

measures are, if possible, of even greater importance; it is much not to do the wrong thing, and still more to do just the right thing. This remark is made because one occasionally sees cases which have been greatly aggravated by previous treatment, which yield promptly to proper measures. The main point to be ever borne in mind in the treatment of these parts is that more harm than good may be done by too strong applications and that the soothing plan must be followed as far as possible, certainly while there are signs of inflammation, stimulating measures being adopted only in later stages of treatment and to remove the remains of the disease, as thickening of the skin, and not for the arrest of the eczema.

The itching of these cases is often most intense, and the patient will plead that if he can only have something to stop the itching the disease will get well. And so I have repeatedly had cases where all sorts and kinds of measures had been previously prescribed with a view of arresting the itching, but in vain, whereas the case yielded speedily when complete treatment was instituted, including only very mild local measures. Quite recently a physician brought a patient in consultation, not in regard to any general management of the case, but only to have my opinion in regard to the probable utility of applying the actual or galvanic cautery to the parts to arrest the itching. And so I have had cases which had previously been given stronger and stronger local applications, with a view of checking the itching, after the failure of recognized neurotic local remedies, until the parts had been brought to a terrible state of inflammation from such applications as strong citrine ointment and the like. Now, while these may succeed in some cases in which, perhaps, a transient, digestive disturbance was the starting-point of the eczema, I am confident that in the main all such attempts in the way of a local treatment of eczema in these parts is false in theory and injurious in practice.

The measures which I am about to detail may be simple, but will in most, if not all, cases, be sufficient as local treatment, provided that all else has been carefully attended to, as implied in the preceding brief mention of dietetic, hygienic and internal medication.

I place great reliance upon hot water as a means of relieving the congestion of the parts and the consequent itching. But the water should be indeed hot, and not warm—so hot that the hand cannot be thrust wholly into it—and it should be used in exactly the manner now to be described. I speak thus positively because I occasionally hear it asserted by patients that it is not of service, and on inquiring I find that the exact rules have not been followed, or that it has been used for a longer time, or oftener than prescribed. The patient should sit on the edge of a chair and have a basin with the very hot water and a soft handkerchief in it. This latter is then picked up and held in a mass to the anus or genital parts, as hot as can be borne, say for a minute, and then dipped in the water

again, and the process repeated three times, the whole not lasting more than two or three minutes; too long bathing, or too frequent sopping of the part, or rubbing with the cloth, etc., makes matters worse.

Before the hot water is gotten ready, I have the ointment which is to be employed spread thickly on the woolly side of surgeon's lint, cut of a size to cover the affected parts only, and laid close by ready for immediate use. After the parts have been soaked with the hot water for the prescribed time, they are rapidly dried by pressing a large, soft linen napkin upon them, with absolutely no friction, and the already spread cloths are immediately applied, the object being to at once exclude the air entirely. Ordinarily it is necessary to use the hot water only a single time in the twenty-four hours, namely, after undressing, and when ready to get into bed. It must be premised that the patient is to so manage as not to indulge in the usual scratching before undergoing these manipulations. If this desire is given way to beforehand, the treatment will not always control it at once; but if the patient can avoid even touching the parts except as described, he or she will commonly be quite able to go to sleep immediately. I have repeatedly had those thus afflicted say that the first night of treatment was the first real rest they had had for months or years.

If the case is very severe, and if there are spells of recurrent itching, the hot water may be repeated occasionally; but it is commonly sufficient simply to renew the ointment one or more times in the day, especially in the morning on rising, without the repetition of the hot water, which latter, I think, sometimes acts prejudicially in softening the parts if used more frequently. It should be added that the ointment should always be spread on lint, and never be rubbed to the part; also, that in applying the lint it should be kept in close apposition to the diseased surface, and that by means calculated to heat the parts as little as possible; and, finally, that in renewing the dressing the fresh cloth should be spread and ready near by before removing the previous one, that the access of air to the parts may be prevented by changing the coverings as quickly as possible.

The ointments employed must vary somewhat with the case, and no single one could be mentioned which would be invariably of service. That which I most commonly prescribe is made as follows:

R. Unguent. picis..... ʒj.
Zinci oxidi..... ʒij.
Unguent. aquæ rosæ (U. S. P.)... ʒij.
M.

This should be of a consistence which spreads easily and remains soft, which may be easily regulated by varying the proportion of the spermaceti in the rose ointment or cold cream. I may add that I never employ the recent products of petro-