

age; and adults generally suffer more than children from an attack of measles. From one to two weeks generally intervene between the exposure and the attack. This disease frequently prevails as an epidemic, although at the same time contagious.

Symptoms.—Languor, aching in the back and limbs, chills followed by fever, hot and dry skin, headache, furred tongue, and loss of appetite, are among the first manifestations of the disease; but catarrhal symptoms, such as red and watery eyes, sneezing, watery discharges from the nose, slight soreness of the throat, husky voice, and a dry hoarse cough, sometimes precede the above symptoms, almost always accompany them, or are manifested soon after their commencement. The symptoms are very similar to those of an attack of catarrh or cold in the head. With children, especially while teething, convulsions frequently occur. The eruption generally makes its appearance on the fourth day, or at the end of three full days from the commencement of the fever; sometimes it appears a day earlier, and occasionally a day or even several days later. The rash appears first on the face, then on the neck and trunk, and last on the extremities. Distinct minute red spots, slightly elevated, which momentarily disappear under pressure, first make their appearance. These spots soon enlarge, coalesce, and occasionally form semilunar-shaped patches, with healthy skin between them. The amount of the eruption varies greatly in different cases, sometimes it is very extensive, in other cases but a few patches. The color is not generally as bright as the rash in scarlet fever, and is generally brighter or darker, according to the violence of the fever. The fever and catarrhal symptoms do not abate when the rash appears, but are often aggravated. When the eruption is fully developed, which occurs on the second or third day of the eruption, there are usually more or less heat and itching of the skin. The disease generally begins to decline on the eighth day of the fever, or the fourth of the eruption, when the rash begins to fade, first on the face, then on the neck and trunk, and last on the extremities; the catarrhal symptoms and the fever abate, and the patient is soon restored to health. Sometimes the whole duration of the eruption is not more than two days, whereas in other rare instances it is pro-

longed to a week or more. As the disease abates, thin scales separate from the surface which has been occupied by the eruption, with more or less itching.

Complications.—Sometimes the fever assumes a malignant character, and typhoid symptoms early manifest themselves. In such cases the eruption is dark colored, irregular and partial, and there is great prostration of strength, and also a tendency to faintness, congestion of the lungs, and exhausting diarrhœa. Fortunately this form of the disease is very rare in this country. Inflammation of the air passages is by far the most frequent and dangerous complication. A croupy inflammation of the larynx and wind-pipe or trachea, or inflammation of the bronchia, or of the lungs, not unfrequently occurs during the height of the disease, or follows as the eruption abates; and if such acute attacks are not carefully treated, they are very liable to become chronic. Diarrhœa is an occasional symptom; also inflammation and abscess of the ear, chronic inflammation of the eyelids, and chronic catarrh, not unfrequently follow an attack of measles. This disease and scarlet fever, occasionally occur at the same time, when there is a mixture of the symptoms of the two diseases.

The measles in the first stage may be very readily mistaken for catarrhal fever or influenza. When the eruption makes its appearance it is liable to be mistaken for either scarlet fever or small-pox. In scarlet fever the rash generally appears on the first or second day of the fever, in measles on the fourth; in scarlet fever it is very fine and punctuated at first, and more uniform at last, and brighter colored than in measles. Then if we bear in mind that red, watery eyes, sneezing, and a hoarse cough, are characteristic of measles, we cannot well mistake the disease. But it is not always so easy to distinguish this disease from the small-pox when the rash first begins to make its appearance; but the pimples in small-pox are harder to the feel under the finger, more prominent, and soon become vesicular and depressed in the centre, when all doubt is removed. Then in cases of small-pox, which are not so severe as to be confluent, the fever generally disappears temporarily on the appearance of the eruption, which is not the case in measles, and the severe pains in the small of the back,

which are almost universally present in the former disease, are absent in the latter.

Treatment.—As almost every individual who lives to adult age is quite sure to have this disease, sooner or later, it is hardly advisable to strive to prevent children being exposed to it, unless the prevailing epidemic is of unusual severity, as it is better to have it at home beneath the paternal roof during childhood than to risk contracting the disease during adult age, often among strangers. If a child or an adult, who has never had the disease, is exposed, it is well to give a dose of *Aconite* one night and *Pulsatilla* the next, and continue them until the commencement of the attack, as the previous administration of these remedies will generally lessen the severity of the disease. For the treatment of the attack select as follows :

Aconite: This is perhaps the most important remedy for the treatment of this disease, not only to relieve the severity of the febrile affection, but also to prevent inflammation of the air passages. A dose may be given every hour or two, when the patient is awake, and continued until after the eruption is fully developed and the fever begins to abate.

Dose of this or other remedies, see page 7.

Pulsatilla, next to *Aconite*, is more frequently required than any other remedy. The following are the chief indications which should lead to its selection: A tardy appearance of the eruption, nausea, diarrhoea, hoarseness, ear-ache, inflammation of or discharge from the ears, and discharge from the nose. *Pulsatilla* should generally be preceded by a few doses of *Aconite*, or, if a high fever continues it may be given alternately with *Aconite*, one or two hours apart. In a majority of cases the above are all the remedies required, until the declining stage of the disease, when a dose of *Sulphur* should be given every night for a few days.

When the above remedies are perseveringly used it is rare that there is any serious local inflammation developed during the course of the disease. We do not expect to cut short the fever and eruption, but simply to lessen their severity and prevent local affections; and in this the homœopathic treatment is eminently successful. But if croupy symptoms occur, notwithstanding the use of *Aconite* or *Aconite* and *Pulsatilla*, *Hepar sulph.* must be given

alternately with *Aconite*, one half an hour apart, and continued until the hoarseness and difficulty of breathing are entirely relieved. Large cloths must be wrung from warm water, as hot as the patient can bear, and be applied over the neck and chest, and over them dry flannel; and the wet cloths should be changed every fifteen minutes or half hour, until the patient is relieved.

If symptoms of bronchitis occur, or of inflammation of the lungs, give *Bryonia* once in six hours, and, if there is much fever give *Aconite* every hour between. If at the end of four or five days from the commencement of the eruption, when it begins to decline, the cough and oppression of breathing do not abate, and the expectoration becomes opaque and less tenacious, give *Phosphorus* before tea and at bedtime, and *Bryonia* morning and noon. If, after three or four days more, the above remedies do not entirely relieve the cough, uneasiness in and oppression of the chest, give *Sulphur*, and *Pulsatilla* in the same manner, until such symptoms and all expectoration are relieved.

If, during the course of the febrile or eruptive stage, there is violent headache, startings, or convulsions, give *Belladonna* and *Aconite* alternately, one half hour or hour apart, and wring a large towel from cold water, wrap it around and over the entire head and forehead, and place several thicknesses of dry flannel over the wet cloth, so as to entirely cover it, pin it snugly so as to exclude the cold air. Wet the towel every hour until the head symptoms are relieved. For earache, or inflammation in the ears, give *Pulsatilla*, and if it does not relieve give *Chamomilla*, or *Nux vomica*. If a discharge from the ears follows the measles, give *Pulsatilla* at night and *Sulphur* in the morning, and follow them at the end of three or four weeks, if necessary, by *Calcarea carb.* every night for a week. Then omit it for a week; afterwards give, if it is required, *Lycopodium*. If a discharge from or chronic inflammation of the mucous membrane of the nose or eyes follows the measles, give the same remedies in the same manner as directed for discharge from the ear.

If the eruption suddenly disappears after having made its appearance, or if it does not make its appearance on the fourth day, give a few doses of *Bryonia*, especially if the patient complains of

a feeling of a load, weight, or pressure at the pit of the stomach, or of oppression at the chest. If diarrhœa occurs during or soon after the disease, if *Pulsatilla* does not relieve it, give *Mercurius viv.*, followed, if necessary, by *China*, at the end of twenty-four hours.

If the disease assumes a typhoid character, *Pulsatilla* and *Bryonia* are the chief remedies during the first stage, and *Pulsatilla* and *Arsenicum* during the stage of prostration; give them alternately, one hour apart.

General Directions.—Keep the temperature of the sick-room comfortable, neither too hot nor cold; and be very careful about exposure to currents of cold or damp air, for a week or ten days after the disease has abated. Allow the patient to drink cold water only in small quantities at a time, but freely of warm water, milk, and sugar. Allow no stimulating drinks, or hot herb teas. Let the diet be light during the fever, nothing more than gruel, milk-and-water, rice or toasted bread, or cracker; and only gradually more nourishing as the patient improves.

ERYSIPELAS (ST. ANTHONY'S FIRE).

This disease is characterized by a spreading inflammation of the skin, sometimes involving the deeper tissues, with fever which may precede, commence with, or soon follow the local attack. Some individuals are very liable to this disease, and it occasionally prevails as an epidemic, or depends upon an atmospheric influence; and in some instances it is of a very malignant character; in such cases the fever is of a low typhus form, and there is a great tendency to gangrene or mortification. Under such circumstances the disease is, to a limited extent, contagious, which, doubtless, depends on the typhus form of fever, rather than upon the eruption, for, ordinarily, erysipelas is not contagious. Where there is a constitutional predisposition to the disease, or when it is prevailing as an epidemic, it may be excited or caused by cold, excessive heat, improper or stimulating articles of food or drink, excessive fatigue, mental emotions, etc. It frequently originates from wounds, sometimes even from slight scratches or bruises; also from ulcers

burns, blisters, the sting of insects, and stimulating applications to the skin. I have known two instances arise from piercing the ears for rings. It not unfrequently results from surgical operations, and in hospital and army practice, it is one of the chief sources of danger after operations.

Symptoms.—If the fever precedes the eruption, the patient complains of the usual premonitory symptoms of fever, such as languor, uneasiness, impaired appetite, aching in the limbs, followed by chilliness and fever, headache, sometimes nausea and vomiting, and perhaps swelling of the glands in the neighborhood of the part about to be attacked; sooner or later, sometimes not until the second or third day of the fever, a small red spot, somewhat elevated, painful and tender to the touch, makes its appearance upon some part of the surface. Sometimes the appearance of such a spot is the first symptom, and the fever is only developed as the local disease progresses. The face is the most frequent seat of the disease when it does not arise from a wound or local point of irritation; although it may attack any part of the surface of the body. On the face it generally commences upon the side of the nose, the cheek, or the rim of the ear, and spreads more or less rapidly over the face, sometimes in every direction, but more generally in one. In some instances it only extends over one side of the face, but frequently it spreads over both sides and into the hairy scalp, over the head and down on the neck. As the inflammation travels from point to point, it frequently happens that as new portions of the skin are involved, the disease abates in the parts first affected. The skin is red in the part diseased, more or less elevated, and harder than the sound skin; if the cellular tissue, and other structures beneath the skin, become involved, the swelling may be very great, so as to close the eyes and almost obscure the features. The pain is of a burning, smarting, pricking character. If the inflammation of the surface of the skin is very violent about the third or fourth day, vesicles or blisters frequently appear on the diseased parts. If the scalp is involved, there is frequently violent headache, delirium, or a tendency to coma or stupor. When the erysipelatous inflammation extends to the cellular and other structures beneath the skin, as it not unfrequently does when the face

and especially when the extremities are the seat of the disease, it is not uncommon when the inflammation is not checked by treatment, for it to cause death of the cellular tissue which connects the skin to the muscles, and which surrounds the latter, and for large collections of matter to form beneath the skin, which when evacuated, either by ulceration or the lancet, escape with shreds of the cellular structures. In such cases, when recovery takes place, it is often with more or less deformity and inability to use the parts, owing to adhesions between the muscles, or between the muscles and skin. As the inflammation of the skin abates, the scarf-skin separates in scales. Erysipelas sometimes shifts from one part of the skin to another, and sometimes from the skin to internal organs. When the disease arises from wounds, it may terminate in gangrene, inflammation of the veins, or deposits of matter in different parts.

Treatment.—He alone who has treated, and seen this disease treated by both methods, can realize the wonderful superiority of the homœopathic over the empirical treatment of allopathy.

Aconite is one of the most important remedies in all cases where the fever is high, with great heat and redness of the diseased part. If given alone, a dose may be given every hour or two when the patient is awake.

Dose of this, or other remedies, see page 7.

Belladonna: Next to *Aconite*, this is the most important remedy, whether the disease involves simply the skin, or extends to the deeper structures. In all acute attacks, it should either be preceded by several doses of *Aconite*, or be given alternately with it, one hour apart. If the skin is hot, the pulse full, and the diseased part very red, with but little or with much swelling, they should be continued for at least two or three days. At the end of this period, if vesicles or blisters appear, or even if they do not, and the patient does not seem to be improving, *Rhus tox.* may take the place of *Aconite*, and be given either alone or alternately with *Belladonna*, two or three hours apart. If, at the end of twenty-four hours more the patient is not improving, omit the *Belladonna* for a time, and give a few doses of *Hepar sulphuris* instead of it. If, in any case, matter or pus forms, give *Silicea* once in four hours.

If the disease has been caused by a wound, or by an ulcer or sore, if the pulse is full and the surface hot, give *Aconite* every hour for twelve hours; after which, if the symptoms are not better alternate it with *Rhus tox.*, one or two hours apart, and continue these remedies until the fever and swelling are relieved, or if, at the end of twenty-four hours, there is no improvement, omit the *Rhus tox.*, and give *Belladonna* in its stead. If, at the end of three or four days from the commencement of the attack, the symptoms are not in a great measure relieved, give *Hepar sulph.* and *Rhus tox.*, alternately, two hours apart.

If at the commencement of the disease, or at any time during its course, it assumes a malignant character, which may be known by the fever assuming a typhoid form, and the eruption changing to a purple or livid hue, with a slow return of blood to the part after it has been pressed, or the appearance of small blisters filled with a darkish or reddish fluid, other remedies will be required. In fact, in such cases, *Aconite* will be of very little use, and *Belladonna* will not generally be required, unless it may be a dose or two to quiet active delirium early in the disease.

Give *Lachesis* and *Rhus tox.* alternately one or two hours apart, as soon as any of the above symptoms occur, even if it be at the commencement of the attack. If the extremities are cool, the pulse small, and there is great prostration of strength, with offensive breath, early in the disease, with an intense burning pain in the part diseased, you have a malignant attack which will require the above remedies from the very commencement. If at the end of two or three days the symptoms are not improved, omit the *Rhus* and give *Arsenicum* alternately with *Lachesis* one or two hours apart, and continue them until the disease is relieved, unless symptoms of mortification ensue, or sinking of the vital powers, denoted by a small and perhaps irregular pulse, and cold extremities. If such symptoms appear, omit the above remedies, and give *Carbo veg.* every hour.

In all cases, in the declining stage of the disease, after all the acute symptoms have been relieved, a dose of *Sulphur* may be given every night. Erysipelas cannot always be cured in a day, it may require several days, and the remedies must not be changed too often, for if they are, the patient may fail to get any relief.

General Directions.—As a general rule very little benefit will be derived from local applications. Internal remedies are far more efficacious than external, and the latter often interfere with the action of the former. One of the very best which can be applied, is simply dry wheat starch, finely pulverized, and there is no objection to its use. The diet should be light, nothing more than gruel, rice, toasted bread, and cracker, until the fever has abated, and there is a return of appetite, when it may be gradually made more nourishing. In a malignant attack, if the vital forces seem to be giving way, it may be necessary to resort to beef tea or mutton broth.

ERYSIPELAS, CAUSED BY POISONOUS VEGETABLES.—Poison ivy, oak, or sumach, when brought in contact with the skin, will cause an erysipelatous inflammation on many individuals. Some are so susceptible that an eruption will be caused even by the odor or exhalation from these vegetables. The skin becomes red, burns and itches, and vesicles soon form. The fluid contained in these vesicles seems to be poisonous, and by scratching and rubbing, and afterwards handling other parts, the disease is often communicated from the hands, ankles, or feet, to the face, genital organs, and other parts. The disease, without treatment, is tedious in its duration, and often causes obstinate ulcerations. It is a singular fact that while some individuals are very susceptible to the action of these poisons, others are not at all so, and can handle these vegetables with impunity.

Treatment.—*Bryonia* is perhaps the most important homeopathic remedy we have. A dose may be given once in from two to four hours, and the remedy may be continued for several days. If there is much swelling and inflammation of the skin *Belladonna* may be given alternately with *Bryonia*, two hours apart, until the acute symptoms are relieved. Give *Hepar sulph.* night and morning, as soon as the vesicles begin to dry, and continue it until the skin is healthy.

SHINGLES (HERPES ZOSTER).

This is a vesicular eruption, occurring on one side of the body, in a majority of cases the right side. The band of vesicles rarely extends more than half way around the body, although they sometimes extend up to the arm or down on the thigh. Sometimes the eruption is preceded for two or three days by febrile symptoms, and pains through the side and chest. Minute vesicles or blisters make their appearance, which enlarge to the size of half a pea, and often run together, attended with burning, smarting pain. The contents of the vesicles at first are transparent, but in the course of three or four days they become opaque, when they gradually dry up. Successive crops of vesicles may appear and prolong the disease for two or three weeks, although it generally subsides within one or two weeks.

Treatment.—*Rhus tox.* may be given once in two or three hours, and a dose of *Hepar sulph.* night and morning. If at the end of twenty-four hours the fever, pain in the chest, and soreness, are not relieved, in a great measure, omit the *Rhus.* for one day, and give *Belladonna* once in two hours, after which give *Rhus.* again. Continue the *Hepar sulph.* night and morning, until the scales fall off.

COLD SORES.—This is another herpetic eruption. For this affection give *Bryonia* once in two hours, and dissolve some in a teaspoonful of water, and wash the eruption with the solution.

NETTLE RASH (URTICARIA—HIVES).

This is a non-contagious eruptive disease, characterized by elevations of the skin resembling those caused by the nettle, or by a blow from a small stick, or the lash of a whip. These elevations are generally reddish about the borders, and white on their summits, although occasionally red. The eruption is attended by intolerable itching, tingling and burning, and appears most frequently upon the inside of the arms, thighs and legs; it also frequently appears over the body, and sometimes on the face. It is frequently caused by irregularities of diet, derangements of the stomach,

and certain articles of food, such as shell-fish, mushrooms, honey, green cucumbers, etc. It occurs at all ages, but more frequently with children, especially with teething children. It is very uncertain in its duration, lasting sometimes but a few hours, or less than a single hour; in other instances two or three days, especially when attended with much fever. Its appearance is sometimes preceded, for two or three days, by febrile symptoms, headache, and deranged stomach, faintness, and chills, which usually disappear in a great measure, when the eruption makes its appearance. Sometimes this disease assumes an intermittent form, and in some cases it becomes chronic.

Treatment.—If the eruption is attended by fever, give *Aconite* once in two hours until the fever abates, then discontinue the *Aconite*, and give *Bryonia*, once in two hours during the day, and a dose of *Lycopodium* at night. If the disease has resulted from exposure to wet, damp weather, give *Dulcamara* once in two hours. If caused by errors in diet or by the use of particular article of food, give two or three doses of *Pulsatilla*, and afterward give *Bryonia*, once in two hours. If teething children suffer from this disease, give a dose of *Calcarea carb.* at night, and if they are feverish, give a dose of *Aconite*, once in two hours during the day. If not attended with fever, give *Bryonia* every morning, instead of *Aconite*. If the disease has become chronic, give a dose of *Calcarea carb.* every night for one month, then give *Lycopodium* for a month, and afterwards, if necessary, *Arsenicum*. Dose of the remedy selected, see page 7.

ERYTHEMA (RED SPOTS ON THE SKIN).

This disease resembles erysipelas, but it differs from it in being less severe, less disposed to spread, generally more superficial, and attended with little or no fever. It may be accompanied by a sensation of heat and tingling, but rarely with much burning or pain. It may occur on the face, limbs, or body. It occasionally occurs during febrile diseases, also during teething. The surface of the skin is generally not much elevated, although sometimes slightly so.

There is a form of the disease which frequently attacks the front of the legs, between the knee and ankle, consisting of large oval patches, which become somewhat elevated, hard, and painful, but gradually soften, assume a bluish color, and go off in eight or ten days, without the formation of matter. This form of the disease is generally attended with some fever and various nervous symptoms.

Treatment.—*Pulsatilla* is the remedy for the last variety named, or when it is located on the front of the legs. Give a dose once in two hours. This remedy will often be found useful when the disease occurs in other parts, if the eruption is dark-colored, and without much heat. When it occurs in the course of febrile affections, or during recovery, *Arsenicum*, followed by *Sulphur*, will be found useful. Repeat the remedy two or three times a day. In the case of teething children, *Chamomilla* may be given morning and noon, and *Calcarea carb.* every night.

Dose of either of the above remedies, see page 7.

ITCH (SCABIES).

This is a contagious eruption, consisting of small pointed vesicles, which generally first make their appearance between the fingers, on the wrists, inside of the joints, and on other parts where the skin is thin. In its progress it may occupy any part of the surface excepting the face and scalp, which are rarely affected. It may occupy a large extent of the surface or only a small portion. The vesicles are generally separate and not clustered, and contain a little transparent fluid. They are attended with intense itching, especially at night in bed. This disease is attended by a small insect, which is found burrowed beneath the surface of the skin, a short distance from the vesicle. In some cases pustules form which fill with yellowish matter, and end in scabs and sores. The itch, without treatment, does not tend to a spontaneous cure, but may continue for years, or an indefinite length of time.

Treatment.—*Sulphur* is the chief remedy for this disease, and it may be used internally, and if necessary, externally. As this is

perhaps more strictly a local disease than any other eruption, and as it is very difficult to destroy the insect by internal remedies alone, especially by the use of low dilutions, there is less objection to local applications than in almost any other disease, if they are applied early. Give a dose of *Sulphur* three times a day for three or four days. At the end of this period, after washing the body with warm water and soap, rub fresh lard freely over every part diseased, night and morning. If at the end of two weeks the disease is not nearly or quite cured, make an ointment by stirring a teaspoonful of the *Flowers of sulphur* into a teaspoonful of melted lard, continuing the stirring until the lard is cold. It is not necessary nor well to rub the whole surface of the body over with strong sulphur ointment. It will be sufficient to apply the weak ointment prepared as directed above, to the parts diseased every night for three nights, and afterward simply to touch the vesicles and sores, if there are any of the latter, every other night with a little of the same ointment, continuing at the same time the homœopathic preparation of *Sulphur* internally, as directed. If at the end of two weeks the disease is not entirely cured, give *Mercurius viv.* night and morning for ten days, then *Carbo veg.* for ten days, and afterward *Hepar sulphuris*.

Dose of either remedy, see page 7.

MILK-CRUST (CRUSTA LACTEA).

This is a disease of childhood, occurring most frequently between the ages of three and eighteen months. One or more red blotches appear on the cheeks, or some portion of the face; these soon become studded with small yellowish pustules, attended with great itching. At the end of a few days, the pustules burst, and their contents dry on the skin, in the form of brittle, semi-transparent, yellowish or greenish crusts, which grow thicker from the constant secretion of matter beneath them. The crusts remain attached, from two to three weeks, and when they fall off the surface of the skin is red and shining. The disease may be pro-

longed for an indefinite period, by the appearance of fresh crop of pustules.

Treatment.—Give six globules of *Sepia* two or three times a day, and continue this remedy for three weeks, when, if the patient is not well, or nearly well, give *Rhus tox.* and *Sulphur*, alternately, forty-eight hours apart, until the disease disappears; or if they fail to cure, give *Mercurius cor.* night and morning.

SCALD-HEAD (TINEA CAPITIS—FAVUS).

This is a very offensive and obstinate disease, and is, to a certain extent, contagious. It is often compounded with eczema and lichen, and the reader will do well to consult what is said under the head of the above diseases, in any case of disease of the scalp for which he may wish to select the proper remedy.

Symptoms.—Small, elevated, dry spots or crusts, about the size of a pin's head, of a yellow color, seated on the surface of the skin, which is depressed by them, make their appearance on the scalp, or in the edge of the hair. These crusts are concave or cup-shaped, externally, and convex on the surface, which adheres to the skin. These gradually enlarge, until they are from one eighth to one fourth of an inch in diameter, still presenting upon their free surface the cup-shaped appearance, except when they unite in large masses, when the entire surface is covered with alternate elevations and depressions, around the edges of which will be found some of the concave crusts. The whole head, forehead, neck and parts of the trunk, in some cases, become covered with these crusts. The crusts of favus are of a pale yellow color, hard, dry, and break with a short fracture, presenting within a mealy appearance. When the eruption first appears, there is very little itching or irritation, but as it becomes developed, small pustules form on portions of the skin not affected, which give rise to a copious discharge, and there is a great itching, tingling, and heat, and an offensive odor, resembling that of mice. Under the microscope, the crusts of scald-head present the appearance of a vegetable growth. The disease is contagious, but may occur without exposure from neglect of cleanliness, unwholesome diet, want of pure air and sunlight. It occurs in children from two to twelve years of age.

Treatment.—Cut the hair with a pair of scissors close to the head, and apply a large linseed meal poultice every night, washing it off in the morning with soap and water, and brush the head carefully with a soft hair-brush, and continue these measures until the crusts are all removed. Give internally at the same time one of the following remedies, commencing with *Sulphur*, every night for one month, then give *Culcarca carb.* for a month.

Hepar sulph. : This is one of the best remedies for this disease. Give a dose every night and morning, and continue the remedy for three weeks; then give *Lycopodium* every night for two or three weeks; after which, if the patient seems to be improving, give *Hepar sulph.* again for the same length of time, and after that *Lycopodium*. To cure this disease a persevering treatment is required. *Sepia* and *Sulphur* may follow the above remedies if necessary, and may be given in the same manner. If other remedies fail, give *Arsenicum* three times a day, and continue it several weeks; only twice a week omit one dose, and give a dose of *Rhus tox.* instead.

The diet should be light but nourishing, principally bread made from unbolted flour, milk, and vegetables; no pork, and very little meat of any kind. Fresh air, out-door exercise, and sunlight, are all important.

ECZEMA (SCALL OR HUMID TETTER).

This is a very frequent disease characterized by the eruption of numerous minute transparent vesicles, closely set on an inflamed surface, generally attended with intense itching and burning pain. On the second or third day after their appearance, the vesicles become opaque, and either dry up or burst, and become converted into thin crusts, from beneath which a thin watery fluid exudes. When these crusts are removed, or fall off, the surface looks glassy and bright red, and there oozes from it a watery fluid. In acute attacks there may be very little inflammation of the portion of skin occupied by the vesicles, or it may be very red and highly inflamed; there may be no fever, or a high fever, at the commence-

ment of the attack. Eczema may be seated on any part of the body. It may occupy a large extent of surface, or but a small space. When it appears on the scalp or face, in the case of children, it is often mistaken for scald-head, or tinea capitis; but it can be distinguished from the latter disease by the absence of the concave or cup-like appearance of the crusts, and by the presence of the profuse thin, watery discharge which sticks the hair together. Eczema frequently commences behind the ears, and in the edges of the hairy scalp, also on the forehead and cheeks. In chronic cases this watery discharge is rapidly dried into scales, which are pushed forward by the hair as it grows. In some cases pustules form here and there, so that we have in connection with the watery discharge more or less pus or matter. The chronic form of the disease is quite common, and is one of the eruptions frequently denominated salt-rheum. It appears frequently on the back of the hands, fingers, arms, back of the ears, and around the nipples. When the disease becomes chronic the skin becomes swollen and thickened, assumes a dark crimson hue, with numerous deep cracks or chaps, which discharge a bloody, watery fluid. From constitutional disturbance, or the action of any local cause, the parts are apt to become tense and painful to the touch, when there escapes from them a profuse watery discharge. If the disease is extensive, after a time the general health becomes impaired, the digestive organs deranged, and general debility ensues.

Eczema may occur at any period of life, from the earliest infancy to old age, and it affects females more frequently than males. It is not contagious. A predisposition to this disease sometimes seems to be hereditary. It may be caused by the direct rays of the sun, turpentine liniments, the alkali in soap, or by the handling of sugar. When caused by soda or potash it is termed the washerwoman's itch; when by sugar, the grocer's itch. It occurs not unfrequently on the legs of aged persons, especially when the veins are enlarged, and often degenerates into troublesome ulcers. The use of mercury, in large doses, may cause this eruption. When this disease appears on the fingers it is very liable to be mistaken for the itch, but can be readily distinguished, if we bear in mind that in the latter disease the vesicles are solitary, or stand alone,