

paint it on with the finger when it quickly dries, leaving a coating upon the skin; it can be readily removed with a little water.

The *salve muslins* devised by Unna are very useful methods of making applications to the skin, but as they are imported it is not always possible to get them fresh. On this account they are not to be recommended for general use.

Measures to be Employed in Chronic Eczema.—In the local treatment of chronic eczema various remedies and methods are employed, among the most useful of which are the different preparations of mercury and tar. These may be used in the form of either lotions or salves and may often be combined with advantage. The mercurials of especial value are ammoniated mercury and calomel used in strengths varying from two to ten per cent.; the yellow oxide and red oxide in two or three per cent. strength; the nitrate and oleate in two to five per cent. strength; and in certain cases the bichloride and red sulphide. Sometimes the mercurials are advantageously combined with sulphur. A most useful formula for chronic indolent patches consists of R Ungt. hyd. oxid. rubri, ʒ iss.; ungt. sulphuris, ʒ iij.; ungt. zinc. oxid., ad ʒ i. M. In chronic impetiginous eczema the following white precipitate ointment is particularly effective: R Acidi carbol., gr. v.; bismuth subnitrat., ʒ ss.; ungt. hydrarg. ammoniat., ʒ ij.; ungt. aq. rosæ, ad ʒ i. M. In a similar condition, especially when located upon the scalp, the following combination will be found useful: R Hyd. ammoniat., gr. xxv.; calomel, gr. xx.; acid. salicylici, gr. xv.; ungt. hydrarg. nitrat., ʒ iij.; ungt. aq. rosæ, ad ʒ i. M. Among the tars most commonly employed may be mentioned: Pix liquida, oleum cadinum, oleum rusci (crude), ichthyol and thiol. A very effective tar ointment is that known as Ungt. picis et zinci and is made as follows: R Ungt. picis liquid., ʒ ij.; zinci oxid., ʒ ss.; ungt. aq. ros., ad ʒ i. M. This may be used alone or combined with equal parts of Hebra's diachylon ointment. It is a most effective antipruritic and is very serviceable in chronic infiltrated patches and in eczema of the anus and scrotum. Oil of cade and oleum rusci may be used pure, in which case they are painted on to chronic scaly patches, or they may be used in solution in alcohol in strength of two parts of the tar to one of alcohol. In ointments they are generally employed in strength of ʒ ss. to ʒ i. to the ounce. Ichthyol and thiol may be used in the same manner. The latter has less odor than ichthyol, but in my experience it is less effective. They may be used in watery solution, five to ten per cent. or stronger, or they may be employed in ointment in strengths varying from three to fifty per cent.

In the treatment of infiltrated localized chronic patches, a solution known as "*liquor picis alkalinus*" is most valuable. Its formula is, R Picis liquidæ, ʒ ij.; potass. causticæ, ʒ i.; aquæ, ʒ v. M. Dissolve the potassa in the water and add the tar with rubbing in a mortar. It is generally used diluted five to ten times with water, and after rubbing the patches once or twice a day with it a soothing ointment is applied. It may also be employed as an antipruritic lotion in less chronic conditions in strength of from one to three drachms to the pint of water or in an ointment in strength of ten to twenty minims to the ounce. For chronic localized patches the following ointment will also be found of great service: R Picis liquid., ʒ ij.; plumbi glycerol., ʒ iij.; ungt. diachyli (Hebra), lanolin., āā ʒ ss. M.

In addition to the remedies already mentioned some other drugs, such as resorcin, chrysarobin, pyrogallol and salicylic acids, rhubarb, beta-naphthol, iatrol, permanganate of potassium, etc., may serve a useful purpose in the treatment of chronic eczema. Resorcin may be used in a lotion or ointment in strength of from two to six per cent. Chrysarobin, pyrogallol and salicylic acids are often conveniently dissolved in liquid gutta-percha or collodion and used as a paint which may be applied once or twice a day. They may be used in strength of from three to ten per cent. Powdered rhubarb in four or five per cent. strength in an ointment is useful in chronic

parasitic types of the disease. A four-per-cent. ointment of rhubarb combined with equal parts of ungt. picis et zinci, is likewise of great service. Beta-naphthol and iatrol are generally used in about three-per-cent. strength, while permanganate of potassium in one or two per cent. watery solution is useful as a paint.

The following combinations will be found of service in chronic squamous types of the disease: R Magnes. carbonat., zinci oxid. āā ʒ i.; sod. salicylat., ʒ iss.; iatrol, gr. l.; aquæ, ad ʒ iv. M.; and R Acid. salicylici, gr. xv.; Acid. pyrogallici, gr. xxv.; Spts. vini rectificat., ʒ i. M.; also R Ichthyol, gtt. xx.; resorcini, gr. x.; Aquæ, ʒ i. M.

It only remains to refer to the use of medicated soaps, soap plasters, caustics, and counter-irritants in the treatment of chronic eczema. Almost every remedy employed in the treatment of eczema has been incorporated into a soap, so that we have ichthyol, salicylic, naphthol, bichloride, tar, and innumerable other kinds of medicated soaps. Personally I have had but little experience in the use of these, but if properly employed, allowing the lather to dry upon the diseased skin, they should be useful in the treatment of eczema.

Various forms of soap plasters have been recently recommended, many of which are certainly serviceable. One of the best is Duhring's modification of Pick's salicylic soap plaster. It is especially indicated in subacute or chronic vesicular or vesico-papular patches, and is composed as follows: R Emplast. saponis (U. S. P.) liquefact., 90.0; ol. olivæ opt., 10.0; acid. salicylici, 2.0. M. It should be spread on muslin or thin kid and applied continuously.

Hebra's soap treatment for chronic indolent patches is extremely effective. It consists in rubbing into the patch a piece of *sapo mollis* the size of a walnut by means of a piece of white flannel dipped into water. The affected part is thoroughly scrubbed with the lather until all the scales are removed, leaving a bright red, tense, oozing surface. Plasters of oleate of zinc or diachylon ointment are then firmly bandaged on and left until the next application of the soap. This is usually done about twice a day and results in a rapid removal of the diseased patch. Tincture of green soap, two parts green soap to one of alcohol, may be used for the same purpose, or a mixture of equal parts of green soap, oil of cade, and alcohol. The caustics most commonly employed in the same capacity are liquor potassæ and solutions of caustic potash, five to ten grains to the ounce. Crocker has found that in certain cases of inveterate eczema in which relapses are frequent, counter-irritation to the spine sometimes proves curative. For the upper half of the body he applies it to the nape of the neck, and, for the lower half, over the lumbar enlargement. Dry heat or a mustard leaf may be applied in this way without fear of exciting an eczema in the neighborhood.

REGIONAL AND SPECIAL VARIETIES OF ECZEMA.

INFANTILE ECZEMA.—This is generally understood to include all cases of eczema occurring in children under five years of age, and, according to statistics made by Crocker in London, about one-third of all these begin during the first year of life.

Eczema in babies and young children generally begins somewhere upon the head, usually in the centre of the cheeks or behind the ears. First there is a scaly patch which enlarges slowly and soon develops vesicles and pustules which rupture and dry into more or less thick, blood-stained crusts. As the cases ordinarily come for treatment, they present large crusted patches of eruption on both cheeks, on the forehead, chin, ears, neck and scalp, and often similar patches of disease upon the extensors of the forearms and wrists. The skin is always affected in a symmetrical manner and in the worst cases the whole head may be uniformly involved, saving a small area around the mouth, nose and eyes, where the white, healthy skin stands out in striking contrast. The

eruption often extends to other parts of the body and limbs, and in older children may become more or less general.

The disease is frequently complicated by furuncles and abscesses situated especially upon the scalp, face, and neck, and in poorly nourished and strumous infants, conjunctivitis, blepharitis, or otorrhœa may likewise exist. In children of the poor, pediculi play an important part in producing and keeping up the trouble.

The posterior cervical lymphatic glands are considerably enlarged in these cases and are a source of great concern to the parents. These rarely break down, however, but disappear slowly when the eruption gets well.

Though eczema may occur in ill-nourished, strumous, and rickety infants, it seems to have been my experience to find it more commonly in well-nourished, fat, and healthy subjects. In a few cases the disease is apparently inherited, in which event it is liable to continue after infancy and often become chronic in adult life.

The delicate skin of the infant is very susceptible to local irritants of one form or another, and no doubt the eczema is due to local causes alone in some cases. The great majority, however, are dependent upon improper or excessive feeding and disorders of the gastro-intestinal tract engendered thereby. Dentition is often spoken of as a cause of the trouble, but in most instances the eruption develops long before the teeth are thought of. The disease is always aggravated by teething, but in a reflex manner through the disturbances of digestion which it causes.

In a certain few cases, infantile eczema, in both the male and the female, occurs reflexly from an adherent prepuce and is not cured until this is relieved by circumcision or by stripping.

It is important to differentiate ordinary infantile eczema from syphilis as it occurs in the neighborhood of the mouth and genitals, from impetiginous eczema due to pediculi, and from eczema seborrhoicum.

In syphilis about the mouth there are radiating fissures from the corners which extend to the mucous membrane, and mucous patches are often present on the lips and over the tongue. The separate papules and mucous tubercles about the anus, genitals, and buttocks of a syphilitic child could not be readily mistaken for eczema. The presence of snuffles and the bad general condition of the child would also usually distinguish syphilis.

A chain of enlarged lymphatic glands in the neck of a child with eczema of the scalp and neighborhood is almost a sure sign of pediculosis. With a little care the parasites or their nits can be readily discovered. The eruption of seborrhoic eczema in infants begins upon the scalp as a thick, moist, crusted patch on the vertex, which lacks the acute inflammatory characters of ordinary eczema. It may extend down on to the forehead and involve the region of the ears, but it rarely covers the centres of the cheek symmetrically and never presents thick blood-stained crusts. It likewise occurs around the umbilicus and in the groins. In the latter situation it may be distinguished from eczema intertrigo by its dull-red color, and especially by the fact of its presenting isolated papules beyond the border of the patch. Eczema seborrhoicum in this region shows more infiltration and inflammation at the periphery than in the crotch, while the reverse is true in eczema intertrigo.

In the treatment of infantile eczema it is necessary first to eliminate all possible sources of local irritation. If pediculi are present, the hair should be cut and the head soaked repeatedly in kerosene oil to destroy the parasites and nits. A three to five per cent. white precipitate ointment may be used for the same purpose. After these are removed the eczema is readily cured by the use of a two or three per cent. ichthyol ointment. In eczema intertrigo, it is important to have the diapers changed and washed frequently. The practice of reapplying them after hanging them up to dry is responsible for keeping up the disease in many cases. Dusting powders and cooling lotions are best suited to eczema in this locality. The calamine and zinc lotion or the magnesia and zinc

lotion already referred to are of especial value in this type of the disease.

Every attention should be given to the feeding of the baby. If it nurses, constipation in the mother should be corrected and she should not be allowed to drink beer or spirits. If the child is bottle-fed the milk should be suitably modified according to the age and requirements of the patient. Patent foods, as a rule, should be prohibited, unless for some reason it becomes necessary to stop the milk. The other precautions referred to in the section devoted to the subject of diet should likewise be considered. For constipation in the child, castor oil is a very useful remedy; or a mixture of equal parts of castor oil, mistura cretæ, and water may be given twice or three times a day in teaspoonful doses. Calomel and soda, gr. $\frac{1}{10}$ — $\frac{1}{2}$ of the former, with gr. iij.—v. of the latter, given in powder every second morning, is an exceedingly effective remedy in infantile eczema. Some cases, especially strumous subjects, do well under the following tonic: R Liq. sodii arseniat. gtt. ij.; tinct. nucis vom., gtt. x.; syr. ferri iodid., ʒ iss.; syrup. aurant. flor., ʒ iij.; Spts. mindereri, ʒ iss.; aquæ ad ʒ iij. M. Teaspoonful twice a day. In the local treatment every effort should be made to protect the inflamed skin and guard it from injury. The hands of the patient must be done up or encased in mittens to prevent its doing injury with the nails, and sometimes it is even necessary to confine the hands and arms to the sides. An ointment of salicylic acid and zinc, in strength of two per cent. of the former and six per cent. of the latter, smeared on two or three times a day, is often all that is needed. This may be advantageously alternated with the calamine and zinc lotion or with the ointment of calamine, camphor, and zinc already mentioned. When the inflammation has subsided, a mild tar ointment may be employed, or two or three per cent. of ichthyol may be added to the magnesia and zinc lotion. In all cases relapses are frequent and a cure cannot be safely promised until the child reaches two or two and a half years of age.

PARASITIC ECZEMA.—We are in the habit of classifying as parasitic those sharply defined, moist, or crusted patches seen upon the lower legs accompanying varicose veins; the infiltrated, scaly, indolent, sharply defined patches which sometimes weep and become crusted and are situated in the flexors of the elbows and knees, and on the neck; and certain moist circumscribed patches occurring between the fingers, beneath the breasts, in the groins, axillæ, etc. A form of parasitic eczema occurs also in the corners of the mouth, resulting in cracks and a scaly out-lying patch, which is extremely obstinate and rebellious under any form of treatment.

No parasite has been demonstrated in these types of the disease, but they are regarded as due to parasitic infection from their general behavior, and because they yield only to strong antiparasitic treatment.

In parasitic eczema in general a paint of permanganate of potassium ʒ ss. to ʒ iij., applied twice daily, followed by a four-per-cent. ointment of powdered rhubarb with zinc, arrests the progress of the disease very promptly. In the indolent, infiltrated form ten per cent. chrysophanic acid in traumaticin (liquid gutta percha) is very effective when painted on once or twice a day. Five to ten per cent. pyrogallol in alcohol, used in the same manner, is likewise most efficacious.

Ichthyol used in a strength of from ten to twenty-five per cent. acts particularly well in that form which affects the corners of the mouth.

ECZEMA SEBORRHOICUM.—Seborrhoic eczema begins upon the scalp in the form of a pityriasis capitis or dry dandruff, which may remain in this state or develop into heavier masses of scales, forming what was formerly called "*seborrhœa sicca*." After the disease has lasted some time upon the scalp, the hair becomes dry and brittle, loses its lustre, and finally atrophies and falls, producing partial or complete baldness. In some cases the eruption is distinctly oily in character, and the scales become agglutinated and form greasy crusts which adhere to the scalp. Beneath these is a red, smooth, moist

surface which itches or burns slightly. The course of the disease is extremely variable, but sooner or later it spreads from the scalp to other parts sometimes remote, but often contiguous. In a more inflammatory form the disease spreads beyond the hairy border of the scalp, extending down on the forehead and temples and around the ears. This consists in an infiltrated, dull, yellowish-red band or patch of eruption with a sharp, slightly irregular outline and covered with yellowish, greasy crusts. In the lobes of the ears and the external auditory canal these dry into more or less thick flakes, which can be removed with the fingers, leaving only a superficial moist, red patch behind. Scaly, red patches appear in the eyebrows; and the central region of the face, base of the nose, *ala nasi*, and the adjacent portion of the cheeks soon become involved in the process. Here the affected skin presents a rough, red, oily character which becomes more evident when the face is heated. As a rare condition the vermilion border of the lips is affected, resulting in great swelling, pain, and thick crusting. The beard and moustache rarely escape, the same red patches covered with greasy crusts being scattered through them.

Other favorite locations for the eruption are the front and back of the chest, especially between the scapulae, in the axillae and groins, and around the umbilicus. It may also occur on the arms and legs and in some cases spreads generally over the body.

On the chest and back the eruption consists of macules and discrete papules, dull red in color and slightly scaly, which slowly enlarge to form plaques or patches of various sizes. As these grow at the periphery, involution takes place in the centre, forming circular or circinate lesions, which by joining others form gyrate or festooned figures. This is the "*seborrhoea corporis*" originally described by Duhring.

In the axillae and groins, and around the umbilicus the eruption generally occurs in the form of a sharply defined, yellowish-brown, slightly infiltrated patch which may become inflamed and crusted, resembling very much patches of ordinary eczema. Itching in seborrhoeic eczema is not a marked symptom. Patients rarely complain of it except in warm weather, when they perspire freely.

When Unna first described this disease in 1887 he included many forms of eczema and even certain types of psoriasis under this name, but these generalizations have not been fully accepted. The best observers confine the title to the well-recognized types here described.

The disease is generally easily recognized. The chief reliance in diagnosis should be placed upon the seat of development, the method of progression, and the definite localizations of the disease, as well as upon the clinical appearances exhibited. The dull-red or yellowish-brown patches of crescentic or circinate outline, upon which soft greasy crusts form, can rarely be mistaken for the ordinary forms of eczema. In infants it lacks the symmetrical character and history of beginning on the cheeks and is never so inflammatory. From eczema intertrigo the differential points have already been given. The scales of psoriasis are dry and silvery white in color, the patches are more circular, and the localization of the eruption is different from that of seborrhoeic eczema. Some cases of psoriasis, however, resemble eczema seborrhoeicum very closely; in these the history and course of the disease will help to clear up matters.

That seborrhoeic eczema is a parasitic disease is now pretty definitely established. Unna originally found diplococci in the lesions and several varieties of bacilli. One, which he called the "*morococcus*," he considered of special importance. He was unable, however, to reproduce the disease, but, through the bacteriological studies made by W. H. Merrill in 1895, Unna's findings were corroborated, and inoculation experiments were successful.

The treatment of the disease is not difficult. The most effective remedies are sulphur, resorcin, beta-naphthol, white precipitate and nitrate of mercury and also the bichloride. The biniodide and red oxide are likewise very effective in some cases. Upon the scalp a lotion of resor-

cin, of a strength of from three to six per cent in equal parts of alcohol and water, acts promptly.

Sulphur, however, either alone or combined with resorcin, is the most reliable remedy we have. It may be used in an ointment containing five per cent. sublimed sulphur and two or three per cent. resorcin, or the resorcin may be used in a lotion, as already mentioned, and once or twice a week a five to ten per cent. sulphur pomade may be applied to the scalp. This should be done at night and the ointment washed off in the morning. A lotion containing gr. ij. bichloride, ʒi. resorcin, ʒi. chloral hydrate, and ʒiv. alcohol, is also extremely effective.

On the body a three or four per cent. resorcin ointment, or a mild sulphur ointment, will generally remove the trouble quickly. Beta-naphthol in five-per-cent. strength, white precipitate five to ten per cent., and the nitrate in about the same strength used in ointments, are all good and effective remedies. The biniodide may be used with the white precipitate ointment in the proportion of one or two grains to the ounce of a five-per-cent. salve. The ointment of red oxide of mercury and sulphur referred to under the treatment of eczema will be found of great service in this trouble. About the genitals in infants care must be taken not to use the remedies in too great strength.

ECZEMA OF THE SCALP.—Eczema manifests itself in various ways upon the scalp. In children and infants it appears more often as a vesicular or pustular affection, while in adults it is generally of the chronic erythematous or squamous variety. It may be limited to the scalp in both children and adults or may be only a part of a more generalized eruption. The pustular form of the disease as it occurs in infants and the impetiginous crusted eczema of older children, including the form associated with pediculosis, have already been considered. In adults the same clinical picture of pustular eczema is sometimes seen as that observed in children. It begins in the same way, in groups of pustules which generally dry without rupturing, forming patches covered with thick, dirty looking crusts. These may form anywhere upon the scalp and often coalesce into more extensive areas. The hair is matted down by the drying discharge and presents a most offensive and disgusting condition. This form usually occurs in poorly nourished subjects and in those who are neglectful of their persons. Itching, as a rule, is not complained of in this type of the disease, but sensations of soreness and burning pain are common symptoms.

The erythematous form of the eruption begins as a dry, red, scaly patch of variable size and outline, which grows slowly larger and becomes thickened and infiltrated. It soon runs into a chronic condition and in certain parts of the scalp, such as the hollow below the nucha, may remain for years resisting almost every form of treatment. These patches are very sharply defined, and there is so much infiltration that the diseased area projects above the natural level of the skin. Erythematous eczema may also spread over the scalp in an acute manner, with general redness, oedema, and sometimes vesiculation. The itching and burning in these cases are intense during the acute stage. Later, the disease becomes squamous in character and the affected skin is covered with dry furfuraceous scales.

The diseases most often confounded with eczema of the scalp are psoriasis, seborrhoeic eczema, tinea favosa, and tinea tonsurans.

Psoriasis of the scalp presents about the same characteristics as when it appears upon the body; the patches never show moisture or soft crusts from the drying of a discharge, but are covered with dry micaceous scales or those of a thick imbricated character. The itching in psoriasis is not so severe as in eczema, and some evidence of the disease elsewhere is generally to be found.

The distinguishing features of seborrhoeic eczema have already been given.

Tinea favosa may be mistaken for pustular eczema. The crusts of favus are sulphur yellow in color and not greenish or brown from the drying of pus, as in eczema.

The crusts of favus are cup-shaped and can be picked off, leaving a characteristic depression. The odor is distinctly mousy, and finally microscopical examination of portions of the crusts in favus will reveal the spores and mycelium characteristic of that affection.

In tinea tonsurans the spot affected is covered with broken, short, twisted hairs, having the appearance of being singed, or the spot is devoid of hair. Eczema does not destroy the hair in this manner. Patches of ringworm are circular and often devoid of any inflammation or redness, those of eczema are red and inflamed and usually of irregular outline. Ringworm of the scalp is confined almost exclusively to children, while eczema occurs in both children and adults. The microscope, as in the case of favus, would definitely determine any doubtful case.

In pustular eczema of the scalp ointments of iodol, europhen, ichthyol, and white precipitate are especially effective. Iodol and europhen may be used in a strength of half a drachm to the ounce of white vaseline, while ichthyol is most serviceable in a strength of from three to ten per cent. Five per cent. white precipitate is generally as strong as one can safely use.

For the chronic infiltrated patches occurring especially in the occipital region very vigorous treatment is generally needed. Salicylic acid, five to ten per cent., in alcohol; five per cent. of the same in diachylon ointment; six per cent. resorcin in equal parts of white precipitate and nitrate of mercury ointment; and unguentum picis et zinci are all useful in this condition.

In acute erythematous eczema, the tannin ointment referred to while discussing the local treatment of the disease, is the most useful remedy. Ointments of calomel, boric acid, and salicylic acid, and mild tar preparations will be found serviceable in the dry squamous types of the disease. In all cases the local treatment should be supplemented by the proper constitutional measures, if the best results are to follow.

ECZEMA OF THE FACE.—The most common type of eczema of the face is the erythematous. It occurs in young, middle-aged, or elderly people, but is more frequently a disease of middle or advanced life. It is characterized by a dusky or bright-red, more or less diffuse eruption covering the cheeks, nose, eyelids, and forehead, stopping short usually at the border of the scalp and beard. The skin is swollen and at first smooth and tense; the eyelids are puffy, sometimes to the extent of complete closure; and when the disease is very acute, tiny vesicles develop upon the erythematous surface. Later in its course the disease loses its acute characters and assumes the aspect of a chronic process. It is accompanied by intense itching and burning; the skin becomes dry, scaly, and infiltrated, and the natural lines are exaggerated. Sometimes the itching is most intense, coming on in paroxysms, and the patient seeks relief by rubbing rather than by scratching. As a result of this the eyebrows are often rubbed off short, and the skin becomes steadily more infiltrated.

Eczema, as it occurs on the face of infants, has already been referred to and need not be further discussed in this place. Eczema of the face may occur as a part of a general eczema, in which case the entire face, including the ears, nose, lips, eyelids, cheeks, and forehead, is usually affected. These cases are generally chronic in character and are seen in the most typical form in strumous children. Erythematous eczema of the face is often mistaken for erysipelas and is often wrongly called "*chronic erysipelas*." It is to be distinguished from that disease, however, by the absence of fever and general constitutional symptoms and by its very long and obstinate course.

In the acute form lotions of calamine and zinc, mild carbolic and boric acid lotions, the magnesia and zinc lotion previously mentioned, and dusting powders, are the most grateful kinds of applications. One or two per cent. of salicylic acid in gelanthum may be found of service in some cases. Ointments of oleate of zinc from half a drachm to one drachm to the ounce; of calamine, cam-

phor, and zinc (formula already given); and of tannin and carbolic acid, may be advantageously used in alternation with the lotions.

In the chronic stage of the disease tar and mercurials may be used, first in moderate strength and later to produce their stimulating effects. The unguentum picis et zinci diluted one-half with zinc ointment; an ointment of two per cent. salicylic acid and three per cent. of ichthyol; oil of cade from half a drachm to one drachm to the ounce of simple ointment; and white precipitate ointment of a strength of from three to five per cent. will all be found of service.

As in the treatment of eczema of the scalp the constitutional measures employed in conjunction with those used locally are of the greatest importance.

ECZEMA OF THE BEARD.—The disease in this region manifests itself in two fairly distinct types. It occurs as a superficial inflammation of the skin, with redness, swelling, moisture, and crusting, or it quickly goes deeper and invades the hair follicles. In the latter case each hair pierces a pustule, and when removed carries the root sheath with it, in the form of a swollen, succulent bulbous extremity. It also affects the skin between the hair follicles, and often extends beyond the hairy region. The disease is accompanied by much soreness and pain, though itching is most complained of by some. The hair is often very greatly thinned, but generally it is reproduced after the disease has been cured.

On the upper lip a similar condition may occur, the lip being swollen, red, and covered with thick dirty crusts. This results from an extension of the disease from the nares or is caused by the acrid discharge from a chronic nasal catarrh.

Eczema of the beard usually runs a chronic course and is very difficult to manage in most cases; in some instances it is only a part of a more general eczema and requires the same treatment as eczema elsewhere.

Eczema barbæ is chiefly to be distinguished from cocogenic sycosis. Ringworm of the beard, with its deep-seated nodular masses, can scarcely be mistaken for eczema. Sycosis begins primarily as a folliculitis and invades the hair follicle to its depth in a very short time, and is accompanied by papules and tubercles which are never present in eczema. Eczema is a superficial eruption and invades the hair follicles secondarily. Sycosis is confined to the follicles as a rule, while eczema invades the skin between and may extend beyond the hairy region. The hairs in sycosis are loose and can be removed without pain. Those in eczema cannot be extracted without giving considerable pain.

The treatment of eczema and of sycosis are about the same. In acute cases, the remedies used for eczema in general should be employed. As soon as possible attempts must be made to shave, and the face should be kept shaved; it must be done at least every other day. At first it is a very painful process, but after a while patients are able to accomplish it without causing much pain.

In some cases it is good treatment to epilate the hairs. When the hair is surrounded by pus it is better to remove it, for it only acts as a foreign body. General epilation may be necessary in very chronic and obstinate cases. Salves or pastes are generally more useful than lotions. Sulphur in a strength of from ten to twenty grains to the ounce is one of the best remedies. Dilute nitrate of mercury ointment, red oxide of mercury ointment (two drachms to the ounce of zinc ointment), three per cent. ichthyol ointment, oil of cade one drachm to the ounce, and from one to three per cent. oleate of mercury, are all to be especially recommended in this form of the trouble.

Other forms of tar, as thiol, pix liquida, etc., may also be used with benefit in some instances.

ECZEMA OF THE AURICLES.—Eczema may attack the auricles independently of any other region, or may extend to them from the scalp and adjacent localities. It generally affects both organs and remains confined to them and is a disease which often recurs.