

among the children of very poor people. In nearly every case there are evidences of an inherited or an acquired scrofulous constitution. There are enlarged lymphatic glands, or a swollen upper lip, or sore ears, or a tumid belly, or derangement of digestion or strumous conjunctivitis, or paleness, with looseness of the skin. There are immediate or exciting causes, such as small-pox, measles, scarlet fever, smoke and filth in bad dwellings, impure air.

General Treatment.—I regard the constitutional remedies as the most essential. If the eczematous diathesis be subdued—that is, if the poor nutrition, or the debility from whatever origin, which is the predisposing cause of the affection be removed—the local manifestation of the disease will soon vanish; yet sooner, if assisted by local measures.

The secret of the cure consists, then, essentially in discovering the nature of the debility—whether it be assimilative, nutritive, or nervous—and subduing it. This includes attention to the disordered function of any internal organ. I have known of several severe examples of the affection which have been completely cured by change of residence—and nothing else—from this to a warmer country.

Local Treatment.—In every instance the cilia should be closely cut. Any of them that are irregular or abortive should be plucked from their follicles. For the eczema itself, the remedy must be shaped according to the condition of the eyelid when the patient is seen, subject to the principles of reducing the inflammation, stimulating to a more healthy action the exuding surface, removing accumulated secretions or crusts, and healing excoriations or ulcerations.

When the inflammation is acute rather than chronic, the use of an evaporating lotion to reduce any unnatural heat is advantageous. When it is chronic, warm applications, as fomentations, are preferable. With the reduction of inflammation, the case is materially better.

When the disease is in an early stage, and the surface-accumulation is scanty and of the lighter form (chiefly from serum), and the inflammation is subdued, or where it is so slight as not to be a prominent symptom, stimulation is called for.

Lotions are not applicable, on account of their liability to irritate the conjunctiva and the cornea. Ointments answer better, and they serve the double purpose of enabling the drug to be definitely and persistently applied, while they prevent the eyelids from adhering. They are demanded of varying strengths, according as irritability or sluggishness of the skin prevails; the stronger being for the latter state. They should be applied twice or thrice daily, with a sable brush, after the part has been cleaned with warm water and Castile soap, and any secretion washed off. The merest smearing of the surface will suffice. After trying various substances, I have settled down to the use of the hydrargyri oxidum rubrum. My weakest formula is one grain of this to a drachm of the unguentum cetacei; my strongest, two grains to the same.

The greater the strength of the ointment, the more sparingly and neatly must it be used, lest it should get within the eyelids and inflame the eye.

Should either seen to irritate, it must be used less strong or less often.

When the disease is of old standing, and the incrustations are dense and adherent, being made up of dried pus, epithelium scales, sebaceous matter, carbon and dust from the atmosphere, beneath which there is sure to be excoriation and ulceration, other treatment is needed. The incrustations must be removed without damaging the eyelid. My plan is to keep them oiled with almond oil for a couple of days, and then to sop them for a long time with hot water and a rag until they are sufficiently softened to be wiped off or picked off; oil the lids, and on the following day wash them and dry them thoroughly, and touch all the excoriated or ulcerated parts with nitrate of silver. For years I used strong solutions of this drug, but now I apply it solid, scraping the stick to a point, and touch the parts lightly and definitely, taking the greatest care not to let any of it enter the eye. I keep a piece of blotting-paper at hand to soak up any moisture which may be about the edge of the lid. Should any of the caustic accidentally enter the eye, in spite of all caution, the eye should be very freely washed at once in a basin of tepid water, to relieve the burning. This plan may require to be repeated. An interval of a week at least should be allowed, during which the eyelids should be washed and oiled twice or thrice daily.

From time to time the cilia should be re-cut, or re-plucked.

Or, again the application of the nitrate of silver is required when there are pustules on the lid, with little or no incrustation.

Any excoriation or roughness of the cheek should be attended to. Eczema palpebrarum will readily yield to the methods which I practise and recommend. Certain damage which may have been inflicted on the cilia follicles is capable of much repair, and tolerably healthy cilia may grow in the place of abortive ones, or of many which have dropped. But many, or all of them, may be destroyed. The Meibomian glands are always more or less destroyed in all prolonged or severe cases of the affection. When treatment is undertaken before the glandular apparatus of the lid suffers, every trace of the disease may be removed.

The injury which the disease inflicts, and which is so apparent, must not be mistaken for the disease itself, or else treatment will be continued when it is unnecessary, and often undertaken when the eczema is cured.

The trichiasis, the entropium, or the ectropium which may be induced demands special treatment, of which I shall not speak to-day. *Medical Times and Gazette.*

FIBROUS DISEASE OF THE UTERUS.

There are cases in which surgical aid is declined, or cannot be recommended, and apart from them the possibility of relief by medical treatment is still a moot-point. With the idea of ascertaining what really are the opinions and practice of that branch of the professions under whose notice these case, more