

permissible. Constipation, which is frequently present, should be corrected by a saline or vegetable laxative. Although internal medicinal remedies should, as a rule, be administered on a rational basis for the cure of the condition which is primarily the cause of rosacea, still there are certain drugs which appear more efficacious than other members of their class in effecting a cure. Strychnine is one of these, and I believe that full doses of it will prove of value in every case of rosacea. It probably acts by giving tone, not only to the gastric and intestinal muscles, but also to the paretic blood vessels. Ergot is another remedy which is very useful in a number of cases of this disease, particularly in women. It appears to me to be most useful in those active cases where the lesions are situated on the chin as well as on the nose and other parts of the face. Resorcin and ichthyol are remedies which have great reputations in the treatment of this disease, and I cannot speak too highly of their use in certain cases where there is fermentation or putrefaction of food in the stomach, and small intestines, due to bacteria. Both these remedies are best administered in three or four-grain capsules immediately before or after eating. Marked improvement, not only of the general condition of the patient, but also of the rosacea, frequently follows their use. Of these two medicinal agents, I generally select ichthyol, expecting to reap some advantage on account of the large percentage of sulphur which it contains. There are many other internal medicinal agents—such as silver nitrate, belladonna, sodium bicarbonate, etc.—which are frequently necessary in the treatment of this disease, but the indications for their use depend upon the nature of the digestive disturbance.

The external treatment of rosacea should be adapted, not only to the form and grade of the disease, but also to the irritability of the skin in each particular case. In order that I may be more explicit, I shall separately describe the local treatment of the three principal forms—non-hypertrophic, hypertrophic, and seborrhœic.

For the management of the non-hypertrophic form, uncomplicated by easily visible vessels, we depend principally upon the topical application of drugs. The medicinal agents indicated in this disease are those that are antiseptic, keratoplastic and capable of giving tone to the paretic blood vessels. The term keratoplastic is applied to those chemically reducing agents which increase the firmness and dryness of the corneous layer. Resorcin, sulphur, ichthyol, chrysarobin, pyrogallol, formaline, in certain strengths of preparation, belong to this class, and are, at the same time, antiseptic and are more or less tonic in their actions. Chrysarobin and pyrogallol