

result from the long-continued use of ether in large quantities. He had a case in his own practice in which a great amount had been used without bad effect.

Dr. Ware said he had a patient under his care with chronic lung trouble, who for years had been accustomed to inhale ether *pro re nata* without the slightest inconvenience; sometimes for many days she would be more or less under the influence of ether the whole time.

A CASE OF ECZEMA.

[Read before the Norfolk (Mass.) District Medical Society, May 8th, 1897, and communicated for the Boston Medical and Surgical Journal.]

By JONATHAN WARE, M.D., of Dorchester.

I AM 70 years of age. In 1834, I suffered from the consequences of a dissection wound, recovering with a stiff finger. In 1842, I had pneumonia, hæmoptysis, and an abscess of right lung, recovering after a journey southward. In 1856, fractured neck of thigh bone, and recovered with slight lameness. For many years past have suffered more or less from asthma, and occasionally from pains of rheumatism. A tendency to diarrhoea has long existed. With these exceptions, I have enjoyed a fair degree of health until about one year ago.

During the winter and early spring of 1866, I suffered more than usual from rheumatic pains in the limbs. The first onset of acute skin disease occurred in April, beginning at the ankles and extending gradually in all directions, until, in three or four weeks, the legs, ankles and upper surface of the feet were completely covered with the eruption. A little later, it began near the elbows and extended symmetrically over the upper and forearms, wrists and backs of hands. The portion least invaded, both on arms and legs, was the inner aspect. Besides the principal seats of the disease, there were, when at the worst, a few scattered patches upon the thighs and body, and a general sense of prickly irritation over the whole surface. The disease probably reached its worst before June, and continued, with occasional slight remissions but without very decided abatement, until about the end of autumn, when it began gradually to decline; and while there have been, during the past winter, frequent exacerbations, more or less severe, yet, on the whole, the amendment has been measurably regular and constant until the present time.

When at its height, the skin invaded by the disease was deep red—though at times approaching a livid purple—glistening and scattered with spots of angry scarlet, and was more or less covered with a serous exudation, which dried into crusts or glued the cloths, used in dressing, tight to the surface. The sensations of itching and burning were intense, and, at times, almost insupportable. The

misery was aggravated by several very painful and indolent furunculoid sores, which succeeded each other upon different parts of the body and arms.

Since the invasion of the disease, the former tendency to diarrhœa has given place to constipation, and the asthma and rheumatism have scarcely been present at all. In the latter part of May, several paroxysms of intense supra-orbital neuralgia occurred. Appetite was poor during the early acute stage, and the harassing irritation of the disease made a profound impression upon the strength and spirits. When the abatement of the eczema permitted a gradual return to former habits of exercise in the open air, strength steadily returned, and at the present time is nearly as great as before the invasion of the disease.

There now exists a slight thickening of the skin for a space of three or four inches, from the ankles upwards, the remains of a much greater infiltration; while occasional slight outbreaks, and frequent sensations of itchy uneasiness, indicate that the disease, while it has expended its violence for the present, still lurks in the system.

The *treatment* during the acute stage was chiefly local. Some constitutional remedies were tried without satisfactory result. The same remark may be made of most of the local applications, a variety of which were used and laid aside in turn. The greatest relief during the acute stage was derived from opiates, internally, and tepid water to the inflamed surface. During the declining stage, opiates having then been abandoned, cold water and glycerine gave most comfort. The neuralgia was instantaneously relieved by inhalation of chloroform.

OPERATION FOR DOUBLE HARE-LIP.

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Miss A. C. C., aged 17 years, had a congenital double hare-lip. In her infancy, a time was appointed for an operation, but on account of sickness it was postponed. Subsequently, the parents took the responsibility of further postponing the operation until she should attain to years of discretion and might desire it. She grew up a healthy, active, intelligent girl, and at this age began to feel that her social position was seriously affected by the condition of the mouth and nose.

The case did not differ essentially from other cases of double hare-lip. It was simply one of the worst in deficiency of lip and deformity of nose, teeth and superior maxillary bone. There was, moreover, no portion of flap between the parts wanting which could be so utilized as to assist in the formation of the upper lip. The operation could only be performed, as one, by bringing the extreme lateral sides of the lip together, at the mesian line.