

Eczema presents many phases varying with the stage, character of the primitive lesion, degree of inflammatory action, individual peculiarity of the patient, complicating circumstances, etc.; but in all of these cases the indications for treatment are so clear that, once rightly appreciated, many of the apparent difficulties disappear.

In no affection with which we are familiar is it so important that the idea of a routine treatment based upon nosology should be abandoned. As regards the internal treatment, it is the *patient*, with all his functional or organic derangements, that demands consideration; in the local treatment it is the cutaneous *lesion* that must be studied and cared for. We must in both cases remember that the conditions actually present in one patient are seldom exactly duplicated in another, and, consequently, that treatment which is best for the first may not, and probably will not, be best for the second. In other words, we must individualize the cases in the strictest manner.

As the present article concerns the lesion only, we will make a brief allusion to the conditions most frequently present, and indicate the principles of treatment that find their application under the varying circumstances of the case.

Every outbreak of eczema commences with a prodromal period of local cutaneous congestion, characterized by heat, redness, slight or almost imperceptible swelling, and certain subjective sensations, which attract attention to the parts. From the appearances alone it will be often difficult to decide what form of cutaneous disease is impending, just as during the first day of an active febrile movement we may be unable to predict the character of the disease that will be developed on the morrow.

This period of congestion is rarely presented to the eye of the physician, except when it occurs in patients who are already suffering from more advanced eczematous lesions in other parts of the body, and who have already come under treatment for them.

Under these circumstances we have known the application of solid nitrate of silver to cause a disappearance of congestions that we supposed would have otherwise developed into frank eczemas.

This prodromal congestion, if uninterfered with, usually eventuates in some one of the so-called special primary lesions of the disease. These are six in number. In the first place, the active congestion may give place to a passive one of indefinite duration, characterized by redness, and often a trace of fine desquamation, with possibly a little occasional moisture, alternating with the more usual dryness. These cases were formerly classed as chronic erythema, but a closer study has convinced most dermatologists that they are essentially ecze-

mata. Little attention has been paid to this form in the text-books, but an admirable delineation of the affection will be found in Dr. Duhring's Atlas. The congestion is usually accompanied with a moderate amount of subjective heat, or itching. This form of eczema is more frequent on the face than elsewhere. The most effective treatment for this variety is internal, but still a great deal of assistance is afforded by external means employed in conjunction with the latter. The indications are to reduce the congestion, and to relieve the itching. To accomplish the former the ordinary well-known astringents may be employed. In addition, we have derived benefit from the application of a solution of bromide of potassium in rose-water and glycerine, varying in strength from ten to twenty grains to the ounce. Fluid extract of ergot, rubbed up with cold cream, and a similar preparation of arnica root are also of service. The pruritus, moreover, must be attended to. This ceases with the congestion, but, as this latter will not always subside with wished-for rapidity, antipruritics are often advisable. These may be employed separately or combined with the other applications. Besides the well-known antipruritics, hydrocyanic acid, chloroform, etc., the mixture in equal parts of chloral hydrate and camphor, introduced by McCall Anderson, is worthy of special mention. This mixture, in the proportion of ten to twenty grains to the ounce of ointment, will sometimes greatly palliate the itching.

In the majority of cases, however, instead of the simple chronic congestion, we find a development of certain special lesions, which consist in either vesicles, pustules, papules, fissures, or an exfoliation of the horny layer of the epidermis, or there may be a mixture of two or more of them. This condition is usually termed the first stage, and, as regards the vesicles and pustules, lasts for a day or two only. It rarely comes under notice, and requires little in the way of treatment other than the application of cooling lotions, or better, either the black or yellow wash (mercury and lime-water). To the first stage succeeds the second, characterized by exudation and crusts, specially marked in the vesicular, pustular, and exfoliative varieties, less so in the others. The accumulation of secretion and crusts in this stage necessitates ablution, but unfortunately the contact with water proves very irritating in many cases, often causing a decided aggravation of the patient's sufferings and a prolongation of the trouble. If, however, we bear in mind the condition present, namely, the skin deprived of its horny epidermis, but with the delicate and succulent cells of rete Malpighii exposed, we can readily understand why the water proves irritating. It is due to endosmosis, causing tumefaction, and perhaps rupture of the cells. The remedy is equally apparent. It is only neces-