

scribed here, and you will hear frequently of it; but I hope you will not consider it routine practice—that is, the diuretic treatment. She is taking the acetate of potassium; it relieves the congestion of the skin, and certainly removes the disease. She is now taking thirty grains three times a day, in a little rhubarb-and-soda mixture, which is mainly used. Locally she has applied an ointment of salicylic acid and balsam of Peru. I merely mention that ointment, but cannot speak further about it now; it is composed of about half a drachm of salicylic acid and a drachm of balsam of Peru to the ounce.

CASE IV. RECURRENT ECZEMA.—I now show you a case of recurring eczema in a child whom I showed you last year—a child who, when you saw her then, had an eczema all over the neck. She remained entirely well until this fall. We saw her here last March, with a history that when six months old she had an eruption lasting until eighteen months ago—I am reading the first record of March, 1881—and this eruption had been on the head for twelve months when we saw her. The head was the seat of a squamous eruption, and all the upper part of the neck, back, and chest was likewise affected with eczema rubrum. There is some moisture there now. She is over four years old, and you see, is an exceedingly small child for her age. When you saw her last year the entire neck was the seat of a moist, exuding eruption. The head was entirely crusted over, and the child was suffering very considerably. There were enlarged glands in the neck, indicating a low vitality and a scrofulous condition. What she shows today is a small amount of scaling, which I wish you to look at closely, I want you also to see this eczema of the eyelids in a child, because such patients are taken to oculists and treated with blue-stone for years, while, if treated for eczema, they would get perfectly well. You see here a swelling of the lids which would not be here if it were not for this eczematous spot, and you find the remains of eczema on the lips. That, of course, may vary to any extent; there may be a thickened eyelid, and when you find it in eczematous subjects you can be pretty sure it cannot be cured without proper constitutional treatment. There is a slightly reddened condition of the eyelids—a puffiness of the whole region of the Meibomian glands. Now, here we still see a certain amount of redness, and a certain amount of erythematous thickening, as the remains of the eczema. I have not seen her for a long time.

Eczema of the eyelids is treated frequently with stimulating solutions—with nitrate of silver, blue-stone, etc., without effect, until the proper treatment for eczema is used. The erythematous condition of the neck is hardly worth seeing. She is better than she was a year or so ago. It is a little over a year since the child had any treatment at all. The scalp was crusted over and the hair matted down, and there was some eruption on the upper lid and on the arms when she came here, Septem-

ber 20th. She was given the syrup of the iodide of iron, a teaspoonful three times a day, and locally she was to use the ointment which you will see continually used, namely, the tar-and-zinc ointment. It is composed of half a drachm of oxide of zinc, two drachms of tar, and six drachms of simple ointment, or rose ointment. That treatment has been continued from the first; she has had nothing but the iodide of iron and the tar-and-zinc ointment. I do not generally use the treatment with the iodide of iron in eczema; that was given in my absence. Although I do not wish to reflect any discredit upon this treatment, yet I do not use it; I do not know why, but I have not been as well satisfied with it as with other treatment. I shall put the child on a little arsenic and ammonia, or the citrate of iron, or the citrate of potassium and sweet wine of iron, made with Malaga wine, under which, I think, such patients improve faster than under the iodides.

CASE V. GENERAL DIFFUSE PAPULAR SYPHILIDE.—I show you quite a different eruption now, gentlemen, in a case of specific disease. I will say, once for all, that I consider it a good deal better to use the term specific disease, and I only use it for one disease—syphilis. Whenever I use the word specific it refers to that, and that alone; it saves me explanation and uncertainty. It is a case of early general diffuse, or general scattered, papular eruption from syphilis. The patient is a widow. She had one child, who died soon after birth. She has had the present eruption for the past three months. When seen a week ago, all the body, face, hands, neck, arms, and legs were covered with the grouped papular syphilide, and she has mucous patches in the mouth.

I show you the case, gentlemen, for you to compare with the first case I showed you, the case of psoriasis, which in appearance this resembles in a slight degree. Here is a moist eruption which somewhat resembles psoriasis, but the scales of specific disease are always slight as compared with psoriasis. Specific disease does not tend to cover itself with scales, except in the tubercular form. This is a little dark, a little large, and a little too prominent to be confounded with psoriasis. Here is a very interesting point: you find here what is termed psoriasis of the hand, or what is sometimes called psoriasis palmaris syphilitica. Now, in any case of psoriasis you will not find spots like that developed in the palms of the hand. If there is doubt in your mind, there is a point which would argue nine out of ten times in favor of its being specific disease. This is a general, large, specific papulide. This woman's primary lesion must have attacked her within six months. There is no eruption on the soles of the feet. There is sometimes seen a little circular grouping of the lesions, but it does not happen to occur in this case; when it does occur it is perfectly pathognomonic. Here is the general large papular syphilide that might have been covered with more scales, and might in certain other cases represent psoria-