

skin. When this occurs the ointment must at once be suspended. Liquor potassæ in doses of 20 to 30 drops, three times a day, is advised, and Dr. McCall Anderson, of Glasgow, speaks highly of carbonate of ammonia in doses of ten grains at first and gradually increasing to forty grains.

Wry Neck.—The little boy before you is aged ten years, and presents himself to-day for the first time at the clinic. You will observe that his appearance is peculiar, his head being twisted to one side, and he is unable to return it to its proper position, and this condition has persisted for some weeks. This condition is known as Wry Neck or Porticollis, and consists either in a temporary or permanent shortening of the cervical muscles, especially the sterno-cleido-mastoid. The result is that the head is twisted to one side. The head is nearly immovably fixed, so that if the patient desires to look at any object, unless it is directly in front of him, he must turn his entire body. It is said to sometimes be congenital, but such a cause is very rare. More often it is the result of a position assumed in consequence of an enlarged and painful condition of the lymphatic ganglions of the neck, compelling the patient to keep the cervical muscles in a constrained and rigid state. No matter what be the cause, these muscles soon become permanently contracted and indurated. If you examine them you will find that they feel like dense, rigid cords, and their outline is easily seen. Not only is the sterno-cleido-mastoid affected, but very often also the platysma, trapezius, scalene, splenius, and sometimes the elevator of the scapulae.

The *Prognosis* is doubtful. In recent cases, caused by muscular spasm, and due to cold, a cure very often takes place, especially if the case be early placed under treatment. On the other hand, if the deformity is complicated, and a large number of muscles are involved, the outlook is very gloomy.

Treatment.—If the disease seems to be

due to rheumatism, iodide of potash, with colchicum wine, is useful. Atropia in a dose of $\frac{1}{200}$ of a grain is recommended for this class, to be hypodermically used. At the same time employ local applications of soap liniment, belladonna liniment, and opium. Failing success by medicinal treatment, then resort must be had to surgical. This consists in dividing the inferior attachment of the muscle, and allowing the head to regain its normal position. After this the head must be kept in proper position by an apparatus, many forms of which have been devised.

Eczema Palmaris.—This man came to the out-door clinic complaining of pain at the tips of the fingers, especially on movement, which has troubled him for some time. If you examine them you will find them creased by irregular fissures, fairly deep, and some of which, from their position, are opened and closed by the movements of the hand. The disease in this case is comparatively mild to what I have often seen, and is known under the name of Eczema Palmaris. The hands are very often the seat of the most varied forms of Eczema, acute as well as chronic. The many irritating substances with which they come into contact, prepares them for its frequent appearance on this place. Here we find the disease most obstinate to treatment; the thick epidermis of the hand prevents the eruption of vesicles, and at the same time preventing the action of local applications.

Treatment is both internal and local. The internal is specially directed to improving general nutrition, while the local includes the benzoated oxide of zinc ointment, carbolic acid ointment, borax, alum and glycerin in form of ointment. Sometimes the fissures are so deep that they require to be touched with the solid stick of nitrate of silver, and afterwards brushed over several times daily with a moderate solution of sulphate of zinc in glycerine and water.