

give half a grain, and then a grain, until some effect is produced on the stomach or bowels. Some patients are said to have taken up to four or five grains several times daily. When you get to five grains there is sure to be purging and vomiting. He is under this treatment, and has not had any effect from it as yet; but we shall continue it for some time to come, and I propose to push this treatment in as large a number of cases as possible. I wish to give you at the present time the diagnosis and treatment in these cases as we see them, and the theory of treatment I will give you later in the course.

CASE II. ECZEMA RUBRUM.—I bring you this woman to show you a leg which is scaly. It is a case of eczema rubrum of the left leg. She is forty-three years of age, attends to her own household work, being therefore more or less constantly on her feet, and has had an eruption only on this leg. I merely want to show you that, although an eruption is scaly, although it is red, it may not be psoriasis. No case of eczema ever becomes psoriasis. The patient states that she had erysipelas eleven years ago, and that it broke out again two years ago and settled in her back. You will see a great many cases which are called erysipelas, and chronic erysipelas, of the face, etc. We all know there is no chronic erysipelas. It may be chronic by recurrence, but not such an affair as this. This is chronic eczema, which never presents numerous well-defined, sharp patches. See how uneven the edge is, and how it shades off into unhealthy skin; you get a certain amount of erythematous skin, you get it on one half of the body, or, if on the whole body, in continuous patches. This is erythema rubrum, and is one of the cases which, of all others, are perfectly treated with the rubber bandage. I am sorry I cannot put it on to-day, to let you see how to do it. I am afraid this patient does not put it on tight enough. If this leg were exposed to the open air it would crust over, and if closed up at night there would be a surface that would exude moisture. Leave it alone and exposed to the air and that moisture tends to dry. If she had left it alone, untreated, and had scratched it, it would have a large crust; if treated with the rubber bandage there would be no crust upon it, but the scales would come off on removal of the bandage. She states that she left off the bandage for over a year, and that the leg was in as good condition as this until August; but in August, from over-fatigue, she had the eruption develop in spite of the bandage. The tongue is quite indented, and considerably cut; her bowels act every day; her water is very much colored, and stains the vessel considerably. She is taking some medicine, but I do not know what it is. We expected her to say the water was stained. Most of the cases of eczema of the leg are connected with highly colored urine, with a heavy sediment of lime, or some other deposit, from imperfect elimination by the kidneys. It always recurs from over-fatigue or over-exertion.

Differential Diagnosis.—There is nothing like this disease at all, except psoriasis, and that does not come in a profuse form.

With regard to *local treatment*, the bandage is the great thing; it is an invaluable addition, and she would hardly know what to do without it. We shall later on have an opportunity to see it put on and then I will speak of the mode of treatment. For *internal treatment* you generally give diuretics a cathartic, and usually some tonic with all.

I pass to you some plates of eczema, and one of these is a plate of Dr. Fox's, of eczema of one leg, the other leg having a tubing on it. I do not think that is employed now, but that Dr. Fox has himself discarded it. This form of eczema is usually attended with varicose veins, but in this case I find none.

CASE III. ECZEMA RUBRUM, WITH VARICOSE VEINS.—Mrs. Deon, aged fifty-two. She has had a milk-leg—that is, the left leg was affected twenty-two years ago, and again nine years ago. About December 1, 1880, an ulcer made its appearance on the left leg, from which there are large scars, and an eruption shortly appeared after it, and gradually extended up the leg, involving the greater part of the leg when first seen, January 1, 1881. I show you these patients that come back to us, as they are instructive. We get them well to a certain extent; they leave, and there is a relapse. Many of the eruptions have a predisposition to return. She first came to see us January 26, 1881, and was here under treatment for two or three months. She got well under the rubber bandage, then she disappeared, and we did not see her again until September, 1882—a year and a half—which is, of course, a good immunity for a person who is on her feet all the time. The trouble came back in September, and it began on the 22nd, four days before she was seen. Here we have the same lesion as in the former case, accompanied with varicose veins, with very considerable varicosities of the feet. We note here an erythematous condition, which disappears entirely on pressure and readily returns on taking away my hand. You notice the oedema of all the warts. Most cases of eczema of the leg are associated with oedema, which is not necessarily owing to kidney causes. In this instance it is secondary to the milk-leg, or phlegmasia, she had first twelve years ago, and again nine years afterward.

I think, if we want to have our patients remain cured, we must require them to wear the bandage continually, just as persons with certain deformities of the body require the continual use of a bandage or truss; for, as a consequence of leaving off the bandage, we get an affair which seems like a purely local disease, but, in my judgment, is not a local disease. You see some persons with varicose veins who do not have the eruption at all, while others, without having varicose veins, have the eruption. This is, I believe, wholly constitutional. We put her upon the treatment which is commonly pre-