

In its fourth period, eczema becomes squamous like psoriasis, but its scales differ essentially from those of psoriasis. Thin, foliaceous, opaque, containing in the epidermic layer which constitutes them something humid and crusty, they are detached in lamellæ more or less large, and very easily, from the subjacent skin. The scales of psoriasis, on the contrary, are thick—so intimately imbricated upon one another that they cannot be detached without reducing them to powder, and we never find in them the slightest trace of moisture.

And yet, gentlemen, these two diseases, so different—these two opposite poles of dermatology, may be confounded, may be fused to constitute a hybrid and bastard affection, which holds to each without being, properly speaking, the one or the other. Just as there exists a lichenoid eczema, product of the union of lichen and eczema, likewise there exists, whatever our learned master, M. Hardy, may say of it, eczematous psoriasis, product of the union of psoriasis and eczema. Here is an example of it which I place before your eyes:—See these scales, how strong they are, how thick; they are truly those of psoriasis; but they contain in their woof a crusty element—they are detached from a slightly humid skin; there is really something there which belongs to eczema; it is then eczematous psoriasis.

All these differences, so marked, which separate from each other the symptomatology of eczema and psoriasis, we find them again when we come to the treatment of these two affections. Both are (at least very often) of herpetic nature, and you know the value of arsenic in the treatment of herpes. It appears then that the first care of the medical man should be to give arsenic at once, indiscriminately, in psoriasis as well as in eczema. It is not so. In acute eczema the skin is inflamed and congested, and arsenic would aggravate still more this inflammatory condition; arsenic derives to the skin, you know. Prescribe it not then in the acuteness of eczema. Combat the phlegmasia at first with emollients; later, only when you will have extinguished the inflammation, you will employ the specific medication.

In psoriasis you have not these manifestations to guard against. You can then boldly give arsenic at once.

The difference in the treatment of these two affections is still more marked when we come to their local or external treatment. In eczema all is inflammatory; the external treatment ought then, before all, to be antiphlogistic. Lay aside irritants; do not employ even the most innocent pomades; inert at the moment of their application, they soon become irritating from the acid fermentation of the fatty bodies which they contain. Employ topically only those agents which preserve with integrity their emollient and antiphlogistic properties; cover the diseased parts with the most emollient cataplasms, as of potato starch.

In psoriasis, emollients are unseasonable—they are productive of no good. What is necessary here is to make the scales fall, to modify the vitality of the skin by irritating substances, endowed with energetic and penetrating properties, which attain as far as the diseased derma—to restore to it its normal vitality, by a kind of slow substitutive inflammation. Go and treat an eczema thus, and you will see what incendiary results you will produce. Thus, gentlemen, these two affections, so different in the lesions which characterize them, differ no less in the treatment which suits them.

Permit me, gentlemen, to terminate this picture by a comparison which will appear to you perhaps a little venturesome, but which is none the less exact. In the two affections, with characters so different, which we have been studying, are personified in a certain way the different seasons of the year and the different ages of life. Eczema, with its changing physiognomy, lively and animated, with its warm and burning character, represents the spring and summer, childhood and youth. Psoriasis, with its aspect ever the same, cold, dull, and icy, recalls to me the autumn and winter, manhood and old age.

It is thus that, in nature, an attentive observation often reveals to us mysterious harmonies, unexpected relations and connections until then ignored, between objects the most distant and dissimilar.—*L'Union Médicale*.

It is now pretty generally known, at least among the New England members of the medical profession, that the new observatory of Yale College has undertaken to afford to physicians an accurate statement of the errors of clinical thermometers sent to the observatory for such purpose.