, and every case must be treated on its individual merits. Eczema is curable in almost every instance, and the removal of the eruption is never prejudicial to the patient, but on the contrary is always of great benefit to him. The old theory of *scattering the poison* to internal organs or of *driving it in* is no longer tenable in the light of modern pathology and general medical research.

The remedies and measures employed in the treatment of eczema relate to those having a constitutional effect and those used locally.

Constitutional Treatment.—This comprises dietary, hygienic, and medicinal measures, which if judiciously employed will always be found of great service. It will be necessary only to indicate in a brief way the dietary and other measures that have, by experience, proved the most useful in this disease, leaving much to the good judgment of the physician.

Diet and Hygiene.—There is no fixed diet that will apply to all cases of eczema, as it will necessarily vary according to the requirements of each individual case. If it were possible to generalize at all, I think a non-nitrogenous, easily assimilated diet would be suited to the greatest number of cases. In infants and children the regulation of the diet is perhaps the most important part of the treatment, for in these subjects it is most often grievously at fault. The nursing should be limited to milk or, if the breast milk is insufficient, to cow's milk properly modified, and not allowed to have a taste of everything on the parents' table, including tea, coffee, beer, and all kinds of solid food. This practice is unfortunately very common among children of the poor, and it is needless to say that eczema flourishes under such conditions. Older children and those in the better walks of life are often allowed confectionery, rich cakes, pastry, soda water, and all kinds of indigestible things. All these should be strictly prohibited if good results in the management of the eczema are to be expected. There is one article of food which, I think, is responsible for more trouble in the eczema of infants and children than any other one thing; I refer to bananas. Bananas are nutri-

tious, easily accessible, and convenient, for which reasons they are consumed in large quantities. However well they may be digested and assimilated by some healthy subjects, I feel certain they are extremely harmful to those suffering from eczema. This applies to adults as well as to children—a fact which I have been able to demonstrate to patients time and again. In acute eczema it is generally advisable to restrict the diet to one of milk, bread and butter, eggs, chicken, fish, and vegetables, with possibly meat, such as beef, lamb, and mutton two or three times a week. All salt and highly seasoned meats, as pork, corned beef, ham, and sausages, together with richly fried and made dishes, rich gravies, condiments, pastry, cheese, pickles, nuts, olives, etc., should be forbidden. Such a restricted diet is likewise appropriate to the gouty subject, who should avoid, in addition, excess of starches and sweets. These patients should also use freely some good diuretic water, such as Poland, Bethesda, or Lithia water, taking it preferably before eating. In the plethoric a diet of milk and vegetables, or at least a non-albuminous regimen devoid of stimulating or heating articles, is very essential.

When there is an impairment of the digestive functions, as evidenced by dyspepsia in one form or another, a diet must be selected appropriate to the condition present. Eczema patients often suffer from fermentation and acidity, and complain much of flushing after eating. The avoidance of sweets, starches, pancakes, fritters, crullers, and the numerous class of articles that are difficult of digestion is to be advised in these cases. Strawberries, shell fish, and any article of diet that is known to cause eruptions of any kind should be avoided by those suffering from eczema.

In old people and in those debilitated from any cause, a nutritious supporting dietary is necessary. This is particularly true in those reduced from nervous strain, anxiety, or overwork, and in patients of a strumous or lymphatic habit. A diet of milk, rich cream, eggs, butter, and easily assimilated foods, as chicken, fish, fresh vegetables, Graham bread, and wheat cereals, is most desirable in these cases. Milk, slightly warmed, given without any other food an hour before eating and continued for indefinite periods, is most efficacious in neurotic and debilitated subjects. In all varieties of eczema alcohol in every form should be avoided, including even the lighter wines, champagne, beer, ale, and porter. In elderly debilitated patients and in those accustomed to its use, a small allowance may sometimes be advantageously given. Tobacco in any form aggravates eczema, especially eczema of the anus, and in those having weak digestions it should never be used. Tea, coffee, and chocolate should be taken only sparingly by eczema patients.

Fresh air, both in the dwelling and out of doors, together with a moderate amount of exercise, as walking, rowing, golfing, bicycling, or gymnastic exercises, is all-important in connection with the treatment of many cases of eczema.

The clothing worn by these patients is a very important consideration. Woolen should never be worn next to the skin, underwear of muslin, silk, or linen mesh being best suited to this condition. For warmth, woolen may be worn over these if necessary, but this matter is better regulated by changes in the outer garments. The heavy bundling up that infants are often subjected to is to be deprecated. This applies particularly to the babies of the poor, who are often wrapped in yards of heavy coarse flannel, which is not only a great hardship to the child, but is productive of much harm.

The subject of bathing deserves special mention, for upon proper judgment in this respect much may depend. Indiscriminate bathing is undoubtedly harmful, and Turkish and Russian vapor baths as a rule should be discouraged. The daily bathing of the sound skin, followed by mild friction, is, however, desirable and indeed necessary in many cases; but if a large part of the body surface is affected the daily bath must be omitted. In these cases alkaline baths two or three times a week are very serviceable. One of the most useful formulae

for a bath powder is the following: R Potass. carbonat., ξ iv.; sod. carbonat., ξ ij.; sod. bicarbonat., ξ ij. M. This should be used in a thirty-gallon bath, together with a pound or two of starch. Sulphuret of potassium may be used in the strength of from ξ ij. to ξ iv. to thirty gallons in similar cases. Glycerin, from ξ ij. to ξ vi. to thirty gallons, is also a useful form of medication. The first inclination in most patients is to wash the part affected with eczema, not alone for the purpose of keeping it clean, but because much relief is temporarily experienced thereby. This practice, however, interferes most seriously with repair, and must be strenuously prohibited in all cases. The value of treatment at various mineral springs, where patients bathe and drink of the waters, is in my opinion questionable. A certain few may receive benefit, but I believe that the importance sometimes attributed to them in the treatment of eczema is greatly exaggerated.

Drugs.—The indications for the administration of medicines in eczema are generally to be looked for in the patients themselves and not in the disease. While it is very essential to appreciate the effects of remedies in the various stages of the eruption in order to select those most suited to the condition, it is nevertheless too true that undue attention is often given to the skin itself and too little regard paid to the individual.

The truth of this statement is nowhere more apparent than is seen in connection with the single symptom of pruritus. From the very beginning of an attack of eczema the first and chief concern of the patient is to get relief from this distressing symptom. The physician, in his efforts to accomplish this, is often led to resort to sedatives of one form or another, such as opium, chloral, bromides, phenacetin, sulphonal, trional, etc. The ultimate result is an aggravation of the eczema, and hence an increase in the itching, the very symptom for the relief of which they were given. It may safely be put down as an axiom that *eczema will cease to itch when it is cured, and not until then*. It is therefore both useless and harmful to use antipruritic drugs, but instead every effort should be made to cure the disease as quickly as possible.

As already mentioned, disorders of the gastro-intestinal tract are most commonly met with in connection with eczema, and these should receive the physician's first attention.

Constipation may be relieved by small and continuous doses of fluid extract of cascara sagrada or by the well-known pill of aloin, belladonna, and strychnine, given at bedtime. I have found a pill containing gr. i. aloin, gr. i. extract cascara, and gr. $\frac{1}{4}$ extract nux vomica of very great service in this connection. Calomel in small doses, gr. $\frac{1}{10}$ to gr. $\frac{1}{4}$ three or four times a day for several days in succession, with a mild saline before breakfast, such as a teaspoonful or two of equal parts of sulphate and phosphate of soda in half a glass of water, will often prove effective. The pill of aloes and iron of the Pharmacopœia is likewise an excellent remedy, given about three times a day. Saline aperients, as Rochelle, Glauber's, or Carlsbad salts, and the laxative mineral waters Hunyadi János, Rubinat, etc., are useful in some cases. Care must be taken, however, not to use these too continuously, except in plethoric subjects and in those with much liver torpor. In many cases it is advisable to begin by a rather smart purge, as a five-grain blue pill for a few nights, followed by a seidlitz powder or citrate of magnesia the next morning. A pill of blue mass, colocynth, and ipecac, containing gr. iiss. each of blue mass and compound extract of colocynth and gr. ss. of powdered ipecac, given two at bedtime, and repeated the second night following, is particularly serviceable. I have also gotten most excellent results from the following: R Lep-tandrin, gr. viij.; podophyllin, gr. ij.; ipecac, gr. v.; ext. hyoscyami, 3 ss.; ext. belladonn., gr. ij.; ext. aloes purg., 3 ss. M. ft. in pil. No. xxx. Sig. Two every second night for three times. It is generally advantageous to repeat these bilious pills at intervals of two or three weeks. For more or less continuous use a pill containing gr. i. calomel and gr. $\frac{1}{4}$ to gr. $\frac{1}{2}$ podophyllin has proved

very useful in my hands; this pill may be given once or twice a day, preferably at night.

For the treatment of constipation and stomach derangements in infants, the reader is referred to Infantile Eczema.

In dyspeptic conditions, besides the dietary regulations already referred to, the following therapeutic agencies will be found of service. In the flatulent and atonic forms, alkalies and bitters are required, as also the dilute mineral acids. I have found that gtt. x. to xv. of dilute nitromuriatic acid, given well diluted before eating, relieves the flatulency and consequent flushing so often complained of. Strychnine or nux vomica is likewise effective in this condition. Bismuth, liquor potassæ, magnesia, and bicarbonate of soda are useful in cases of acidity, and much good is often derived in similar cases from a mixture of rhubarb and soda. A good formula is: R Pulv. rhei, ʒss.; sod. bicarb., ʒij.; pulv. ipec., gr. x.; aq. menth. pip., ad ʒij. M. Sig. Teaspoonful well diluted before eating.

Gouty subjects require alkalies, as citrate and acetate of potassium in doses of from ten to twenty grains three times a day. These may be given separately or combined, and generally a little iron taken with them increases their effectiveness.

The alkaline diuretics, benzoate of soda or lithia, and the free use of Poland, Lithia, or natural Vichy waters, can be prescribed with benefit to these patients. Salicin and colchicum may be given in some of the more chronic cases, but their efficacy in most instances is somewhat doubtful. It is never advisable to continue these remedies for long periods of time, but they should be occasionally interrupted and general tonics of iron, quinine, cinchona, etc., substituted.

In the strumous and debilitated, supporting tonic treatment is needed, such as cod-liver oil, quinine, hypophosphites, syrup of iodide of iron, the glycerophosphates, etc.

In all cases of acute eczema salines and gentle aperient mixtures are indicated at first, to be followed later by more tonic remedies. One of the most useful mixtures in the acute stage of the disease is that known as Startin's mixture, which is made as follows: R Magnes. sulphat., ʒiv.; ferri sulphat. exsicc., ʒi.; acidi sulphur. dil., ʒij.; syrup zingiberis, ʒvi.; aqua, ad ʒij. M. Sig. Teaspoonful in water after meals through a tube. In cases in which there is anæmia, chlorosis, malaria, or other general disease, the usual treatment employed in those conditions should be instituted. The preparations of iron best suited to the treatment of eczema are reduced and dialyzed iron, the citrate of iron and ammonia, and the citrate of iron and quinine.

Warburg's tincture, with or without aloes, is often a very valuable remedy, and ergot in selected cases may be given with benefit.

Arsenic is useful in a very limited number of cases, and should only exceptionally be resorted to. Its indiscriminate employment cannot be too severely condemned, for it is a dangerous remedy and is often productive of much harm. It is probably used less by those especially conversant with cutaneous medicine than any one remedy or class of remedies. It should never be given in acute cases, nor to patients in whom the digestion is weak or imperfect. In chronic and inveterate cases of the squamous and infiltrated types it is sometimes serviceable, but even in these it is better not to resort to it until all other remedies have proved ineffectual. It is chiefly of value in those cases of neurotic eczema in adults, in whom the eruption develops in crops from time to time, and is most rebellious to treatment of any kind. It is also practically the only remedy that will control the bullous form of the disease which occurs in elderly people. The preparations generally employed are arsenious acid, Fowler's solution, liquor sodii arsenitis, and arsenious acid combined with black pepper in the so-called "Asiatic pill." I think the best results are obtained with the soda salt, for although it is weaker than the potassium salt it is better borne by the stomach and can be continued for a

longer period. It is best given in small, frequently repeated doses, beginning with one or two minims, increased slowly to six or more minims every two hours. Fowler's solution may be given in the same manner, but in smaller doses. The usual dose of arsenious acid is from gr. $\frac{1}{10}$ to gr. $\frac{1}{5}$, three or four times a day. From three to six of the Asiatic pills, each containing gr. $\frac{1}{10}$ arsenious acid and gr. ij. to iv. of pepper, may be given during the twenty-four hours. In the administration of arsenic it is necessary to push it to the point of tolerance to produce the desired effect. It is always advisable to examine the urine at frequent intervals during the administration of this remedy, and upon the first evidence of abnormal kidney action it should be discontinued.

Local Treatment.—Success in the treatment of eczema will depend largely upon the proper selection and application of the various remedies and measures employed locally. There is no case that does not require local treatment in one form or another. If an opposite effect than the one expected is produced by any given application or procedure, no one will be more quickly aware of this fact than the patient himself. It is essential, therefore, to the interests of the patient, and often for the sake of his own reputation, that the physician should have this part of the subject well in hand. It is not necessary nor even advantageous to know all the newer remedies and complex formulae that are continually being advocated. What is needed is a knowledge of the general principles governing the use of the more common remedies and a familiarity with the drugs themselves and the effect they have upon diseased skin. In the treatment of skin diseases, as in every other branch of medicine, the simplest procedures are often the most successful, but the important question is when to apply them and how to apply them. A remedy may be used by one physician with the very best effect, while the same in the hands of another, used in precisely the same condition, will prove most disastrous. This is generally dependent upon the form in which the remedy is used, whether as a lotion, ointment, paint, etc., or upon the manner in which it is applied.

Selection of Remedies and Methods of Treatment.—In choosing the remedies the physician should be governed by the character and intensity of the inflammation, the locality and extent of surface affected, and the secondary changes that have taken place. It is also often necessary to consider the occupation, habits, and social position of the individual, in order to suit the treatment as much as possible to his convenience.

It is always a good rule to employ the very mildest treatment possible when the patient first comes under observation, the remedies being strengthened from time to time. The mistake is often made of employing too strong remedies at first, which not only proves disastrous, but destroys the confidence of the patient at the beginning. In a general way it may be said that lotions—particularly those carrying powders in suspension—agree with most skins better than ointments. Upon discharging surfaces they are as a rule much more satisfactory than dusting powders, for the latter cake and subsequently irritate. If the surface affected is very large, it is obvious that to use a lotion over the whole would not be feasible, and it is then necessary to soak strips of linen or gauze in liniments which can be laid on or wrapped about the part. Ordinary lotions are sopped on by means of a piece of old linen or gauze; it is seldom necessary to rub them in.

In using ointments much depends upon the method of application. In acute cases in which a soothing effect is desired, it is essential that the ointment be spread upon surgical lint and bound on in the manner of a plaster. It is useless in such cases to rub it on with the fingers. In chronic cases requiring stimulation, strong salves may be advantageously rubbed in and then bound on.

In certain rare instances neither lotions nor salves will be well borne and other forms of application, such as powders, pastes, plasters, gelatins, soaps, paints, etc., must be employed.

Other methods which may be classed as mechanical, such as counter-irritation, circumcision, use of rubber bandage, scarifying, hot water, alkaline baths, etc., are referred to in their proper places.

Measures to be Employed in Acute and Subacute Eczema.—The first thing to do is to remove crusts if present. This is best accomplished by laying on strips of linen soaked in olive or almond oil; by soaking with a three to five per cent. salicylic oil; or by the use of alkaline emulsions of bicarbonate of soda, borax, etc. When the surface is cleansed, the proper remedy should then be applied, great care being observed not to employ it too strong.

For freely discharging surfaces *dusting powders*, generously employed, are of greatest service. Those most commonly used are plain corn starch, rice powder, chalk, talc, kaolin, lycopodium, and magnesium carbonate. The stearate of zinc with salicylic acid or salol and the oleates of zinc or bismuth have the advantage of caking less with the secretions than do some of the other powders.

It is often advantageous to add to the simple powders equal parts of oxide of zinc or one part of bismuth subnitrate, boric acid, or camphor to four of the powder. In the same manner salicylic acid, salol, or acetanilid in strength of from twenty to thirty grains to the ounce may be useful additions in some cases. After the excessive weeping has been arrested by the use of dusting powders, it will be found most convenient to use some drying, slightly astringent lotion. *Lotions* are very cooling and grateful to the patient, and are to be preferred in most cases of acute vesicular or erythematous eczema. One of the most useful in acute vesicular eczema is composed of a drachm each of carbonate of magnesia and oxide of zinc in four ounces of water. Boric acid in three or four per cent. strength may be added to this lotion when needed, and if the itching is excessive, one per cent. of carbolic acid may likewise be added. Dühring and White employ in the acute oozing stage lotio nigra, either in full strength or diluted one-half with lime water, and they report very favorable results from its use. The eruption is bathed with it for fifteen or twenty minutes, the sediment is then allowed to dry on and a plaster of oxide of zinc ointment is immediately bound on. The applications of the lotion are made every ten or twelve hours. In acute erythematous eczema there is no application so useful as the following lotion of calamine and zinc: R Acid. carbol., ʒss.; pulv. calaminæ prep., ʒi.; zinci oxid., ʒij.; glycerini, ʒij.; aq. calcis, ʒiv.; aq. rose, ad ʒiv. This should be dabbed on two or three times a day and the sediment allowed to remain on. It is a most cooling and soothing application. In some cases I have found it advantageous to substitute lotio nigra for the lime-water in this lotion. It must be remembered that some skins do not tolerate either glycerin or carbolic acid; in such cases almond oil may be substituted for the former and dilute hydrocyanic acid for the latter.

Another useful lotion in papular vesicular eczema contains boric acid two and one-half per cent., zinc oxide and bismuth oxychloride each four per cent. in cherry-laurel water.

In acute papular eczema of the dry, itchy type, a cooling lotion recommended by Cæsar Boeck, of Christiania, is particularly serviceable. This consists of powdered starch and talc each 100 parts, glycerin 40 parts, lead water 200 parts. It should be used first diluted with two parts of water. In this same type of eruption the magnesia and zinc lotion just referred to, with the addition of three to six per cent. of ichthyol, will be found very useful.

When there is an extensive oozing surface *liniments* prove more serviceable than either powders or lotions. The parts should be enveloped in cloths soaked with the liniment, and these should be changed about twice a day. In this way excessive drying and subsequent irritation and injury are prevented. Linseed, almond, or olive oil may be used combined with glycerin, lime-water, dilute alcohol, etc. Equal parts of linseed oil and lime-

water (carron oil) will be found very useful in this connection.

Ointments may often be employed with great benefit in acute stages of the disease. Great care is necessary, however, not only in the selection of the ingredients, but also as regards the manner in which they are incorporated. Much harm may be done by the use of a salve made with a rancid ointment base or one made with a base naturally irritating to an inflamed skin. Vaseline or cosmoline, except in special instances, should not be used as a base for ointments employed in acute stages of the disease. Benzoated lard has the disadvantage of becoming easily rancid, and lanolin has too much body, but if mixed in the proportion of about one to four with some soft emollient, the latter makes a good ointment base. Freshly made cold cream or rose-water ointment makes the best base for salves; it is soothing and the evaporation of the rose water it contains produces a cooling effect. Dühring gives a good formula for making cold cream, which consists of rose water and oil of sweet almond, 10 parts each; white wax and spermaceti, 2 parts each; these to be emulsified with sodium bichlorate, one-half of one per cent.

Much likewise depends upon the way an ointment is made. If it is not perfectly smooth, but contains gritty particles, it is sure to irritate, no matter how fresh or mild the ingredients may be. Some substances, such as tannic acid, resorcin, etc., occur in the form of tiny sharp crystals, and unless these are previously dissolved before being incorporated in the salve, harm will surely follow.

For a simple protective nothing is better than oxide of zinc ointment in the strength of a half drachm to the ounce of cold cream. Bismuth subnitrate or oleate of zinc may be used for the same purpose and in the same strength. A very soothing ointment for use in acute eczema is one composed of prepared calamine powder, gr. xx.; zinc. oxid., gr. xxx.; acidi carbolici, gr. v.; ungt. aquæ rosæ, ʒi. Instead of the carbolic acid a half drachm of tincture of camphor may prove of more benefit in some cases. Salicylic acid in mild strength is a most useful remedy in acute and subacute eczema. Used in the strength of two per cent. in the zinc ointment already referred to, it rarely fails to do good. In the form of a paste, first recommended by Lassar, it is an extremely efficacious remedy. The formula is as follows: R Pulv. acidi salicylici, gr. v.; zinci oxid., pulv. amyli, aa ʒij.; vaselini, ʒss. In acute eczema, especially of the face and scalp and in eczema of the toes, a tannin ointment composed as follows is very effective: R Acid. carbol., gr. v.; pulv. acidi tannici, tannin. glycerit., aa ʒss.; ungt. aq. rosæ, ʒi. A useful ointment in acute erythematous eczema is one composed of four per cent. boric acid and two per cent. salicylic acid in equal parts of lanolin and rose-water ointment.

Hebra's diachylon ointment, used alone or with the addition of one per cent. of salicylic acid, or mixed with equal parts of zinc ointment, is very valuable in acute and subacute eczema. Its ingredients are: R Olei olivæ opt., ʒxv.; lithargyri, ʒij + ʒvi.; aqua q. s., to which are added ʒij. olei lavandulæ. The oil is mixed with a pint of water, heated to boiling; then the finely powdered litharge is stirred in until it cools.

In certain cases *pastes* composed of tragacanth, gelatin, etc., are tolerated better than salves. Unna's gelatin paste or "Zinc-Leim" is composed of gelatin. alba, ʒvi.; glycerini, ʒix.; aqua, ʒij.; zinc. oxid., ʒvi. The gelatin is melted in the water with heat, then the glycerin and zinc are added. A hard jelly results upon cooling, which requires liquefying in a water-bath before it is applied. This is then painted on with a brush, and while it is drying, fibres of absorbent cotton are made to adhere to the surface. It may be washed off or stripped off *en masse*, and is a cleanly and effective dressing.

Gelanthum, one of the newest ointment bases, consists of gelatin and tragacanth each two and one-half per cent. and glycerin five per cent. in water. Any medicament can be incorporated with it. It is simply necessary to