

origin of eczema, or there may be no necessity for such a belief, we shall only be successful in our treatment by observing absolute cleanliness in our use of remedies. This is especially the case in the so-called acute eczemas, viz.: those accompanied by much exudation, swelling and moisture. Hebra and his followers advised the expectant treatment during this acute stage: to cover the parts with some inert powder, or at the most, if the tension and itching were intolerable, to apply ice or water. It is a fact, however, that the latter are not well borne, and it is better not to employ aqueous solutions in acute eczema; but the patient may be rendered very comfortable by covering the inflamed parts with disinfecting oils. While water increases in a marked degree the tension and swelling of the integument, oil is rapidly absorbed, and thereby relaxes it and loosens adherent crusts, clots and masses of epithelium; one to two per cent. of carbolic acid added to the oil will relieve the itching.

After the inflamed parts have been cleansed and the oil thoroughly applied, bandages saturated with the same may also be used. The carbolic acid, which may itself finally produce eczema, is sometimes tolerated only for a short time, and must be replaced by salicylic acid (1 to 2 per cent.) or thymol (0.5 to 1 per cent.): the latter is especially useful in all bullous and pemphigoid inflammations. Linseed oil is not to be recommended, since it undergoes oxidation in contact with the atmosphere, and then becomes itself an irritant to the integument. Dr. L. finally mentioned the good results from the use of salicyl-ointments in chronic eczema, particularly in that of the face of children, in which he commends the following paste:—

Acidi Salicylici, 2.0
Zinci Oxidi,
Amyli, aa. 25.0
Vasellini, 50.0
M sce Fiat pasta.

This adheres firmly, and will not be removed during sleep.

During the discussion which followed, Dr. Lewin testified to the value of the treatment described by Dr. Lassar, particularly the good effects of the oil in relieving the tension, excluding the irritating influence of the air and preventing cutaneous evaporation; he also adds 1 to 1.5 per cent. of carbolic acid to the oil.

Based on an experience of 17 years and 2,000 cases of chronic eczema in the "Charité" alone, besides others in the polyclinic and in private practice, Dr. L. recommends as a remedy *Ergotin*, first suggested by him in chronic eczema, and with which he has obtained excellent results. He observed that the assumption of the chronic character by eczematous affections does not depend always and solely upon external causes, nor the influences of chemical, thermal or mechanical irritations or the other factors mentioned by Dr. Lassar; we are also to take into consideration the actual

existence of a constitutional predisposition. Persons suffering from eczema are mostly feeble, anæmic and irritable. The disease occurs frequently during infancy because the infantile organism offers less resistance to injurious influences, and is more susceptible to the same. Dr. Lewin found on experimenting with patients suffering from eczema that there exists a morbid condition of the vaso-motor nerves; the spasm of the latter being more extensive and of longer duration than in the normal state. L. tried ergotin which we know contracts the vessels. He prescribed it successfully for patients who had suffered from eczema for 10-15 years, and had employed all possible remedies without avail; in one case, a physician who for 20 years had suffered from the disease without being able to secure relief was treated by this remedy with complete success. He gives ordinarily 1-3 to 1 grm., and even more *per diem*. To children he prescribes 1 to 2 grm. in 100 grm. of water, and gives of this a desertspoonful 3 times daily. As to the external treatment of chronic eczema, he had never found cause to abandon the use of oleum cadini (1.10). The average length of the treatment of eczema has been much reduced since the internal administration of ergotin has been added to external medication.

Dr. Kobner, who took part in the discussion, had not met with such success in the use of ergotin, which he tried in 3 cases, but Dr. Lewin observed that the value of the remedy could not be decided upon without trial in a large number of cases.—*International Journal of Medicine and Surgery.*

THE TREATMENT OF DROPSY AND URÆMIC CONVULSIONS DURING PREGNANCY.

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K. O., æt. 26, was admitted to the hospital November 21st, 1879, unconscious and in convulsions. Her husband states that she has been ailing during the whole time of her second pregnancy, and occasionally feverish; her feet have been œdematous for several months; later, general dropsy and diminished excretion of urine. At 5 o'clock, A. M., she had a convulsion without any prodroma; again, half an hour later, another very severe seizure. At the time of admission to the hospital, she was, as stated, unconscious, comatose, breathing stertorous, features swollen and cyanosed, pupils contracted, and a bloody froth around her mouth; the belly very large, vulva and limbs swollen; no fetal sound could be detected; the os dilated to the size of a silver 25 cent piece, head presenting, Temperature 102.2°, and labor pains were insignificant. Fifteen minutes after admission she had a third severe convulsion, lasting about thirty seconds, followed, by many more, occurring with but short intervals. A small quantity of urine was removed by the catheter, color dark