

thin scales, and even these may be entirely wanting. If negligent, the crusts by constant additions to their under surface, become very thick and adhesive, and not unfrequently remain attached to the skin after the eczema is quite cured. When the exudation is serous, the crusts are grayish or brownish, if purulent they are yellow; and blood may render either, brown or black.

The itching may be constant or intermittent. It is always aggravated by touching the inflamed part, and becomes troublesome by the use of stimulating food or drink, or on getting warm in bed. Sometimes instead of itching, a feeling that insects are crawling over the skin is experienced, and is often very distressing to the patient. At others a burning heat is complained of, and this is more apt to occur when the patch is acutely inflamed, or when there is a copious eruption of newly formed vesicles or pustules. This latter sensation indicates the employment of emollient applications in the first instance.

Scratching always aggravates the disease, and tends to bring out a fresh crop of eruption. In mild cases indeed, the disease may be kept up by the scratching alone; and may be cured by such local sedatives as stop the itching.

When the elementary lesion is erythema, the redness, although similar to simple erythema at first, is soon accompanied by exfoliation of the epidermis; after which, infiltration of the skin gradually supervenes; we then have patches of reddened, scaly, and infiltrated skin (eczema squamosum). Next follows a serous exudation on its surface, and this serum concretes into crusts; we then have an exuding, infiltrated, and itchy eczematous eruption covered with crusts, and perhaps without the appearance of a single vesicle (eczema erythematodes). The eruption is now at its height, but after a while the infiltration begins to yield, and the disease progresses towards a cure; and as the symptoms disappear, simple erythema is left as at the commencement.

Sometimes, without commencing with erythema, eczema takes on this form, the skin becoming red, smooth, and shining, whilst the deeper structures are loaded with infiltration, and every now and then the cuticle exfoliates; this occurs most frequently on the legs, the scrotum, and the ears. If scratched now, and it is usually very itchy, excoriations occur, serum exudes, and often blood and crusts are formed.

The vesicular form of eczema usually commences with an erythematous eruption, and upon this ground vesicles are developed, many of which may become converted into pustules. The vesicles are small, and closely set together, and usually rupture early, the serosity concreting into crusts. It is a very common occurrence for many of them to run together. The vesicular stage may be kept up by the formation of successive crops of vesicles, but they usually disappear after the infiltration of the skin becomes pronounced, and the disease thoroughly established. When the vesicular stage is over, the infiltrated patches are red and inflamed, and studded over with innumerable points of a deeper red, which cause it to present a remarkable punctated appearance, an appearance which serves to distinguish eczema from all other diseases of the skin. The remedial application of a solution of carbonate of potash will be found to bring out these red points when not well marked. Being situated over the orifices of the cutaneous follicles,

the vesicles receive the serum which does not form into scabs until liberated by their rupture.

The pustules of eczema, like the vesicles, usually arise from an erythematous surface, where they may at once be developed, or be but secondary, from vesicles becoming filled with pus. The pustules often become larger than vesicles, and remain longer before breaking; otherwise the pustular form runs exactly the same course as the vesicular; being followed by the same punctated, exuding, itchy, and infiltrated patches. Pustular eczema is the so called impetigo of authors; it occurs oftenest on hairy parts, where it involves the orifices of the hair follicles.

Papular eczema, described by authors as lichen, is another variety. The eruption commences with small red pimples which may be scattered (prurigo), or confluent, forming rough and furrowed patches. Like the other species it runs through the regular changes of itching, infiltration of the skin, exudation of serum, formation of crusts, &c. Vesicles and pustules are frequently developed through the course of the disease.

When the inflammatory stage becomes arrested before that of exudation sets in, the pimples remain dry throughout their whole course, whence the error in attributing them to a separate disease. Vesicular eczema occasionally dries up and disappears in a similar manner, but the papular form is the one most likely to be thus arrested.

Fissures of the skin not unfrequently form the commencement of eczema; they usually appear upon an erythematous ground. While any part of the skin, as the folds at the anus, the angles of the mouth, or the joints may be attacked, the most typical cases are to be met with on the hands. These cracks give excruciating pain on movement; infiltration occurs; serum exudes; and crusts are formed just as in other varieties; but the pain generally predominates over the itching. Common chapped hands, when neglected, gradually become eczematous, and exhibit all the above symptoms.

Passing over much interesting and useful information, we arrive at the third chapter, where we notice the following:—

Even scratching the healthy skin is quite capable of producing an eczematous eruption.

Ulcers are often met with in cases of eczema, although they are usually small and superficial, and occur most frequently on the legs, and are associated with varicose veins; yet they may become very large and deep, and assume any appearance from the inflamed to the indolent.

In speaking of the etiology of eczema, he classifies, among the predisposing causes, the lymphatic temperament, scrofulous and debilitated states of the system and hereditary tendency. The exciting one being usually some external or internal irritant, improper or insufficient food, &c. The disease occasionally, however, attacks the healthiest persons without any obvious reason. Some occupations are particularly liable to it, as those of cooks, grocers, bakers, smiths, bricklayers, &c. Among other irritants, he mentions the heat of the sun, the use of a blunt razor to the face, teething, disordered stomach and bowels, worms, piles, stricture, &c.

Our author considers it quite possible to acquire eczema by contagion, for he has known of patients affected seemingly by sleeping with those who were labouring under the disease.

Concerning the diagnosis, he says, eczema may