

of the kidneys generally requires further stimulation and the remedy best adapted for this purpose is either potassium acetate or potassium bitartrate. When the blood pressure is high, as indicated by great arterial tension, cardiac sedatives are indicated. Malcolm Morris recommends wine of antimony for such cases. He advises that it be given in ten to thirteen minim doses every two hours for a few doses and then the dosage should be gradually diminished to five minims three times a day. I have tried this remedy in several cases and believe it to be a valuable agent in subduing the inflammation of the skin. Iron and arsenic are two remedies which, though useful in some forms of chronic eczema, are as a rule contra-indicated in the acute disease, as they both stimulate the formation of blood and as a result irritate rather than soothe the skin.

This method of treatment is usually all that is required to subdue the excessive irritation and produce sleep. However, some cases require additional sedatives, and then I am in the habit of using a mixture of codeine sulphate and potassium bromide.

When a patch of acute eczema has lasted for a few weeks, or when successive eruptions attack the same locality, there is always more or less thickening of the epidermis and true skin. Parakeratosis and epithelial growth (acanthosis) with more or less oedema of the mucous layer appear to be the primary pathological changes in the skin and are probably etiologic factors in producing the increase of the connective tissue, the changes in form of the papillae, etc., of the corium. The term, sub-acute is applied to the eruption when there is a moderate amount of thickening, and inflammatory symptoms are present but not so marked as in the acute eczema. Many of these cases follow a very irregular course, at one time better, at another time worse, but remain in one locality for sufficient time to produce the amount of thickening of the skin which is frequently observed in the chronic disease. I apply the term chronic to long standing patches with markedly thickened true skin as well as to scaly patches with very little thickening provided there had been very little inflammation in the affected part. The so-called seborrhoeic eczema would also be included under the same heading, but in it the pathological changes are principally situated in the epidermis. Both types—sub-acute and chronic eczema—are frequently associated with the acute disease. Thus one meets frequently with patients who state that they have suffered from one or two patches of eczema for years, when the eruption extended to different parts of the surface of the body. This is an important consideration as the preliminary treatment in such cases is the same as in acute eczema. The treatment of sub-acute and chronic eczema is