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ON

ECZEMA INFANTILE.

BY

ERASMUS WILSON, F.R.S.

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ON ECZEMA INFANTILE.

INFANTS at the breast and young children are peculiarly subject to eczema, and in them it is apt to assume the severest form presented by cutaneous disease. In young infants it commences at the end of the first month or six weeks, and unless submitted to proper treatment may continue for months and years—in fact, it may lay the foundation of a cutaneous disease, which may be prolonged in a chronic form until manhood, or may hang about the patient for the remainder of his days.

Eczema infantile, like eczema adultorum, originates in malassimilation, and with good reason is commonly ascribed to a faulty secretion of milk on the part of the mother: but when once established, it is not remedied, as might be expected, by the withdrawal of the cause and the substitution of a different and less faulty food. Unsuccessful attempts to cure the disease probably carry the child on to the period of cutting the teeth; then the continuance of the disease is attributed to dentition—this time, without so good reason—and hopes are raised that when the milk-teeth are perfected, the disease will subside. The milk-teeth are all cut, but still the eczema lingers, and then a new light of prophecy beams upon the little patient: when puberty arrives, then certainly the disease will go: but

puberty possesses as little of the physician's art as change of food, or completed primary dentition : and so the malady becomes perpetuated. I have seen this picture in life so frequently, that I could not refrain from sketching it.

It is remarkable how trivial an exciting cause may become the origin of this distressing malady. A lady, six weeks after her confinement, travelled by the railroad from London to the sea-coast, carrying with her her infant. She was chilled by the journey, was feverish during the night ; her infant was feverish the following day and threw out an eruption of eczema ; the child was brought to me some months afterwards. Recently, a neighbour brought me her infant covered with eczema from head to foot. The child was a few months old ; in her confinement the mother lost her husband under painful circumstances ; the distress caused by this affliction was transmitted to the offspring as an eczema rubrum. How small is the cause of malassimilation in these cases, which may be taken as the type of the whole family ; how easily is the assimilative function of infants disturbed ; how difficult is it often to be restored.

When cutaneous eruption attacks an infant under these circumstances, it revels in all the typical and modified forms of cutaneous disease. At the same moment, and on the same child, may be seen erythema, lichen, strophulus, eczema, impetigo, pityriasis, and psoriasis : and an observant nurse seems to take a special delight in pointing out the various diseases which pervade the flesh of the poor little sufferer. In certain parts of the body erythema is apt to prevail ; but a broken or cracked state of the skin, with however small a degree of ichorous oozing, must determine the case to be eczema. On the back, lichen is apt to predominate : on the head, in the bends of the joints, and on the pudendum, eczema : on the cheeks and ears,

eczema impetiginodes ; all on the same skin, and in gross defiance of the orders, genera, and species, of the Plenckio-Willanean method of classification.

The predominance of one or other of the typical forms of cutaneous eruption, is determined by the condition and temperament of the infant. The child may present every shade of variation of appearance, from a state difficult to distinguish from complete health, to one in which the little thing is attenuated and shrivelled up, and looks like a little old man. In the former extreme, however ruddy and full the child may seem, there is evidence of an existing weakness, in the softness of its muscles ; but with that exception, no trace of disorder of constitutional health can be discovered. Next to softness of muscles comes pallor in a slight degree, then an increasing whiteness of the eye, attributable to progressing anæmia : then follows emaciation ; the skin shows signs of wrinkles, becomes dry and discoloured, and ultimately sordid. With these, the outward signs of the disease, malassimilation in fact, there is rarely any disturbance, or but little, of the digestive organs ; the child takes its food well, and is not particularly restless or fretful. Sometimes the motions are green, sometimes mingled with an excess of mucus, and sometimes white from suspended biliary secretion : but there is nothing beyond the commonest gastro-intestinal derangement, and that in a very insignificant degree.

The eruption usually commences as a patch or blotch of slightly raised pimples ; the patch is itchy, is rubbed, increases in size, becomes more inflamed, the cuticle is raised in more or less defined vesicles, which are usually broken by friction ; the surface becomes excoriated, somewhat swollen, and pours out an ichorous secretion, varying, from a mere oozing, to an excess which wets through every thing that is applied to it. With the increase of irritation

consequent on the excessive secretion and the congestion which gives rise to it, the patch spreads; where the eruption commenced by several blotches, they probably run into one; the ichorous discharge also increases the local disease, by irritating the parts over which it flows. The case up to this time is one of inflammatory eczema, or *eczema rubrum*; the state of *eczema simplex* has hardly existed, and is only to be seen occasionally; but the disease still runs on, its violence increases, and the morbid secretion, from being a transparent and colourless ichor, like water in appearance, becomes slightly opaque (*tinea mucosa*), milky, then yellowish and semi-purulent, and the case is transformed into *eczema impetiginodes*; or the discharge may take on a still more decidedly purulent character, while small pustules are developed on the red and tumefied skin around the patch, and then the case is one of *impetigo*. Thus the *plus* or *minus* of these pathological conditions is irrespective of the cause or essential nature of the disease; in other words, the disease being the same, it may, according to the temperament or constitution of the child, be an erythema verging upon eczema; an *eczema rubrum*; an eczema verging on impetigo, or *eczema impetiginodes*; or the pustular element being in excess, it may be an impetigo. Again, as I have before said, whatever the predominating character may be, whether erythema, lichen, eczema, or impetigo, there will always be present, in a greater or less degree, some or the whole of the other forms sprinkled over the body; a simple erythema here, an erythema with strophulus or lichen there; a few scattered vesicles of eczema in a third place, or a few congregated psudracious pustules of impetigo in a fourth.

In this description of the general characters of eczema infantile, I suppose the eruption to be comparatively undisturbed; but that is rarely the case—the great heat, the

prickling, the tingling, the intense itching which accompany the disease, render abstinence from rubbing and scratching impossible ; hence these have to be added to the causes of aggravation of the local disorder. Again, the burning heat of the skin on the one hand, and exposure to the atmosphere on the other, tend to desiccate the surface very rapidly ; the contents of the vesicles, in the simplest form of the affection, dry up into a thin transparent amber-coloured crust. In eczema rubrum with a more copious discharge, the crust is less transparent and thicker ; and in eczema impetiginodes it is still further increased in thickness, is lighter both in colour and texture, and uneven in surface ; while in impetigo, from the desiccated matter being pus, it is thickest of all, and has the appearance of dried honey ; this circumstance has given the name of *melitagra* to the latter disease. As may be supposed, the crust presents considerable variety of appearance, according to the prevalence of accidental circumstances in a greater or less degree, such as accumulation of secretion, amount of desiccation, etc. Not unfrequently, as a consequence of pressure or friction, blood is mingled with the discharges, and the crusts become coloured of various hues, from a lightish brown to positive black. Again, a variety of colour results from the age of the crust—that which has been longest formed being usually lighter than the rest : and another difference occurs when the original crust is broken, and a new discharge issues from between the severed fragments.

Sometimes this terrible disease attacks the whole body of the child, and the little thing has scarcely a patch of sound skin on its entire surface, being covered from head to foot with erythema, excoriations, and scabs of every variety of size and thickness, giving out an offensive valerianic odour, which has been compared to the urine of

cats. But more frequently it is limited to one or more regions of the body ; the commonest seats of the eruption being the head and face, the front of the chest, the umbilicus, the pudendal region, and the flexures of the joints. On the head the eruption is complicated by the presence of hair, which entangles the discharges, and the crusts are apt to form, in consequence, of considerable thickness, sometimes including the whole scalp in a thick, rugged, yellowish, and discoloured cap. At other times, when the discharge is less abundant, it dries up into a friable crust, which, broken into small fragments by scratching and rubbing, has been compared to particles of mortar dispersed amongst the hair, and has received the name of *tinea granulata* ; many of these particles of crust, being pierced by the hairs, have the appearance of a string of rude beads. Later in the history of the eruption, and when it has become decidedly chronic, when erythema of the scalp with copious furfuraceous desquamation are the leading characters of the disease, it has been termed *tinea furfuracea* ; and later still, when, with a slighter degree of erythema, the epidermal exfoliation is mealy, the case is one of *pityriasis capitis*.

When the ears are attacked, they become much swollen, and give forth an excessive quantity of ichorous secretion, which may be seen distilling from the pores of the skin, and standing in drops on the inflamed and excoriated surface. When the disease fixes on the face, it is also attended with swelling, and often gives the child a bloated and frightful appearance, every feature being distorted ; and the deformity is increased by the production of a thick discoloured scab, which forms a mask, sometimes, to the entire face. This huge unnatural mask covering the child's face suggested the term *larvalis* given to one of his species of porrigo by Willan ; only that, instead of *porrigo larvalis*,

it should have been *eczema larvale*, or *impetigo larvalis*. Again, from occurring at the milk-period of life, this extraordinary crust, whether arising from the desiccated secretions of *eczema rubrum*, *eczema impetiginodes*, or *impetigo* proper, has received the name of milk crust or *crusta lactea*.

The inflammation of the scalp and face is apt to produce, as one of its secondary effects, enlargement and sometimes suppuration of the lymphatic glands; thus we find the gland situated behind the ear, the occipital, the submental, and cervical lymphatic glands, swollen and painful. And not unfrequently, in a pyogenic diathesis, there are superficial abscesses in the neighbourhood of these glands.

The pudendal region, both in the male and female infant, is not uncommonly the seat of the eruption: it being determined to that region, partly by the heat and moisture resulting from its function, and partly by the thinness and delicacy of the skin. For the latter reason, it is commonly met with in the flexures of the elbows and knees, and sometimes in the axillæ. In the flexures of the joints the inflamed skin is apt to crack into fissures of considerable length and depth, and often to bleed, the blood mingling with the excessive ichorous secretion poured out by the denuded skin.

The general character of *eczema infantile* is to form patches of considerable size, several inches square, and to attack, as I have already explained, a whole region at once, such as the head, face, etc.; but in addition to this, and sometimes without these extensive patches, the eruption appears in rounded blotches, from half an inch to two inches in diameter, sprinkled upon the skin in various parts, as upon the trunk, neck, arms, and legs. These patches are identical with the circumscribed patches which are seen upon the skin in *lichen agrius*, and the eruption has more

the character of the latter disease than of eczema rubrum. The blotches are raised, thickened, papulated, excessively irritable, discharging but a small quantity of ichorous fluid, and covered when desiccated, with thin squamous laminated crusts.

Eczema infantile, when left to itself, has no natural tendency to resolution or spontaneous cure. On the contrary, it merges progressively into a chronic form, and undergoes that kind of modification which is common to cutaneous disease when passing from an acute to a chronic stage. By degrees the ichorous discharge diminishes, and the eruption retires to certain situations, where it continues to linger, sometimes subsiding into a state of calm, and sometimes breaking out afresh like a slumbering volcano. The situations on which it most commonly retreats, are the scalp, the eyelids, the ears, particularly the backs of the ears, the integument around the mouth, the armpits, the groins, and the bends of the elbows, wrists, knees, and ankles. The parts of the skin over which it has passed are arid and parched; and the fountains of moisture, the natural secretions of the skin, the perspiratory and sebaceous secretions, are dried up. On the scalp, the dried and parched skin continually throwing off a furfuraceous desquamation, presents the common characters of *pityriasis capitis*, and not only is the skin left in a state of parched exhaustion, but the hair also is dried up and scanty in quantity, and its growth is arrested.

The dry, parched, hot, fevered, state of the skin, which is the common sequel of eczema infantile, is a sign of the disorganisation, and extreme disturbance of function, which the skin has undergone. Even where there was no eruption, the cuticle is rugged, and constantly thrown off as a mealy exfoliation; but where the eruption existed, as around the eyelids, upon the ears, around the mouth, and in the bends

of the joints, the skin is more or less red, thickened, uneven, cracked, and chapped, and the ichorous secretion having ceased, it throws off perpetually scales of dried cuticle of various size, some being mealy, others furfuraceous, and others as large as the finger nail. This, then, is a case of genuine psoriasis ; eczema infantile has therefore become, as the mere result of continuance, chronic eczema infantile, or, in other words, *psoriasis infantilis*.

This process of constant exfoliation is necessarily attended with pruritus, which is often very considerable ; the inflamed part is then rubbed and scratched, and from time to time the ichorous secretion is reproduced.

I have noted that in the early outbreak of the eruption, the only trace of deteriorated condition that may be present in the child, is a feeling of softness of the muscles, and a slight degree of paleness of the skin and of the conjunctiva : in fact, the discernment of these trivial but nevertheless significant signs is a matter of observation and tact ; later, however, in the progress of the disease, these signs become sufficiently obvious to attract the attention of the unobservant ; and later still, the poor little child is strangely altered from its normal state ; malassimilation, cacoehymia, are traced in conspicuous lines on every part of the surface, in every feature. The limbs are thin, showing out the prominence of the joints, the muscles are soft and flabby, the skin is soft and pasty, or discoloured and shrivelled : there is an expression of care, anxiety, of thought, upon the little face ; from the general emaciation of the body, the head looks larger than natural ; as I before remarked, one is struck with the senile look of the child : the mucous membrane of the conjunctiva and mouth is pale, and above all is the strangely white anæmic eye, sometimes dull and listless, sometimes bright

and clear. The eye tells an eloquent tale of defective nutrition.

I have remarked, that the symptoms of internal disorder are but trifling at the commencement of the disease, and far from being severe during its course; they attract little of the attention of the mother of the child, or of the medical man. The great, the urgent symptom of the whole, is the teasing, the intense, the violent itching; sometimes the itching is constant with frequent exacerbations, sometimes there are intervals of repose, which are apt to be disturbed by any change of temperature, and then a violent attack of pruritus recommences; but the crowning suffering of all occurs at night; the child is often frantic with itching, it scratches with all its force, digging its little nails into the flesh, while the blood and ichor run down in streams. At last, worn out with suffering and exhaustion the child sleeps, probably to be awaked again several times in the night, by a repetition of the same agony. This constant suffering naturally wears upon the child's powers, and, added to the malassimilation, brings about that state of atrophy which I have previously described. But it is nevertheless remarkable how little the strength and spirits of the child are affected by these desperate paroxysms of suffering. In the morning, after a night of distress, the little thing is fresh and lively, eager for its food, and ready for the battle of the day; while the nurse or mother is languid and powerless from watching and anxiety.

Not unfrequently in eczema infantile, the mucous membrane of the mouth and nose, of the air-tubes and lungs, and of the alimentary canal, participates in the disease, and is either affected simultaneously with the skin, or takes a vicarious part. The affection of the alimentary canal gives rise to diarrhœa, and the production of mucus

in large quantities, and sometimes of coagulated lymph. The affection of the mucous membrane of the mouth and nose is shown by redness, sometimes aphthæ and augmented secretion; and the eczematous congestion of the mucous membrane of the air-tubes produces bronchitis in various degrees, accompanied with hoarseness from thickening of the mucous lining of the larynx, and an excessive accumulation of phlegm throughout the lungs. This latter symptom is one which is calculated to give us some anxiety, and requires dexterous management; but it is less severe than common bronchitis, and is often as sudden in getting well, as in its attack. When the mucous membrane of the mouth and air passages is affected, hoarseness is a conspicuous and striking feature of the complaint; the hoarse cry is unmistakeable, and is sometimes the first and only sign of the congestion of the mucous membrane. It is a sign as diagnostic of congestion of the respiratory mucous membrane, as is whiteness of the eye, of general anæmia.

In the treatment of eczema infantile, the three great principles which I have on every occasion advocated as the *law of treatment* of cutaneous disease, namely, *elimination*, *restoration of power*, and *alleviation of local distress*, are to be put in force, but with a change in their order. Elimination must always go first: but in eczema infantile, I would place alleviation of local distress, second; and restoration of power, third. Thus the principles of treatment, the indications for treatment being settled, let us consider the means.

For *elimination*, the remedy is calomel or grey powder: I prefer the former; one grain of calomel rubbed down with one grain of white sugar, or sugar of milk, is the dose for the youngest infant; for a child a year old, a grain and a half; for a child two years old, two grains. Of course this dose is modified according to the apparent strength of the

child in the first instance, and in accordance with the action of the medicine in the second; the object to be attained being such a dose as will produce an efficient relief to the alimentary canal, and moreover such an amount of relief as shall act as a diversion to the morbid secreting action taking place in the skin—in other words, as shall divert the morbid secretions of the skin into their more natural and proper channel, the alimentary canal. For this purpose, calomel excels every other medicine; from its small bulk it is convenient for exhibition, merely requiring to be dropped into the child's mouth. It stimulates the liver to an increased flow of bile, and in children it always acts most kindly on the alimentary canal. Again, a free action of the alimentary canal being secured, all probability of *repulsion* of the eruption by the remedies required for the second indication is at an end, and the mother's and nurse's alarms lest the disease should be *driven in* are set at rest. A free clearance of the stomach and bowels is therefore a primary, a necessary step, at the very commencement of the treatment. After the first dose, the calomel may be repeated according to circumstances; once a week, twice a week, every other night for a few times, even every night for two or three nights if it be absolutely necessary. In my own practice, I usually find once a week sufficient; and I am guided to the repetition of the dose by the state of the little patient. If there be any feverishness, fractiousness, irritability of temper, any increase of pruritus, inaction of the bowels, morbid secretion of the bowels, or threatened congestion of the mucous membrane of the air-tubes, then the calomel powder is to be administered at once without hesitation and without delay. The mother or nurse soon learns the moment for a powder, and, whatever prejudices they may have to the *name* of calomel, they are always ready to resort to it after

they have once seen its action in this disease. As I have already said, I have no objection to the mercury with chalk, beyond the fact of its being more bulky and less agreeable to swallow, while it certainly possesses no recommendation which can render it superior to calomel. Sometimes I find one or two grains of nitrate of potash an useful addition to the calomel and sugar.

Having disposed of the first indication, and cleared out of the system any acrid matters that might be rebellious and capable of exciting irritation and feverishness; having moreover unloaded the blood-vessels of some of their watery and solvent elements by the same remedy; we may now have recourse to our means of *alleviating the local distress*, in other words, of soothing and healing the eruption, subduing the pruritus, and arresting the morbid discharge. We can do all this by the benzoated oxyde of zinc ointment * rubbed down with spirits of wine, in the proportion of a drachm to the ounce. This ointment should be applied abundantly, and gently distributed upon the surface, until every part of the eruption has a complete coating. The ointment should be applied morning and night, and if accidentally rubbed off, or used upon parts exposed to the air and friction, it may be repeated more frequently. When once applied, the ointment should be considered as a permanent dressing to the inflamed skin, and never removed until the skin is healed, unless special conditions arise which render such a process necessary. To ensure undisturbed possession to the ointment, a piece of linen rag should be laid over it and maintained in position in any convenient manner. Thus, when the eruption covers more or less of the entire body, I have a little shirt made of old

* For the formula for preparing this ointment, see the "Pharmaceutical Journal", No. 5, for November, 1854.

linen, with sleeves for the arms and legs, and with means of being fastened closely around the legs, and, if necessary, closed over the hands and feet. This little dress is to be worn constantly, night and day, and for a week together, if necessary. It is intended as a mere envelope or dressing to the inflamed and irritated skin; and its saturation with ointment, which necessarily ensues, only contributes to its greater utility in that capacity. Where the eruption is chiefly confined to the arms or legs, linen sleeves will be sufficient for the purpose. On the face, no other covering than the ointment is necessary, but the latter should therefore be used the more largely.

Where the oxyde of zinc ointment is employed in the manner now described, the formation of crusts on the eruption is prevented, in consequence of the exclusion of the atmosphere and the consequent absence of desiccation. And when crusts are already formed, the object to be attained is to soften the crusts by saturating them thoroughly with the ointment, and then by gentle friction to displace them and substitute a thin stratum of the ointment in their place. When the eruption passes from the acute into the chronic state, and the process of exfoliation of the cuticle is active, gentle friction of the skin with the ointment is even more desirable than in the acute stage of the disease, and, at the same time very grateful to the little patient. On the scalp, the ointment should be applied in the direction of the hair to avoid matting; and as soon as the oozing of ichorous discharge has somewhat subsided, the hair should be gently brushed. I am rigorous in enforcing the non-disturbance of the ointment; but sometimes my *aides* carry their instructions beyond the proper point, and accumulate the ointment too thickly over a given part, retaining thereby the secretions, and interfering with the cure. In this case, if the finger be pressed upon such an

accumulated plate of the ointment, the morbid fluids will be seen to ooze up between its chinks or around its edges, and the source of evil is detected. When such an occurrence takes place, the whole of the ointment should be carefully washed off the part with the yolk of egg, and after drying the skin, fresh ointment should be applied. This excessive accumulation of the ointment takes place the most frequently on the scalp, and is encouraged by the matting of the hair: a reason for keeping the hair brushed whenever the nature of the eruption permits.

Another of my instructions is to avoid washing the inflamed skin; it may be wiped with a soft napkin to remove exudations or secretions; but washing is unnecessary, indeed injurious, as tending to irritate the skin, and to increase the pruritus and inflammation afterwards. While the washing lasts and the irritated skin is softened by the water, the part is relieved and comforted, but the drying which follows, more than avenges the temporary solace of the ablution. On the same principle, I never order or recommend lotions in this eruption.

In cases of *chronic eczema infantile*, that is, pityriasis capitis and psoriasis partium aliarum, the stimulant properties of the nitric oxyde and nitrate of mercury ointments may be brought into operation. The former is specific for pityriasis capitis, in the proportion of one part to three of lard; and the latter, variously diluted, from one part in eight, to equal parts, may be used for the chronic eczema or psoriasis of other parts, particularly of the eyelids. But even in the chronic state of the disease, the benzoated zinc ointment will be found to be an invaluable and indispensable remedy. In the parched state of the skin left by the chronic disease, glycerine may be found of use, as an emollient; but when any inflammation exists, it generally proves irritant, as compared with the zinc ointment.

We now come to the remaining indication in the treatment of eczema infantile, namely *restoration of power*; in other words, to correct malassimilation and restore the blood to its normal and healthy condition. For this purpose, the great remedy is that admirable alterative tonic, *arsenic*. It is remarkable how well infants of the earliest age bear this medicine, and how rapidly in them it exerts its tonic and assimilative effects. As an effective harmless tonic, arsenic stands alone and without its peer in this vexatious disease. Indeed, in eczema infantile it is specific; it cures rapidly, perfectly, unfailingly. It would be difficult to say as much for any other medicine in relation to any other disease; and I pronounce this eulogium on arsenic after a large experience. The preparation of arsenic which I select is Fowler's solution, the dose two minims to an infant from a month to a year old, repeated three times in the day with, or directly after meals; and as malassimilation is always attended with anæmia in a greater or less degree, I conjoin with the two minims of Fowler's solution fifteen of vinum ferri, my formula being as follows:—

℞ Vini ferri, syrupi tolutani, āā ℥ss; liquoris potassæ arsenitis ℥xxxij; aquæ anethi ℥j. M. Fiat mistura.

The dose of this medicine is one drachm, with or directly after meals three times a day.

With these three remedies, namely, the calomel powder, the benzoated oxyde of zinc ointment, and the ferro-arsenical mixture, representing as they do the three indications for treatment of eczema infantile, I regard the cure as certain and rapid, and failure impossible; and if success were not complete, I should seek for the cause, not in the remedies, but in the mode of administering them. So confident am I of success, that I have often undertaken the treatment of this disease, without seeing the patient, and

at hundreds of miles distance; being satisfied for my only *aide*, with the vigilance of an intelligent mother or nurse. I have never known any evil effects, present or future, result from this treatment; but I never fail to give strict injunctions that *if the medicine appear to disagree with the child it should be given less frequently*, say twice instead of three times a day, or *suspended instantly* if the child appear ill; moreover, that, in the event of such an occurrence, the calomel powder should be immediately resorted to. The period of continuance of the remedies must be left to the judgment of the medical man; the treatment sometimes occupies three weeks and sometimes more; and if a recurrence of the eruption should take place, the treatment should be recommenced, and conducted on the same principle and with the like precautions.

The *diet* of the child, while under this treatment, must be carefully inquired into; it should be good, wholesome, and nutritious. The leading constitutional indication is to nourish properly, and this idea should be carried out in the food as well as in the medicine. I find the juice of meat of great value in these cases, and it may be given either alone, as beef or mutton tea, or mixed with the other food.

The consideration of diet and food brings me to an important dietetic medicine, which is of great value in this disease, when the latter is attended with emaciation, and in the chronic stage; in acute cases it is less applicable; I mean the *cod-liver oil*. The child will often take the oil greedily in its natural state, and its good effects on nutrition are speedily made apparent: it may be given with safety to the youngest infant. In children somewhat older, and particularly in chronic cases, the cod-liver oil chocolate becomes an useful ingredient of diet.

When I have wished to avail myself of the excellent

properties of the cod-liver oil in conjunction with arsenic, I have often found the following formula a convenient vehicle for its use.—

R Olei jecoris aselli ℥ij; vitelli ovi j; liquoris potassæ arsenitis ℥lxiv; syrupi simplicis ℥ij; aquæ fontanæ q. s. ad ℥iv. M. Fiat mistura.

The dose is a drachm three times a day, with or directly after meals.

Where eczema infantile is complicated with diarrhœa, or congestion of the mucous membrane of the air tubes or lungs, the arsenical remedy should be instantly suspended; the calomel powder immediately administered, and the ordinary antiphlogistic remedies adopted, magnesia and aromatic confection for diarrhœa, and ipecacuhana for the bronchitic or pulmonary congestion. Where the air-tubes are loaded with phlegm, an emetic is useful; and a poultice to the chest and abdomen will be found an useful adjuvant.

In concluding my observations on eczema infantile and its treatment, I must repeat that I know of no cases in the whole catalogue of diseases of the human frame, in which the disease itself is more unpromising in appearance, and distressing in its effects, and at the same time more amenable and tractable under the treatment now laid down, than this disease.