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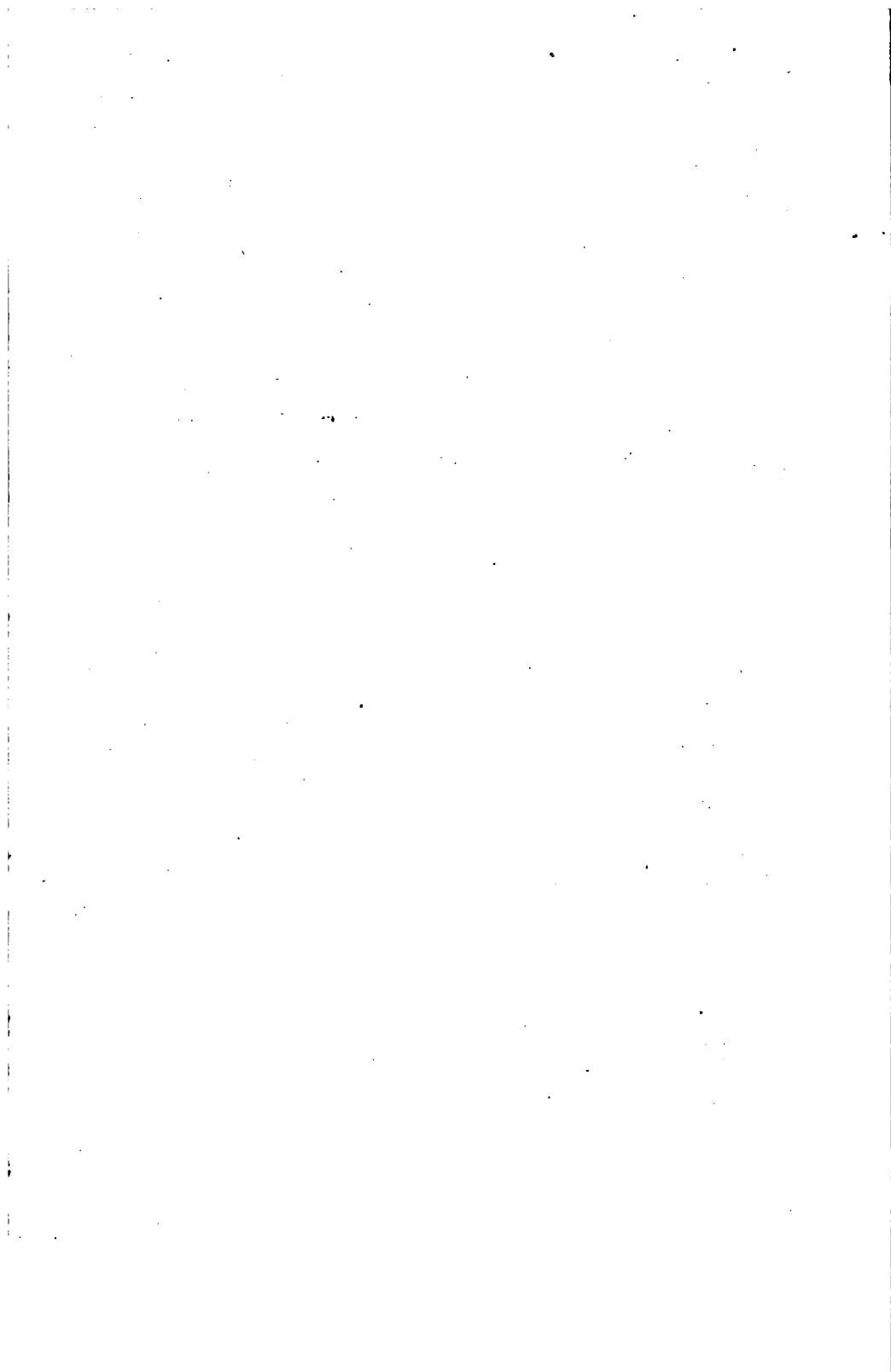
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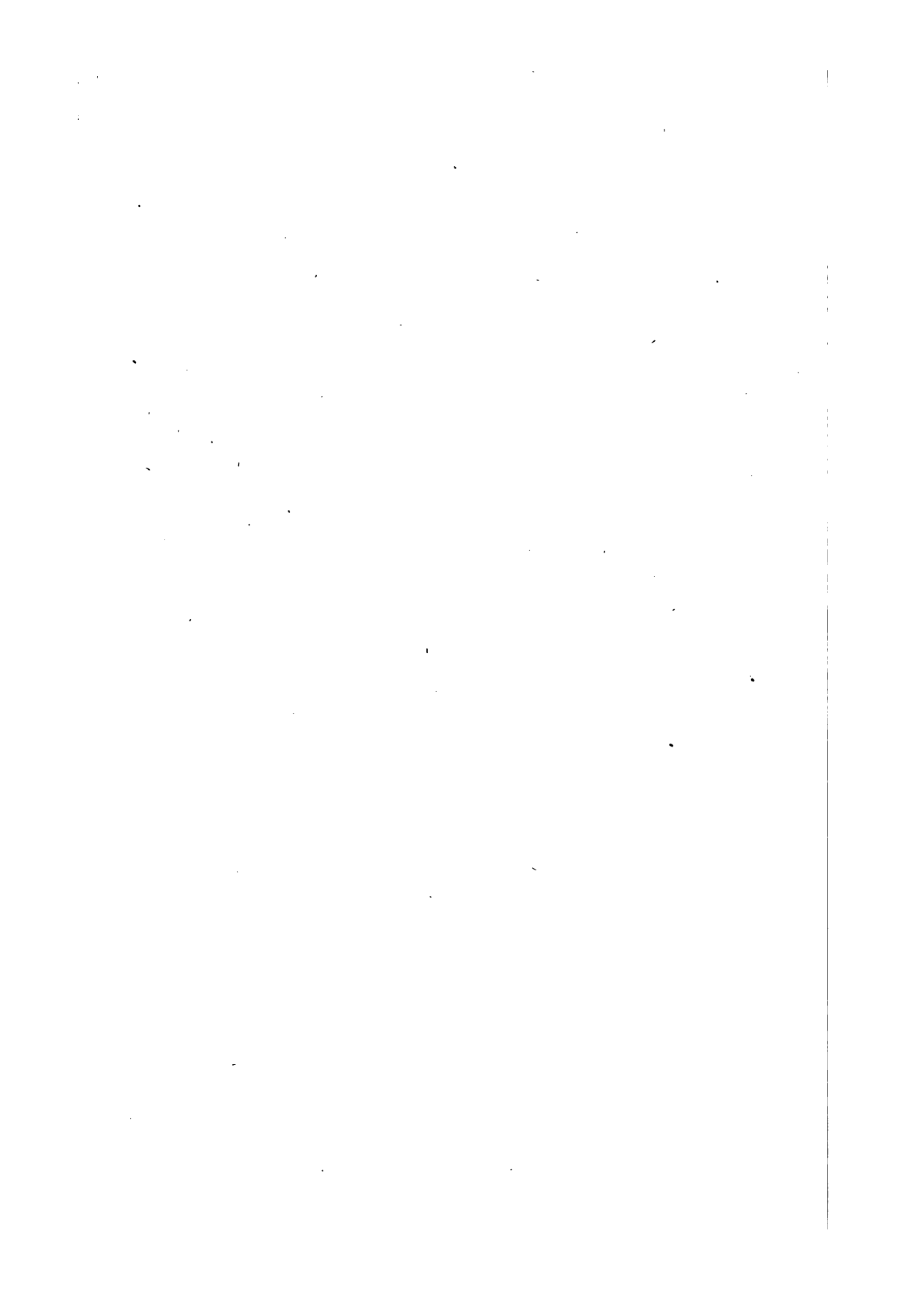








A
PRACTICAL TREATISE
UPON
ECZEMA.



A
PRACTICAL TREATISE

UPON

ECZEMA,

INCLUDING ITS

LICHENOUS AND IMPETIGINOUS FORMS.

BY

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INFIRMARY, ETC., GLASGOW.

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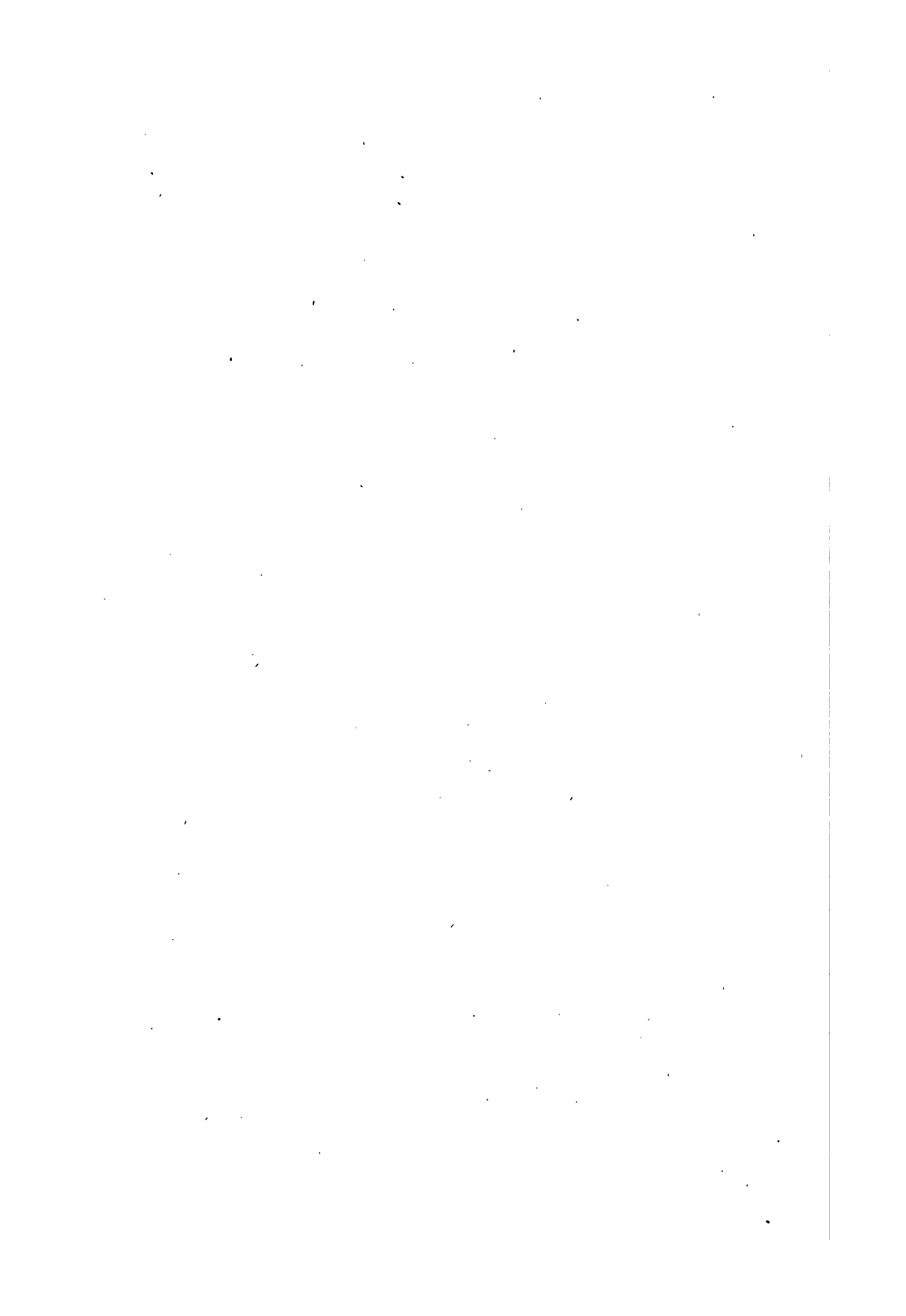
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PREFACE TO THE FIRST EDITION.

THE intention of this little volume is to furnish a simple practical guide to the treatment of one of the most common and distressing affections which the practitioner is called upon to treat.

Whatever its defects—and no one can be more sensible than I am of its many imperfections—it cannot be said that I arrogate too much to myself in observing, that almost every statement which it contains has been verified by personal experience, and the value of each prescription tested by the treatment of numerous cases.

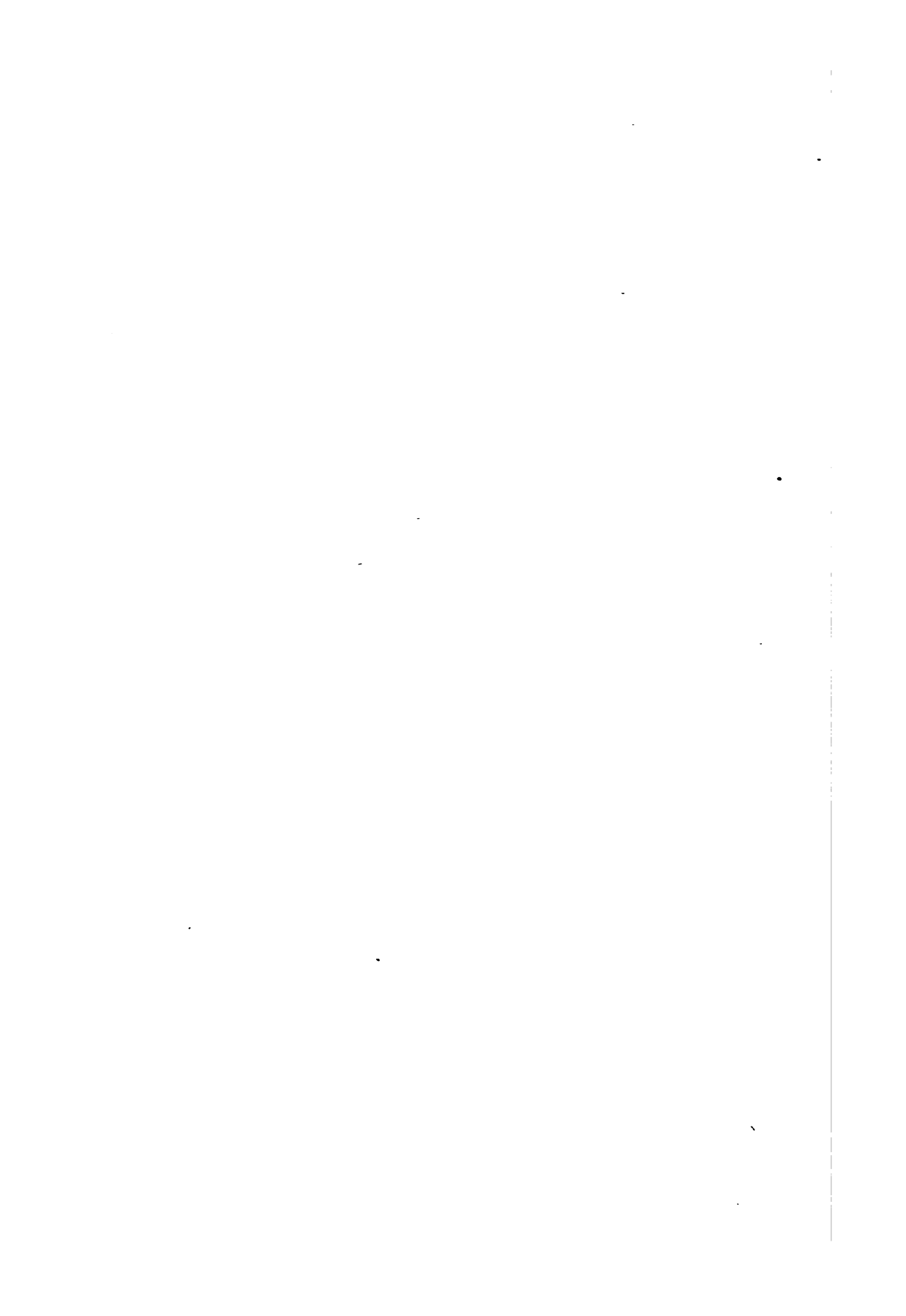
GLASGOW, *September*, 1863.



PREFACE TO THE THIRD EDITION.

THE present edition has been revised with great care, many alterations and additions have been made, and a chapter, with illustrations, is added upon the anatomical lesions. It is to be hoped, therefore, that it may prove a more reliable guide than its predecessors to the diagnosis and treatment of a very common and distressing form of disease.

GLASGOW, 14 WOODSIDE CRESCENT,
October, 1874.



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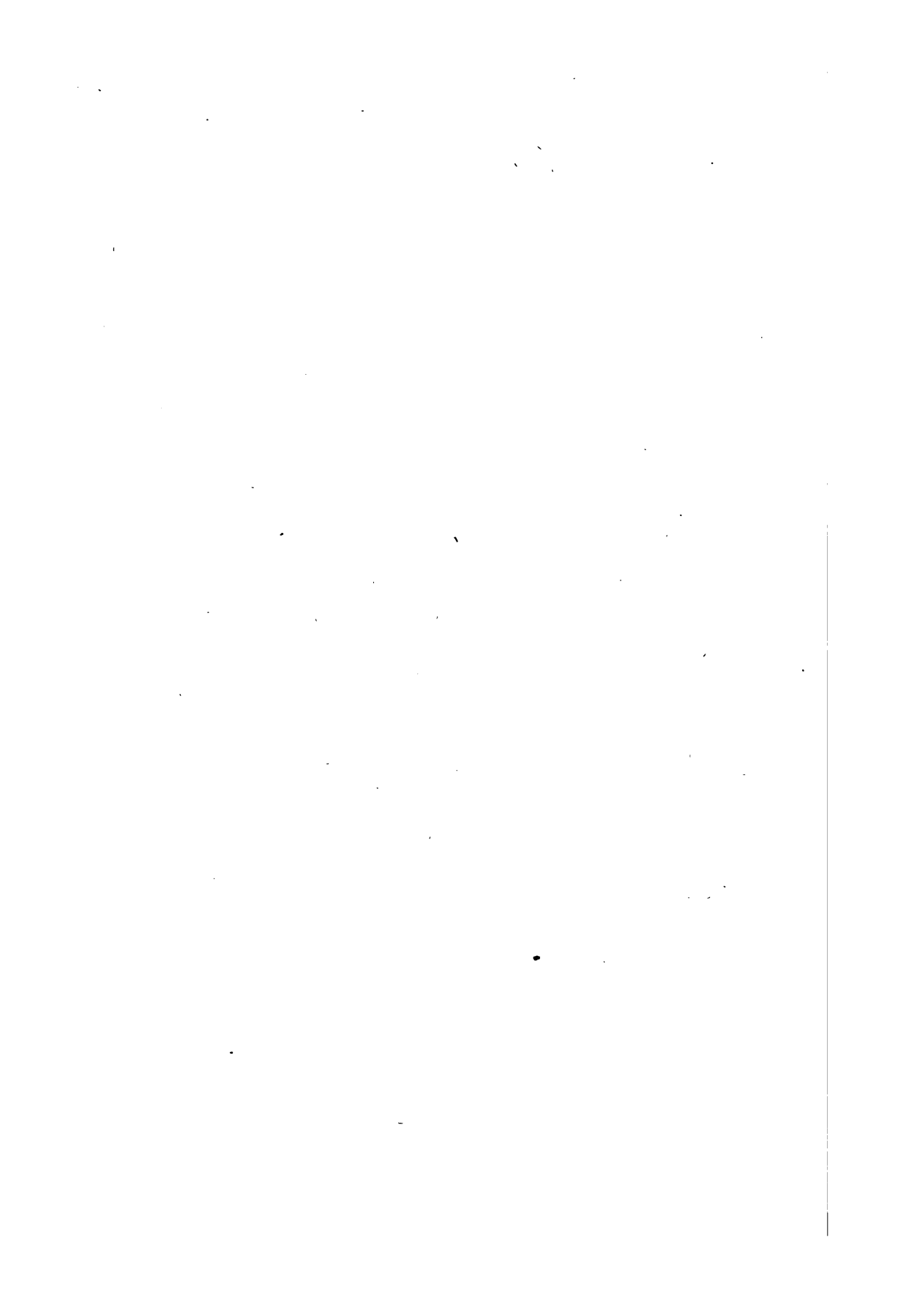
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PRACTICAL TREATISE

UPON

ECZEMA.

CHAPTER I.

THE term Eczema (derived from *ἐκζεῖν*, “to boil over”) is applied to a chronic, more rarely acute, CHAP. I. Definition of eczema. affection of the skin, of a non-contagious character, which in the first stage appears either in the form of erythema, vesicles, pustules, or papules, and is accompanied by more or less burning heat; while in the second, the heat having given place to itching, and infiltration of the skin having occurred, the reddened surface is either dry and scaly, or punctated and exuding, or more or less covered with crusts. In the declining stage the disease terminates in erythema.

There can be little doubt of the truth of the view promulgated by Tilbury Fox and Rindfleisch, that eczematous eruptions are analogous to catarrhal inflammations of the mucous membranes—that they constitute, in fact, catarrh of

A

CHAP. I.

the skin. This is rendered obvious, not only from a consideration of the anatomical lesions observed in cases of eczema and in catarrhal inflammations, but also from the tendency which the subjects of the so-called eczematous diathésis exhibit to suffer from catarrh of the mucous membranes, especially of the respiratory and digestive tracts.

Frequency of
eczema.

It is necessary to enter at some length upon the consideration of this complaint, seeing that, in one or other of its protean forms, it is one of those diseases which are most frequently encountered in practice, and unfortunately too often misunderstood. Indeed, it may safely be affirmed that few persons pass through life without suffering from it in some measure. It is, with the exception perhaps of scabies, which has a tendency to spread through whole families, by far the most frequent of the diseases of the skin, if we are to place reliance upon the statistics of hospital and private practice. Thus of 1000 consecutive cases of skin disease, treated by Erasmus Wilson in his private practice, there were 298 cases of eczema (a); of 1800 treated at the St. Louis Hospital, Paris, 600 of eczema (b); of 10,000 treated at the Glasgow Dispensary for Skin Diseases, 2527 of eczema; and of 1000 in my private practice, 348 of eczema. If we combine these statistics we find that of 13,800 cases of

skin disease there were 3773 of eczema, or more than one in every four cases.

But while there can be no doubt as to medical men being more frequently consulted with regard to eczema than any other cutaneous affection, these statistics cannot be held as representing exactly the relative frequency of this complaint; for patients often disregard skin diseases which do not cause much deformity or uneasiness, while they are pretty sure to seek relief from attacks of eczema, which generally give rise to both in a marked degree.

Another reason for directing particular attention to this disease is, that the views about to be propounded—though shared in, in many respects, by several continental dermatologists, especially by Hebra, of Vienna, who has certainly the credit of being the first to put us upon this track—differ, in many important respects, from those which, previous to the first edition of this work, were adopted and taught by the majority of the Profession in this country.

It has always appeared to me that much confusion exists in the descriptions given of eczema in all but the more recent works on dermatology. I trust, therefore, that the following remarks will be compared, not so much with the views therein stated, as with what is observed in nature; for I am desirous that my

CHAP. I. readers should follow me without preconceived opinions.

Willan & Bateman's
classification
of
skin diseases.

The restricted meaning which used to be given to the word eczema has arisen, no doubt, from the adoption of the classification of Willan and Bateman, in accordance with which the elementary lesion of eczema is, of necessity, a vesicle. Defective as any classification of skin diseases must be, there can be little doubt that the anatomical classification is the most objectionable of all; for in this way many dissimilar diseases are brought together under one group, while violence is done to the symptomatology of many of them, owing to the necessity of placing them under the head of one of the elementary lesions. Thus, scabies is ranked with ecthyma and small-pox—diseases which have no connection with one another whatever; and the first of these (scabies), though it often shows itself in the pustular form, is still more commonly met with as a vesicular or papular eruption, or as a mixture of all three.

There can be no doubt in my mind, that the best classification of skin diseases is one founded, not upon the elementary lesion, but, as far as possible, in the present state of our knowledge, upon the nature of the affection. This is the basis of the classification of Hardy, and of that which was adopted some years ago by my late colleague and myself (d).

But to return to the subject of eczema, I feel pretty confident that those who study this disease carefully at the bedside, without bias, will be forced to the following conclusions:—

CHAP. I.
Elementary lesions
in eczema.

1. That the elementary lesion of eczema is not of necessity a vesicle.

2. That it may be an erythematous state of the skin, a vesicle, a pustule, or a papule.

3. That impetigo and lichen are merely varieties of eczema, in which the elementary lesions are respectively pustules and papules.

4. That cases of eczema are often met with in which an erythematous state of the skin, vesicles, pustules, and papules, are met with in a combined form.

To this subject I shall direct more particular attention after having referred to what I hold to be the less variable symptoms of eczema.

Symptoms.—When an eczematous eruption is at its height, there are four symptoms which, according to my experience, are almost always present in a greater or less degree. These are—

Symptoms of eczema.

1. Infiltration of the skin.
2. Exudation on the surface of the skin.
3. Formation of crusts.
4. Burning heat or itching.

1. *Infiltration of the Skin.*—The infiltration is due to the transudation of the serous portions of the blood through the walls of the vessels into the

Infiltration of the
skin.

CHAP. I.

meshes of the skin, and to the new formation of cells. It is upon the infiltration that the exudation on the surface of the skin, the itching and the formation of crusts, to a great extent depend. Remove the infiltration, and the exudation and formation of crusts usually cease, and the itching is moderated, though it may not cease entirely. The infiltration is detected by pinching up a fold of the affected skin between the finger and thumb, and comparing it with a similar fold of a healthy part. The infiltrated fold is, *cæteris paribus*, much thicker than the healthy one, and the greater the thickness of the fold, the greater the infiltration, and the more inveterate the affection. It has also a doughy feel, especially if the infiltration be at all great, as compared with the elastic feel of healthy tissue. Again, on pressing an inflamed and infiltrated patch with the finger, the redness disappears for the moment, being replaced, however, by a yellowish colour; whereas, on pressing a patch of simple erythema, in which, of course, scarcely any infiltration exists, the redness is replaced for a time by a healthy white colour. There is always more or less swelling of the affected part, which is principally due to the infiltration; but the swelling is not always in proportion to the amount of the infiltration, being more marked in those situations where there is much loose cellular tissue—beneath the eyes, for

example. In some cases this infiltration into the subcutaneous tissue amounts to œdema, there being well marked pitting on pressure (Eczema œdematosum). This is most frequently observed in the lower extremities.

CHAP. I.

Eczema œdematosum.

2. *Exudation on the Surface of the Skin.*—The exudation, “leeting” or “weeping” as it is often termed, may take place constantly or principally when the circulation is excited, or the part exposed to friction, as when the patient scratches it. The observer must not therefore be led astray by the absence of exudation at the time the case is under inspection, but must always ask the patient if the eruption is ever moist. When it is a marked feature, the term Eczema madidans is often applied to it. In a few cases of eczema, and particularly of the lichenous forms, there is little, if any, exudation, and consequently there are no crusts throughout the whole course of the disease (Eczema siccum). From this it will be gathered that I do not agree with Tilbury Fox, when he states that eczema “will always furnish sufficient evidence in its history of the fact of its being a moist disease.” The exudation is often of a purulent nature, owing to the rupture of pustules, but more frequently serous, coming from the bottom of fissures, from the surface of excoriations, or resulting from the rupture of vesicles. It is occasionally mixed with blood, in consequence of the

Exudation on the surface of the skin.

Eczema siccum.

CHAP. I.

presence of fissures or of the laceration of the skin by the nails of the sufferer. It has the property of staining the under-clothing with which it comes in contact, and of stiffening it as starch does. It must not be supposed, however, that there is anything peculiar in the chemical composition or microscopical appearance of the exudation, for it is identical with that which is extravasated in other forms of skin disease, such as the vesicles of herpes and the bullæ of pemphigus contain. It may be produced artificially by painting over the eczematous surface a solution of potash (say ℥ss. of potassa fusa to the ℥j. of water), which, acting as an irritant, not only produces a copious exudation on the surface of the skin, but likewise stimulates the capillary circulation of the part, and thereby favours absorption of the fluid infiltrated into the tissues. This must therefore be borne in mind in the treatment of infiltrated eczematous patches, and will be again referred to.

Formation of Crusts. 3. *Formation of Crusts.*—The crusts, being composed of concrete exudation and exfoliated epidermis, mingled frequently with sebaceous matter (especially when the eruption is on the head), and with particles of dirt, are more or less present on the surface of almost every exuding eczematous patch—their size and appearance depending upon the length of time during which they have existed, the quantity and quality of

the exudation, and the habits of the patient as regards cleanliness. If the exudation is very profuse, instead of the crusts being large, there may be none at all, for in that case the fluid may run off the part before it has time to concrete. Or if the patient is very cleanly in his habits, and the exuded matter is washed off repeatedly, or removed by means of daily poultices, or if the exudation is very slight, the crusts seen on the affected part at any given time may be very thin, and more like scales than crusts, or they may be wanting altogether. If the opposite holds, and the patient is negligent, the crusts may become very thick and adherent, owing to continual additions to their under surface from successive exudations. Not unfrequently cases are met with in which, though the eczema is quite cured, the crusts remain, owing to the negligence of the patient. This, for instance, is a common case:— A poor woman brings for advice her child, who has had an eruption on the head for years, and who has had nothing done for it. Lice probably wallow about in all directions, and their nits (eggs) adhere to the hair in profusion; while, scattered over the head, large yellow or brown, thick, adherent, dry, and brittle scabs are detected. The nits are removed by combing and the use of spirit, the lice killed with staphisagria ointment, and the crusts removed by means of poultices,

CHAP. I.

and then healthy skin is found beneath. Crusts of this kind, which owe their existence to a past disease, are much drier and more brittle than recent ones, and, by a little experience, such cases can be recognized before the removal of the crusts. The size of the crusts is therefore no criterion of the severity of the disease, unless the patient is under one's own eye, and one sees the rapidity with which new crusts form after the removal of the old ones.

Crusts due to the dessication of purulent matter are usually thicker and rougher than those following upon the exudation of serous fluid. Those forming on hairy parts are, *cæteris paribus*, more apt to assume large dimensions than in situations not provided with hair, as they become glued to the hair, adhere very firmly, frequently cause much pain in the attempt to remove them, and are often concealed in great part by the hair itself. Their colour varies much: if the exudation is serous, the crusts have a greyish or brownish appearance; if purulent, as in the pustular variety of eczema, yellow; if blood is mixed with either of these, any shade of brown or black. These are the colours when the crusts are recently formed, but when of old standing they are altered, from admixture with particles of dust and other impurities.

Burning heat or
itching.

4. *Burning Heat or Itching.*—When the patches

of eruption are acutely inflamed, when there is much erysipelatous swelling, or when there is a copious eruption of vesicles or pustules, burning heat is complained of, a symptom which must be taken into account as indicating the necessity for the use of soothing applications in the first instance. When the disease becomes chronic the burning heat is replaced by itching, which may be of any degree, and constant or intermittent. It is always aggravated by touching the inflamed part, the slightest touch even sometimes giving rise to an irresistible desire to scratch. It gets troublesome when the circulation in the cutaneous capillaries is excited, as by the use of stimulating food or drink, or on getting warm in bed, thus preventing sleep. It is curious how patients seem to rejoice in the application of severe irritants, which relieve the itching at the expense of much pain. They seem to derive positive pleasure from scratching the part, and often continue to do so till blood flows freely, and the itchy sensation is replaced by pain from the laceration of the skin by the nails. Sometimes, along with the itching, or instead of it, a distressing sense of formication is complained of; that is, a feeling as if numbers of insects were crawling over the skin. Often, independently of the scratching, pain predominates over the sensation of itching, owing to the presence of deep fissures. Scratching always aggra-

CHAP. I.

vates the disease, and tends to bring out fresh crops of eruption. Patients know this very well, but cannot refrain from indulging in a practice which, for the moment, gives relief. Often, in mild cases, where there is not much infiltration, the disease is kept up by the scratching alone; and in such cases, by allaying the itching and the desire to scratch by local sedatives alone, I have repeatedly effected a cure—so great a stimulus does the scratching give to the disease.

(a) "An Inquiry into the Relative Frequency, the Duration, and Cause of Diseases of the Skin," by Erasmus Wilson, F.R.S. London: Churchill. 1864.

(b) "Traité Pratique des Maladies de la Peau," par Alph. Devergie. Ed. 2. Paris: Victor Masson. 1857.

(c) "Annual Report of the Dispensary for Skin Diseases, Glasgow." Glasgow: R. L. Allan, Sauchiehall Street. 1867.

(d) For a very interesting paper on the "Classification of Diseases of the Skin," from the pen of my late colleague, Dr. A. B. Buchanan, see *Edinburgh Medical Journal*, January, 1863.

(e) "Skin Diseases, their Description, Pathology, Diagnosis, and Treatment," by Tilbury Fox, M.D. Ed. III. London: Renshaw. 1873. P. 182.

CHAPTER II.

THE *elementary lesions* encountered in cases of eczema may now be studied at greater length. These vary much, as I have previously observed; hence they have been ranked second in importance to the infiltration, exudation, formation of crusts, and itching—four symptoms which are almost always present to a certain extent in a fully-developed eczema, or in some part of its course. By so doing, the observer is prevented from fixing his attention too much upon the former, and from being thus led away from the diagnosis of the case. The elementary lesion is of great importance, however. This may be—

CHAP. II.
Elementary lesions
in eczema.

1. An erythematous state of skin.
2. A vesicle.
3. A pustule.
4. A papule, or a mixture of several or all of these lesions.

1. *The Elementary Lesion an Erythematous State of Skin (Eczema erythematosum).*—In this case the disease commences as a simple inflammatory redness of the surface, which is shortly accompanied by exfoliation of the epidermis; but there is no infiltration of the skin at first,

Eczema
erythematosum.

CHAP. II.

neither is there any exudation on its surface. In fact, the case is as yet not an eczema at all, but an erythema in the scaly stage, or pityriasis, as it is generally termed. But if the morbid process is not arrested at this stage, infiltration of the affected part gradually supervenes, and the disease is on the confines of a typical eczema. What have we now? We have patches of reddened, scaly, and infiltrated skin, described under the name of *Eczema squamosum* by Hebra, who points out very correctly that this is identical with what is described in dermatological works as *pityriasis rubra*—a term which has been appropriated by Devergie (a), and adopted by Hebra himself, for the designation of a very different affection.

*Eczema
squamosum.*

It is much to be regretted, as I have elsewhere remarked, that Mr. Wilson applies the term *psoriasis* to this condition (b), *alphos* being the name which he proposes for the disease at present known as *psoriasis*. For without entering into the question of the appropriateness of the existing nomenclature of skin diseases, which, in many cases, few can defend, it must at once be apparent, that to attempt to give a new meaning to a well known term cannot but be fraught with disadvantage, and, in this case, lead to the belief that there is some connection between *eczema* and *psoriasis* (as these terms are at present under-

stood), a mistake illustrations of which I have already met with.

If the inflammation advances still further, serous exudation on the surface of the skin is superadded, which concretes into crusts, and we have then to deal with a typical exuding, infiltrated, and itchy eczematous eruption, covered more or less with crusts, and without, it may be, the vestige of a vesicle (*Eczema erythematosum*). We may thus regard *Eczema squamosum* as the connecting link between a typical *Eczema erythematosum* and a simple erythema. The eruption is now at its height; but, by and by, it begins to yield: the exudation diminishes and gradually ceases, the crusts fall off, the infiltration disappears, and a simple erythema only is left, as at the commencement of the process, with this exception, that the inflammation is not usually so marked. This, likewise, in a varying period of time vanishes, the erythema giving way to healthy skin, or to skin coloured more or less with pigment, as the result of the pre-existing inflammation, and which in its turn gradually disappears.

The following case illustrates in some measure what has just been stated:—"Wm. B., aged 42, weaver, was admitted at the Dispensary for Skin Diseases (Glasgow), March 21, 1861, owing to the outbreak of an eczematous eruption, which had commenced two or three months previously near

Illustrative case.

CHAP. II.

the left ankle, from which it had gradually extended till the above date, when it covered almost the whole of both legs and inner aspect of thighs, the knees, however, being unaffected. The elementary lesion was an erythematous state of skin, the infiltration of skin considerable, the exudation of serous fluid slight, and the itching excessive at times. The inguinal glands were enlarged from the irritation, and several furunculi were scattered here and there. On each arm, occupying the lower third of upper arms and two-thirds of fore-arms, a bright red, slightly elevated, rough and scaly patch of erythema was detected, which was very itchy, but without any infiltration of the skin to speak of, or exudation on its surface. It is not necessary to follow all the reports of this case; but it is interesting, as showing the identity in nature of the erythematous eruption upon the arms and the eczematous eruption on the legs, to note, that at one period the erythema of the arms changed its characters, and became converted into an exuding and infiltrated eczema, and that the same treatment, consisting principally of applications of a solution of black soap and tar, and the cold douche, which effected a cure of the typical eczema of those parts, removed also the patches of erythema of others."

Another typical case of Eczema erythematodes, showing the connection between that affection and

erythema, will be mentioned when the treatment is discussed.

In many instances, as I shall afterwards point out, while the disease commences with an erythema, the above evolution is interfered with by the development, upon the erythematous ground, of one or more of the other elementary lesions enumerated at the commencement, as, for example, by a copious eruption of vesicles; but more of this hereafter. An eczematous eruption sometimes assumes an appearance which may be mentioned here, although the lesion at the commencement of the process is by no means of necessity an erythematous state of skin. In this variety there is usually not a vestige of either a vesicle, a pustule, or a papule (I speak now of the fully-developed eruption), but the skin is red, perfectly smooth on the surface, and brilliantly polished and shining in appearance, while the meshes of the deeper structures of the skin are loaded with infiltration. Every now and then this unhealthy cuticle exfoliates, but leaves behind it a new layer as unhealthy as the one which preceded it. I have noticed this form of eczema especially often upon the legs, and not unfrequently upon the scrotum and ears. When the patient scratches the part, which is usually very itchy, excoriations occur and serum exudes, and often blood; and if the scratching is much indulged in, the eruption

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Eczema
vesiculosum.

of course loses the appearance above described, and becomes covered with crusts.

2. *The Elementary Lesion a Vesicle (Eczema vesiculosum).*—As before observed, a vesicle is held, by the followers of Willan, to be the invariable elementary lesion in cases of eczema—an idea which, I have no hesitation in saying, has been the foundation of more errors in diagnosis than any other in the whole range of dermatology. For, while a vesicle is frequently, it is by no means always, nor even in the majority of cases, the elementary lesion. The vesicular form of eczema usually commences on an erythematous basis, and upon this vesicles are developed, many of which may assume a pyogenic action, and are thus converted into pustules, in which case we have an assemblage of three elementary lesions, thus giving the lie to the anatomical classification. The vesicles are developed at the orifices of the cutaneous follicles, are small, closely set together, usually rupture early, and the serosity concretes into crusts. It is a very common occurrence for many of them to run together, separating the corneous from the secretory layer of the epidermis over a considerable extent. In these cases the corneous layer usually gives way quickly, so that the exudation has not time to be secreted to such an extent as to raise the cuticle much higher than the height of an ordinary vesicle; but, where the corneous layer is

very thick, as on the soles of the feet and palms of the hands, it does not give way readily; the secretion of serum goes on increasing, and large bullæ may be formed—a circumstance which requires to be borne in mind, else the observer may fall into an error of diagnosis which I shall refer to afterwards. Although the vesicles do not usually remain long intact, the vesicular stage may be kept up by the formation of successive crops of vesicles; but, even in this case, they usually disappear after infiltration of the skin becomes pronounced and the disease thoroughly established. When the vesicular stage is gone, and the disease is at its height, it may be well to note carefully the appearance of the affected parts. The infiltrated patches are red and inflamed, but the redness is not uniform, the surface being studded with innumerable points of a deeper red, thus giving to the parts a remarkable punctated character—an appearance which, when well marked, serves to distinguish the eczematous eruption from all other diseases of the skin, and which Devergie claims to have been the first to describe. These points correspond to the orifices of the glands, like the vesicles which preceded them; they are owing to the congestion of the skin being more pronounced at the glandular orifices than elsewhere, and to the occurrence of minute excoriations—the result of rupture of the vesicles. It is principally from these that the serous fluid exudes, often

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Eczema rubrum
seu madidans.

in great abundance, and which afterwards concretes into scabs. This stage of eczema corresponds to the Eczema rubrum of some authors, the Eczema madidans of others. Devergie points out that the punctated appearance, when not well marked, may be brought out more characteristically by rubbing firmly into the affected part a solution of carbonate of potash in water. From what has been said then, it must be apparent that the symptoms of Eczema erythematodes and Eczema vesiculosum, when these are at their height, are almost identical, so that it is impossible, in many instances, from a mere inspection of the parts, to determine whether the disease commenced with an erythematous state of skin or with a crop of vesicles.

Eczema pustulosum
or Impetigo.

3. *The Elementary Lesion a Pustule (Eczema pustulosum).*—This is the so-called impetigo of authors, a convenient word to retain, as expressive of the pustular form of eczema, but which should on no account be ranked as a separate disease. The pustular variety of eczema occurs oftenest in debilitated and strumous subjects, and when the eruption is situated on hairy parts (at the orifices of the hair follicles), as, for instance, on the head and chin, constituting cases of the so-called Impetigo capitis and Impetigo menti, but it is by no means limited to these situations. The pustules, like the vesicles, usually form upon an erythematous ground; but, as before observed, their forma-

tion is sometimes secondary, vesicles being at first developed, the contents of which gradually change from serum into pus. The pustules are generally somewhat larger than the vesicles, and remain longer intact; otherwise, the pustular form of eczema runs exactly the same course as the vesicular; and, when the pustular stage is gone, and the crusts removed, we observe the same punctated, exuding, itchy, and infiltrated patches, the description of which it is unnecessary to repeat. If we now turn to the very lucid description which has been given of impetigo by Willan and Bateman, we find the following remarks:—"In a few days the pustules break, and discharge their fluid; the surface becomes red and excoriated, shining as if it were stretched, but exhibiting numerous minute pores, from which a considerable ichorous discharge is poured out, accompanied with much troublesome itching, heat, and smarting" (c). These words apply equally to *Eczema vesiculosum* when the vesicular stage is gone, and thus, out of the mouth of Willan and Bateman themselves, we are confirmed in the belief that eczema and impetigo are mere varieties of one and the same disease. Physicians in this country, following in the footsteps of Willan, have not yet been induced to regard impetigo as a mere variety of eczema—a point which is generally conceded by both French and German dermatologists; but they are, as a

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rule, far too good observers not to have noticed a mixture of vesicles and pustules on many patches of eczema, and a frequent transformation of vesicles into pustules, and a general resemblance between the two forms of disease; hence the origin and meaning of the term *Eczema impetiginodes*.

Impetigo contagiosa.

It may be well in this place to refer to a form of eruption, previously classed with impetiginous eczema, and very carefully described under the name of *Impetigo contagiosa* by Dr. Tilbury Fox, from whose description I draw largely in the few remarks which follow (d). It is met with in all ranks of life, but most frequently amongst the children of the poorer classes. The eruption is ushered in by fever, which is generally slight, and is first seen upon the face, head, or hands. Vesicles make their appearance, which at first, at all events, are isolated: these, if not interfered with, "enlarge into flat bullæ," which become depressed in the centre, while, at the same time, the contents become turbid and finally purulent. They are followed by crusts varying in size from a split pea to a shilling, which are flat, straw-coloured, dry, and granular-looking, and appear as if "stuck on to the part." If removed, little superficial sores are seen, which are usually covered with lymphy exudation, and when they heal erythematous spots are left which gradually fade. The scratching leads by inoculation to the spread of the eruption

to other parts, the nape, buttocks, feet, &c., and not unfrequently the mucous membrane of the eyes and nostrils suffer in a similar manner. The complaint is decidedly contagious, and often spreads through whole families. There is no difficulty in curing it, which may be done by attention to the general health, and the application to the surface after the removal of the crusts, of a mildly stimulating ointment, such as an ointment of the ammonio-chloride of mercury (gr. v. to the ℥i).

4. *The Elementary Lesion a Papule (Eczema papulosum)*.—This form of eczema is described as a separate disease by most authors under the name of lichen—a name which it is well to retain, as designating an eczema the elementary lesion of which is a papule. But a careful study of this affection has led me to the conclusion, that it would be doing violence to the natural affinities of lichen to look upon it in any other light than as a mere variety of eczema. The eruption commences in the form of small, red papulæ, which may be isolated, and scattered here and there (the so-called *Lichen disseminatus*); or confluent, forming elevated, rough, and furrowed patches of various shapes and sizes, in which, owing to the coalescence of the papules, the elementary lesion is sometimes difficult to establish, and all the more so as vesicles and pustules are not

Eczema papulosum
or lichen.

Lichen disseminatus.

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unfrequently developed during the course of the disease. The affected part is very itchy, and as the patient scratches it incessantly, the symptoms are aggravated; infiltration of the skin becomes very marked, and exudation of serum, pure or mixed with pus or blood, may take place, which concretes into crusts. While English and French writers, with a unanimity which is quite extraordinary, describe lichen as a separate disease from eczema, few of them have failed to observe cases of the former in which the likeness to eczema is so great, that they have given to them the name of Lichen eczematous, or Eczema lichenoides (synonymous with the term Lichen agrius). But let us take a short description of this eruption from one of the standard authors. Hardy, for example, than whom a more accurate observer does not exist, writes of it thus:—"The skin becomes red, and upon this red surface small papules make their appearance, which become excoriated and secrete a serous fluid in considerable abundance. Amongst these papules some vesicles of eczema are detected, which give way, and are followed by superficial ulcerations, from which serum exudes and concretes into crusts. From this mixture of vesicles and papules there results a state of parts which has as much the appearance of an eczema as of a lichen, and which throws great difficulty in the way of a correct diagnosis" (e). Now, what

Eczema lichenoides
or *Lichen agrius*.

have we here? We have a most accurate description of a typical exuding eczema, the only difference between it and the vesicular eczema of Willan being, that the principal lesion is a solid elevation (a papule), instead of one filled with serosity (a vesicle). Indeed, Hardy admits as much when he says, "the association of these two eruptions (lichen and eczema) is sometimes so intimate, that it is very difficult, if not impossible, to distinguish them" (f). I hope I have convinced my readers, then, that an *Eczema lichenoides* is a true eczema, and not a separate disease; and if so, let me finally point out that the dry lichen of authors is merely a less advanced stage of *Eczema lichenoides*, and a counterpart of the dry, scaly stage of *Eczema erythematodes*. (See page 14). The following case—and one meets with many such—shows that, under the influence of treatment, *Eczema lichenoides* may assume all the characters of the typical dry lichen of authors:—

"Catherine B., aged 14, was admitted at the Dispensary for Skin Diseases, Glasgow, September 30, 1861, affected with *Eczema lichenoides* of a year and a half's duration, occupying both popliteal spaces, and extending upwards for some way upon the posterior surfaces of the thighs. The patches were moist and distinctly papulated; considerable infiltration was detected; the itching was severe at times, and serous fluid exuded on scratching.

Case illustrating the
identity of Eczema
and Lichen.

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There was an enlarged gland on the side of the neck. Cod-liver oil was prescribed internally; a solution of black soap was rubbed into the parts night and morning, and whenever the eruption was itchy; and the local cold douche was applied repeatedly. On October 10, ten days after the commencement of the treatment, the serous exudation had ceased, and the eruption now presented all the characters of a typical lichen as described in dermatological works. The patches were dry, rough, papulated, and the natural furrows of the skin greatly exaggerated. The infiltration of the skin and the itching, though moderated by the treatment, still continued."

But it may be said that lichen is occasionally a perfect dry eruption throughout its whole course. Granted, although this is the exception to the rule; but it is merely because the inflammatory process has been arrested short of the exudation stage. Cases such as these must be put upon a par with cases of vesicular eczema in which the vesicles do not burst, but become shrivelled and dry up, and in which the eruption subsides without the occurrence of exudation, or with cases of Eczema erythematodes which do not advance to the stage of exudation. It must be allowed, however, that in the lichenous varieties of eczema, exudation is more frequently wanting than in the vesicular; but this, combined with the fact of the

elementary lesion being a solid elevation, instead of one containing serum, is not enough to constitute a separate disease, as the eruption otherwise follows essentially the same course, and is amenable to the same treatment.

In many cases of eczema, and especially when it occurs at parts where the skin is naturally thrown into folds, as the anus and angles of the mouth, or at parts which are constantly being put upon the stretch, as the palms and fingers, fissures are met with as a complication. When the skin is in a healthy condition, it stretches with ease when the parts are moved; but when an eczematous eruption is developed, its natural elasticity being gone, it gives way when put upon the stretch, thus giving rise to fissures, which are often deep and proportionately painful. Fissures, however, not unfrequently constitute the principal lesion, though they usually form upon an erythematous ground, as in the vesicular and pustular varieties of eczema. The number of these varies much; there may be few, or, on the other hand, so many that they cross one another in all directions; and although at first superficial, they have a tendency, as the disease becomes more chronic, to increase in depth, thereby causing great pain and some bleeding, especially on movement of the affected parts. I have taken the liberty of applying to this form of eczema in which fissures con-

Occurrence of
fissures.

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stitute a prominent feature, the term *Eczema rimosum* (from *rīma*, "a fissure"), and which corresponds with the "*Eczema fendillé*" of the French. A case of this form of eruption attacking the palm of the hand will be referred to when the treatment is discussed.

Phenomena of chapped hands.

The nature of *Eczema rimosum* may be more forcibly impressed upon the mind, if the symptoms of "chapped hands" are considered, with which affection most people are too well acquainted. The skin is red, and superficial fissures occur which take the direction of the natural grooves of the skin. If appropriate treatment is not adopted, the skin gradually assumes all the characters of a typical *Eczema rimosum*, exhibiting an infiltrated, exuding, itchy, and painful fissured surface.

In conclusion it must be remarked, that not only do the erythematous, vesicular, pustular, papular, and fissured varieties of eczema present analogous features when they are at their height, but they all terminate in an erythema.

(a) "Traité Pratique des Maladies de la Peau," par Alph. Devergie. Ed. II., p. 422.

(b) "The Student's Book of Cutaneous Medicine and Diseases of the Skin," by Erasmus Wilson, F.R.S. London: Churchill & Sons. P. 99.

(c) "A Practical Synopsis of Cutaneous Diseases according to the arrangement of Dr. Willan," by Thomas Bateman, M.D. Ed. VII. Edited by Anthony Todd Thomson, M.D. P. 120. London: Longman. 1829.

(d) "Skin Diseases, their Description, Pathology, Diagnosis, and Treatment," by Tilbury Fox, M.D. Ed. III. London: Renshaw. 1878. P. 224.

(e) "Leçons sur les Maladies de la Peau," par le Docteur Hardy. Première partie. Ed. II., p. 88.

(f) "Leçons sur les Maladies de la Peau," par le Docteur Hardy. Première partie. Ed. II., p. 69.

CHAPTER III.

IN the last chapters, after describing the most prominent symptoms of eczema—the infiltration of the skin, the exudation on the surface of the skin, the formation of crusts, and the itching—I passed to the consideration of the elementary lesion, and pointed out that this may be an erythematous state of skin, a vesicle, a pustule, or a papule. To sum up what has been said with regard to the lesions observed in cases of eczema, the five following varieties of that disease may be enumerated:—

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1. The principal elementary lesion an erythematous state of the skin (Eczema erythematosum).

Varieties of eczema according to the character of the elementary lesion.

2. The principal elementary lesion a vesicle, the typical eczema of Willan and Bateman (Eczema vesiculosum).

3. The principal elementary lesion a pustule, the typical impetigo of Willan and Bateman (Eczema pustulosum, or Eczema impetiginodes).

4. The principal elementary lesion a papule (Eczema papulosum), including the Lichen and Eczema lichenoides of Willan and Bateman (Eczema papulosum).

5. The principal elementary lesion a fissure,

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the Eczema fendillé of the French (Eczema rimosum).

These names—Eczema erythematosum, vesiculosum, pustulosum, papulosum, and rimosum—are of use in describing cases of eczema, as each expresses in a word that which otherwise would take a sentence to explain. But instances are seen, over and over again, of the predominance of one lesion on some patches, and of another on other patches of eczema, on the same person; and every one must have noticed cases in which, upon one patch, an erythematous state of the skin, vesicles, pustules, papules, and fissures were detected. To these the simple term eczema should be applied. What can the school of Willan make of such cases?

When a Willanist, deeply imbued with the belief that eczema must exhibit vesicles, has a case under his notice, it is painful to observe how he strains his eyes in quest of them, when, perhaps, none are to be found; or how pleased he is if, on a surface which we shall say is covered with innumerable papules, one small vesicle is at last detected, or even a papule translucent on its summit, so as to give it the air of a vesicle!

Order of occurrence
of the symptoms.

It is necessary to observe that the symptoms of eczema which I have described have not been discussed in the precise order of their occurrence, as my endeavour has been to arrange them in such

a way that the more prominent and least variable features of the disease may be more forcibly impressed upon the mind. Moreover, the symptoms vary much in the order of their manifestation. Most usually one or other of the elementary lesions is developed first of all, which induces itching. To allay this, the patient scratches the part; it becomes more inflamed, the eruption breaks out more abundantly, infiltration of the affected part occurs, and this is followed by exudation on its surface, which finally concretes into crusts. In many instances, however, the itching seems to be the first manifestation, to allay which the patient scratches himself, and thereby calls forth the elementary lesion, the infiltration, exudation, &c. : for we know well that scratching the healthy skin is quite capable of producing an eczematous eruption. Of this we have abundant evidence in cases of scabies, where an artificial eczema is often called forth by the scratching induced by the peregrinations of the itch-insect. But the order of occurrence of the various symptoms is of no great moment, so that it is unnecessary to dwell further upon this point.

The eruption is generally symmetrical; that is to say, it usually occurs on both sides of the body in the same situations, although often not to the same extent. Thus, if it is behind one ear it is generally behind the other; if behind one knee-

Eruption generally symmetrical.

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joint, behind the other also, and so on. If the disease is fully developed and not in the least degree symmetrical, it may with much probability be inferred, either that the eruption is called out by local irritation merely, or that it is not an eczema at all.

Complication with ulcers.

Ulcers are often met with in cases of eczema; although they do not constitute an essential feature. They occur most frequently on the legs, where, from the tendency to congestion of the parts—owing to their distance from the centre of the circulation, their dependent position, and frequent association with varicose veins—they may become very large and deep, and may assume any appearance from the inflamed to the indolent. In other situations they are usually small and superficial, and more of the nature of excoriations than distinct ulcers: hence, as a rule, they leave no scars after the eruption disappears. Eczematous ulcers occasionally assume alarming dimensions, as in the following case:—

Illustrative case

“On May 11, 1861, I was sent for to the country, for the purpose of seeing a little girl, aged about 10, who had been suffering for three months from a papulated eczematous eruption, principally affecting the back. When I saw her she was confined to the sofa, and at that time her whole back, from the neck to the hips, presented an enormous ulcerated surface. The ulceration was

quite superficial, and presented a slightly papulated aspect. It had all the appearance of an ulcer from a burn which was gradually contracting, and cicatrization was proceeding inwards from the edges. At the margin, also, papules and vesicles, containing opaque serum, were detected. Papules were likewise scattered thinly over the body, but especially on the brow. From the surface of the sore semipurulent matter was exuding. The little girl had been able to run about till within a week of the above date, since which time she had been confined to the sofa. Her general health was, however, good, except that she had suffered a little from the confinement and irritation of the sore.

“Dr. Robert Stewart, of Coatbridge, saw the patient along with me, and we agreed that the sore should be dressed with cod-liver oil, and Fowler’s solution administered in gradually increasing doses.”

I am indebted to Dr. Stewart for acquainting me with the result of the treatment. In a letter, dated October 22, 1861, he wrote:—“After you saw her she commenced with two drops of Fowler’s solution three times a-day. Each dose was increased by a drop each day, so that latterly she was taking thirteen drops of Fowler’s solution three times a-day, which had the most charming effect, and produced a decided cure. Altogether she must have taken, in the course of six or seven

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weeks, two and a half ounces of the solution. I saw her regularly, and there never was a bad symptom." Cases of this severity are, however, of very rare occurrence.

Complication
with abscesses.

The eruption is not unfrequently complicated with small abscesses and furunculi, which may occur on any part of the skin, and in persons of all ages. But the former are most commonly met with on the heads of young children, while the latter are most frequent and troublesome in the armpits, on the legs, and on the buttocks, especially in broken down subjects.

Glandular engorge-
ment in the vicini-
ty of eczematous
eruptions.

Another frequent complication is enlargement of the glands in the neighbourhood of the eruption, and it is all the more important to refer to it, seeing that the glandular enlargement is often regarded as proof positive that the patient is the subject of the strumous taint, or is affected with syphilis. This is not the case, however, for it is generally due to the irritation set up by the adjacent eruption; though of course a smaller amount of irritation is capable of causing it in strumous or syphilitic persons. If the head is the seat of the disease, the glands at the back of the neck and behind the ears are often enlarged; if the legs, the glands in the groin are frequently affected, and so on.

Peculiar appearance
of the skin in the
subjects of the ecze-
matous diathesis.

In persons who are, so to speak, the subjects of the eczematous diathesis in a marked degree, the

skin has often a peculiar appearance, which is by no means limited to the parts which have been attacked, but may be observed over the greater portion of the cutaneous surface, and which is partly, but not entirely, due to the long-continued scratching in which they have indulged. It is much darker in tint than natural, owing to an increased deposit of pigment in the mucous layer of the epidermis; the natural lines and furrows of the skin are deeper and wider apart than in health, and there is more or less tendency to desquamation. The skin has thus a rough as well as dry feel, and a coarse appearance, so that it much resembles, and indeed is often mistaken for, a mild form of ichthyosis.

Eczema may occur in the acute (*Eczema acutum*), or in the chronic form (*Eczema chronicum*). The former is the less frequent of the two. In typical cases the patient exhibits symptoms similar to those which precede the development of a fever. His appetite is lost; he complains of nausea, and is disinclined for exertion, mental or physical; he feels chilly, and febrile symptoms set in which are usually slight, but in the case of young children the fever may be high, and even attended by delirium. The eruption comes out suddenly, and in rare cases implicates the greater portion of the body; but usually only a limited extent of surface is attacked, as the face or the hands and feet, and

Eczema acutum

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as soon as the eruption is fairly out the general symptoms disappear, just as in the case of eruptive fevers. The parts affected are acutely inflamed and much swelled, or the seat of a copious eruption of vesicles or pustules, and the patient complains of burning heat. An acute attack of eczema may, under appropriate treatment, disappear in a week or ten days, or it may be prolonged by the occurrence of successive crops of eruption on the same or on different parts of the body, or finally it may pass into the chronic form.

Eczema chronicum.

The latter is the variety which eczema usually assumes, and it is very extraordinary to observe how frequently a severe and extensive eruption, even in an infant, is coincident with the most perfect general health and total absence of fever.

A number of names, many of them quite useless, have been coined to express various forms of eczema. Some of these have already been discussed: for example, *Eczema humidum, siccum, erythematosum, squamosum, vesiculosum, pustulosum, papulosum, rimosum, acutum, chronicum, &c.*; but with the exception of the local varieties, which I shall detail afterwards, there are very few others to which it is necessary to allude.

Eczema universale.

Eczema universale, in its literal sense, refers to cases in which the whole body is implicated, not a single portion of healthy skin being left, a condition which is very rarely met with; but the eruption is

frequently diffused over a large extent of surface in the form of patches of various shapes and sizes (*Eczema diffusum*).

Eczema nummulare is the name applied to *Eczema nummulare.* the eruption when it forms small circular patches, like pieces of money. They vary a good deal in diameter, but are usually about the size of a crown, and are oftenest situated upon the lower extremities. Devergie remarks that this is the most difficult to cure of all the forms of eczema—an observation which corresponds with one of Hebra's, to the effect that the more limited the eruption the more difficult is it of cure. My own experience confirms these statements in part only; for while I have found limited eruptions less under the influence of internal and of mild local treatment than those which are more generalised, I have also observed that they sometimes vanish with great rapidity under the use of more powerful external applications, which can be applied with perfect safety.

In some cases of chronic eczema in which the *Eczema sclerosum.* patches are of old standing, and particularly when they are seated on the lower extremities, the parts are remarkable for their dryness and hardness, and are very often the seats of great itching. They sometimes much resemble, indeed are often mistaken for, patches of psoriasis. Wilson proposes for this condition the term *Eczema sclerosum*,

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Eczema verrucosum.

and when, as occasionally happens, owing to hypertrophy of the papillæ, the parts assume a warty appearance and feel, the appellation of Eczema verrucosum (a). This warty condition is most frequently met with in strumous subjects.

The so-called Eczema marginatum.

In Hebra's work on skin diseases a morbid condition is described, to which he has given the name of Eczema marginatum (b). It commences on the inside of the thigh where it is in contact with the scrotum, in the shape of a small round patch, which is red, elevated, itchy, and which may, as the disease extends, become the seat of papules, vesicles, excoriations, or crusts. The eruption heals in the centre, leaving the skin discoloured owing to pigmentary deposit, while it extends at the edges in the shape of a circle, until it may reach the size of the palm. Similar patches often form in the neighbourhood, which coalesce with the circle first formed in such a way that an immense circle of eruption may result, which extends from the navel downwards over the front of the thigh for two-thirds of its length, whence it passes round to the back of the thigh, and ascends over the hip to the sacrum, where, as well as at the navel, it often meets a circle from the opposite side, which has had a similar origin. Sometimes inside the circle first formed new circles form in a concentric manner, and in some cases similar patches of eruption are met with on other parts of the body.

The same disease is noticed by Devergie, under the head of Herpes (c). He evidently suspected that a fungus growth lay at the root of the complaint; but it was reserved for that acute observer Heinrich Köbner of Breslau to prove (d) that this so-called *Eczema marginatum* is in reality a variety of ringworm, and due to the presence of the *trichophyton tonsurans*. He detected the parasite in three cases, from one of which he inoculated himself on the fore-arm with some of the scales, and produced three beautiful rings of *Tinea circinata* (ringworm of the body). He thinks that the eruption is probably contracted during the act of copulation (d).

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Eczema marginatum
a variety of ring-
worm.

The following cases show that Köbner's are not exceptional, and, taken in connection with his, prove most conclusively that the affection under consideration is parasitic in its nature, and that in all probability it is a mere variety of *Tinea circinata*.

A gentlemen, æt. about 35, apparently in the most perfect health, consulted me on 11th December, 1867, on account of what he described as an irritation of the skin, of a couple of weeks' duration. He was a great huntsman, but was obliged to give up hunting owing to its increasing the irritation.

Illustrative cases.

He first showed me two small nearly circular patches on the calf of one leg, which were not elevated at their edges, and which exactly corres-

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ponded with spots of erythema. Then he showed me a painful itchy eruption on the inside of each thigh, in the situation where the scrotum lies in contact with these parts. This eruption had also an erythematous appearance; but the patches were *circular, were healing in their centres, and spreading at their edges, which were raised.* Struck by these circumstances, and also by the fact that at the spreading edges the small hairs were broken and unhealthy, I removed some of the scales, and examined them with the microscope, when I discovered spores, some of them isolated, some in chains, and tubes of a fungous growth. (See Fig. 1.)

The eruption rapidly spread and extended to the buttocks, while on each thigh it occupied an area larger than the palm of the hand. At one visit, within the spreading edge the deeply pigmented skin was observed to be the seat of a great number of beautiful little circles of eruption, identical with those observed in ringworm of the body.

It is right to state, that this patient had a few months previously returned from a journey to India, where this complaint is common; and he stated that he may have had a slight irritation of the parts when there, although it escaped his observation. He informed me, too, that he paid monthly visits to a friend in England, who had also recently returned from India, and that he

knew that he had the same complaint. At these times he used the same bath and the same bath-towels as his friend.

The treatment of this case was almost exclusively local, and consisted at first of a lotion of liquor carbonis detergens, until my suspicion of its being parasitic was verified by the microscope, after which he had lotions of bichloride of mercury (gr. ii. to the ℥i.), of pure sulphurous acid, and of hyposulphite of soda (℥i. to ℥i.). Of these there can be no doubt that the corrosive sublimate lotion was far the most effectual, and it was continued for about eight weeks before it was considered safe to stop it. Finally, as it produced some irritation of the skin, a little zinc ointment was used to allay this.

During the treatment, I accidentally discovered what promises to be the most perfect black dye for the hair which has yet been seen. After having used the bichloride lotion for some weeks, I changed it for the lotion of hyposulphite of soda, and the morning after the first application the hair of the part, which before was bright red, had become nearly black. One or two more applications rendered it jet black, while neither the skin nor the clothing were stained. I saw this patient a couple of weeks later, and there was not the least deterioration of colour, although of course, as the hair grows, the new portions will possess the normal

tint. He was by occupation a turkey-red dyer, and was much interested in the discovery, though rather grieved to find, what cosmetically must be considered one of its greatest advantages, that it did not dye the linen, and was therefore unavailable for his purposes.

About ten days after this patient's first visit (on December 22, 1867), a friend of his, a young gentleman, *æt.* about 26, came to me saying he feared that he had the same complaint; and sure enough, on examination, I found a round patch of eruption on the inside of each thigh where the scrotum is in contact with these parts. They were red, slightly infiltrated, dry and scaly, and the edges were elevated. A microscopic examination of the scales showed that they were loaded with the spores and tubes of a fungous growth, as delineated in the accompanying woodcut (Fig. 2), which, like the last, was drawn by my friend Dr. John Wilson, with the aid of the camera lucida.

After a few days' treatment the eruption had disappeared from the centre of each patch, but the disease was extending circumferentially. The following ointment was used twice daily.

R Olei rusci.

Glycerini amyli, a.a. ℥ii.

Ung. hydr. ammoniati, ℥vi.

In about three weeks, thinking that the eruption was quite cured, he stopped all treatment, and I saw

Fig. 1.

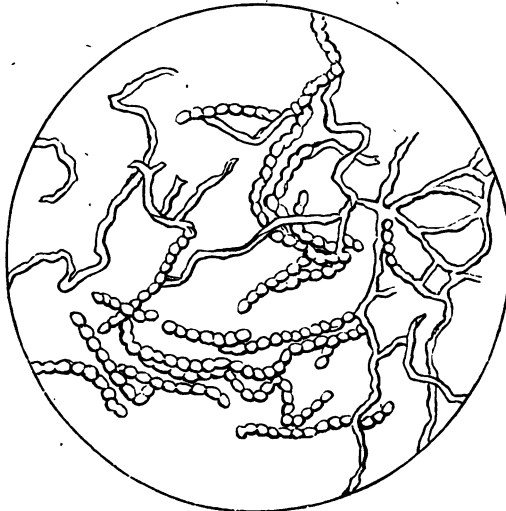


Fig. 2.

CHAP. III.

nothing more of him until the 14th of February, when he returned, the disease having reappeared in the same form as before, evidently from the application being stopped too soon. I now gave him a lotion of corrosive sublimate (gr. ii. to the ℥i.), which in two or three weeks completely removed the affection, and he has since continued well.

Eczema untaquamosum.

Liévain has described a rare form of eruption under the name of *Eczema unisquamosum*. I have never met with a case of it, and Devergie, who speaks of it, has only seen it once during a period of fourteen years. According to him, it has its seat at the root of the nose between the eyebrows, and has a diameter of rather more than one-third of an inch. "After the acute stage has passed away," says Devergie, although he does not tell us what the acute stage consists of, "the secretion takes the form of a single epidermic lamella, which covers the whole of the affected surface. When it falls off it is replaced by another in about eight days, and so on" (e). Having no personal experience of this form of eruption, I can add nothing to the above description.

Eczema infantile.

One other variety of eczema remains to be considered, to which the term *Eczema infantile* has been applied. It is sometimes met with in several members of the same family, but more frequently only one of the children is attacked. It usually

commences within six months of birth, making its appearance first of all upon the head or face, whence it often spreads in patches to the trunk and extremities; but if it continues for a length of time it often leaves the head entirely. Although it is frequently aggravated by teething and such like sources of irritation, it usually makes its appearance before the irruption of any of the teeth, and in children who, at the outset at all events, may apparently be in a state of the most perfect health. Indeed, as far as I am aware, no satisfactory explanation has been given for its occurrence at all. It is unnecessary to give any detailed description of it, because it may assume any of the forms already mentioned, although on the head its character is generally pustular. This, however, is in accordance with the rule, that in cases of eczema in which hairy parts are involved, the elementary lesion is generally a pustule.

(a) "The Student's Book of Cutaneous Medicine and Diseases of the Skin," by ERASMUS WILSON, F.R.S., p. 79. London: John Churchill & Sons. 1864.

(b) "Handbuch der Speciellen Pathologie und Therapie." Dritter Band, Dritte Lieferung, p. 361. Erlangen: Ferdinand Enke. 1864.

(c) "Traité Pratique des Maladies de la Peau." Ed. II., p. 273.

(d) "Archiv für Pathologische Anatomie und Physiologie und für Klinische Medicin," p. 226. 1864.

(e) "Traité Pratique des Maladies de la Peau." Ed. II., p. 239

CHAPTER IV.

CHAP. IV.
Anatomical lesions

UNTIL within a very recent period little was known of the changes which result in attacks of eczema; and even what we now know, though interesting in itself, has failed as yet to yield any very brilliant practical result. Of late years this subject has been very carefully investigated by a good many observers, but for the advances in our knowledge we are in the main indebted to the labours of Simon, Wedl, Hebra, Neumann, Biesiadecki, and Rindfleisch.

Neumann rubbed croton oil into the ear of a living white rabbit for about fifteen minutes, and then watched the result for several hours with the aid of a low power of the microscope. At first he observed rhythmical contraction of the vessels, which was succeeded by a condition of permanent dilatation; the ear then lost its transparency and became hot and swollen, and in a few hours numerous vesicles made their appearance. In forty-eight hours, the rabbit having been killed, the tissues were found infiltrated with serous fluid and with an abundance of cells (a). In the acute stage of eczema serous infiltration of the true skin is not so marked as that

of the epidermis, so that, while there is little œdema of the former, there is a great tendency at this period to the formation of papules and vesicles.

CHAP. IV.

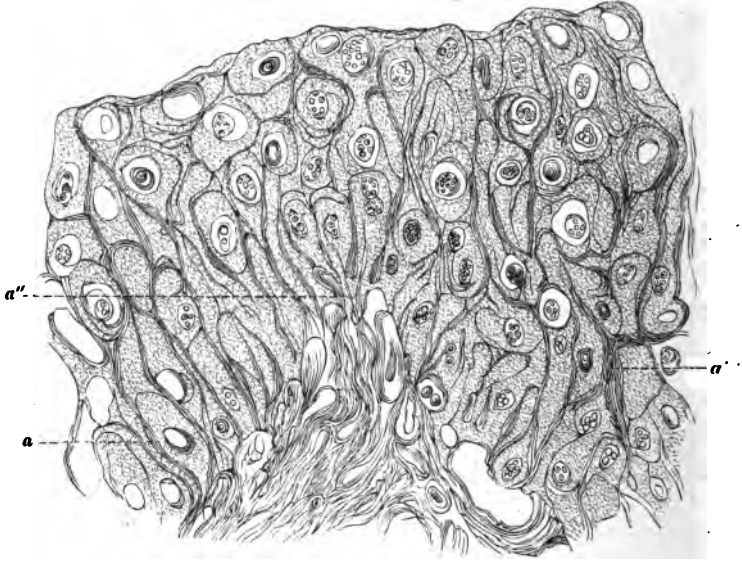
The development of papules and vesicles has been carefully investigated by Biesiadecki and Rindfleisch.

The *papule* is formed thus:—The blood-vessels of the papillæ of a limited area—often those which surround a hair follicle—become congested; this is followed by an exudation of serous fluid and later on by the formation of cells; the connective tissue corpuscles of the papillæ are also increased in size and number, and become very succulent; and thus the papillæ are enlarged both in a vertical and transverse direction. The epidermis is stretched over them not much altered, but numerous spindle-shaped cells, derived from the connective tissue corpuscles, are prolonged into the mucous, or even into the horny layer of the epidermis, while many are found with one extremity in the papillæ and the other in the mucous layer. In the latter they often form a dense network, within the meshes of which the slightly swollen and granular epithelial cells lie embedded. This circumscribed infiltration of the mucous layer of the epidermis and of the papillæ constitutes the eczematous papule. (See Fig. 3.)

Development of
papules.

If the serous infiltration of the papillæ and mucous layer increases it accumulates between the

Fig. 3.



Eczematous papule. *a*. Spindle-shaped cells which permeate the rete mucosum in abundance; *a'*. with several nuclei; *a''*. the same with one-half in the corium; *c*. Papilla (*Biesiadecki*).

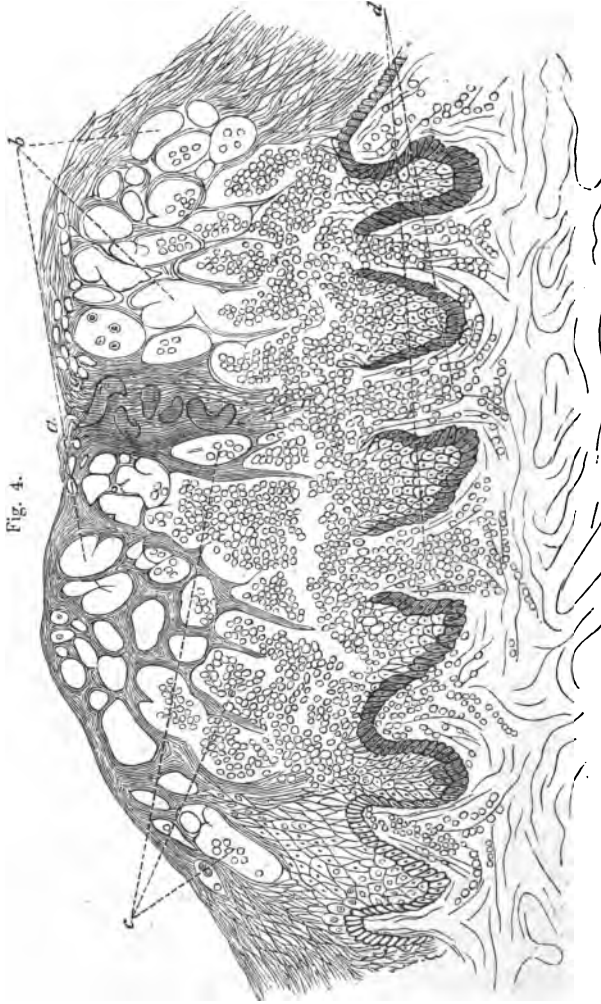
mucous and horny layers, for the latter is firm and resistant, and a *vesicle* is formed. In passing through the rete mucosum the fluid pushes many of the cells before it. These, adhering below to the papillary layer, especially between the papillæ, are stretched into slender threads, dividing the vesicle into compartments. If the exudation is very copious these trabeculæ are torn across and hang free from the roof of the vesicle. The fluid is at first clear, but later milky from de-

tachment of epithelial cells and development of pus corpuscles. If the latter are in great abundance the vesicle becomes a pustule. The red areola often seen around the vesicle is due to the pressure of the fluid upon the vessels beneath, driving the blood into the capillaries in the vicinity.

In some cases the congestion and dilatation of the vessels cease, the fluid is re-absorbed, and the cuticle which forms the roof of the vesicle exfoliates; in others the horny layer forming the upper wall of the vesicle gives way, or is removed by scratching. The fluid previously supplying the vesicle now oozes out, and moist eczema (eczema humidum) is established, the minute red dots so often seen on an eczematous surface indicating the seats of the previous vesicles.

In the development of *pustules* the same changes are observed in the early stage as in the case of vesicles; but the papillæ are seen to be studded with numbers of young cells, which extend to the deepest part of the mucous layer, so that at the apices of the papillæ no line of demarcation between the true skin and the epidermis can be made out. These young cells approach the surface, and are set free as embryonic cells and pus corpuscles before there is time for their development into epithelial cells (b). The accompanying illustration of a small-pox pustule

Development of
pustules.

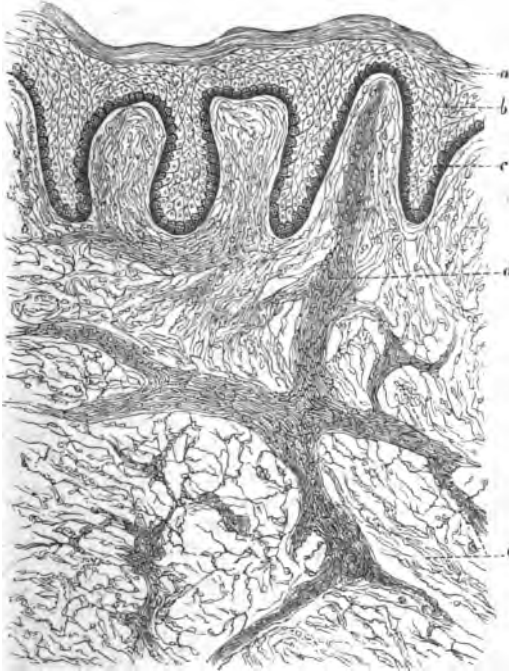


Vertical section through the middle of a pock passing from the papular to the pustular stage. *a.* Umbilicus with duct of sweat-gland; *b.* Loculi in the substance of the epidermis, formed by the separation of the lamellae and filled with lymph; *c.* Loculi containing pus cells; *d.* Papillae infiltrated with pus cells, and no line of demarcation between apices of papillae and mucous layer of epidermis.

in the early stage, from the classical work of Rindfleisch on "Pathological Histology," will enable the reader to form some idea of the changes above described. (See Fig. 4).

CHAP. IV.
Chronic eczema.

Fig. 5.



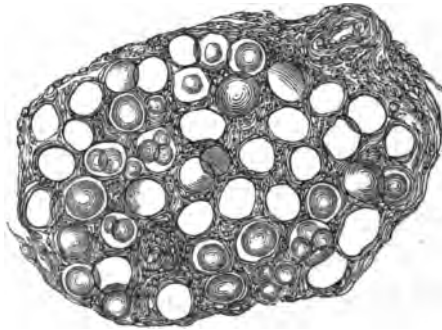
Section of infiltrated skin from case of Chronic Eczema.
a. Epidermis; b. Rete Malpighii; c. Pigmented cells and enlarged papillæ; d. New formation of cells around the vessels; e. Diffuse cell-infiltration.

If eczema becomes chronic it is due to the persistence and intensity of the congestion of the papillary layer, and to excessive cell infiltration of the corium, which may extend to the subcutaneous cellular tissue, and surround, and even

CHAP. IV.

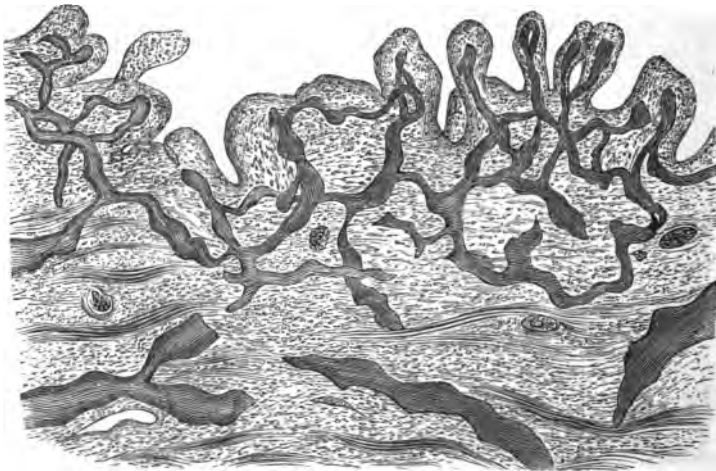
obliterate, the blood-vessels, their situation being marked by streaks of pigment, so that a veritable

Fig. 6.



Cell infiltration around the fat cells of the Panniculus adiposus in Chronic Eczema.

Fig. 7.



elephantiasis of the affected part may result. The papillæ become degenerated, and being much enlarged, are distinctly visible to the eye and

often look like granulations. The skin, too, is darker than natural; it is much thickened; the lines and furrows become deeper, and it feels rough and has a coarse appearance (c). (See Figs. 5 and 6.)

The most recent investigations of Neumann have also shown that in chronic eczema the lymphatics of the papillæ, as well as of the corium, are greatly elongated and dilated (d). (See Fig. 7.)

(a) "Lehrbuch der Haut Krankheiten," von Dr. Isidor Neumann, Docent an der K. K. Universität in Wien, 8e Auflage, p. 123. Wilhelm Braumüller, Wien. 1873.

(b) "A Manual of Pathological Histology," by Dr. Eduard Rindfleisch, professor of Pathological Anatomy in the University of Bonn. Syd. Soc. Trans. 1872. Vol. i. p. 344.

(c) "On Diseases of the Skin, including the Exanthemata," by Ferdinand Hebra, M.D. Syd. Soc. Trans. Vol. ii. p. 124.

(d) "Zur Kenntniss der Lymphgefäße der Haut des Menschen und der Säugethiere," by Dr. Isidor Neumann, Wien, 1873. Wilhelm Braumüller. P. 28.

CHAPTER V.

CHAP. V.

Ætiology.

Ætiology.—The disease under consideration may be dependent either upon constitutional or local causes, while in a large proportion of cases it is due to a combination of both. It attacks by preference the rachitic, the scrofulous, and the debilitated; indeed it may safely be affirmed that debility, in some form or other, lies at the root of a very great number of cases of eczema. At the same time it must be confessed that it often attacks persons who are apparently in the most robust health, in whom neither external nor internal causes are apparent. These cases must be referred to some idiosyncrasy—the “dartrous diathesis,” as the French call it, which is certainly a convenient word to cloak our ignorance of its nature.

Connection of eczema
with digestive de-
rangement.

In a great many cases there is marked derangement of the digestive organs, which is no doubt often due to the operation of the same cause as has produced the eruption; for we know well that the skin and mucous membrane are closely allied pathologically, and that the disappearance of dyspeptic symptoms is often coincident with an aggravation of a cutaneous affection, and vice versâ, unless, and this is very important to note, the

cause of both is discovered and removed. In other cases, however, it is pretty certain that eczema may be caused by digestive derangement, and in these dyspeptic cases the eruption occurs oftenest on the face, at the anus, and on the hands. (Hebra.)

Improper, insufficient, or bad food, leading to a combination of digestive derangement and debility, is very apt to call it forth, the most familiar illustrations of which are to be met with in infants, whose mothers have a deficient or watery secretion of milk, or who insist upon nursing their children for eighteen months, or even for two or three years, and who at the same time give them "a little of what's going," such as "meat, potatoes, red herring, fried liver, bacon, pork, and even cheese and beer daily, and cakes, raw fruits, and trash of the most unwholesome quality" (a). From this it will appear that a too liberal diet, and too stimulating food and drink, by deranging the digestive organs may predispose to eczema, though certainly not so readily as a diet deficient in nutritive properties.

Improper diet a
cause of eczema.

A fruitful source of eczema is deficient excretion. Hence we often meet with it in connection with constipation, and with defective elimination by the kidneys, especially that form in which uric acid is excreted in diminished amount and accumulates in the blood. Accordingly, we often meet with it in gouty subjects, although my experience would lead me to conclude that many

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cases are supposed to be dependent upon the gouty diathesis which only exists in the imaginations of the observers, and for which no sufficient grounds are to be found either in the antecedents of the patient and his relatives, or in the results of an anti-gouty treatment. It likewise frequently occurs in rheumatic persons, and in those who have a hereditary tendency to asthma. This has been much insisted upon by Trousseau, who says, "Eczematous eruptions, rheumatism, gout, and hæmorrhoids, and I may add gravel, are complaints which may be replaced by asthma, and may replace it in turn. They are different expressions of one and the same diathesis" (b):

Nervous debility a
cause of eczema.

In a certain number of cases the disease seems to be dependent upon nervous debility, as Wilson expresses it, for it is apt to occur in those whose nervous systems have been overtaxed, as, for example, by long-continued mental excitement, grief, or over-study; but it must never be forgotten that the sedentary habits and constipation of bowels, so frequently associated with an overstrained nervous system, contribute their quota to the result. The following is a very good illustration of what has very appropriately been termed

Neurotic eczema.

neurotic eczema, and is reported by Dr. Edward B. Gray:—"In 1864-65 an undergraduate, aged twenty, consulted me occasionally on account of a moist eczema shifting about the forehead, but

showing a preference for one or other supra-orbital region. I could never find anything wrong in his general health or habits. After repeated improvements and relapses the eruption finally got well, having lasted in all some eighteen months. I thought little of the case at the time, except so far as it baffled my efforts to cure it. I have thought much of it since, on account of the patient's remarkable personal and family history, which has latterly become known to me bit by bit.

“His eczema supervened slowly on the subsidence of spasmodic asthma, which had troubled him very frequently from early boyhood. For the first twelve years of his life he had pretty constant nocturnal incontinence of urine. He is now in perfect health, with one exception—that when over-tired or worried he gets rather severe clavus-headache on one side.

“So much for his own medical history; now for that of his family. A brother stammered badly from childhood up to twenty-three or twenty-four years of age. A sister, till past puberty, was martyr to severe spasmodic asthma; after the subsidence of the asthma she had from time to time for many years a rough scaly condition of the skin of the face (chiefly the forehead), and occasional gastralgia of unquestionable neuralgic type. His mother, now advanced in years, suffers at times from infra-orbital and parietal neuralgia,

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culminating in a sort of erysipelatous inflammation of the skin of the affected parts. His paternal uncle was all his life an imbecile, and died between sixty and seventy of general paralysis.

“The sequence of events in this patient’s case, read in the light of his family history, makes it to my mind in the highest degree probable that his frontal eczema, supervening on asthma, was simply a ‘transmutation of neurosis’ (Trousseau) from his vagus to his trigeminus nerve.”

Eczema hereditary.

Hebra is of opinion that eczema is in no sense hereditary (c) ; but I must confess that this statement is strangely at variance with my own experience, for I have met with so many instances of parents and their offspring being affected as to be unaccountable on the mere supposition of their being coincidences. At the same time it must be admitted that this cause does not come into play in the majority of cases, so that eczema cannot be cited as a good illustration of a hereditary disease. Devergie says that eczema is not strictly speaking hereditary, but only the constitution which favours the development of an eczema. This, however, is a distinction without much difference (d).

Eczema more frequent in males than in females.

There is a very general belief that eczema is more frequently observed in females than in males. This, however, is not the case, for of 298 consecutive cases which occurred in Erasmus Wilson’s private practice, 171 were males and 127 females (e) ; of

500 consecutive cases treated by myself at the Dispensary for Skin Diseases, Glasgow, 296 were males and 204 females; while of 6000 cases treated by Hebra, none of the patients, however, being under four years of age, 4000 were males and only 2000 females (f). And if we add together these figures, we find that of 6798 cases of eczema 4467 males and only 2331 females were attacked.

In females the disease sometimes coincides with, and is apparently dependent upon chlorosis, or upon derangement of the uterus or its appendages, when it has a special tendency to involve the face and scalp (Hebra); and it not unfrequently happens that its occurrence is favoured by pregnancy, in which case the hands, the feet, and the neighbourhood of the genital organs are the parts most frequently attacked. So uniformly does this occur on the hands of some females when they become pregnant, that they can tell more certainly that they are so by the appearance of the eczematous eruption than by the cessation of the menstrual discharge. (Hebra.)

Connection of eczema with uterine derangement and pregnancy.

Other forms of internal irritation may call forth an eczematous eruption, especially in those who are so predisposed, such as the irritation of ascarides or tapeworm, stricture of the urethra, dentition, &c. While probably the last of these is incapable of itself of producing an attack, I have no doubt that it favours its occurrence in those who are

Other forms of internal irritation productive of eczema.

CHAP. V.

predisposed, and it certainly renders it less amenable to treatment while it lasts.

Certain internal medicines may give rise to it, *e.g.*, copaiva and turpentine, producing erythema, which, by scratching, may advance to eczema. The internal administration of arsenic in those who are the subjects of it, and especially when digestive derangement is present, often aggravates existing attacks, while the poisonous ingredients in the blood in cases of jaundice sometimes cause intolerable itching, and the scratching thus occasioned may call forth an eczematous eruption.

Vaccination as a cause of eczema.

There can be no doubt also that the local inflammatory action and febrile disturbance set up by vaccination is frequently the occasion of an attack of eczema in those who are predisposed thereto, and which may commence at the site of the vaccine vesicles, or at some distant part.

Influence of the seasons, and heat and cold, in the development of eczema.

The seasons exercise a material influence upon the development of the disease, as may be implied from the fact that its occurrence is favoured by sudden alternations of heat and cold, and by exposure to great heat or to extreme cold. Most persons, at some period or another, in very cold weather, must have observed that their hands or other parts were red and excessively itchy. This is the result of the cold, which produces cutaneous congestion, and which, under unfavourable circumstances, may lead either to chilblains or to eczema.

The heat of the sun, too, often produces eczema on the exposed parts of the skin (hence the term "Eczema solare"), while that eczematous tendency known as the "prickly heat" (*Lichen tropicus*) of warm climates, is induced by the great heat and consequent perspiration independent of the sun's rays, and is therefore observed on all parts of the body.

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Eczema solare.

Lichen tropicus.

The prolonged application of fomentations, poultices, and water-dressings covered with oil-silk, as well as the use of hot and mineral baths, though often beneficial in moderation, sometimes call out or aggravate an existing attack of the disease. Its occurrence is also favoured by working so as to heat the body much, and produce perspiration, especially on those parts which are in contact with one another (*Eczema intertrigo*).

A varicose condition of the veins, keeping up a constant hyperæmia of the parts, such as we meet with most frequently on the legs and about the anus, is a powerful predisposing cause; so also are tumours pressing upon the trunks of veins, and producing congestion of these parts from which the ramifications of the trunk are derived. It is in this way that uterine tumours, masses of impacted fæces, &c., predispose to eczema of the lower extremities, the genital organs, and anus.

Varix, and tumours pressing on veins, as causes of eczema.

Those whose calling exposes their skin to the action of acrid substances, to the long-continued

External irritants productive of eczema.

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action of water, or to great heat, are often attacked; *e.g.*, grocers (hence the term "grocer's itch," induced by the irritation of particles of sugar, &c.), bakers (hence the term "baker's itch"), bricklayers (hence the term "bricklayer's itch," induced by the action of lime), washerwomen (hence the term "washerwoman's itch"), cooks, and smiths.

Other forms of local irritation may likewise produce it, as the friction of coarse flannel under-clothing, the pressure of the hat upon the brow, which at the same time heats the parts and confines the perspiration, the pressure of instruments and tools used by workmen (*e.g.*, the pressure of the spade on the palm of the hand), the use of ear-rings, garters, and trusses.

The application of stimulating liniments may call it forth, as croton oil liniment; ointments, as antimonial ointment; blisters, caustic alkalies, acids, sulphur, and mercury (hence the term "Eczema mercuriale"). It may be well in this place to call attention to the fact that Eczema mercuriale differs, not in appearance, but only in cause, from other forms of eczema, and that the commonly received opinion that it may arise from the internal administration, as well as from the external application of mercury, is in my opinion quite incorrect.

The disease is not unfrequently induced by the action upon the skin of parasitic fungi, and of animal parasites, *e.g.*, lice, fleas, bugs, and lastly and

most important of all, the itch-insect; for almost all aggravated cases of scabies are complicated more or less with eczematous eruptions. This is owing to the scratching which the irritation of these parasites induces, and is a fruitful source of errors of diagnosis.

The irritation of the razor, especially when blunt, and irritating discharges from the genito-urinary organs, anus, meatus auditorius, nostrils, and mouth, are common causes of eczema. A peculiar-looking form of eczema, around the mouth of a child four years of age, induced by salivation which had existed since it was eighteen months old, and for which no cause could be assigned, unless dentition, recently came under my notice. The eruption had such a brilliantly red appearance, that the saliva running over it looked almost like arterial blood. There was also an erythematous eruption on the left wrist, and a crusted eczematous patch on the right, induced by rubbing the eruption on the face with these parts.

The irritation of poisonous dyes employed in the colouring of articles of clothing is a much more frequent cause of eczema than is generally supposed. On Tuesday, September 29, 1868, before Mr. Alderman Dakin at Guildhall, Mr. Webber made an announcement with regard to a poisonous dye used in some of the coloured socks in the market, and which is apt to give rise to a

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variety of eczema of the feet. The socks alluded to were of brilliant colours, and Mr. William Crookes stated in the *Times* (October 16, 1868) that all the colours complained of contained one ingredient in common—a brilliant and fast orange dye (the various shades of colour being the result of mixture of this with other colours), and which is one of the aniline orange dyes recently introduced into commerce. It possesses acid properties, but is soluble in alkalies, and Mr. Crookes is of opinion that the reason why most persons wearing such socks escape is, that the normal perspiration is acid, and that it is only when the perspiration becomes alkaline from some cause or another that the dye is dissolved, and acts as an irritant. The escape of some persons, however, is no doubt due to their possessing less sensitive skins, which are thus less readily acted upon by irritants; for it must always be borne in mind that the requisite amount of irritation capable of producing eczema varies in different persons, and in the same person at different times. Cases thus induced frequently come under the notice of physicians, but if the cause is appreciated and removed the disease speedily yields to treatment.

Is eczema
contagious?

I have known patients affected by sleeping with those who were labouring under the disease, and I quite agree with Wilson in the opinion that this is often owing to the discharge from the eczematous

eruption acting as an irritant to the skin of the healthy person, though not always; for the cause is to be looked for, not unfrequently, in their being exposed to the same predisposing and exciting causes, as bad food, unwholesome dwellings, pediculi, &c. The only form of eczema which is undoubtedly contagious is that which has been described in a previous chapter (see page 22) under the name of Impetigo contagiosa.

(a) "A Series of Three Lectures on Rickets," by William Jenner, M.D. *Medical Times and Gazette*, p. 460. 1860.

(b) "Lectures on Clinical Medicine," by A. Trousseau. *Syd. Soc. Transl.*, 1868. Vol. i. p. 641.

(c) "Handbuch der Speciellen Pathologie und Therapie," Dritter Band, Dritte Lieferung, p. 384. Erlangen: Ferdinand Enke. 1864.

(d) "Traité Pratique des Maladies de la Peau," par Alph. Devergie. Ed. II., p. 246. Paris: Victor Masson. 1857.

(e) "An Inquiry into the Relative Frequency, the Duration, and Cause of Diseases of the Skin," by Erasmus Wilson, F.R.S. London: John Churchill and Sons. 1864.

(f) "Handbuch der Speciellen Pathologie und Therapie." Dritter Band, Dritte Lieferung. Erlangen: Ferdinand Enke. 1864.

CHAPTER VI.

CHAP. VI.
Diagnosis.

THE *diagnosis* of most cases of eczema is by no means difficult, if those symptoms which have been enumerated as being the most prominent and least variable are borne in mind. The itching, the infiltration, the exudation on the surface of the skin, the formation of crusts, and the punctated appearance of the exuding surface, are features which, though not invariably present, should be always kept in view when examining a supposed eczematous eruption with a view to its diagnosis. It must also be remembered that vesicles are by no means essential to the eruption, but that the principal elementary lesion may be either an erythematous state of the skin, a vesicle, a pustule, a papule, or a fissure, and that there is often a mixture of several or of all of these lesions on an eczematous surface. It will be apparent, from what has been said with regard to the constitutional symptoms and causes of eczema, that the state of the system generally, however much it may guide us in treatment, affords in general a very small clue indeed to the diagnosis of the disease, and we must consequently rely almost solely upon its local manifestations.

There can be no doubt that very many cases are diagnosed incorrectly from confining the examination to one or two patches of the eruption, when, by exposing a larger surface, quite a different picture of the disease would be obtained. I think it of great importance, therefore, in the diagnosis of all skin diseases, to see the whole, or as much as possible, of the skin, even although the patient says there is no eruption except where he has indicated, as I have often found such statements to be either knowingly or unwittingly wrong.

Erythema can never be mistaken for eczema, if the meaning of the word is understood, and if the fact is kept in view that it is merely the first stage of an eczema, particularly of that form of it which I have described as Eczema erythematodes, and that most eczematous eruptions terminate in an erythema. We must therefore be prepared to find patches of erythema mingled with patches of typical eczema in cases of this disease.

Diagnosis from
erythema.

Erythema is distinguished from eczema by exhibiting itself in the form of simple redness of the skin, accompanied in the second stage by exfoliation of the epidermis (pityriasis), by the itching being usually more moderate, by the absence of any appreciable infiltration, by the total absence of exudation on the surface of the skin, of vesicles, pustules, fissures, and crusts.

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Diagnosis from
erysipelas.

I have known it mistaken for *erysipelas*, an error which should rarely be committed, as they differ from one another in very many important respects. Thus, in *erysipelas* the disease tends to creep rapidly over the skin and continuously to invade new surfaces; the face and the lower extremities are the parts usually attacked; the redness of the skin is uniform, not punctated as in *eczema*; the edge of the eruption is abrupt, and the swelling often great. Again, while bullæ occasionally form on the *erysipelatosus* ground, neither vesicles, papules, nor pustules are to be seen: there is no exudation on the surface of the skin (except from the rupture of bullæ), and burning heat, pain, and tension are invariably complained of in the advancing stages, rather than itching, which is only felt in the stage of desquamation. Lastly, *erysipelas* is usually an acute affection, which runs its course in a week or two, being preceded and accompanied by feverish symptoms of a low type.

Diagnosis from
herpes.

Some of the varieties of *herpes* (I do not allude to *Herpes zoster*, which can never be taken for it) may be mistaken for the vesicular form of *eczema*; but in the former the vesicles, which are arranged in clusters, and usually seated on the face, especially on and near the lips, or on the prepuce, are much larger, remain intact much longer, run their course in a few days, are not replaced by fresh

crops, are not accompanied by infiltration of the skin to any extent, and itching is almost completely absent, being replaced by a sensation of burning heat.

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The affection which is most liable to be mistaken for eczema is *scabies*—the disease due to the presence of the *Acarus scabiei*; not a recent case, however, but a chronic one which, owing to the long-continued and severe scratching, is complicated with eczematous eruptions. If the case is one of scabies, there is usually a history of the disease being communicated by contagion, and as far as my experience goes, persons, and particularly children, sleeping in the same bed with the patient for any length of time are sure to be affected likewise. Then we find in most cases, on different parts of the skin, but most readily about the hands or wrists, the little canals which the itch-insects form in the skin, the recent ones containing the acarus and its eggs in various stages of development. On scraping the garments which the patient wears next the skin, and placing the matter on a glass slide, the *débris* of acari may sometimes be detected with the microscope. The above symptoms, when present, are conclusive as to the case being one of scabies. But the seat and character of the eruptions in scabies sometimes serve of themselves to clear up the diagnosis. Eczematous eruptions on the nipples of

Diagnosis from
scabies.

CHAP. VI.

the female, the penis of the male, between the fingers, or at the umbilicus, are always very suspicious, and so is a pruriginoid eruption* which is most abundant on the lower part of the abdomen, the inner aspect of the thighs, and the front of the forearms. If ecthymatous pustules on the hands, feet, and hips be superadded, the case is almost certainly one of scabies. But one must be careful not to be led into error by looking upon patches of eczema of the hands as proof positive of the presence of the itch-insect, unless several of the above symptoms are present also, as simple eczema often attacks, and is limited to, these parts. In doubtful cases, we should treat the patient as if he were labouring under scabies at first (a), when the itching will be at once moderated if it is a case of scabies; not so if it is one of eczema. But although the itching does not entirely disappear under the use of balsam of Peru or the like, we must not conclude too quickly that it is not a case of scabies, for the treatment may not have been efficiently carried out; and even if it has been, the eczematous eruptions which have been called forth by the scratching in a case of scabies, and which may be aggravated by the treatment, may be a source of itching long after the acari have been killed.

* By a pruriginoid eruption I mean an eruption resembling somewhat that seen in prurigo, and produced by the nails of the patient in scratching.

Cases, therefore, of scabies complicated with eczematous eruptions, are very liable to be mistaken for eczema; but if we are on our guard, the error is not likely to occur, unless there is no history of contagion, and unless we fail to detect the furrows of the *acarus* and the insect itself.

A typical case of *psoriasis* can never be mistaken for a typical case of eczema, but when the silvery scales have fallen from the patches of the former, they may be mistaken for patches of dry or chronic eczema—that form of eczema which I have previously alluded to as *Eczema siccum* or *Eczema squamosum*, especially if the disease is seated on the head. And this mistake is all the more likely to occur if a diagnosis is made after an examination of that part of the skin only which the patient selects for exhibition, and if no inquiry is instituted as to the course of the eruption. On examination of all the other parts of the affected skin, in cases of difficulty, there will generally be found some characteristic patches which at once clear up all doubt. In *psoriasis* the edges of the patches are abrupt, while in eczema there is a more gradual transition from the morbid to the healthy skin. The scales on eczematous patches are thin and loosely attached, and only occasionally silvery-white; those of *psoriasis* are thick, very adherent, and silvery. Again, in eczema the tint of the patch is usually brighter, and the itching, as a

Diagnosis from
psoriasis.

CHAP. VI.

rule, more marked ; while the eruption has little tendency to attack the extensor, but on the contrary the flexor surfaces of the elbows and knees, a point which is of great value in arriving at a correct diagnosis. Then psoriasis is a dry eruption throughout, whereas an exudation on the surface of the skin is one of the most characteristic symptoms of eczema, and is generally present at some period of its course. At the same time that punctated appearance of the skin which, when present, is so characteristic of eczema, is altogether wanting in psoriasis. Again, the general health of patients affected with psoriasis is generally good, while eczema very frequently attacks debilitated persons ; and lastly, psoriasis is much more apt to relapse, and is much more rebellious to local treatment, circumstances which, in doubtful cases, may help to confirm or upset the diagnosis.

Diagnosis from
Pemphigus foliaceus.

Pemphigus foliaceus may be mistaken for eczema, and indeed some dermatologists hold that it is not a variety of pemphigus at all, but of eczema, an opinion in which I cannot coincide. In *Pemphigus foliaceus* the eruption has a tendency to commence on the front of the chest ; when fully developed it covers the whole body, without leaving intervals of sound skin ; it is almost always fatal ; bullæ are usually to be detected at some period of the disease ; the infiltration of the skin is not great ; itching not usually excessive ; the scales and crusts are very

large. In eczema, on the other hand, the eruption has no particular tendency to commence on the front of the chest; it very rarely, if ever, covers the whole body without leaving intervals of sound skin; it is never fatal; bullæ are not to be detected except in a few cases, and then on the soles and palms only, owing to the thick cuticle preventing the bursting of the vesicles; the infiltration of the skin is often great, the itching excessive, and the scales and crusts are not so large as in *Pemphigus foliaceus*.

The disease first described by Devergie as *Pityriasis rubra* (b), and later by Hebra (c), may be taken for eczema; and, like *Pemphigus foliaceus*, is regarded by some as a variety of that disease. I have seen a good many cases of this rare affection, one of which is carefully recorded by my lamented friend, Dr. M'Ghie (d), and the points which are most characteristic of it, in my opinion, as distinguishing it from eczema, are the uniform redness of the eruption terminating abruptly at the edges, but gradually extending till the entire cutaneous envelope is involved; the exfoliation of epidermic scales, which are easily detached, the masses separated being very large (often several inches in diameter), and so numerous that a basketful may often be removed in the morning; the burning heat; the comparatively slight itching; the absence of infiltration and exudation to any

Diagnosis from
Pityriasis rubra.

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extent; and the complete absence of that punctated appearance of the skin so often met with in eczema, and of vesicles, pustules, or papules.

Diagnosis from
Lichen ruber.

That rare form of skin disease described by Hebra (e) under the name of *Lichen ruber* presents many symptoms in common with the papular form of eczema. In Lichen ruber, however, the eruption consists of papulæ only, and in no case do we meet with either vesicles or pustules. Then again, when the eruption becomes confluent, while there is redness and infiltration of the skin and epithelial desquamation, as in cases of eczema, there is no exudation whatever, nor formation of crusts, and the itching is only slight. And lastly, when fully developed, the eruption covers the whole body, without leaving the smallest interval of sound skin, and it is almost invariably fatal in the long-run, being preceded by marasmus. These are almost unknown occurrences in cases of true eczema.

Diagnosis from
syphilia.

Some forms of *syphilitic eruption*, and more especially the so-called Eczema syphiliticum (which merely means a syphilitic eruption which resembles eczema), may be mistaken for non-syphilitic eczema. But in the diagnosis of the syphilitic affection we are assisted by the history of the case, such as the occurrence of the eruption after the contraction of an infecting chancre, which was accompanied by induration of the glands in the

neighbourhood; by its coincidence with other manifestations of syphilis, as engorgement of the posterior cervical glands, syphilitic headache and rheumatism, ulceration of the mucous membrane of the mouth, tongue, and fauces, falling out of the hair, gummy tumors, nodes, &c. In addition to this, several forms of eruption are often noticed at one time on the skin in the syphilitic disease, as lichen, roseola, condylomata, &c.

But all these symptoms may be present although the eczematous eruption is not syphilitic, for there is no reason why a syphilitic patient may not be affected with non-syphilitic eczema. We are prevented from falling into error, however, by finding out whether the eruption appeared simultaneously with other syphilitic manifestations, or at such a distance of time from the period of infection as a study of the natural history of syphilis would lead us to expect, and by carefully examining the eruption itself. If it is syphilitic, it is most apt to occur near the orifices of the body (about the nose, mouth, &c.), though it is by no means confined to these parts. It has a great tendency to assume the circular form, and in the chronic stage to exhibit a coppery tint, and itching is not usually complained of. Its edge is generally elevated, and ulcers, when present, are larger, deeper, more unhealthy-looking, and have perpendicular edges and ash-grey bases.

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There is one other caution which it is necessary to give, and it is this, that non-syphilitic eczema occurring on the legs has a tendency to exhibit to a certain extent a coppery tint, and large ulcers with unhealthy bases may be present. This is owing to the continued congestion to which these parts are subjected, owing to their distance from the centre of the circulation, to their dependent position, and to their being frequently the seat of a varicose condition of the veins.

If the case is still doubtful, treat the eruption by means of localized mercurial vapour baths or the like, when, if it is syphilitic, it is sure to be modified, if not altogether cured.

It is right to mention that the diagnostic rules which have just been laid down do not hold in certain exceptional instances; for I have met with cases of syphilitic eczema in which the eruption appeared on situations, and presented appearances, not in the least degree characteristic of syphilis, and in which the only indications of their nature were to be found in the history of the case, in the fact of their appearing simultaneously with other undoubted syphilitic manifestations, and in their disappearance under anti-syphilitic treatment. Hence I cannot coincide with Hebra when he says, "I am quite convinced that syphilis is incapable of producing . . . any form of

eczema; that, in fact, there is no such complaint as syphilitic eczema" (f).

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There are several other forms of skin disease which may be mistaken for eczema, but I prefer alluding to them when the local varieties are discussed, in which place their diagnosis can be studied to better advantage.

(a) For the treatment of Scabies, see my work on the "Parasitic Affections of the Skin," Ed. II., p. 229. London: Churchill. 1868.

(b) "Traité Pratique des Maladies de la Peau." Ed. II., p. 442.

(c) "Handbuch der Speciellen Pathologie und Therapie. Dritter Band. Acute Exantheme und Hautkrankheiten," von Hebra. Zweites Heft, p. 321. Erlangen, 1862.

(d) *Glasgow Medical Journal*, January, 1858, p. 421.

(e) For a detailed description of Lichen ruber, see "Handbuch der Speciellen Pathologie und Therapie. Dritter Band. Acute Exantheme und Hautkrankheiten." Zweites Heft, p. 315. Erlangen, 1862.

(f) "Handbuch der Speciellen Pathologie und Therapie." Dritter Band, Dritte Lieferung, p. 363. Erlangen: Ferdinand Enke. 1864.

CHAPTER VII.

CHAP. VII.

IN the preceding sections I referred to the symptoms of eczema, the causes which predispose to or occasion an attack, and the diseases for which it may be mistaken. We are now prepared to form an estimate of the gravity of the affection.

Prognosis.

The *prognosis* is rarely serious; for while the eruption causes great irritation and disfigurement while present, it is almost invariably curable. The most grave cases are those in which it covers the greater portion of the cutaneous envelope, especially when it occurs in very young infants or in old or infirm persons. In these instances the natural functions of the skin are interrupted, and the itching and other symptoms may give rise to serious complications, such as convulsions, exhaustion from anorexia, loss of sleep, &c. It is a very rare circumstance, however, for eczema to terminate fatally, and therefore it often happens that the prognosis is only serious in so far as it indicates some derangement of the general health. It must accordingly be sometimes regarded in the light of a friend rather than an enemy, a beacon to warn us of danger within.

Effects of inflammations and fevers upon Eczema.

It is curious and interesting to watch the effect

of intercurrent inflammations or fevers upon eczematous eruptions, a very good illustration of which occurred some time ago in my practice. I was attending two children for very severe attacks of Eczema erythematodes, affecting the greater portion of the skin. One of them took measles, and two or three days thereafter the eczematous eruption had almost disappeared. The eruption on the other child continued to flourish for a few days longer, when she likewise was seized with measles, and in her case, too, the eruption vanished. There could be no doubt that these children were affected with measles; for while it was difficult to make out the characteristic eruption on their skins, owing to the existing eczema, their younger brother presented about the same time all the typical symptoms of measles. When the rubeola had run its course in the case of the two first-named children, the eczematous eruption gradually but perseveringly returned—a circumstance which unfortunately happens in most instances, and which must therefore be borne in mind with reference to the prognosis.

A great deal of nonsense has been written about the danger of suddenly "driving-in" (as the expression goes) a severe or chronic eruption, such as eczema. This idea has doubtless in part arisen from observation of facts such as the above, and of the occasional aggravation of bronchitic and dys-

Danger of curing an attack of eczema quickly.

CHAP. VII.

peptic symptoms as eczematous eruptions improve, and vice versâ, the rationale of which phenomena I have already endeavoured to explain (Chap. V. p. 54); but it is to be feared that the mistake is often to be traced to the unmerited neglect of the study of skin diseases by the medical profession, the resulting inability to grapple with them successfully, and the consequent temptation to evade the difficulty by the plausible excuse that danger might accrue from any attempt to cure them quickly by driving them inwards. For while I have treated thousands of cases of eczema, many of them involving the greater portion of the skin, I cannot recall a single case in which any evil resulted, even from the rapid removal of the disease. That slightly unpleasant effects are occasionally witnessed, however, I am quite prepared to allow. I call to my recollection just now, for instance, the case of a gentleman, almost the whole of whose body was covered with an eczematous eruption. This I succeeded in removing in a few weeks, and as it went away he began to pass some blood by his bowels; but, as he himself wrote, he was "not conscious of any uneasiness in the region of the rectum, as if it arose from piles." The same symptoms, he informed me, appeared during his recovery from a previous attack, for which he had been treated by Mr. Startin. In both instances it was slight, and soon passed away

without producing any injurious effects; indeed, I have never observed any enduring bad results follow upon the removal of an eczematous eruption where proper precautions were taken, no matter how quickly it was accomplished.

Attacks of eczema vary much in their duration, according to the constitution of the patient, the site, extent, and severity of the eruption, and the course of treatment pursued. Some cases get well without treatment in a few weeks; others last for months or even years. Some would never disappear entirely at all without treatment; but the natural tendency of the disease is to improve now and then, the change for the better being dependent upon the seasons, atmospheric influences, changes of diet, improvement of the general health, &c. When the eruption is very localized it is, as a rule, more difficult of cure than when it is extensive. This is especially true of chronic eczematous eruptions upon the palms, soles, scalp, and hairy portions of the face.

Duration of the disease.

Prognosis of localized eruptions.

Relapses are very much to be feared, more especially in the case of those who are apparently in very good health, and in whom the occurrence of the eruption seems to be connected with some unknown peculiarity of the system; but they are not nearly so constantly observed as in the case of some other forms of skin diseases, *e.g.*, Psoriasis, Pityriasis rubra, and Lichen ruber. They are

Tendency to relapses.

CHAP. VII.

much less common in those who have suffered from the disease from the use of improper food, external irritation, and the like; for we have then tangible causes, by removing which the eruption is less apt to recur.

Symptoms of amendment.

Now, supposing that we have a case of eczema under observation, how do we know that the eruption is on the decline? What, in fact, are the *symptoms of amendment*? It is a good sign when the disease does not tend to spread by the extension of old patches or the formation of new ones, and when no new crops of eruption make their appearance upon the old patches. It is always a favourable occurrence when the infiltration, exudation, and itching diminish. When these symptoms are nearly gone, erythematous and scaly patches are usually left; but if the disease is progressing towards a cure, the redness gradually subsides, the scales disappear, and the skin resumes its healthy appearance and feeling. It requires, however, to be mentioned, to avoid disappointment, that when the eruption appears to be rapidly declining, sometimes for some obvious reason, oftener without any assignable cause, the improvement may suddenly cease, a retrograde movement take place, and in a few days the cure is as far off as ever.

Disease generally leaves no trace behind it.

When it has disappeared, there is usually no trace left of the previous eruption, unless ulceration has occurred; and even then the surface

usually resumes its healthy appearance, as the ulcers are for the most part superficial, and do not destroy the deeper tissues of the skin. When they are deep, however, as happens sometimes on the legs, cicatrices are of course left, which vary in size and appearance in proportion to the size, depth, and site of the previous ulceration. Cicatrices may likewise follow the application of escharotics, which, though powerful agents for good, are too often injudiciously used in the treatment of eczema. It need hardly be mentioned, however, that any caustic which has been used so freely as to destroy the deeper structures of the skin, and to leave permanent cicatrices, has been employed by an unskilful hand.

Sometimes, after the cure of an eczema, the skin which had previously been affected is much darker in colour than natural, owing to the previous determination of blood to the part, and the increased deposit of pigment thereby induced. This appearance is oftenest observed and lasts longest upon the legs, for the reasons before alluded to as predisposing to the occurrence of ulcers. It is identical with the discoloration which so often follows the application of a blister, instances of which are daily met with in practice; but in both cases the colour generally fades and finally disappears, and the skin resumes its healthy hue.

CHAPTER VIII.

CHAP. VIII.

HAVING discussed the symptoms of eczema in its various forms, the causes which are fruitful in calling it forth, the diseases with which it may be confounded, and its results as far as they are indicated by the features of individual cases, we are prepared to enter upon the object of our previous investigations, the *treatment* of the affection.

Treatment of eczema.

It appears to me that no treatment can be more routine and ineffectual than that frequently adopted in this country for the cure of eczema; and cases of this disease are often allowed to go on for months and years, when judiciously selected applications could have removed it in the majority of instances in as many weeks; for there are few diseases more curable than even severe forms of eczema. The means of cure, which may be divided into the constitutional and the local, must vary, however, according to the age, existing state of health, and constitution of the patient, and according to the seat, extent, severity, and stage of the eruption.

Constitutional treatment.

I shall, first of all, direct attention to the *constitutional treatment*:—

It is necessary in this, as in all other diseases, to

make a careful examination of the internal organs, and to rectify, as far as it is within the scope of medicine, any deviation from the normal standard which may be detected, and which may be keeping up or aggravating the skin affection. My readers will be aided in this investigation by calling to mind what has been stated with regard to the causes of eczema, and with regard to those states of the system which are most likely to produce or to intensify the severity of the eruption. In fulfilling this indication, they must be guided by broad general principles, with which, I take it for granted, they are already familiar. But I must say a few words with regard to derangements of the digestive organs, and more especially, with regard to the regulation of the bowels.

Purgatives and aperients are often useful in cases of eczema, though they must usually be looked upon merely in the light of adjuvants to, or forerunners of other treatment; for no one who has carefully studied this complaint can have failed to observe the injury which usually follows upon a long course of purgatives, except in cases entirely dependent upon digestive derangement. It is true that during their use the eruption may improve or disappear; but whenever they are stopped it flourishes again as luxuriantly as ever, while that debility which lies at the root of so many cases of eczema is immeasurably increased.

The use of purgatives
in eczema.

A considerable degree of latitude may be allowed in the selection of a purgative, and the remedies with which it may be combined, which must vary with the varying features of different cases. For it is perhaps more true of this complaint than of most others, that while there are many ways of arriving at the wished-for goal, there is no rule applicable to the treatment of all cases. If the tongue is loaded, the appetite bad, the liver torpid, as indicated by the light colour of the evacuations &c., and the bowels costive; and if, in addition, the patient is not very strong—small doses of grey powder combined with rhubarb and salicine or quinine, may be administered with excellent effect,* or sulphate of magnesia in combination with one of the preparations of iron.†

* R Quiniæ Sulphatis, gr. xij.
 Pulv. Rhei, gr. xxxvj.
 Hydr. c. Cretâ, gr. xxx.
 Sacchari Purificati, ℥j. M.

Divide in Pulv. xij.

Sig. Two daily. (For an adult.) The dose to be so regulated that the patient has at least one full natural evacuation per day.

† R Quiniæ Sulphatis, gr. xlviij.
 Ferri Sulphatis, ℥iij.
 Acidi Sulphurici dil. ℥iiss.
 Magnesiæ Sulphatis, ℥iij.
 Syrupi Zingiberis.
 Tinct. Aurantii, āā ℥iiss.
 Inf. Calumbæ, ad ℥xxiv. Solve.

Sig. A tablespoonful in a wine-glassful of water thrice daily. (For an adult.) The dose to be so regulated that the patient's bowels are kept free, without his being purged.

If the disease is in the acute stage, or if the digestive organs are in the state just mentioned, and the patient robust, and especially if fulness in the hepatic region is complained of, occasional doses of calomel, alone or in combination with scammony, may be resorted to with advantage.* In cases of infantile eczema small doses of calomel occasionally (gr. i. to a child of a year old) are often of service to correct digestive derangement, more especially if arsenic and iron and tonics generally are being administered. But in no case is it advisable to put patients under the influence of mercury, as is occasionally done; although, when the patches of eczema are markedly indurated, a trial of corrosive sublimate in small doses in combination with bark may be made, as recommended by Fraser and Tilbury Fox.

With the same object in view, and much more universally employed than calomel, though not nearly so useful, small doses of sulphur, in combination with magnesia or acid tartrate of potash, may

* R Hydrargyri Subchloridi, ℥j.
Pulv. Scammonii co., gr. xl. M.

Divide in Pulv. iv.

Sig. One every week. (Dose for an adult.) Or,

R Hydrargyri Subchloridi, gr. iv.
Mas. Pil. Coloc. co., gr. v.
Extr. Belladonnæ, gr. j. M.

Divide in pil. ij.

Sig. One at bedtime, and a seidlitz powder in the morning. (Dose for an adult.) To be repeated once or twice in the week.

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be taken every evening; and as good a preparation as any is the sulphur confection (*Confectio Sulphuris*) of the British Pharmacopœia, of which about a teaspoonful may be prescribed. Besides being less effectual, in my opinion, than calomel, it has this additional drawback, that the sulphur is converted into sulphuretted hydrogen, and the excretions have accordingly a very unpleasant odour. In the opinion of some physicians it has this advantage over calomel, that it is in part eliminated by the skin, and is supposed to act beneficially upon that structure, so that according to this view it possesses alterative as well as purgative properties. A more pleasant and more elegant preparation is a solution of three or four drachms of sulphate of magnesia in water, with the addition of two scruples of bicarbonate of soda, and made to effervesce by the addition of half a drachm of tartaric acid.* This may be repeated every second night.

The doses which I have recommended are for adults, and are merely approximative, for of course

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- * R. *Magnesia Sulphatis*, ℥iv.
 Sodæ Bicarbonatis, ℥ij.
 Aquæ, ℥ij. M.
- R. *Sacchari Purificati*,
 Acidi Tartarici, āā ℥ss.
 Syrupi Limonis, ℥ss.
 Aquæ, ℥iv. M.

Sig. Mix the two solutions in a large tumbler, and drink during effervescence. (Dose for an adult.)

some constitutions are more susceptible of the action of purgatives than others, and care must be taken to avoid the administration of mercurials as much as possible in the case of those with whom they disagree. Not long ago, for instance, I gave a couple of grains of calomel and three of grey powder to a little girl, which gave rise to the most profuse salivation, ulceration of the mouth, and swelling of the gums and submaxillary glands. Now, this is far more remarkable than the production of similar symptoms in the adult, even with the same dose; for as a general rule, as all physicians are aware, it is much easier to salivate an adult than a child. Finally, aperients are often of great value in combination with tonics (see formula, p. 86), with the view of preventing the latter from constipating the bowels, or otherwise deranging the organs of digestion.

In some cases of eczema *diuretics* are indicated The use of diuretics in eczema.—in those, namely, in which there is functional derangement of the kidneys, and especially torpidity of these organs. But the beneficial effects of remedies of this class must not in every case be attributed to their diuretic action merely; for example, it is very probable that alkaline diuretics, as the bicarbonate or neutral, which are converted into alkaline salts in the system, as the acetate of potash, do more good in virtue of their neutralizing excessive acidity of the system.

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Having attended to the condition of the internal organs in general, and of the digestive organs in particular, the internal treatment now radiates in two directions, according as the eruption occurs in the case of those who are *apparently* in the most robust health, or of those who are scrofulous or debilitated from insufficient or unnutritious food, previous disease, or the like.

The use of cod-liver oil, steel, and other tonics in eczema.

In the latter, nourishing food, stimulants in moderation, tonics (especially phosphorus and iron), and cod-liver oil, are our sheet-anchors, and I have repeatedly cured very severe cases of eczema by the systematic administration, for a couple of months, of cod-liver oil and syrup of the iodide of iron, all other treatment of importance having been omitted. The following is a case in point, in which I purposely refrained from additional means of cure, in order that the charming effect of the oil and iron alone might be demonstrated to my students:—

Illustrative cases.

“Lawrence D., aged about fifteen months, was brought by his mother to the Dispensary for Skin Diseases, Glasgow, on October 9, 1862, affected with Eczema impetiginodes. The eruption covered almost the whole body, with the exception of the fingers and the feet, was very itchy, constantly exuding, and studded with crusts. The child was dreadfully emaciated, ‘just skin and bone,’ as the mother remarked. It could neither sleep nor eat,

and was so weak that it had to be brought upon a pillow. The case looked hopeless, and, indeed, the child had been given up by the previous attendant; but acting upon what I have observed in similar cases, twenty drops of syrup of the iodide of iron in a teaspoonful of cod-liver oil were prescribed, to be repeated thrice daily, and the dose of the oil to be gradually increased to a tablespoonful.

“On October 16 the child was better. The skin being still itchy, however, a lotion of dilute hydrocyanic acid, containing fifteen minims to the ounce of water, was ordered, to be used thrice daily as a palliative. The oil was omitted for a week, as it produced purging. With this exception, the oil and iron were steadily continued till November 17, about five weeks after the commencement of the treatment, when the mother brought the child out of gratitude to show how well it was. There was hardly a vestige of the previous eruption, with the exception of a few dry crusts and discoloured spots on the buttocks, which were rapidly disappearing. The child appeared to be in robust health; it was quite plump, and its cheeks rosy; its skin soft and white; its appetite very good; and its sleep sound and refreshing. The medicine was to be continued for another month.”

Here, then, is an instance of an infant cured of a frightful eczematous eruption, and rescued from the jaws of death, by the internal administration of cod-

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liver oil and iron alone. In severe cases such as this, it is of decided advantage to rub the oil into the skin of the whole body two or three times a day, in addition to its administration internally. Cod-liver oil is sure to do good to these patients if the stomach bears it, and especially if it is taken greedily and with relish. This is oftenest observed in children whose mother's milk is below par. When such is the case the mother should no longer give her child the breast, and amongst the higher classes, who can afford to have a wet nurse, a good one should at once be procured. Amongst the lower orders the child should be fed, in great part, "upon the bottle," a mode of nourishment which, though inferior to the employment of a good wet nurse, is much more desirable, when proper precautions are taken, than the exclusive use of the deteriorated milk of the mother. Those children whose health has been impaired by imbibing their mother's milk too long—and instances are often met with, especially amongst the poor, of children being fed upon the breast, not for months, but even for a couple of years—should be weaned without delay, and appropriate nourishing food substituted.

These children often suffer from diarrhoea, but while special remedies, guided by general principles, may be cautiously employed towards its removal, one must remember that it is often the result of debility, in which case it may be expected to

disappear spontaneously when the diet is altered and the general health improved.

In adults under similar circumstances, cod-liver oil and iron are almost equally serviceable, and in them, and likewise in children, small quantities of stimulants may in some cases be superadded, though it is generally advisable to use them with caution.

Some patients, and adults oftener than infants— for the latter rarely refuse it, after the correction of any digestive derangement which may be present, if the system really requires it—cannot take cod-liver oil, in which case cream may be substituted, though it is not to be compared with it in efficacy; and while taken with relish at first, it is more likely to derange the stomach in the long run. So that if the case is undoubtedly one which calls for the use of the oil, it does not do to let the patient put it aside lightly, but repeated trials of it in various doses must be made, and the bowels must always be carefully regulated before administering it. Sometimes it is tolerated better by swallowing a small pinch of magnesia about half an hour after the oil is taken, as was recommended lately in some of the medical journals, or by putting a little salt upon the tongue immediately before it is administered.

Substitutes for
cod-liver oil.

It occasionally happens that cod-liver oil is better tolerated when given in combination with tonics, as

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quinine or syrup of the iodide of iron. Patients who have an unconquerable repugnance to the oil itself may try Furley's cod-liver oil cream, or cod-liver oil chocolate, introduced by Erasmus Wilson (and manufactured by M. Lebaigue, 9 Langham Place, Portland Place), each pound of which contains four ounces of oil, or the oil may be given in a concealed form, as in the appended formula.*

Before leaving this subject it may be remarked, although it is hardly necessary after what has just been stated, that I entirely dissent from the opinion, as expressed by Hebra, that the internal administration of cod-liver oil is of no use whatever in the treatment of eczema (a). Indeed, no one who has carefully studied the writings of this distinguished dermatologist can have failed to observe, that while he lauds, and with justice too, the local treatment of skin diseases, he is too apt to depreciate the influence which internal remedies exercise over these complaints.

Value of non-ferruginous tonics.

When the appetite is very deficient, a pure tonic may be substituted for a ferruginous one with advantage, such as small doses of quinine and

* R. Liq. Potassæ, m. v.
 Ol. Morrhuæ, ℥ss, ℥ et adde
 Tk. Cort Aurantii.
 Syr. Aurantii.
 Olei Amygdalarum Amarum, m. i. M.

sulphuric acid in a bitter infusion ; * or if the stomach is too weak even for this, a little dilute sulphuric acid alone may be tried, which should be given to adults in half-drachm doses twice daily in a wine-glassful of cold water, and which is usually well borne.

But let us now take the opposite class of cases—and very common they are—in which the patients are neither ill-fed, scrofulous, nor exhibit indications of debility ; but, on the contrary, appear, with the exception of the eruption, to be in a good state of health. In such instances, then, what means, operating upon the system at large, are we justified in having recourse to ?

Some recommend the abstraction of blood by means of the lancet, but this is surely never necessary ; indeed, I have neither had recourse to it myself, nor seen it employed by others ; for while many severe and extensive eruptions in plethoric persons have come under my observation, I have found purgatives—especially mercurial and saline purgatives—answer all the ends in view. The local abstraction of blood by leeches, cupping-glasses, or scarifications, may sometimes be

Is bleeding of service?

* R Quinæ Sulphatis, gr. xvj.
 Acidi Sulphurici Aromatici, ℥iv.
 Syrupi Limonis, ℥ss.
 Inf. Cascariellæ ad ℥viiij. M., et cola per chartam.

Sig. A tablespoonful twice daily, half an hour before food. (Dose for an adult.)

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resorted to with advantage, if the patches of eruption are very acutely inflamed, and especially if the lower extremities are affected, as these parts, for reasons formerly mentioned, are more liable than others to congestion and its results. But even local bleeding may almost invariably be dispensed with, although I am aware that this opinion will be regarded in the light of a heresy by some.

Diet.

The diet must be very carefully regulated, and the patient warned to eat moderately and slowly, and to masticate his food well. A simple mixed animal and vegetable diet may be recommended; dressed dishes, pastry, pickles, spices, strong tea, coffee, broth, oatmeal, cheese, and articles of diet known by experience to disagree, are particularly to be avoided. The use of wine, spirits, and malt liquors must, in general, be suspended for a time at least, though in some instances they may be taken sparingly. But one must beware, in the case of those who have previously been in the habit of taking them in excess, of discontinuing them all at once; and it must be remembered in reference to prognosis, that the cure of an eczema is much more difficult when the patient has been much addicted to the use of stimulants.

In a few cases it will be found of advantage to prescribe milk diet for a time, all animal food being avoided; in those, namely, who have been in the habit of indulging too freely in the pleasures of the

table, and whose digestive organs have been upset in consequence.

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In the cases which I am now considering, and applicable, to a certain extent, to the class previously mentioned, in conjunction with the means then recommended, there are certain internal medicines upon which considerable reliance may be placed for the removal of eczematous eruptions, and to which allusion must now be made. Of nerve tonics, those which are most likely to be useful are strychnia and arsenic.

Strychnia may be given alone or in combination — with the sulphate of magnesia mixture (mentioned at p. 86), for example. A very good preparation, too, when iron is indicated, is Young & Postan's effervescing iron, bismuth, and strychnia, of which a teaspoonful may be given in a wine-glassful of water thrice daily before food.

Strychnia.

Of the *arsenical preparations*, the one which I am most in the habit of employing is Fowler's solution (*Liquor arsenicalis*), although any of the others may be selected, according to the taste of the practitioner. I think it better, however, that the physician should limit himself as much as possible to one preparation of arsenic, for he thus becomes more familiar with its exact mode of operation, and with the probable doses for different constitutions. He must also satisfy himself, before prescribing it, that there is no derangement of the

Value of arsenical preparations in eczema.

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digestive organs, else the remedy is pretty certain to disagree; and further, if it aggravates in a marked degree the cutaneous irritation (the itching heat, &c.), it is a proof that the disease is not in that stage in which benefit is likely to be derived from it. An adult may take from three to five minims thrice daily, and if, after the continuance of this dose for several weeks, no improvement takes place, and it appears to suit the patient in every respect, it may be gradually increased till the disease begins to yield or until it disagrees. I do not think it necessary to stop it if slight irritation of the eyes or puffiness of the face is induced; but if these symptoms are at all aggravated, and especially if they are accompanied by pains in the stomach and head, anorexia and nausea, bronchitic irritation, or a feeling of great lassitude and prostration, the dose should be diminished, or in some cases omitted for a few days. On no account, however, should its administration be stopped altogether because these symptoms are produced; and I endorse in a measure the statement of the late Dr. Begbie, that "in order to secure its virtues as an alterative, it will be necessary to push the medicine to the full development of the phenomena which first indicate its peculiar action on the system. Arsenic, as a remedy, is too often suspended, or altogether abandoned, at the very moment its curative powers are coming into play.

The earliest manifestations of its physiological action is looked upon as its poisonous operation; the patient declares that the medicine has disagreed with him; forthwith the physician shares his fears; the prescription is changed, and another case is added to the many in which arsenic is said to have failed after a fair trial of its efficacy" (b). It is necessary to observe, that the appropriate dose of Fowler's solution varies in different individuals, and that, while three minims thrice daily soon disagrees with some, ten, fifteen, or even twenty, may occasionally be taken by others with impunity and with benefit. I have repeatedly had occasion to observe—what has not, as far as I am aware, been previously noted—the great liability of patients to catch cold while they are taking arsenic; and I have so frequently seen bronchitis developed during an arsenical course, as to leave no doubt in my mind of the cause of it. It is therefore as necessary to warn patients who are taking an arsenical, as it is those who are being subjected to a mercurial course, of their liability to catch cold.

To prevent the medicine from deranging the stomach, it may sometimes be necessary to give it *during* or *immediately after* meals, and in persons whose digestive organs are weak, a tonic infusion, such as the infusion of cascarilla, gentian, or calumba, forms a very good vehicle for its administration,

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while in some cases a few drops of morphia may be superadded* if there is a tendency to diarrhœa.

As the disease yields, the dose may be gradually diminished; but in no case should the medicine be suspended till some time *after the complete removal* of the eruption.

In the case of infants at the breast, it may be administered to the mother, whose milk thus furnishes not only nourishment to her babe, but likewise an antidote to its complaint. In children of one or two years one minim may be given twice daily, and the dose gradually increased, for children, as a rule, can tolerate proportionately larger doses than adults.

Combination of arsenic with mercury and iodine.

In some cases it is thought advisable to combine arsenic with mercury, as in Donovan's solution (solution of the hydriodate of arsenic and mercury), of which ten minims is the dose to commence with. Each drachm of the solution contains about $\frac{1}{2}$ th of a grain of oxide of arsenic, $\frac{1}{4}$ th of a grain of oxide of mercury, and $\frac{5}{7}$ ths of a grain of iodine, in the state of hydriodic acid in chemical combination.

And sometimes it is recommended to prescribe

* R Liquoris Arsenicalis, ℥iiss.
 Liquoris Morphicæ Hydrochloratis, ℥i.
 Syrupi Limonis, ℥iiss.
 Tinct. Cocci, ℥ss.
 Infus. Cascarillæ, ad ℥xij. M.

Sig. A tablespoonful thrice daily after food.

arsenic along with iodine, and without mercury, in which case Neligan's prescription, which he names the ioduretted solution of the iodide of potassium and arsenic,* is a suitable one, and is much used (c).

I rarely prescribe either of these myself, however, at the present time; and I very much suspect that in most cases in which arsenic has failed by itself, but has done good in combination with mercury or iodine, there has been an error of diagnosis, a syphilitic having been probably mistaken for an eczematous eruption. But very often the greatest benefit accrues from combining arsenic with iron, and in the case of those whose stomachs are irritable, it may be well to give in effervescence as in the appended formula, † or in the form of Young

* R Sol. Fowleri, ℥ lxxx.
Iodidi Potassii, gr. xvj.
Iodini, gr. iv.
Syrupi Florum Aurantii, ℥ij.

Sig. A teaspoonful, in a wine-glassful of water, thrice daily.

† R Ferri Citratis.
Sol. Fowleri, āā ℥iss.
Acidi Citrici, ℥vi.
Aque Distillatæ, ad ℥vi., ℥.

R Potassæ Bicarbonatis, ℥vi.
Tk. Cort. Aurantii, ℥ss.
Syr. Aurantii, ℥iii.
Aque Distillatæ, ad ℥vi., ℥.

Sig. Put a glassful of water in a tumbler, add a dessert-spoonful of each bottle, and drink during effervescence. Repeat thrice daily.

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& Postan's granular effervescing iron and arsenic, which is a very elegant and useful preparation, and the dose of which is a teaspoonful in a wine-glassful of water thrice daily.

I sometimes give arsenic, and I think with good reason, in a concealed form. For instance, I know of a lady for whom Fowler's solution was prescribed, who, finding that she was improving under its use, increased the dose of her own accord, and thereby induced poisonous symptoms. Some time after this she consulted Cazenave, and on her return from the Continent she came to her family physician, and informed him that she had never been able to take arsenic since she had administered to herself the overdose. The doctor, on looking at Cazenave's note, found that she was at that very time taking arsenic without knowing it, under his orders, and with good effect. Then again, some people who consult me have already tried arsenic without benefit, and either refuse to take it again, or are so sceptical of its efficacy that they are apt to take it with great irregularity, and to be convinced in their own minds that they are to derive no benefit from it—conditions which are very prejudicial to the due operation of any drug.

Very often, in these cases, the previous arsenical course had been improperly carried out, or not continued sufficiently long, and we are thus compelled either to give it in a concealed form, or to

dispense with the use of a most powerful therapeutic agent. Exception has been taken to the propriety of the recommendation to conceal from patients occasionally that they are taking arsenic. This is a feeling with which, for my part, I have no sympathy. Surely all that our patients can ask of us is to do everything in our power to benefit them. Besides, those who have called me to task for recommending such a course are surely acting in a similar manner when they prescribe an opium pill under the title of "pilula saponis composita," which is described in Neligan's "Materia Medica" as "a convenient preparation for ordering opium in the pilular form, under a name by which it is unlikely to be recognized by the public."

Alkalies are not nearly so generally employed as the preparations of arsenic in the treatment of eczema. They are most beneficial when the patient is much addicted to the use of stimulants, and when there is a tendency to acidity of the stomach and to the deposit of lithates in the urine, or to gout or rheumatism. The preparation most in vogue is liquor potassæ, which may be given, largely diluted with water, in doses of twenty minims thrice daily to an adult. The alkali which I am most in the habit of using, however, and which has not, I think, been tried hitherto in this country for such a purpose, is the carbonate of ammonia, in doses gradually increasing from ten up to thirty

Value of alkalies
in eczema.

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or even forty grains thrice daily, care being taken that the preparation is fresh and of full strength. A dose of forty grains is often borne well by a patient whose stomach has been gradually accustomed to its reception, while a smaller dose often occasions vomiting in the case of those who have not been in the habit of taking it. Sometimes it is well to combine the ammonia with Fowler's solution or one of the other arsenical preparations. If there is a decidedly gouty tendency, small doses of wine of colchicum (say five to seven drops), and in rheumatic habits, the acetate, bicarbonate, or citrate of potash (in half-drachm doses), may be added to each dose. The alkalies must be given *largely diluted* with water, and the dose must be gradually increased till the medicine disagrees or the eruption begins to fade.

Value of tar internally in eczema.

As is well known, the internal administration of *tar*, which at one time seems to have had a certain degree of reputation, has almost completely fallen into disuse in the treatment of disease, and till recently I accepted without reservation the verdict of the profession against it. But if there is one thing which has struck me more forcibly than another in the treatment of skin diseases, it is the wonderful influence which the local application of tar exercises on chronic eczematous eruptions, of which more hereafter; and in reflecting upon this remarkable fact, I could not but conclude that the

action of the tar is not a mere local one, but that it is absorbed, reacts upon the system at large, and through it upon the skin.

Hence I determined to give a fair trial to it internally in eczema and psoriasis. At this stage of the inquiry it would ill become me to dogmatize, but I can only state, as an undoubted fact, that marked benefit has resulted in many cases—in some of them after arsenic and various kinds of local applications had failed, and in which I administered the tar as a “dernier ressort.” I generally commence with two drops of *pix liquida* thrice daily in the case of adults, and gradually increase the dose, if necessary, to thirty or forty. Sometimes I recommend the medicine to be dropped into a spoonful of treacle or golden syrup, sometimes I prescribe it in the form of pill* or in capsules. It generally agrees well, but occasionally it produces a copious red rash upon the skin, accompanied by fever, or nausea, vomiting, and diarrhoea, and other evidences of digestive derangement. These disagreeable accompaniments, however, soon pass off when the medicine is stopped, and then, with a little humouring, it may be

* R. *Picis Liquidæ*, ℥ij.
Pulveris Glycyrrhizæ, q.s. ℥.
 Divide in Pil. lx. Argent.

Sig. Two pills to be taken thrice daily, and the dose gradually increased. (Dose for an adult.)

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recommenced and given with safety in gradually increasing doses.

It is in the dry form of eczema, occurring in apparently otherwise healthy subjects, that tar is most likely to be serviceable, but it must be admitted that it is not nearly so certainly useful in eczema as in psoriasis, in which disease its efficacy is sometimes very remarkable.

Value of carbolic acid internally in eczema.

Of late years *carbolic acid* has been much employed internally, and sometimes with benefit. It is indicated in the same class of cases, although it is not, as a rule, such an active remedy. It may be given either in pill or in solution,* and the patient should be warned not to be alarmed if slight giddiness follows its administration, especially when taken before breakfast.

Value of sulphur in eczema.

Sulphur has long been esteemed one of the most valuable alteratives which we possess in the treatment of skin diseases, and especially of eczema; but my own experience leads me to the belief that it has little power as an alterative, and that, apart from its purgative properties, it is comparatively useless in the treatment of eczema. If a course of sulphur is to be taken, it is usually advisable to

* R Acidi Carbolici, ℥iij.
 Glycerini, ℥i.
 Aquæ Distillatæ, ℥v. Solve.

Sig. A teaspoonful in a large wine-glassful of water thrice daily, on an empty stomach.

prescribe one of the natural mineral waters containing it; and the fact that some of these do not act as purgatives, and yet are beneficial, must not be taken to disprove my assertion, with regard to the "modus operandi" of sulphur, for the benefit which accrues is due to the combination of salts held in solution, as well as to the accompaniments, rest, change of air, and scene. Those of Harrogate and Moffat in this country, and of Aix-la-Chapelle, Engghien, Baréges, and Luchon on the Continent, have the greatest reputation in this respect; and while some of these waters may be had from the apothecary, it is always more judicious, when it can be effected, to send the patient to the spring itself; for he is thus certain to get the waters fresh and pure, and, away from home and the fatigues and anxieties of business, his body is at the same time invigorated and his mind refreshed.

Mineral waters
containing sulphur.

As regards Harrogate, which is the most celebrated of the spas of England, its purgative waters are very useful in the case of those whose digestive organs have been upset by sedentary habits, free living, and constipation of the bowels; and this health resort is doubly valuable from the fact that it affords not only strong but also mild sulphurous waters, suitable to different habits of body, and saline chalybeate, and chalybeate springs, of which one, the chloride of iron spring (or Dr. Muspratt's chalybeate), acts as a tonic, while another, the

CHAP. VIII. Kissingen spring, owing to it, being richer in saline ingredients, acts as an aperient as well as a tonic in suitable cases. For further particulars I must, without being supposed to endorse all the views which it contains, refer the reader to the little volume published by my friend Dr. Myrtle on the Harrogate mineral waters (d).

In conclusion, I would remark that while some cases of eczema yield to mineral waters after other means have failed, care must be taken not to overrate their advantages: for there can be no doubt that if, in the treatment of eczema in general, one were restricted either to mineral waters or to ordinary medicinal treatment, the former are not for a moment to be compared in efficacy with the latter, provided it is carried out with discrimination and skill.

Value of *Hydrocotyle Asiatica* in eczema.

Hydrocotyle Asiatica has been greatly extolled of late, especially by the French, in the treatment of eczema. It has been very little used in this country, however, although, if we may judge from the high encomiums which have been passed upon it by our Continental brethren, it seems worthy of a trial.

Rules to be attended to in giving a course of alterative medicine.

Before leaving this branch of the subject, it may be well to recall four rules which must be carefully attended to in the employment of the so-called alterative medicines:—

1st. Let the dose, at first small, be gradually

increased till the medicine disagrees, or till the disease begins to yield, and then let it be gradually diminished.

2nd. If the medicine disagrees, do not omit it altogether without very good reason, but try it in smaller doses, or in another form, or omit it for a few days till the bad effects have passed off.

3rd. To give it a fair trial, it must be continued for a considerable period of time, because in some cases the eruption does not disappear till after it has been administered for many weeks.

4th. Do not, as a rule, permit the patient to give up taking the medicine entirely till some weeks have elapsed since the complete disappearance of the eruption.

It has already been stated that the local inflammatory action and febrile disturbance set up by vaccination is calculated to call forth an eruption of eczema in those who are predisposed, and to aggravate existing attacks; so much so indeed, that the operation is frequently delayed for many months on this account. And yet it must be admitted that in some chronic and inveterate cases it has precisely the opposite effect, and may therefore be ranked as a curative agent. As an illustration of this two cases reported by Mr. Lawson Tait (e) may be mentioned. "The first," he says, "was the child of a commercial gentleman of great intelligence, who allowed me to try vaccination after

Treatment of eczema
by vaccination.

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everything else had been done that could be suggested. It was a most obstinate case of eczema over the whole body, the scalp being the seat of its worst display. The glands of the neck were chronically enlarged, and at one time suppurated so seriously as to endanger the child's life. Temporary benefit was derived from change of air, but drugs had no effect. Acting on the usual rule, I put off the vaccination of the child for three several periods of nine months. . . . I told the father that . . . I believed vaccination might cure the child by exercising some influence on its nutrition. He agreed to the experiment; and to diminish risk as far as possible, I used lymph which had passed through one healthy child from the heifer. The result was most remarkable, for in a few days a marked improvement was visible in the child; and in little more than three weeks all traces of the eruption had disappeared, save a roughness of the skin, which still exists. The hair grew rapidly on the scalp, and the child now is in all respects as fine an infant as I have ever seen.

“At the same time I had under my care the child of a clergyman, for which many prolonged and various courses of treatment had been adopted ineffectually for an eczematous eruption affecting the whole body, but mainly the face and flexures of the joints. It was nearly two years old and had never been vaccinated. I told the father of the

case I have just related, and he consented to the vaccination. He has sent me the following note of the history:—‘To the best of my recollection the symptoms of skin disease in baby were first manifested when she was about two months old. The disease appeared in a virulent form for the space of nine months, at the end of which time she was vaccinated. After vaccination the child improved rapidly, and in a month not a trace of the malady was left.’” Of course it is only in exceptional cases that such happy results can be expected.

(a) “Handbuch der Speciellen Pathologie und Therapie.” Dritter Band, Dritte Lieferung. Erlangen: Ferdinand Enke. 1864. P. 390.

(b) Dr. Begbie’s article “On the Physiological and Therapeutical Effects of Arsenic” will well repay perusal. See his “Contributions to Practical Medicine,” p. 270. Edinburgh: Adam and Charles Black. 1862.

(c) “Medicines: their Uses and Mode of Administration.” By J. Moore Neligan, M.D. Ed. IV. p. 465. Dublin.

(d) “Practical Observations on the Harrogate Mineral Waters.” By Andrew Scott Myrtle, M.D., Harrogate. London: Churchill. 1867.

(e) *British Medical Journal*. January 27, 1872. P. 92.

CHAPTER IX.

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Local treatment.

IF, as I hope, I have convinced my readers of the great benefit which accrues from the judicious selection of internal remedies in the treatment of eczema, and of their power, in many instances, of removing the eruption when administered alone, they will, perhaps, be hardly prepared for the statement which I make, as the result of a large experience, that the *local* treatment is in many cases even more effectual than the constitutional; although it must be confessed that the applications made use of by many practitioners in this country are unfortunately too often ineffectual, and not unfrequently injurious.

The great success which attends the use of local applications is the less surprising if one bears in mind that many cases of eczema are local diseases throughout their whole course, being due to local irritation; and that many others, originally constitutional in their origin, are reduced at last to the category of local affections, the constitutional taint which produced them having subsided. Further, the mistake is too often made, not only by the public, but also by the profession, of supposing that applications to the skin have a mere local

effect ; whereas there can be no doubt that some of them, at all events, are to a considerable extent absorbed, re-act beneficially upon the system at large, and through it upon the skin.

I shall not attempt a description of all the preparations in general use in the local treatment of eczema—some of them good, some useless, many hurtful—but shall give a short account of those which I have found most valuable, and, what is of the greatest importance, point out, as far as possible, the indications for their use.

Before doing so, however, it may be well to direct attention to the fact that there are a great many different ways of reaching the same goal, and that a very common mistake which is committed is the too frequent change of remedies. As regards the last point a very good general rule to lay down is, to persevere in the use of one kind of treatment as long as the case continues to improve. And to avoid disappointment, it must be mentioned that local applications are by no means uniform in their action, owing to the difference of sensibility of different skins, and for other reasons; hence they sometimes aggravate the skin affection even when used in what appear to be appropriate cases.

The first point in the local treatment of every Removal of crusts. eczematous eruption, without exception almost, is to remove the crusts which have formed upon it.

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Till this is done we can only guess at the condition of the parts beneath ; our applications must, in consequence, be selected at random, and these cannot reach the diseased surface whose condition they are intended to modify. One often meets with opposition on the part of the patient or friends in carrying this injunction into effect, either owing to their laziness, to their preconceived opinions, or to the pain which is sometimes experienced in the removal of the crusts. Patients come to me, day after day, informing me that they have done what they could, but have only partially succeeded. The physician should in such instances repeat his instructions, and send his patient home again, and should refuse to prescribe any local applications till the diseased surface is fully exposed to view, by which means much less time is lost in the end, and the subsequent treatment is much more satisfactory.

The removal of the crusts is a very easy matter, and each practitioner has his own favourite method of procedure. I usually recommend the parts to be thoroughly saturated with oil, and the crusts, thus softened, are removed by washing with warm water, or in the case of hairy parts by combing. If this fails, a poultice composed of crumb of bread and hot almond oil may be applied to the eruption at night ; and if the crusts do not come away with the poultice in the morning, the

part should be lubricated with fresh almond oil, and the crusts removed with the finger nail about half an hour afterwards, when they have become thoroughly softened. If they reappear, as frequently happens, especially at the commencement of the treatment, they must invariably be removed before the reapplication of the curative agent.

Supposing now that all the crusts have been removed, and the diseased surface fully exposed to view, what local applications are to be made use of?

If the eruption has just made its appearance, if the surface is acutely inflamed, if it is the seat of a copious eruption of vesicles or pustules, if there is much swelling of the parts, or if burning heat is complained of in place of itching, we must exercise great circumspection as to the local treatment. In some cases every kind of local application is injurious, so that, if the above symptoms are well marked, it is better to avoid them altogether until the acute symptoms have in a measure subsided.

Local treatment of eczema in the acute stage.

One of the safest methods of treatment is to dust the parts two or three times daily with an absorbent powder, such as powdered talc, starch, oxide of zinc, calamine (carbonate of zinc), lycopodium, carbonate of magnesia, or violet powder, to any of which a little powdered camphor may be added to allay the burning heat. These powders

Dusting powders, &c.

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may be combined in various ways, as under-mentioned.*†

A very good application is a cold potato-starch poultice, a small quantity of absorbent powder being sprinkled on its surface.

Soothing ointments.

Soothing ointments are often useful in the acute stages of eczema, but in some instances even the most emollient cannot be tolerated; hence their effects must always be carefully watched in the first instance. And in order to obtain the full benefit of them it is necessary to keep them constantly applied to the affected surface, as by applying rags thickly smeared with them, and changing the dressing once or twice a day. Amongst those which are most likely to be of service may be mentioned the unguentum zinci, plumbi carbonatis, or plumbi subacetatis compositum, of the British Pharmacopœia, cucumber ointment (Neligan), and cold cream. A very good

* R Flor. Zinci.
Pulv. Alumin. Plumosi.
Pulv. Rad. Ireos. Flor., āā ℥i.
Amyli, ℥ij. M.

Sig. Dusting powder. (Hebra.)

† R Camphoræ, ℥ss.
Sp. Rectificati, q. s.
Pulv. Talci.
Zinci Oxidi, āā ℥ij. M.

Sig. Sprinkle a little over the part occasionally. Let a small quantity be made at a time, and let the powder be kept in a stoppered bottle, as it loses its strength by exposure to the air.

ointment is made by combining the emplastrum lithargyri with olive oil,* while a mixture of powdered oxide of zinc and glycerine, or almond oil, forms likewise a very soothing application, and to these may be added a little camphor if necessary.†

When the disease becomes chronic, as is indicated more particularly by the disappearance of the burning heat and the supervention of itching, the local applications which are appropriate are very different; but even they vary according to the stage of the eruption.

Local treatment of eczema in the chronic stage.

If there is *infiltration* of the skin to any extent, the local treatment which I am in the habit of prescribing is that recommended by some Conti-

* R Emplastri Lithargyri, ℥iv.
Olei Olivæ Opt., ℥iij.

Apply heat until the plaster is melted, and then stir till the mixture cools.

Dr. Steinhäuser's formula is as follows:—

R Olei Olivæ Opt., ℥xv.
Lithargyri, ℥iii. ℥vi.
Coque Dein. adde,
Olei Lavandulæ, ℥ii.
M. ft. Unguentum.

† R Pulv. Camphoræ, ℥ss.
Pulv. Zinci Oxidi, ℥ii.
Glycerini, ℥ii.
Adipis Benzoati, ℥i.
Cochinillini, gr. i.
Olei Rosæ, m. i.

M.

Sig. A most elegant formula.

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Use of potash applications.

mental dermatologists—in connection with which the name of Hebra must always be honourably associated—and which has only of late begun to make its appearance in English medical journals. This is the treatment by means of *potash* applications, which has been uniformly adopted at the Glasgow Dispensary for Skin Diseases, and with great success. Having had the privilege many years ago of witnessing the carrying out of this means of cure in Hebra's wards at Vienna, some of the prescriptions may resemble very much, or even be identical with those of that distinguished dermatologist, though I am unable to state at this moment which are due to him, and which are mere modifications of my own. I trust, however, I have sufficiently done justice to his merits, and that I shall be acquitted of the desire of taking any credit, except in so far as the success of this treatment was first thoroughly established in this country by my late colleague, Dr. Buchanan, and myself.

The strength of the local application varies with the amount of the infiltration, and likewise with the extent of the eruption; for of course when the disease is extensive, it would be injudicious to make use of those very strong applications which may be applied with safety in the more circumscribed cases.

Use of potash soap.

If the infiltration is slight, or the rash extensive, common *potash soap* (soft soap, black soap, sapo

mollis, sapo viridis), or a solution of one part of it in two of boiling water, a little oil of rosemary or citronella being added to conceal in part the odour, may be used.* A piece of flannel dipped in this should be rubbed as firmly as possible over the affected parts night and morning, and the solution allowed to dry upon them; or a piece of flannel wrung out of the solution may be applied to the part, and left in contact with it all night if the patient can bear it.

A more elegant preparation is *liquor potassæ*, which may be painted over the eruption once daily with a large brush, its irritant properties being neutralized by means of tepid water if the smarting becomes excessive.

Use of liquor
potassæ.

Instead of soft soap or aqua potassæ, solutions of *potassa fusa* may be employed. In the mildest cases, with only slight infiltration, two grains of potassa fusa—in the more severe, five, ten, twenty, thirty grains, or even more—in an ounce of water may be used; but I rarely resort to a stronger solution where the eruption is extensive. Even the solution containing thirty grains to the ounce, which may be applied in the same way as liquor potassæ, must be used with great caution, and soon washed off with water, and the application

Use of potassa fusa

* R Saponis Mollis, ℥i.
 Aquæ Bullientis, ℥ij.
 Olei Citronellæ, ℥ss.

M.

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should not be repeated oftener than once daily at the most. When such a strong solution is prescribed, and especially if the eruption is extensive, it is advisable for the physician to apply it himself, at first at all events; and in no case should it be used so strong, or allowed to remain on so long, as to produce any manifest destruction of the skin. When the eruption is very limited and very obstinate, and particularly when the patches assume the appearance represented by the terms *Eczema sclerosum* and *verrucosum*, a much stronger solution may be applied, and Hebra sometimes uses a solution of one drachm of potassa fusa in two drachms of water. "After the accumulated masses of dead epidermis in the form of scales, crusts, &c., have been removed by appropriate means, so as to expose the subjacent red, infiltrated, moist surface, the solution is applied with a charpie-brush, passed quickly and evenly backwards and forwards over the affected part in every direction; then the hand, or a piece of flannel, is to be dipped in water, and with it the lotion spread still more equally over the whole surface. A white froth, not unlike soapsuds, will soon be observed to form on the eczematous patch; and this only occurs when water is thus rubbed in after application of the caustic solution.

"When this part of the process has been thus finished, a considerable quantity of fluid exudes in

drops upon the surface. To allay the pain, and to prevent the formation of scabs, rags dipped in cold water should be applied, and frequently changed during the day. The patient need not be disturbed in the night, if care be taken that the rags are kept wet, and this is best done by help of oil-silk or gutta percha. After water-dressing has been thus constantly applied for a week, the minute raw places of greater or less depth, which the caustic application has here and there produced, will have recovered their epidermis, and the itching, which had quite ceased during this time, will again become troublesome. Moreover, it will be soon observed that red spots reappear here and there, and vesicles are seen ; this should lead to a repetition of the former procedure. When the water-dressing has entirely removed the traces of the second caustic application, a third should follow, and this weekly course of treatment should be repeated as often as the symptoms just mentioned return. It is scarcely ever necessary for the solution of potash to be used more than twelve times, even in the most severe cases ; for even if after this a few small places should show a disposition to relapse, some more gentle treatment will suffice to prevent it."

Instead of potassa fusa, some recommend solutions of chloride of zinc in similar proportions ; but I have very little experience of it, being so

Use of chloride
of zinc.

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well satisfied with the performance of the former. The following case, however, proves that it is a useful agent:—

“ Hugh D., aged about 40, saddler, came to the Dispensary for Skin Diseases, Glasgow, March 17, 1862. Small patches of eczema were noticed on the backs of his hands, sides of his fingers, and about his wrists. These were very itchy, with a good deal of infiltration; some of them studded with vesicles, and exuding a serous fluid, others dry and scaly. Although some of the patches were situated over the joints of the fingers, there were no fissures. A solution of chloride of zinc (ʒj. to the j. of water) was ordered to be painted over the affected parts morning and evening; and if the action was too severe, it was to be moderated by the use of water.

“ *March 24.*—Greatly improved; itching nearly gone; infiltration of skin much diminished; serous exudation very slight, and only after the application of the zinc lotion.

“ The patient noticed a slight tendency to the formation of new vesicles on and around the patches, which was at once checked, however, by the lotion.

“ *March 31.*—Eruption gone.”

When any of these irritants are made use of they cause smarting, and when the stronger solutions are applied, often considerable pain; but

patients have informed me that, although the smarting and pain are severe, they prefer it to their old enemy, the itching. On the other hand, some patients, although this is rarely the case, will not submit to a repetition of the remedy. I was particularly struck with this in the case of a medical man in this city, who consulted me some time ago about an extensive eczematous eruption of old standing, and for whom I prescribed the mildest of the applications above referred to. He told a friend, shortly after, that he had applied it once, and that it had nearly killed him; the fact being that he had been affected with eczema so long, and had tried so many useless drugs, that his faith in the efficacy of remedies was shaken, and he would not give a fair trial to a system of treatment which, though a little unpleasant at first, would certainly have relieved him. But medical men are notoriously the worst and most refractory patients to deal with.

Having pointed out that the strength of the potash or zinc solutions which are employed should vary with the amount of infiltration of the skin, it will probably have occurred to the reader that, when the eruption is extensive, and some of the patches much more infiltrated than others, a weak solution may be applied to the latter, a stronger one to the former; and it is equally

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obvious that, as the infiltration subsides, the solution may be gradually diluted.

Often, by continuing the use of a weak potash solution for some time after the infiltration is gone, all trace of the complaint disappears; but in most instances it is better to substitute for it one of the preparations about to be mentioned, as the disease verges upon a cure. But if, on changing the local application, the infiltration of the skin reappears to any extent, it is better at once to have recourse to the potash solutions again. I have just one caution to give before leaving this subject, namely, that care must be taken in the use of these solutions, and especially the stronger of them, in the case of infants, of delicate females, or of old and infirm persons, as the shock produced by their application might possibly be followed by serious results.

Use of cold water. While these preparations are being employed, cold water forms a very agreeable and useful adjunct. The affected parts may be bathed with it, or it may be allowed to fall upon them from a height, with the aid of a watering can. Sometimes cloths wrung out of cold water may be placed upon the eruption with advantage in the intervals between the applications.

In every case, when practicable, soft water should be used; indeed all persons with delicate skins should avoid hard water. If that which is

at the disposal of the patient is hard, it should be boiled, so as to deposit a great portion of its salts ; and then, as recommended by Hebra, it may be poured boiling upon bruised almonds or flour, or other mucilaginous substance, and used after it becomes cool. It is better still to make use of distilled or pure rain water. But in every case the constant use of water should be avoided, as being calculated to do harm instead of good.

I have already pointed out that in mild cases Use of local sedatives. the eruption is often kept up by the scratching alone, and that in these instances local sedatives have sometimes the effect of curing the disease by allaying the itching, and the desire to scratch the part. Hence it will be understood how, in more severe cases, while the scratching does not of itself keep up the disease, it tends to aggravate it and to make it more rebellious.

We must therefore exhort the patient to refrain from scratching as much as possible, and at the same time we must employ means to allay the itching. The potash and zinc preparations have certainly this effect in a marked degree, and so has the application of cold water (for the time); but sedatives and narcotics taken internally are not, in my opinion, of the slightest service, except in so far as a large dose may produce sleep, and when the patient has long been deprived of it, owing to the itching, this is much to be desired.

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Use of hydrocyanic acid.

Lotions of dilute *hydrocyanic acid*, in proportions varying from ℥x. to ℥j. in an ounce of water, with the addition of a drachm of glycerine, may be applied with advantage whenever the part is itchy, instead of *giving way to the desire to scratch*.

When such a strong solution as ℥j. of prussic acid to the ℥j. of water is used, it must not be applied over a very extensive surface, and the patient must be warned that it is a very powerful poison. The potash solutions previously referred to are of the greatest service for the alleviation of the itching, as well as for the removal of the infiltration of the skin, so that it is often advantageous to combine the prussic acid with one of them, as in the accompanying prescription.*

Use of cyanide of potassium.

Some prefer the use of cyanide of potassium in the form of ointment. For this purpose from five to ten grains may be mixed with cold cream, or the benzoated oxide of zinc ointment.†

Use of chloroform.

In some cases, too, a pomadé containing chloro-

* R Potassæ Fusæ, gr. v.
Acid. Hydrocyan. dil., ℥ij.
Aquæ Rosarum, ℥j.

Sig. Sponge the parts night and morning, and when the itchy sensation is severe.

† R Cyanidi Potassi, gr. vj.
Cerati Galeni (Paris Codex), ℥j.
Cochinillini, gr. ʒ.

M.

form is of service,* or a mixture of chloral and camphor.†

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Although I have been in the habit of using the preparations of camphor principally with the view of allaying the burning heat in acute cases of eczema, I believe them to be equally serviceable for the purpose of moderating the itching in chronic ones. For this purpose the prescription to be found at page 94 may be employed, or the ordinary camphorated oil or camphor ointment, which may be rubbed into the eruption night and morning, and when the parts are itchy.

Use of camphor.

But the most powerful remedies which we possess for the relief of itching, as well as for the removal of the disease, are the tarry preparations. These are described at length in the succeeding chapter.

* R Chloroformi, ℥j.
 Adipis Benzoati, ℥ij.
 Cochinillini, gr. ʒ.

M.

Sig. Rub a little firmly over the parts which are itchy, but let none of the ointment remain undissolved upon the skin.

† R Chloralis Hydratis.
 Camphoræ, āā. ℥ss.

M. intime.

Sig. Rub a little gently upon the part, and wash off when the smarting becomes severe.

CHAPTER X.

CHAP. X.
Use of tarry
preparations.

THE local application of *tarry preparations* is of the utmost value, and has long been in vogue in this country in the treatment of eczema; but they have been far too frequently used in a routine way, and without discrimination. When any of those conditions are present, to which I have already referred (p. 115) as indicating the necessity for using soothing applications, they are, as a rule, decidedly contra-indicated; for it must ever be borne in mind that tarry preparations are chiefly of use when the eruption is chronic or declining. Even then it occasionally happens, owing apparently to the skin being unusually sensitive, that the disease is aggravated instead of ameliorated by them, or that a chronic is converted into an acute eruption. Hence they must be employed at first with due care and sufficiently diluted.

Those most applicable for dispensary patients, owing to their cheapness, are wood tar (*Pix liquida*), coal tar (which I prescribe under the name of *Pix mineralis*), and Burgundy pitch (*Pix burgundica*); but in private practice, when expense is no object, more elegant preparations, such as the *Oleum*

*rusci** or *Oleum cadini* (oil of cade), may be employed. The former of these is the product of the bark of the white birch, the latter of the dry distillation of the wood of the *Juniperus oxycedrus* (a), and should be obtained from Aix-la-Chapelle, else a liquid prepared from common tar is apt to be supplied in its stead.

Whichever of these preparations is selected should be rubbed firmly over the eruption by means of a piece of flannel, and allowed to dry upon it. It may be applied once or twice daily, or oftener if the irritation of skin, which is moderated or allayed by its use, returns before the stated time for its reapplication. It should be washed off as well as possible with soft soap, or, amongst the higher classes, with one of the toilet soaps to which I shall shortly refer, before it is renewed.

In many cases it is more appropriate to pre-
Ointments contain-
 ing tar, &c
 scribe tarry preparations in the form of ointments rather than lotions, particularly when the parts feel stiff and rigid, and when there is a tendency to the formation of fissures. They may be applied in the form of the unguentum picis liquidæ in a

* A supply of this has been obtained from Germany for me by Mr. Greig, the excellent Manager of the New Apothecaries Co., 57 Glassford Street, Glasgow.

more firmly over the parts; and in many cases it will be found of advantage to allow them to dry upon the eruption.

I rarely employ tar alone, however, in the treatment of eczema, but usually combine it in various ways, as, for example, with one of the potash solutions. A most admirable preparation, one of Hebra's, and which is used to a great extent at the Dispensary for Skin Diseases, Glasgow, under the name of "tinctura saponis viridis cum pice," and with the most charming effect, is a mixture of equal parts of common tar, methylated spirit, and soft soap, which should be applied exactly in the same way, and as frequently as the simple solution of soft soap.

In private practice, where expense is less an object than the elegance of the preparation, oil of cade may be substituted for common tar, and rectified spirit for methylated spirit, while a little oil of lavender may be added to conceal in part the disagreeable odour; * or, instead of using soft soap at all, a solution of potassa fusa may be added to the mixture, the amount of the caustic potash depending upon the amount of infiltration

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Various combina-
tions of tar, &c.

* R Saponis Mollis.
 Spt. Rectificati.
 Olei Cadini, āā ℥j.
 Olei Lavandulæ, ℥jss. M.

Sig. Rub a little firmly over the eruption night and morning, and wash it off before each re-application.

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of the skin, and the extent of surface to which it has to be applied.*

The worst of these lotions is that they produce a temporary but marked discoloration of the parts to which they are applied, and if the eruption is situated on uncovered parts, and especially on the face, this is a serious inconvenience, and indeed some patients refuse to employ it on that account.

Diluted lotions of tar, &c., forming emulsions with water.

Further, it not uncommonly happens that they prove too stimulating, and then they have a tendency to aggravate instead of to remove the eruption. It was therefore very desirable to find out some way of altering their colour, and of diluting them, and the difficulty was to produce a mixture capable of forming an emulsion with water. This can be done, I find, by mixing mineral tar and spirit in certain proportions, and by adding a little strong solution of ammonia, as in the formula which is appended.† Such a mixture forms a

* R Potassæ Fusæ, gr. ix.
Spt. Rectificati.
Olei Rusci.
"Eau de Cologne," āā ℥j. M.

Sig. The same as the last.

† R Picis Mineralis, ℥ij.
Sp. Rectificati, ℥ij.
Cola et adde,
Liquoris Ammonix Fort., ℥ viij.
Glycerini (Price), ℥vj.
Aquæ Distillatæ, ad ℥xij. M.

Sig. Sponge the parts two or three times daily.

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the mixture must depend upon the degree of chronicity of the skin disease. It removes at once the fetid odour which often exhales from eczematous surfaces, counteracts the itching, and heals up the excoriations and ulcerations with remarkable rapidity. I have seen cases in which it removed the eruption almost completely within a week.

Value of carbolic acid compared with that of tar.

If I might compare the value of carbolic acid, of which I have had a comparatively short experience, with that of the tarry preparations to which I have previously referred, and with the virtues of which I have long been intimately acquainted, I should be inclined to say that carbolic acid is decidedly inferior to the latter, on the whole; but that it sometimes succeeds when tarry preparations fail, and that it is also sometimes to be preferred, owing to the aqueous solution being quite colourless when fresh, and exhaling an odour which to most persons is neither pungent nor otherwise disagreeable.

The use of mercurial lotions and ointments.

The *preparations of mercury* are sometimes of service in the treatment of eczema, especially when the eruption is verging upon a cure, when the infiltration and exudation are gone, and the itching moderated, although in many cases it is difficult to say how much of the benefit derived is due to the unctuous substances with which they are usually combined, and how much to the mercurials

themselves; for unguents do good in cases of eczema, apart altogether from the active ingredients which they contain. They are not to be compared for one moment with the tarry preparations, unless a decidedly syphilitic taint lies at the root of, or complicates the disease.

Any of the ointments of the British Pharmacopœia may be used, as the unguentum hydrargyri ammoniati, nitratis, oxidi rubri, iodidi rubri, or subchloridi; or the mercurial preparations which enter into their composition may be given in a more concentrated or diluted form, according as the parts require much stimulation, or are irritated thereby.* If itching is complained of, a little cyanide of potassium, camphor, carbolic acid, or the like, may be added, as in the subjoined prescriptions.†

If a lotion is preferred, from one to four grains of the bichloride of mercury may be dissolved

* R. Hydrargyri Bisulphureti.
Hydrargyri Nitrico-oxidi levigati, āā gr. vi.
Creasoti, ℥ii.
Adipis Recentis, ℥i. M.
(Startin.)

† R. Hydrargyri Ammoniati, ℥j.
Adipis Benzoati.
Glycerini Amyli, āā ℥vj.
Acidi Carbolici, ℥j. M.

Sig. Apply two or three times daily.

R. Liquoris Carbonis Detergentis, ℥i.
Ung. Hydrargyri Nitratis, ℥iii.
Ung. Simplicis, ℥iv. M.

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with the aid of a little alcohol and mixed with an ounce of rose-water, while a little dilute hydrocyanic acid may be added if necessary, the solution being rubbed into the part two or three times daily.* In using mercurial preparations locally, one must always bear in mind the possibility of their being absorbed in sufficient quantity to produce salivation; hence care must be taken in anointing an extensive surface, and the patient should be warned to discontinue the application if the gums become tender.

Some time ago I ordered a lotion of bichloride of mercury (gr. ij. to the ℥j. of water) to be applied to the nose of a lady, and in three days, to my astonishment, salivation had occurred. On the other hand, I have repeatedly ordered stronger lotions to be applied to extensive surfaces for weeks without the occurrence of the slightest tendency to salivation, thus showing the peculiarities of different constitutions.

The use of lotions and ointments containing sulphur.

The preparations of sulphur are of doubtful utility in the treatment of this complaint, unless the patches are in a very chronic state, and even then many of the applications previously referred

* ℞ Hydrargyri Perchloridi, gr. xii.
 Acidi Hydrocyanici dil., ℥ij.
 Glycerini (Price), ℥ij.
 "Eau de Cologne," ad ℥vi. M.

Sig. Sponge the parts two or three times daily.

to are much more effectual. If, however, the eczematous eruption is brought out by the nails of patients whose skins are itchy owing to the presence of pediculi, or to their being affected with scabies, sulphur is useful in so far as it kills the parasites, and removes the cause of the irritation; and thus this remedy often gets the credit of curing eczema, when, in point of fact, it merely removes the cause. Indeed, the eczematous eruptions complicating parasitic diseases are often aggravated for a time by the use of sulphur, although they may be ultimately benefited owing to the cause of the scratching which produced the eruption being allayed.

While emollient ointments, which depend almost entirely upon their oily ingredients for their beneficial effect, are best applied spread upon rags, stimulating ointments should, as a rule, be melted on the point of the finger, and rubbed firmly into the affected part, and none should be allowed to lie undissolved upon the skin, nor, in most instances, should their colour be perceptible after their application; the surface should merely have the appearance of having been recently moistened. The part may occasionally be cleaned with white of egg and soft tepid water, for if layer after layer be smeared upon the skin, it becomes rancid, acts as an irritant, and is calculated rather to be prejudicial than otherwise.

Directions as to the
use of ointments.

CHAP. X.
Caution as to the preparation of ointments.

It is of the first importance, if ointments are prescribed, that the physician, unless he has perfect confidence in the apothecary who prepares them, should examine them before they are used; for if they are carelessly prepared, or if they are in the least degree rancid, as happens in innumerable instances, they are very apt to aggravate the symptoms which they were intended to allay. Hence the disrepute into which many valuable ointments have undeservedly fallen.

The use of astringents.

Astringents are of use in some cases of eczema, such as the sulphate of zinc or copper in proportions varying from three to twenty grains in an ounce of rose-water, or the solution of the diacetate of lead, diluted with distilled water; but I rarely have occasion to use them, and I think them inferior to the remedies previously described.

Soaps of use for eczematous subjects.

Persons who have very tender skins, or who are subject to attacks of eczema, should be careful as to what kind of soap, as well as to what kind of water they use for washing. Hendrie's "dispensary petroleum soap," Pear's "hospital transparent soap," Rieger's "glycerine soap" (warranted to contain 40 per cent. of glycerine), Price's "solidified glycerine" (said to contain half its weight of glycerine), and the "sapo carbonis detergens" of Wright & Co. (already mentioned), are amongst the safest and pleasantest toilet soaps with which I am acquainted.

The following case of Eczema erythematodes is of value, as illustrating many of the points of treatment to which I have adverted when the eruption covers an extensive surface:—

CHAP. X.
Case of Eczema
erythematodes.

“A gentleman from the west of Scotland, aged about 40, consulted me on November 9, 1861, with regard to an eczematous eruption of great severity and of many weeks' duration. (He had one previous attack, which lasted three years.) The parts affected were the neck, lower part of the abdomen, inner aspects of the thighs, and the arms and legs, especially the flexor surfaces of the elbows and knees. The eruption was bright red, and presented an erythematous surface, neither vesicles, pustules, nor papules being visible. There was no exudation from the abdomen or extremities. The skin of the neck, on the other hand, was much infiltrated, and from it serum exuded in abundance. The itching was severe. He was robust, without being corpulent, and, with the exception of the eruption, was to all appearance in perfect health. He was ordered to rub the inflamed parts firmly morning and evening with a piece of flannel dipped in a solution of soft soap, with the addition of a few drops of dilute hydrocyanic acid.* Cold water

* ℞ Acidi Hydrocyanici dil., ℥ xl.
 Saponis Mollis, ℥ iss.
 Aquæ, ℥ iij.
 Olei Rosmarini, ℥ j.

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was frequently dashed over the parts, five drops of Fowler's solution taken thrice daily after food, and a farinaceous diet was recommended.

"*November 12.*—No change. Local application omitted, being too weak. The whole eruption was painted with a solution of potassa fusa (℥ss. to the ℥j. of water), which was washed off with cold water whenever the smarting became very severe. This was followed by the exudation of a considerable quantity of serum, especially from the neck. The patient was ordered to repeat this every two or three days, oftener or seldomer according to the severity of the application and the effect produced. The cold shower-bath was to be used twice daily, and the Fowler's solution to be continued.

"In a letter, dated November 21, I was informed that the infiltration had quite disappeared from the arms, legs, and abdomen, and only some redness and itching remained. The infiltration, exudation, and itching of the neck were much moderated. He was ordered to continue the potassa fusa solution to the neck, and a mixture of oil of cade, soft soap, water, and dilute hydrocyanic acid, was to be rubbed firmly over the parts night and morning.*

* R Acidi Hydrocyanici, dil. ℥ xl.
 Olei Cadini, ℥j.
 Saponis Mollis, ℥ij.
 Olei Rosmarini, ℥iiss.
 Sp. Rectificati, ad ℥ v. M.

The Fowler's solution, which agreed, was to be increased to seven and a half drops thrice daily. The bowels and kidneys being torpid, a teaspoonful of a powder containing sulphur, magnesia, and bitartrate of potash, was to be taken at bedtime.

"On December 6 patient stated :—' Since I last wrote the complaint spread down the legs to the ankles. I have thus been affected from the ear to the foot, first and last. The strong application (potassa fusa, ℥ss., aquæ, ℥j.) checked the inflammation, and no exudation took place.' The previous eruption he stated to be rapidly disappearing under the influence of the local applications, although the itching was considerable at times.

"On December 30 only a little roughness and very slight occasional itching of the skin remained. An ointment containing cyanide of potassium, benzoated oxide of zinc ointment, and citrine ointment, was to be applied night and morning.*

"On January 9, 1862, the patient came to see me. The eruption was gone, and there was only a feeling as if the skin was not so elastic as natural. The local treatment was omitted, the dose of the Fowler's solution diminished to five drops thrice

* ℞ Cyanidi Potassii, gr. xii.
Unguenti Zinci.
Unguenti Hydrargyri Nitratis, āā ℥j. M.

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daily, and the purgative powder was only to be taken to relieve constipation.

“*January 1, 1863.*—No return of the eruption. Treatment omitted ten months ago.”

There can be no doubt that the local treatment was the most effectual in this case.

The use of impermeable dressings.

The use of impermeable dressings in the treatment of eczema and allied diseases was introduced some years ago by Hardy, of the St. Louis Hospital; and although it has of late been employed extensively by Hebra, it has never come into general use nor attained to that position as a therapeutic agent to which it is justly entitled. I have employed it myself on a very extensive scale, and with the following result. The material used has, for the most part, been vulcanized india-rubber and vulcanized india-rubber cloth. It acts in a variety of ways: it excludes the air, keeps the part warm and at a uniform temperature, and promotes the secretions from the cutaneous glands, which it retains, so that they macerate and favour the removal of the epidermis. According to Hebra, it does good also in virtue of the sulphur which it contains. Of this, however, I am doubtful. I lately recommended a patient labouring under *Eczema rimosum* (the fissured variety of eczema) of the palms to use a pair of vulcanized india-rubber gloves. He subjected the left hand only, however, to the treatment. “For

the right," he wrote me, "I merely wore an ordinary leather glove with the fingers cut off, and lined in the palm with a bit of oil-silk; this I have found quite sufficient for it, as the slight indications of its being affected have quite disappeared" (*i.e.* in a couple of weeks).

The following cases illustrate the value of impermeable dressings:—

Illustrative cases.

"Allan M'A——, aged forty, hatter, was admitted to the Glasgow Skin Dispensary on December 23, 1868. The disease, Eczema manuum, had appeared for the first time about three years before this date, and somewhat in the following manner. He first noticed a number of small 'blisters,' about the size of pin-heads; these, after remaining a short time, burst, discharging their contents, and leaving a raw surface, which was extremely itchy and 'leeted' very much. The eruption appeared first on the dorsal surface of the right hand, then on the sides of the fingers, and lastly on the dorsal surface of the fingers. Shortly after this a similar eruption appeared on the left hand. The disease lasted a considerable time, and disappeared under medical treatment. The second attack commenced about eight weeks previous to admission, appearing in the same manner and order as before; but this time the palmar surfaces of the fingers were implicated as well as the above-mentioned parts.

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“The appearances on admission were :—On the left hand the eruption implicated its dorsal surface, as well as the dorsal surfaces and sides of the fingers : these parts were considerably infiltrated, covered with a serous exudation, and were the seat of numerous excoriations. The right hand presented similar appearances, but the infiltration of the skin on its dorsal surface was much more marked. The eruption was extremely itchy, and was rapidly extending. The patient’s general health was good. He was ordered to procure a pair of india-rubber gloves, and to wear them constantly for a fortnight.

“On January 6, 1869, the disease had in most parts completely disappeared, a faint reddish blush only being left on the sites of the previous eruption. He was ordered to continue the use of the gloves for another fortnight, and then to return—which, however, he failed to do.” (Reported by Mr. J. D. Walker.)

“Louisa W——, aged four years and eight months, admitted to the Glasgow Skin Dispensary June 28, 1869. Her father stated that the eruption, *Eczema capitis*, first made its appearance when she was three months old, and disappeared about three months thereafter. She remained well till after an attack of scarlatina at the age of a year and a half, when it reappeared, since which time she had never been altogether free of it.

“The appearances on admission were:—The eruption implicated the external ears and the whole of the scalp. These parts were very red, much infiltrated, exuded an abundance of clear serum, and were studded with crusts. The patient complained of great irritation of the skin and of burning heat. She looked rather delicate, but her digestive organs were in good order, although the year before she had been troubled with worms. Various remedies had been tried, but to little purpose. She was ordered a vulcanized india-rubber cap, which was to be worn constantly.

“On July 15 the infiltration of the skin and the exudation had completely disappeared, the itching and burning heat were almost gone, and a faint red blush was all that remained of the previous eruption. The india-rubber cap was continued. The patient did not return.” (Reported by Mr. Robert Sinclair.)

It is, in my opinion, of some consequence to apply the india-rubber pretty closely to the skin, and when the patient is unable to use it by day it may still prove of service when employed at night, although not so rapidly or surely. If the hands or feet are affected, the india-rubber should take the shape of gloves or stockings; if the head, a nightcap may be made of it; if the whole body is involved, a complete suit of india-rubber under-clothing may be worn. It should be carefully

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removed from time to time, for the purpose of cleansing it and of wiping the skin; and if, as sometimes happens, the tender skin in the vicinity of the eruption is abraded and raw, a little benzoated zinc ointment may be applied with advantage, or the covering taken off for a day or two.

Treatment of circumstances chronic eruptions.

When the eczematous eruption occupies a limited extent of surface, and especially when the patches assume the form of Eczema sclerosum or verrucosum, and when it resists other treatment, it may require to be attacked by strong local applications, while it is not, as a rule, so much under the influence of internal medicines as when

Use of strong solutions of potassa fusa and chloride of zinc.

it covers a large area. In such cases, strong solutions of potassa fusa or chloride of zinc, or even these caustics in the solid form, may be employed locally in the manner and with the precautions previously described, and often with benefit; but they must be omitted whenever the infiltration of the skin is removed.

Use of solid nitrate of silver, of carbolic acid, and of tincture of iodine.

Cauterisation with solid nitrate of silver may sometimes be resorted to instead of the above, or a mixture of equal parts of carbolic acid and spirit painted over the part once a week, or the tincture of iodine night and morning, a poultice of bread and hot oil being applied about once a week to hasten the removal of the red skin which forms a covering to the eruption, and prevents the new layers of iodine from coming in

contact with the disease itself. But of all the local means for the removal of limited eczematous eruptions, none are equal to blistering. This may be done by means of a solution of bichloride of mercury (ʒj. to the ʒj. of alcohol), the fluid being painted over the eruption, and allowed to dry upon it. There is a certain risk, however, of the absorption of the mercury to such an extent as to produce salivation, so that it should not be used except when the patch of eruption is small, and even then the danger is by no means obviated, as I once witnessed the supervention of salivation under these circumstances.

Use of blisters of bichloride of mercury.

The best and safest blistering agent is cantharides in some form or another. That which I used to employ almost exclusively is the glacial acetum cantharidis—that is, acetum cantharidis prepared with glacial acetic acid (b). It should be made in small quantities at a time, and kept in a good stoppered bottle, the stopper being removed for as short a time as possible, and when not in use covered with leather, otherwise its strength diminishes, and much annoyance is thereby occasioned. A little of this solution is taken up by means of a paint-brush, and painted over the part till it becomes perfectly white. If the fluid is of full strength, and the skin thin, as on the face, it usually blisters it at once; but if the opposite holds, and especially if the head

Use of cantharides.

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or palms of the hands are to be attacked, it may require to be painted over them more freely. After the skin is *thoroughly whitened*, a poultice may be applied, but the cuticle rarely "rises" so completely as after a common blister. One application is often sufficient to remove the eruption; but, if necessary, it may be repeated weekly, the crust produced by the previous eruption being softened with oil and removed before each reapplication.

Illustrative case.

A couple of months ago a gentleman, aged about 35, and otherwise in perfect health, consulted me with regard to an eczematous eruption on the head of twelve years' duration, for which he had been repeatedly shaved, and had consulted many physicians of eminence. Tar had been applied to the scalp systematically for some time, and every conceivable ointment had been used, but without avail. After his hair was removed, I found that the disease corresponded to the form described under the name of *Eczema squamosum*: it covered the whole head, and, as usually happens in these obstinate cases, was accurately limited to the hairy parts. The scales on the surface were numerous, the itching severe, and on the crown, front, and sides of the head, the infiltration and redness of the skin were great. I blistered these parts with glacial acetum cantharidis—the fluid requiring to be very freely applied, owing

to the thickness of the skin—and ordered the rest of the scalp, which was less severely affected, to be painted with tincture of iodine morning and evening. In a fortnight the iodine was omitted; and when the crusts and scales produced by the iodine and the blistering fluid were removed, the scalp appeared perfectly healthy, and without a vestige of the previous eruption. To consolidate the cure, however, tincture of iodine was painted over the whole head night and morning for a fortnight, and when the red skin was removed the scalp looked remarkably well, there being not even the vestige of a scale, which can rarely be said even of the head of a healthy person. No other treatment was resorted to, and the gentleman has since been in America. In the interval his hair grew in greater force than ever, and he is delighted to be rid of his old and indefatigable enemy.

Many cases such as these might be mentioned, but I shall just refer to one more, which many of my students had an opportunity of seeing:—“A woman, pretty well advanced in years, came to the Dispensary for Skin Diseases, Glasgow, in the spring of 1863, to get advice about an eczematous eruption of old standing, which covered the whole of the palmar surface of each hand. She had likewise a tendency to eczema of the leg, which was removed by means of the ‘*tinctura saponis viridis*

Illustrative case.

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cum pice,' a preparation previously referred to. It is to the hands, however, I wish to allude. The eruption here assumed the form of Eczema rimosum, the fissures being very numerous and deep, and the infiltration of the skin great. Itching was mingled with pain, but the latter, on account of the fissures, predominated. Owing to the pain and stiffness, the hands were kept constantly in a semi-closed position, and she was unable to use them. I blistered each hand with the glacial acetum cantharidis, which had a marvellous effect. The eruption disappeared completely, and the patient returned with joy depicted in her countenance, and opened and closed her hands with perfect facility, not unmingled with pride."

The use of emplastrum cantharidinis liquidum.

The blistering agent which I am in the habit of employing at the present time chiefly, and one which does not produce much pain, as the glacial acetum cantharidis does whenever it is applied, is Smith's "emplastrum cantharidinis liquidum" (T. & H. Smith & Co.). After shaking the bottle, a paint-brush is dipped in the mixture, and the affected part painted with it immediately, as it dries up very quickly. In five or six hours thereafter a poultice is applied for an hour or two, by which time the blister is fully formed. It is then dressed like an ordinary blister, and allowed to heal. Instead of this fluid, Brown's "cantharidine blistering tissue" (T. B. Brown,

Birmingham) may be used, which should be cut into pieces of such a size as to insure its lying upon the affected part without wrinkling. After the cuticle rises, it is treated like a common blister.

(a) "Medicines: their Uses and Mode of Administration," by J. Moore Neligan, M.D. Fourth Edition, p. 405. Dublin.

(b) This solution is made at the New Apothecaries' Company, 57 Glassford Street, and at Frazer and Green's, 113 Buchanan Street, and 305 Sauchiehall Street, Glasgow.

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FROM the treatment of eczematous eruptions occurring in limited patches, I pass naturally to the consideration of the last division of the subject, the—

Local varieties of eczema.

Local Varieties of Eczema; but it must be observed at the outset that the remarks I am about to make are to be taken in connection with what I have already stated, as much needless repetition may thus be avoided.

While eczema may be observed upon any part of the cutaneous envelope, and indeed may affect almost the whole of it at one time, there are certain localities which it seizes upon in preference to others, and to which it is often limited. These are the head, hairy portions of the face, lips, edges of the eyelids, nostrils, external auditory passages and ears, hands, feet, legs, genitals, anus, umbilicus, flexor surfaces of the joints, and those parts of the skin which are naturally in contact with one another.

Eczema capitis.

Eczema of the Head (*Eczema capitis*, *Impetigo capitis*) occurs most frequently in the pustular form, especially in the case of children, whose heads are attacked with remarkable frequency,

and next to this in the dry squamous form, particularly in chronic cases. When this part is affected, the eruption has a tendency to chronicity, particularly if the treatment is not energetically and thoroughly carried into effect. For it is more difficult to keep the surface clean than when the non-hairy parts are invaded, owing to the hairs being glued together by the exudation, and to the crusts being entangled in them and being difficult of removal. For this reason the patient often allows them to remain for weeks, months, nay, even years upon the head; and when advice is at last obtained, the whole scalp is not unfrequently found to be concealed from view. In this way collections of pus are apt to take place between the crusts and the scalp, owing to confinement of successive exudations, and do infinite harm. Besides, when hard crusts are allowed to remain on the head for a lengthened period of time, they press upon the hair follicles, and lead to their obliteration; whereas, when the eruption is properly treated from the first, there can be no permanent loss of hair. The crusts are composed not merely of the morbid secretion, but also of the contents of the sebaceous glands, which in this situation are very abundant; and thus, in neglected cases, owing to the products of decomposition, the disease is calculated in an eminent degree, not only to offend the eye, but also the sense of smell.

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Pediculi in cases of
Eczema capitis.

When the disease is neglected in the manner just indicated, lice are attracted to the part, and are often detected wallowing in the mire in thousands, while their nits (eggs) adhere, by means of sheaths, with great tenacity to the hairs, and in countless numbers. But while lice often occur as complications of an eczematous eruption, we must be alive to the fact that these insects sometimes attack the head of a healthy person, in whom they excite a sensation of itching. This causes the patient to scratch the part, and an eczematous eruption may thereby be induced. The lice on the head are thus the exciting cause of eczema in some cases, its result in others.

Subcutaneous abscesses and glandular enlargements in Eczema capitis.

Little subcutaneous abscesses are sometimes met with on the head, especially in children, in addition to the collections of matter between the scalp and the crusts; and enlargement of the neighbouring glands, especially of those on the back of the neck and over the mastoid processes, occur in all aggravated chronic cases.

Eczema capitis in the dry chronic stage.

In the later stages of the disease, when the crusts have fallen and the exudation has ceased, the disease assumes the form of Eczema squamosum, the scalp being red, scaly, itchy, and infiltrated. In all cases of old standing the hair falls out to a considerable extent; but the thinning of the hair, with the exception already mentioned, is only temporary; for it grows again as well as

ever after the skin affection is removed. The eruption may occur in patches scattered over the head, or the whole of the scalp and neighbouring parts may be attacked.

The *diagnosis* of Eczema capitis is sometimes difficult to the unaccustomed eye, and I have accordingly arranged in a tabular form the points to be attended to as distinguishing it from syphilitic Eczema capitis, Seborrhœa capitis, Psoriasis capitis, and Tinea tonsurans :—

Diagnosis of Eczema capitis.

Table showing the Points which Distinguish Eczema capitis from Syphilitic Eczema capitis, Seborrhœa capitis, Psoriasis capitis, and Tinea tonsurans :—

ECZEMA CAPITIS.	THE SO-CALLED SYPHILITIC ECZEMA CAPITIS.
1. Occurs oftenest in children.	1. Occurs usually in adults.
2. Often attacks the whole scalp.	2. Usually occurs in small patches.
3. Exhibits superficial ulcers only, if any.	3. May exhibit deep ulcers, with perpendicular edges and unhealthy bases.
4. Occurs in persons in whom there is no history of primary syphilis, except as a coincidence.	4. Occurs in persons in whom there is, usually a history of primary syphilis.
5. Does not occur in connection with symptoms of syphilis, except as a coincidence.	5. Occurs in connection with other signs of syphilis, e.g., alopecia, sore-throat, other syphilitic eruptions on the skin, glandular enlargements, nocturnal rheumatism, &c.

For further particulars, see the general diagnosis of eczema from syphilitic eruptions.

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ECZEMA CAPITIS.

1. Exhibits crusts, which are brittle, are often very thick, and are composed of pus, granular matter, and epithelium.

2. Is excessively itchy; and after removing the crusts, the scalp is infiltrated, red, often excoriated, and exudes serum or pus.

ECZEMA CAPITIS.

1. Occurs oftenest in those whose health is deteriorated, or who are scrofulous.

2. Edges of patches not abrupt, but gradually shading off into the healthy skin.

3. Is usually very itchy.

4. Usually exhibits exudation on the surface of the skin.

5. Exhibits thick, yellowish, usually moist crusts.

6. Occurs often in connection with eczema of other parts, as of the ears, &c.

ECZEMA CAPITIS.

1. Patches not circular, although the hair is often cut short in a circular manner with scissors.

2. Hairs healthy (though they may fall out here and there), and exhibit no parasite.

3. Itching usually great.

SEBORRHOEA CAPITIS.

1. Exhibits crusts, which can be kneaded into a ball, are usually thin, have an oily feel, and are composed principally of sebaceous matter and epithelium.

2. Is not excessively itchy; and after removing the crusts, the scalp is not infiltrated, red, or excoriated; exudes neither serum nor pus, but is smooth and oily.

PSORIASIS CAPITIS.

1. Occurs oftenest in those who are apparently in robust health and very rarely in those who are scrofulous.

2. Edges of patches abrupt.

3. Is usually not very itchy.

4. Is with rare exceptions a perfectly dry eruption throughout.

5. Exhibits usually white, dry scales.

6. Occurs almost invariably in connection with psoriasis of other parts, especially of elbows and knees, where the diagnosis is easy.

TINEA TONSURANS.

(*Ringworm of the Head*).

1. Patches often circular.

2. Hairs brittle, twisted, broken off close to the scalp, thickened and white; loaded with the parasite (*trichophyton tonsurans*).

3. Itching usually slight.

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| <p>4. Eczematous eruptions often on other parts of the body.</p> <p>5. Not contagious.</p> | <p>4. <i>Tinea circinata</i> (ringworm of the body) often present.</p> <p>5. Contagious, especially to children, and often other members of the family exhibit ringworm of the head or body.</p> |
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But cases are often met with in which ringworm of the head is complicated with eczema of the head. The latter is then the more prominent of the two, and the ringworm is often overlooked. In these cases the diagnosis is arrived at by detecting the white thickened stumps of hairs loaded with the parasite. It is therefore well, in every case of eczema, to examine the hairs carefully with the eye at least. The history of the case, the way the eruption commenced (in circular dry patches), and the evidences of contagion, assist the diagnosis. The following case is a good example of the complication of ringworm of the head with eczema :—

“Richard B., aged 8, was admitted at the Dispensary for Skin Diseases, November 25, 1861. Almost the whole of his head was covered with thick, yellowish, eczematous crusts, and the backs of his ears were infiltrated, exuding, and itchy. Little patches of alopecia existed on the scalp, and, on examining the head attentively, little fragments of hairs were detected here and there, which were brittle, broke on attempting to extract them entire, and were loaded with the spores

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of the *trichophyton tonsurans*. The disease commenced as a small circular patch on the crown of the head, having, according to the statements of the mother of the patient, all the characters of ringworm."

Mr. Jabez Hogg is of opinion that parasitic growths are to be found in nearly all kinds of chronic skin diseases, a statement which is entirely at variance with my own experience; and I cannot help thinking that some error, such as that against which I have just warned my readers, must have crept into the inquiry.

Tinea decalvans can hardly be mistaken for *Eczema capitis*.

Tinea decalvans (circular patches of baldness) ought never to be mistaken for eczema of the head, and the disease only requires to be kept in view in order to prevent an error in diagnosis.

Diagnosis of *Eczema capitis* from *Tinea favosa*.

Tinea favosa is, however, often difficult of distinction from *Eczema capitis*. In cases of favus "where the head is more or less covered with an eruption exhaling the odour of mice, and consisting of bright yellow, dry crusts, depressed in the centre, through the middle of each of which one or more hairs pass, which have a dull, dry appearance, and are more easily extracted than natural, the diagnosis is very easy, and those who have seen the disease once can never mistake it. When, however, it has continued for a length of time, when the crusts have lost their cup-shaped form and their bright yellow colour, and

have become entangled in the hair; when, in fact, we have to do with the variety described as *Favus squarrosa*, it may be—and often is—mistaken for impetigo of the scalp. But in the former the edges of the patches are abrupt, and “there are generally patches of alopecia, which are wanting in the latter. In it certainly the hairs often fall out, although only here and there, and not in patches as in favus. The alopecia of favus is permanent, that of impetigo generally temporary. There is also no alteration of the hairs in the latter; in the former they are dull, dry, brittle, discoloured, and easily extracted. Attention to these points generally serves to clear up the diagnosis; but if doubt still exists, it may at once be removed by the microscopic examination of the crusts. There is one point, however, which requires to be borne in mind, namely, that the discovery of some pustules does not prove that the disease is impetigo, as pustules are frequently developed in cases of favus from the irritation of the parasite, or of the treatment, or from the scratching in which the patient indulges. And also one should not lay too great stress on the value, in a diagnostic point of view, of the odour exhaled from the eruption, as this symptom is not always so pathognomonic as some dermatologists would have us to suppose.

“Very often the diagnosis is rendered difficult

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on account of a propensity of parents to clean carefully, and remove all the crusts from the head, before bringing their children for advice. There is then to be seen redness of the scalp combined with the presence of a few pustules, the result of irritation; and here again the disease resembles impetigo. But if it is a case of favus which we have before us, the deep red, depressed, distinctly circumscribed surface, covered by a thin, shining epidermis, is quite different from the light-coloured, diffused redness of impetigo. If this is not sufficient, the hairs should be examined, when they will be found to be altered, and the parasite is detected in them with the microscope. If this is not satisfactory, do not give an opinion, or resort to any treatment, but desire the patient to return in a couple of weeks, leaving the head untouched in the *interim*, after which time the disease will have had time to re-develop, and its nature is at once discovered" (a).

Treatment of
Eczema capitis.

In the *treatment* of eczema of the head, the removal of the crusts is often more difficult than on non-hairy parts, particularly when the hair is long: but it is not necessary, nor as a rule is it desirable, to shave the head, as is so often done; the means already described (p. 113) for the removal of desiccated exudation being amply sufficient, even when the head is the seat of the disease. But if it occurs in an aggravated form

in children, in whom the removal of the hair is comparatively of little moment, I am in the habit of ordering it to be cut as short as possible; and I always insist upon this if—as happens too often, particularly amongst the poor—the disease is complicated with lice. The crusts can then be separated with greater facility, the morbid surface is more fully exposed to view, and remedial applications can be more thoroughly applied. A very good way of removing the crusts is to soak the head with almond oil, and afterwards to envelope it in a flannel cap, a method of treatment which also favours the removal of the eruption in many instances.

In chronic cases occurring in adults, and rebellious to other treatment, the constant use of a vulcanized india-rubber cap, or shaving of the head, and the application of iodine, blisters, &c. (see local treatment of eczema occupying a limited extent of surface, pp. 142–151), is to be recommended. In very obstinate chronic cases, which resist both internal and external remedies, although very few indeed do not yield to blisters, epilation may be tried, though this is rarely, if ever, necessary (b).

(a) "The Parasitic Affections of the Skin." By T. McCall Anderson, M.D. London: Churchill and Sons. 2nd Ed. p. 36. 1868.

(b) For the mode of extracting the hairs, see my work on the "Parasitic Affections of the Skin," p. 34. London: Churchill and Sons. 2nd Ed. p. 42. 1868.

CHAPTER XII.

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Eczema pilare faciei. *Eczema of the Hairy Portions of the Face (Eczema pilare faciei)* is an exceedingly common and a very annoying affection, owing to the disfigurement which it occasions, the burning heat which accompanies it, and the difficulty and pain of shaving. The only word in English dermatological works which is intended to denote it, is "Impetigo menti;" but the disease is by no means confined to the chin, so that this name is a too restricted one. I have therefore called it "Eczema pilare faciei," which is more correct, though perhaps not so euphonious.

Symptoms of Eczema pilare faciei. The eruption commences by the formation of pustules, each of which is situated at the orifice of a hair follicle; for it will be noticed that a hair passes through the centre of each pustule. It is curious, though true, that eczema almost always assumes the pustular form in this situation in adult males—an observation which coincides with what I stated previously, that the pustular form of eczema (impetigo) is much more frequently observed on hairy than on non-hairy parts of the body.

These pustules dry up into small yellow crusts,

which are difficult of removal, owing to their adhesion to the hairs as well as to the skin. When many pustules form at the orifices of neighbouring follicles, they have a tendency to run together; and on drying up, large irregular yellow crusts are left. If these are not removed, successive exudations on the surface of the skin are confined by them, and lead to excoriations, and occasionally, owing to their continued pressure, to obliteration of the hair follicles, and permanent alopecia of the affected parts. The skin on which the pustules are developed assumes a dusky red tint, and becomes gradually more and more thickened and infiltrated. The patient sometimes complains of itching, oftener of pain or burning heat—a sensation which is principally experienced during the formation of a crop of pustules, and the disease is often kept up for months, or even years, owing to the occurrence of successive crops. When it occurs in strumous subjects, the surface has a tendency to assume more or less of a violet tint; the affection is then exceedingly chronic, and destruction of the hair follicles and permanent alopecia are much more certain to occur. These three features, when markedly present, indicate the necessity for the persevering use of anti-strumous remedies.

The causes which specially operate in the production of this form of eczema are, irritating

Causes of Eczema
pilare faciei.

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discharges from the nose and mouth, and the irritation of blunt razors. Indeed, the disease not unfrequently disappears spontaneously when these causes are no longer in operation, unless the predisposition to eczema is very strong, or the eruption has lasted a long time.

Diagnosis of Eczema pilare faciei.

The diseases which are oftenest confounded with this form of eczema are Tinea sycosis, and Sycosis non-parasitica (Folliculitis barbæ), although the differences are generally very marked. The following are the points of distinction between eczema and ringworm of the beard :—

ECZEMA PILARE FACIEI.

1. Very common in this country.
2. A pustular disease only.
3. No trace of Tinea circinata either on the affected parts or in other localities.
4. Not contagious.
5. Hairs healthy, and adhere firmly, so that epilation causes pain, unless much suppuration has occurred at their roots.

SYCOISIS PARASITICA.

(Ringworm of the Beard.)

1. Comparatively rare in this country
2. Pustules, tubercles, and large fleshy indurations detected when disease fully established.
3. Rings of Tinea circinata (ringworm of body) sometimes detected amongst the hairs, and round the front of the neck, on the wrists, arms, or others parts of the body.
4. Contagious, and often history of ringworm of the head, body, or beard in other members of the family, &c.
5. Hairs brittle, broken, or twisted; have lost their natural glistening appearance, are thick and at times white; can be extracted with perfect ease and without pain, and come away without their bulbs.

6. No parasite to be detected.

6. Fungus (*trichophyton tonsurans*) detected in some of the hairs and scales.

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Sycosis non parasitica (Folliculitis barbæ, Acne sycosiformis) ought not to be mistaken for eczema, if we bear in mind that in the former tubercles and small abscesses are more prominent features than pustules.

In the treatment of this form of eczema it must be borne in mind that it is generally a tedious complaint at the best, so that much perseverance is required, although the ultimate result is satisfactory; and that strong local stimulants, such as the empyreumatic oils, are generally the reverse of useful. In fact, the local treatment should be carried out pretty much in accordance with the principles laid down in connection with acute eczematous eruptions (see p. 115). And yet it will often be found that shaving the parts thoroughly every day is a useful adjuvant to other treatment, many cases yielding when it is resorted to which had previously resisted other remedies. The patient is very apt to say, "But I can't shave": the reply to which is that, after removing the crusts, the operation, especially after the first few days, is by no means a difficult, nor a very painful one. If, after a persevering trial of the means of cure just indicated, a satisfactory result is not obtained, all the hairs proceeding from the affected

Treatment of
Eczema pilare faciei.

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parts should be extracted, and a stimulating ointment, such as citrine ointment, applied night and morning to the affected surface. This treatment occasionally acts like a charm, and I have cured many old-standing cases in a few weeks by means of it. While it sometimes fails to effect a complete cure, it is generally productive of temporary benefit. After the parts have been once epilated, if new pustules appear, the hair passing through the middle of each must at once be extracted, and the use of the ointment continued.

Illustrative case.

The following case, and I could cite many such, illustrates the benefit of this mode of treatment. I have selected it because it shows the value of epilation as compared with other treatment.

“Mr. M., aged about 35, consulted me on April 24, 1861, with regard to an eruption on the upper lip, immediately beneath the nostrils. The patch was about an inch square, the skin red and infiltrated, and numerous pustules and yellow crusts were situated at the orifices of the hair follicles. The disease was kept up by the formation of successive crops of pustules. He stated that he frequently had a discharge from the nostrils, which he thought irritated the skin of the upper lip. He had been taking Donovan’s solution for some time when I saw him, and he said with benefit, and it was therefore continued.

“A week afterwards, the eruption being in no

way altered, Fowler's solution, at first in ten, later in fifteen drop doses (thrice daily), was administered for some weeks, and an ointment of two drachms of citrine ointment, mixed with six of linimentum calcis, was rubbed firmly into the roots of the hairs night and morning. The arsenic, in one form or another, having been continued for a couple of months, and no benefit accruing from its employment, was omitted, and the morbid surface was touched gently with solid potassa fusa after the removal of the crusts.

"A week afterwards (May 11, 1861) great improvement was observed. The infiltration and redness of the skin were much less, but still a few pustules continued to form at the edges of the patch.

"I now lost sight of the patient till January 23, 1862, when I found the eruption pretty much in the same state as when I first saw him, it having never disappeared entirely. I at once removed the crusts, extracted all the hairs, and ordered citrine ointment to be used night and morning.

"Four days later (January 27, 1862), the infiltration and redness of the skin were nearly gone, and no new pustules had appeared. He was ordered to continue the use of the ointment a little longer, and if any new pustules appeared, to pull out the hairs which proceeded through the centres of them."

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About two months after this (March 21) I saw this gentleman by accident, when he informed me that since the epilation the disease had never reappeared, and I could discover no trace of the previous eruption. He wore a magnificent moustache—epilation, as most are aware, having the effect of making the hair grow more luxuriantly than ever, owing to the stimulus which that operation gives to the circulation of the part.

Those who are alive to the benefits of a luxurious pair of whiskers, and who have not yet succeeded in the attainment of their wishes, may perhaps be inclined to draw a practical lesson from the results of epilation in the case of the gentleman just alluded to.

It may be as well to remark that epilation is only to be employed in exceptional cases which have resisted other methods of treatment, and that there is not nearly the same certainty of its doing good as in the case of ringworm of the beard.

In strumous cases the best results are to be expected from the use of cod liver oil in full doses (two or three ounces per day), combined with the continuous application of the oil to the affected surface.

Eczema of the Lips (*Eczema labiorum*) is by no means of rare occurrence, and may coincide with a similar eruption on other parts, though they

Eczema labiorum.

are often affected alone. The eruption may be confined to one lip, or both may be implicated, and they may be the seat of any of the forms of eczema previously described. They are often greatly swelled, the serum being diffused through the cellular tissue, the meshes of which are very loose. The oral aperture is often spasmodically contracted, especially if fissures complicate the eruption, as they often do, particularly at the angles of the mouth and the centre of the lower lip; and when the parts are exuding serum or pus, the lips may be glued together when the patient awakens in the morning.

Hebra has observed eczema of the lips to be frequently associated with eczema of the anus, and he once had a patient who was affected alternately with eczema of the anus and lips.

The two diseases which are most apt to be mistaken for eczema of the lips are Herpes labialis and syphilitic eruptions of these parts. But one will be little likely to fall into error, if the points to which I referred in speaking of the diagnosis of eczema in general be remembered (see pp. 68 and 74). There is just one additional circumstance, however, with which it is necessary to be familiar in connection with syphilitic affections of the lips, namely, that the eruption rarely affects the whole of even one lip, but has a marked tendency to concentrate itself at the angles of

Diagnosis of Eczema
labiorum.

CHAP. XII.

the mouth, where it is often obstinate till the patient is brought under the influence of mercury, when it, "vanquished, quits the field."

Treatment of Eczema labiorum.

Care must be taken in the use of strong solutions of poisonous preparations, such as those of corrosive sublimate, in the treatment of this affection; for it is quite possible for the patient to swallow a sufficiency of the mixture to induce serious symptoms. I have nothing to add with regard to treatment, further than to refer particularly to my remarks upon the means adopted for the removal of limited eczematous eruptions.

Illustrative case.

The following case of eczema of the lips is a good illustration of the eruption in question:—

"A gentleman, aged about 35, consulted me on April 15, 1861, about an eruption of eczema attacking both lips, and for the second time. A small, infiltrated, exuding, and itchy patch existed on the right cheek, near the angle of the mouth, and occasionally vesicles were detected on it. The lips were slightly infiltrated, thickened, red, and itchy; the epithelium was constantly peeling off them, so that they were very rough, and sometimes a little serous fluid exuded, while fissures had formed here and there, but particularly at the angles of the mouth. His general health was excellent. Fowler's and Donovan's solutions were successively administered without effect, and the disease was finally and rapidly cured by apply-

ing 'aqua potassa' to the parts night and morning, and washing them frequently with cold water."

Eczema of the Edges of the Eyelids (*Eczema tarsi*, *Ophthalmia tarsi*, *Tinea ciliorum*) is exceedingly common, especially in scrofulous children, and is often associated with conjunctivitis and strumous ophthalmia. The affection is neither more nor less than a pustular eczema (*impetigo*), attacking the edges of the lids, although it does not seem to be generally recognized as such by ophthalmic surgeons; for it commences by the formation of pustules at the orifices of the hair-follicles, which concrete into scabs, beneath which the parts are found to be excoriated, or small ulcers are detected; and when the disease is fully developed the usual symptoms of eczema, redness, swelling, itching, infiltration, exudation, &c., are observed. The exudation from the morbid surface, mingled with the altered secretion from the Meibomian follicles, not only glues the neighbouring hairs, but also the edges of the eyelids together, especially at night, unless proper precautions are taken. Lachrymation is likewise a common symptom, and the tears falling on the cheek not unfrequently irritate the skin, and may give rise to an eczematous eruption.

If improperly treated or neglected, as occurs too often, the pressure of the crusts, the confinement of the discharge, and the formation and extension

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of ulcers, lead ultimately to obliteration of the Meibomian glands and hair-follicles, after which a perfect cure is of course impossible. Amongst the train of evils may also be mentioned eversion or inversion of the lids; and if the eyelashes are not gone, owing to obliteration of their follicles, the hairs are apt to assume abnormal directions.

Treatment of
Eczema tarsi.

With regard to the local treatment (for the constitutional, see the treatment of eczema generally, chap. vii., p. 84), the extraction of the eyelashes is always followed by improvement. This operation is far too often omitted, for in my opinion it should be uniformly carried into effect in bad cases, when cutting away the hair has failed, and repeated if new pustules form at the orifices of the follicles, exactly in the same way as in the treatment of eczema of the hairy parts of the face. (See treatment of eczema of hairy portions of the face, p. 165). In addition to this, if the parts are much infiltrated, I am in the habit, after the removal of all crusts, of applying a solution of potassa fusa (usually a solution of ten grains in an ounce of water) to the edges of the lids, an operation which should not be intrusted to the patient, at first at all events. A small brush must be used, and very little of the solution taken up by it, so as to make it moist, but no more. The eyelid must then be carefully dried, else the

application spreads, everted so as to remove it from the eyeball, and the solution painted along its edge. A large brush soaked in cold water should be in readiness, to stop the action when desired. This application may be repeated every day till the infiltration, exudation, and itching subside, after which diluted citrine ointment, or Startin's red ointment (p. 135), may be relied upon for completing the cure. In slight cases the eruption often yields to the use of mildly stimulating ointments alone, coupled with cleanliness, and during the treatment a little of the ointment should be applied to the edges of the lids at night, so as to prevent their adhesion, but it must always be removed in the morning. If, notwithstanding the anointing of the lids at night, they are adherent in the morning, they must on no account be torn asunder, but the agglutinated matter must be softened. For this purpose, says Mackenzie, "a teaspoonful of milk, with a bit of fresh butter melted in it, may be employed for smearing the lids, rubbing it with the finger gently along the agglutinated eyelashes. A piece of soft sponge, wrung out of hot water, is then to be held upon the eyelids for some minutes, after which the patient will find the eyelids yield without pain to the least effort he makes to open them. With the finger-nail the whole of the matter is immediately to be removed" (a).

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eczema often occurs in strumous persons, lupus is almost always accompanied by other signs of struma, such as engorgement, or suppuration of the glands at the side of the neck, caries, &c.

Syphilitic affections of the nostrils may likewise be mistaken for eczema of these parts. But in the former there is no itching at the junction of the mucous membrane with the skin; there are often syphilitic eruptions on the skin, or other symptoms of syphilis, such as alopecia, sore-throat, glandular engorgements, nocturnal rheumatism, &c.; there is often the history of a primary syphilitic sore; and, lastly, the affection yields to mercury.

Treatment of
Eczema narium.

I have very little to add with regard to treatment. Mildly stimulating ointments containing mercury, as white precipitate ointment diluted with three or four parts of lard, or weak citrine ointment, are usually beneficial. Hebra recommends a strong solution of sulphate of zinc, which may therefore be tried in preference to solutions of potassa fusa; or when the eruption is located high up in the nasal cavity astringent suppositories* may be used, as recommended by Neumann. Others are in the habit of using nitrate of silver either in solution or in the solid form, and benefit

* R Zinci oxidi, gr. ii.
 Butyri Cacao, gr. xvi.
 M. ft. Suppositorium.

frequently accrues therefrom. The patient must be warned most particularly not to tear away the crusts, but to soften them carefully with oil, and after they come away, to smear the ulcerated surface with one of the ointments just mentioned.

(a) "A Practical Treatise on the Diseases of the Eye." By W. Mackenzie, M.D. Fourth Edition, p. 145 London: Longman, Brown, Green, and Longmans.

CHAPTER XIII.

CHAP. XIII.
Eczema aurium.

Eczema of the auricle (*Eczema aurium*) is frequently observed, and may be limited to certain portions of it, or may implicate the whole ear. It not unfrequently happens that an eczematous rash is limited to the lobule, being called forth by the irritation of ear-rings. In other cases the disease is limited to those parts of the concha which are in the immediate vicinity of the meatus, in which case the latter is usually likewise the seat of eruption. In a third class of cases it is limited to the back of the auricle, to that part of it, namely, which lies in contact with the mastoid process; indeed, in a large proportion of cases of eczema of the head this part is implicated.

When the whole auricle is invaded, the parts, in typical cases, are excessively swollen, and the natural form of the ear is much distorted; and not only so, for the position of the ear is altered, being carried forward from the mastoid process, so that it projects from the head in a peculiar manner. The exudation, too, is often very abundant, and concretes into scabs, which fill up the hollows and depressions of the auricle, and hang from the lobule like icicles.

Eczema of the external auditory passage (Eczema meatus) occurs on both sides simultaneously in the majority of cases, though sometimes only one ear is attacked, or one more than the other. In most instances the auricles are implicated, the disease commencing on the skin of these parts and gradually extending inwards, or *vice versâ*; but the eruption is not unfrequently limited to the meatus. As these cases are more frequently brought under the notice of the aural surgeon, the dermatologist is apt to have erroneous notions as to their frequency.

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Eczema meatus.

It may arise from the same causes which call forth eczema on other parts of the body, but the local causes specially operating are the introduction of pins, ear-picks, and acrid substances into the meatus. The patient sometimes complains of a feeling of fullness in the ear; but the itching is the most annoying symptom, to allay which ingenious varieties of ear-picks are frequently introduced, so as to scratch the parts—the fingernails, which are employed for a like purpose on other parts of the body, being inadmissible. In this way the irritation is relieved for the moment, and the disease proportionately aggravated. The calibre of the meatus is narrowed, often so much so that the membrane of the tympanum cannot be distinctly seen, the amount of the narrowing being dependent upon the amount of infiltration

Causes and symptoms
of Eczema meatus.

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of its walls. There is often exudation from the meatus at some stage of the disease, and the fluid which exudes is either purulent or serous, and sometimes so excessive as almost to soak the pillow at night. If the ear is not frequently washed out, the exudation has a very offensive odour. At other times the meatus is quite dry and scaly, and in connection with this condition I have frequently, with the aid of Brunton's ear speculum, observed the surface of the membrane of the tympanum to be dry and scaly also. Sometimes large quantities of epithelium are thrown off from the meatus, so as to block it up, and cerumen is often mixed up with the epithelial debris. The secretion from the ceruminous glands is, however, for the most part arrested in this affection. The hearing power is often not much impaired, the amount of deafness depending upon the amount of infiltration of the walls of the canal, upon the quantity of epithelium and discharge accumulated in the meatus, and upon whether the drum and mucous membrane of the cavity of the tympanum are implicated or not. Sometimes the deafness is so great that the tick is only heard when the watch is close to the ear.

The patient often complains, not only of deafness and itchiness, but also of a sense of uneasiness and fullness in the ears, of tinnitus, and even giddiness. These last symptoms may arise from

various causes, but in uncomplicated cases are doubtless due to the epithelial debris, &c., impinging upon the drum, thus driving the ossicles inwards, and inducing intra-auricular pressure; for, as is well known to those who have carefully studied the subject, pressure upon the internal ear produces symptoms analogous in many respects to those induced by pressure upon the brain. Not uncommonly, as the result of the use of ear-picks, &c., the case is complicated by the formation of furunculi, which are often very painful, owing to the narrowness of the canal in which they are formed.

The cure is occasionally a little tedious, as it is impossible to apply local remedies so satisfactorily to the meatus as to the skin; and strong local applications must be used with caution, on account of the delicate structures at the bottom of the meatus. The ear must first be carefully syringed, so as to remove the exudation, epithelial debris, &c.; and when the walls of the canal, instead of exuding, are scaly, a few drops of almond oil should be previously introduced, so as to soften the particles and facilitate their subsequent removal. The relief and improvement of hearing following upon the use of the syringe is often so great, as to astonish the patient who has allowed the exudation and particles of skin to collect in the ear for weeks or even months. After all the

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effete matter has thus been removed, I frequently paint the walls of the meatus with solutions of potassa fusa (commencing usually with a solution of ten grains in an ounce of water, but the strength must be proportioned to the severity of the disease). A small paint brush is dipped in the solution, and gently stripped, so that it does not contain too much fluid, then insinuated into the meatus to the extent of half an inch, and twisted round, so that the walls of the canal are entirely moistened by the fluid. This usually causes considerable smarting, which, however, subsides in a few minutes. If the action is very severe, it may be checked at once by the injection of tepid water, for which purpose I am in the habit, previous to the operation, of filling a syringe with it, and holding it in readiness for use, if required. If a strong solution is used (*e.g.*, ℥j. to ℥j.) we must be careful not to take up so much fluid with the brush that it drops upon the drum, as the applications which are appropriate for the walls of the canal cannot always be applied with impunity to the delicate structures at the bottom of the meatus. In cases where the drum participates in the disease, as usually happens, a weak solution (*e.g.*, potassa fusa, gr. j. to ℥j. of water) may be used as an injection night and morning, which is sufficiently strong to improve its diseased condition in most

cases. A strong solution (ʒj. to ʒj. of water) may usually be painted on the walls of the meatus once or twice a week; but the more severe the affection, and the weaker the application, the oftener must it be repeated, and the more freely may it be used. In the intervals between the applications—which I never trust to the patient if the solution is strong—I direct him to syringe the ear twice daily with tepid water, or with a solution of carbolic acid.* The beneficial effects of this treatment are sometimes very marked; the hearing often improves after a single application, the uneasiness in the ear subsides, the meatus becomes wider, and a large quantity of serous fluid exudes.

The following case illustrates what has just been stated:—

“G. T., Esq., aged about 45, consulted me, January 10, 1862, for an affection of the ears of two years' duration. He complained of tinnitus, uneasiness, and fullness in the ears, with severe itching, to allay which he was in the habit of using an ear-pick. Sometimes a profuse watery discharge, mingled with epithelial *débris*, came away from the ears; sometimes small scales only. He had latterly been troubled with deafness on

Illustrative case.

* R Acidi Carbolicæ cryst., ʒi.
 Glycerini, ʒi.
 Aque Rosæ, ʒv.

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the right side, the tick of the watch being heard at the distance of two inches and a quarter from the ear. An eczematous eruption was seen upon the concha; the meatus was much narrowed, red, and scaly, and the membrana tympani dull and scaly, giving it a very peculiar aspect. On the left side the same symptoms existed, though in a less marked degree, but the hearing was good. The right membrane of the tympanum was relaxed and had fallen backwards somewhat, as the drum was seen to move outwards and the hearing immediately improved on forcing air into the cavity of the tympanum. To remove this condition I touched the drum with a solution of nitrate of silver (gr. x. to ℥j. of water), and on the 14th the relaxation was nearly gone, and the tick of the watch was heard at the distance of a foot. I now painted each meatus, after cleansing it with the syringe and warm water, with a solution of potassa fusa (℥j. to ℥j. of water) in the manner above described. This was repeated on the 16th, and again upon the 18th, when the tick of the watch was heard at the distance of a yard from the right ear; the hearing in the left continued good; the itching, sense of fullness, and tinnitus were gone; the meatuses were wider and more natural in appearance, and the drums not so scaly. This application was repeated a good many times, and the canals washed out

with tepid water twice daily in the intervals, with the most beneficial effect" (a).

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It will often be found that benefit accrues from the use of a solution of nitrate of silver in the proportion of half a drachm or a drachm to the ounce of water, which may be painted every week over the meatus, in the same way as the potassa fusa solutions. It occasionally happens, however, that such a solution acts more powerfully than is intended, and produces pain, swelling of the meatus, and other disagreeable symptoms; but these usually subside in a few days under soothing treatment, and improvement of the primary complaint is the common result.

As an instance of the good effects of this treatment, I may mention the case of a lady whom I saw in consultation with my colleague, Professor J. B. Cowan. She had suffered for some time from an eczematous rash of each ear, which had extended to the meatus and membrana tympani. The eruption when I first saw it was red, infiltrated, dry, and scaly; much itching was complained of. There was likewise a sense of fullness as well as of itching in each meatus, and the drums participated in the manner before indicated in the eruption. The tick was heard when the watch was at the distance of one inch from the right ear, but was only faintly audible when pressed *firmly* against the left. It was audible,

Illustrative case.

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though not very distinctly, on the temples. The ears were to be washed out night and morning with warm water, and each meatus to be painted every second day with a solution of nitrate of silver (ʒss. to the ʒj. of water). A mixture containing oil of cade, rectified spirits, and a few grains of potassa fusa,* was to be rubbed firmly over the external eruption night and morning, and to be washed off with petroleum soap and water before each reapplication.

This was on December 23, 1862. On January 6 the following was the report:—"Tick of the watch heard at the distance of eight inches from the ear on the right side, quarter of an inch on the left. Meatus more natural in appearance. External eruption nearly gone. Apply the lotion in the morning only, and at night rub a little citrine ointment over the parts. Paint each meatus with the nitrate of silver solution once every three days only."

On January 29, 1863, the external eruption had disappeared; the meatuses and drums were comparatively healthy in appearance, all uneasiness was gone, and the watch was heard ticking at the distance of more than a yard from each ear.

* R Potassæ Fusæ, gr. xv.
 Olei Cadini, ʒj.
 Alcoholis, ʒiiss.
 Olei Citronellæ, ʒj.

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to; and blisters are often employed, although I think very unnecessarily, to call forth a counter discharge, if the eczematous exudation is very profuse, and the occurrence of bad effects from its cessation is feared. Indeed, the usual result of a blister in such cases is to call forth an eczematous eruption at the part to which it is applied. In severe cases, such as the one I have just related, a carefully-regulated course of constitutional treatment may be carried out with advantage.

(a) See "Cases Illustrative of Diseases of the Ear." By T. M'Call Anderson, M.D. No. II. *Glasgow Medical Journal*, April, 1868.

(b) "Handbook of Skin Diseases," by Dr. Isidor Neumann. Translated from the Second German Edition by Lucius D. Bulkeley, A.M., M.D. D. Appleton & Co., New York, 1872. P. 180.

CHAPTER XIV.

The Flexor Surfaces of the Joints (Eczema articularum) are very favourite seats of eczema, which is exactly the reverse of what is observed in psoriasis, in which the extensor surfaces, especially of the elbows and knees, are attacked by preference. In this situation the natural furrows of the skin are specially apt to become the seat of fissures, and this, taken in connection with the loss of elasticity of the parts as a result of the eruption, often interferes with, and renders painful, the movement of the joints. The eruption is almost invariably symmetrical, and it is curious to observe, as has been pointed out by Hebra, that an affection of the fronts of the elbows generally coincides with an implication of the popliteal spaces, and disease of the front of the wrists with disease of the front of the ankles; but eczema of the inguinal regions does not, as one might suppose, usually coincide with eczema of the axillæ, but rather of the genital organs and neighbouring parts.

Eczema often attacks *the hands* (Eczema manuum) and *the feet* (Eczema pedum), and is often limited to one or other of these parts. Sometimes one

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Eczema articularum.

Eczema manuum
et pedum.

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hand or foot is attacked, oftener both ; and sometimes both hands and feet are implicated together, though usually in an unequal degree, the other portions of the body being spared. The hands suffer alone much oftener than the feet, being exposed to the air, and to the action of all kinds of local irritants. Hence cooks, bakers, warehousemen, grocers, bricklayers, smiths, &c., are very subject to the disease, their hands being exposed to great heat, to the prolonged action of water, or to the irritation of sugar, lime, particles of heated iron, &c.

Owing to the number of the joints, and the constant movement of the parts, fissures form with exceeding frequency in eczema of the hands and feet, but especially of the former. Indeed, it is on the palms of the hands that one sees the most typical cases of the fissured variety of eczema.

The hands and feet are often affected with eczema occurring in small, scattered, circumscribed patches, which are frequently very obstinate.

When the vesicular form of eczema attacks the soles or palms, but especially the former, the vesicles remain long intact, owing to the thickness of the cuticle ; and the serum, unable to escape externally, burrows beneath the skin. Many vesicles thus run together, and bullæ, often of large size, are occasionally formed. The eruption may then be mistaken for *pemphigus* ; but in the former we

are guided by the history of the formation of the bullæ by the confluence of vesicles, by the small number of the bullæ (usually only one or two), by their occurring only where the cuticle is thick and resisting, and by the detection of vesicles around the edges of the bullæ, and of a fully developed eczematous eruption in the neighbourhood.

The disease is not unfrequently limited to the palms of the hands or soles of the feet (*Eczema palmare et plantare*), attacks of the former being, however, the more frequent of the two. When so limited, the eruption very often partakes of the characters of *Eczema rimosum* throughout (see description of *Eczema rimosum*, p. 27). The parts are then dry and itchy, the skin thickened, inelastic, and fissured, the fissures occupying the situations of the natural markings of the palm, and impeding greatly the opening and closing of the hand. In typical cases the hand is maintained in a half-closed position, as in a case previously related (see page 149). The eruption may implicate the whole palm, or only a portion of its centre, and the diseased gradually shades of into the sound skin. It has no tendency to heal in the centre. It is a very generally received opinion that an eruption limited to the palms and soles is invariably syphilitic: this is not the case; but it may safely be affirmed that in this situation

Eczema palmare et plantare.

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we have either to deal with syphilis, psoriasis, or eczema.

Diagnosis of Eczema
palmare et plantare
from syphilis.

Syphilitic eruptions on the palms of the hand and the soles of the feet may generally be distinguished with ease from eczema. I have already pointed out most of the symptoms which distinguish a syphilitic eruption from a non-syphilitic eczema (see page 74); but in addition it may be remarked that a syphilitic eruption on the palm usually commences as a small spot near its centre, which gradually extends circumferentially, and heals in the centre so as to form at last a circle of eruption, with an abrupt and often elevated edge, enclosing healthy skin. The eruption, besides, has a more or less coppery tint, is not itchy, and is removable by mercury and iodine alone. It must be observed further, that this is often the only sign of syphilis which the patient exhibits at the time he is under observation.

Diagnosis of eczema
palmare et plantare
from psoriasis.

It is not easy always to distinguish *Psoriasis* of the palms and soles from eczema. In the former there is neither exudation nor development of vesicles, although these may be wanting in eczema. Again, too, in psoriasis the eruption is generally more distinctly circumscribed, the edge of the eruption being abrupt though not elevated, and itching is not such a constant symptom. But the most important guide to the diagnosis of psoriasis in such cases, is the

discovery of patches of psoriasis upon the elbows or knees, or of a hereditary tendency to the disease. Sometimes, however, all these diagnostic points are absent, and a certain opinion is almost impossible.

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We must beware of confounding eczema of the palms with that disease which specially attacks the hands, although it is not limited to these parts, and which has been so graphically described by Tilbury Fox under the name of *Dysidrosis*. This affection occurs specially in the subjects of nervous debility and in persons who perspire freely, and is in the early stage unaccompanied by inflammation. Vesicles form, as the result of distension of the ducts of the sudoriparous glands with sweat, and look like "small boiled sago grains embedded in the skin." Their contents do not become turbid, but the vesicles often run together and may even form bullæ; they are accompanied by itching and burning heat, and in the later stages there may be much pain when they rupture, which they do tardily; they leave behind a "non-discharging, reddened, exposed derma," and there is no crusting, as is so often the case in eczema (a).

Diagnosis of eczema
of the hands from
Dysidrosis.

To avoid falling into the error of mistaking eczema of the hands for *scabies*, my readers must bear in mind what I have already stated under the general diagnosis of eczema (see page 69); but I may call to recollection several important data;

Diagnosis of eczema
of the hands from
scabies.

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namely, that in scabies the eruption, except at the very commencement, is never limited to the hands; that we should be able to detect the furrows at least of the itch insect, if not the insect itself; and that we should enquire if there is any sign of the eruption being contagious—scabies being very contagious, eczema little, if at all.

Eczema between
the toes.

When eczema occurs between the toes it is often very troublesome, not only because these parts are in constant motion, but because they are in contact, and rub against one another; and because the perspiration is confined, decomposes, and acts as an irritant. Itching is very troublesome, and pain often complained of, owing to the presence of fissures. The cuticle is thickened, white, like that of a washerwoman's hand after a day's washing, and separates in large flakes. The secretion is often abundant and offensive.

Special treatment of
Eczema manuum et
pedum.

With regard to the special treatment of eczema of the hands and feet very little remains to be said. In these cases a rapid and brilliant result sometimes follows upon the use of vulcanized india-rubber gloves and stockings. When bullæ form they should be left intact, unless the pain and tension are great, when the serum may be allowed to escape by means of a small puncture.

If the eruption attacks the fingers or toes, and is complicated with painful fissures, it is advisable to commence the treatment by bandaging each

finger or toe individually with narrow strips of lint spread with zinc or litharge ointment (pp. 116 and 117). Sometimes this treatment leads to a complete cure; but if, after the fissures are healed, the eruption does not improve, some of the more stimulating applications already referred to must be tried. I have occasionally found eczematous eruptions between the toes yield in a few days to lotions of carbolic acid, after almost every other kind of local application had failed.

Eczema limited to the palms of the hands is sometimes very troublesome. The remarks already made with regard to the treatment of obstinate circumscribed eruptions (see page 146) are specially applicable to it; but the local stimulants there recommended, and, indeed, all other kinds of external applications, sometimes fail in yielding more than temporary relief. It may happen in this, as in the other varieties of eczema of the hands, that there is some local source of irritation (as, for example, the pressure of the handle of the spade upon the palm), which is keeping up the disease, and which must be sought for and removed. As regards internal treatment, I am inclined to think that a course of tar or carbolic acid is as likely as one of arsenic to prove useful in such cases.

In *eczema of the legs* (*Eczema crurale*) we must bear in mind the predisposing causes; the interruption to the circulation, caused by the use of

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tight garters ; the distance of the parts from the heart ; their usually dependent position ; and the frequent occurrence of varicose veins, particularly in persons advanced in years. We must also recollect, that the eruption is a frequent accompaniment of that thickening of the tissues and swelling of the leg which goes by the name of Elephantiasis arabum, and which is favoured by the causes just mentioned.

All these circumstances, by retarding the current of the circulation and keeping up congestion, lead to an increased deposit of pigment in the mucous layer of the epidermis, in consequence of which the eruption is apt to exhibit a coppery tint, and to be mistaken for a syphilitic affection. They also account for the fact that eczema is very apt to assume its most aggravated forms on the leg, and that ulcers, often of great size, so usually complicate the affection (eczematous ulcers, as they are called). The development of eczematous eruptions on the legs is, however, often secondary to the formation of ulcers, being due to the use of fomentations, poultices, and irritating applications, with the view of healing them up. They may exhibit any form of ulceration, from the inflamed to the indolent, and must be treated according to their appearance upon general principles.

Treatment of
Eczema crurale.

In the treatment of eczema of the legs, it may occasionally be necessary to confine the patient to

bed, or to keep him on the sofa, if it can be managed; otherwise cases will be encountered which resist all the recognized means of cure. A case of this kind occurs to me now, in which everything failed till I prevailed upon the patient to remain in bed for a week, in addition to the treatment previously followed out; at the end of which time the disease, which had resisted treatment for many weeks, had completely disappeared. But, as a rule, this should not be insisted on, nor, indeed, is it advisable; for it is as true of eczema as of ulcers of the leg, that cures thus effected are very apt to lose in permanency what they gain in rapidity.

The support of a bandage of some sort is generally indispensable, especially if the eruption occurs as a complication of varicose veins, or if the patient is much upon his feet. It may be worn by night as well as by day, if it is not uncomfortable, as, by giving continued support to the parts, it hastens the cure. And it is well spent time to give the patient careful directions as to its use, and to teach him how to put it on. It should be firmly and equably applied, and taken off and readjusted at least night and morning, or oftener if it becomes loose, and consequently ineffective. It may be of linen or flannel, and applied dry, or soaked in one of the lotions previously alluded to. It must be washed,

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ironed, and carefully rolled up before it is again used.

It is sometimes advisable to dip it in a solution of dextrine in boiling water, as Devergie recommends, or in a mixture of equal parts of melted stearine and rock paraffine, according to Startin's method (b), so that, when it dries, it forms a hard case for the leg.

If the eruption is not irritable, and if it is complicated with indolent ulcers, as so often happens, the firm application of straps of adhesive plaster, about an inch wide, and long enough to go once and a-half round the limb in the form of a scultetus, is often useful. It may be necessary, however, before applying the plaster, to cover the eruption with thin rags smeared with cold cream, fresh butter, or the like, as it is apt to irritate it. If the parts are irritable, straps of linen, spread with benzoated zinc or litharge ointment (see pp. 116 and 117), may be applied, which not only give support, but likewise tend to heal up the eruption.

With the above exceptions, the treatment applicable to eczema of the legs does not differ from that of other parts.

Eczema unguium.

The nails are often implicated in the subjects of the eczematous taint (*Eczema unguium*), especially if the fingers are the seat of the disease. If those portions of skin immediately behind the roots of the nails are affected, the corresponding nails

are pretty sure to be involved. It is rare for all of them to be attacked, but frequently several are diseased, although in an unequal degree.

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They first lose their smoothness and shining aspect, and become opaque, rough, and uneven on the surface, especially near their roots. If the disease advances, they become thick and brittle, and on this account do not grow to their normal length. In aggravated cases the nails exfoliate; but new and healthy ones generally grow in their place, if the morbid process is arrested by appropriate treatment.

The treatment does not differ from that of eczema of other parts, but local treatment must be directed principally to the skin surrounding the nails, and especially at their roots.

Eczema of the genital organs (*Eczema genitalium*) Eczema genitalium. occurs both in females and males. In the *female* the eruption may be limited to the labiæ, or extend upwards to the mons veneris, downwards and backwards to the perineum and anus, and laterally to the angles formed by the junction of the labiæ with the thighs. The vagina may likewise be implicated, in which case its walls are infiltrated, reddened, and exuding; but it is not the seat of any itching, except at the orifice of the canal. The labiæ and clitoris are often enormously distended, in consequence of copious serous infiltration, and the itching so harassing as sometimes to induce

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irritability of the bladder and to lead to improper habits. At times the exudation from the eruption is great, at others the parts are dry and scaly. The local causes specially operating in the production of this variety of eczema are irritating discharges from the genital organs, the habitual warmth and moisture of the parts, and the friction of opposed surfaces. Pregnancy, also, and tumours of the uterus and neighbouring viscera, act as predisposing causes, by pressing on the large vessels and causing passive congestion and a varicose condition of the veins of the genital organs. It is well to bear in mind, too, that, in women especially, this form of eczema often occurs, as Trousseau has pointed out, as a complication of diabetes mellitus, and results partly from the lowered tone of the system and the tendency in such persons to low forms of inflammation, and partly from the irritation of the saccharine urine.

Connection between
Eczema genitalium
and diabetes.

In the *male* the eruption attacks the scrotum or penis alone, or involves also the neighbouring parts, as in the female, or it may invade other and distant portions of the skin. The scrotum is often enormously distended, so as nearly to conceal the penis, producing a sort of elephantiasis of the parts, which is apt to mislead one as to the nature of the case. The skin is often very tense, red, perfectly smooth and shining, and the exudation profuse, dropping continually from the most dependent

part of the scrotum or soaking the dressings. In the early stage burning heat is complained of, later itching, which is usually excessive, and may lead to masturbation and irritable bladder.

In the more chronic variety, as pointed out by Hebra, the scrotum being thrown into folds, the eruption is often limited to the prominences of the folds; the intervals between each fold being free from disease, as may be seen by putting the skin upon the stretch. I have read, though I forget where, of cases of eczema of the genital organs being produced or kept up by stricture of the urethra, the cure of the eruption coinciding with the removal of the stricture.

Eczema is often limited to the anus (Eczema ani), though it frequently extends to the neighbouring parts. As before mentioned, it sometimes coincides with eczema of the lips (see *Eczema labiorum*, p. 168). The occurrence of the eruption, at this part as well as at the genital organs, is favoured by constipation of the bowels, or other gastro-intestinal derangement, by hepatic disturbance, tumours in the abdomen, or anything which prevents the free return of blood from the rectum. It frequently also coincides with a varicose condition of the veins of the rectum, and with hæmorrhoidal tumours; hence the name *Eczema hæmorrhoidale*.

Eczema ani.

Sometimes the morbid condition of the anus

CHAP. XIV. is arrested in the first stage, and does not amount to an eczema, itching being almost the only symptom (*pruritus ani*), which is often very distressing. But in persons predisposed to eczema, the scratching calls forth an eczematous eruption, which is too frequently complicated by the formation of fissures, and these are exceedingly painful, especially at stool. Hence, on defecation, the patient is apt to strain very much, just as in cases of dysentery; and prolapse of the rectum may result.

Treatment of Eczema genitalium et ani.

The treatment of eczema of the genital organs and anus does not differ from that of eczema in general, except in so far as we must bear in mind the predisposing causes, and endeavour to remove them if possible. I must refer my readers, therefore, to the treatment of eczema in general, and to the remarks which I am about to make with regard to the treatment of Eczema intertrigo (see next page).

Eczema mammae.

Eczema not unusually attacks *the nipples* and neighbouring portions of the breasts (*Eczema mammæ*), the nipples being usually situated in the centres of the patches. The eruption occurs oftenest in the female in connection with lactation, and chapped nipples constitute, in reality, the commencement of the fissured variety of eczema (*Eczema rimosum*). In males, or in females who are not nursing, the detection of an eczematous eruption upon the nipples should lead us to

suspect that it is brought out by the scratching induced by an attack of scabies, and the acarus and its accompanying symptoms should be sought for. Eczema of the mamma is apt, by extension of the inflammation to the deeper-seated parts, or by the sympathetic irritation which it sets up, to give rise to abscess of the breast.

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Sometimes an eczema is developed around the *umbilicus* (Eczema umbilici), especially in the case of those who are affected with scabies. In typical cases the navel is much swelled, and projects in the form of a small tumour, which is usually situated in the centre of the eczematous patch; otherwise the disease here exhibits no peculiarities.

Eczema umbilici.

The eruption is exceedingly prone to invade those portions of the skin *which are in contact with one another* (Eczema intertrigo), owing to their moisture, and the friction to which they are exposed. We accordingly find it very frequently in the axillæ, between the pendulous mamma and the chest, between the hips, at the angle where the thigh meets the perineum, behind the ears, and between the folds of skin observed on the abdomen and other parts of corpulent persons. For similar reasons we find it often on the flexor surfaces of the joints, these parts being in contact with one another in certain positions of the limbs.

Eczema intertrigo.

In such cases we must wash the parts frequently, but dry them thoroughly after each ablution. The

Treatment of Eczema intertrigo.

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opposed surfaces of skin must be kept separate also, so as to prevent friction and the accumulation of the exudation ; for which purpose a piece of dry lint may be inserted between them, care being taken that it separates the parts completely, and that it is smoothly applied and frequently changed, else it becomes soaked with the discharge, acts as an irritant, and does harm instead of good. It is very useful, also, before applying the lint, to dust the parts with one of the absorbent powders previously referred to (see p. 115). The powder absorbs the excessive moisture, which, along with the friction of the opposed surfaces, is the exciting cause of the disease. The drying up of the moisture and the prevention of friction are often of themselves sufficient to effect a cure, especially if the attack is not a severe one ; but if these means fail, the treatment recommended for eczema generally must be superadded.

(a) "Skin Diseases : their Description, Pathology, Diagnosis, and Treatment." By Tilbury Fox, M.D. Third Edition, p. 476. Henry Benschaw : London, 1873.

(b) "On Paraffo-stearine, a Substitute for Starch, Plaster of Paris, and such like substances, in bandages and splints." By James Startin, F.R.C.S. *British Medical Journal*, March 23, 1867.

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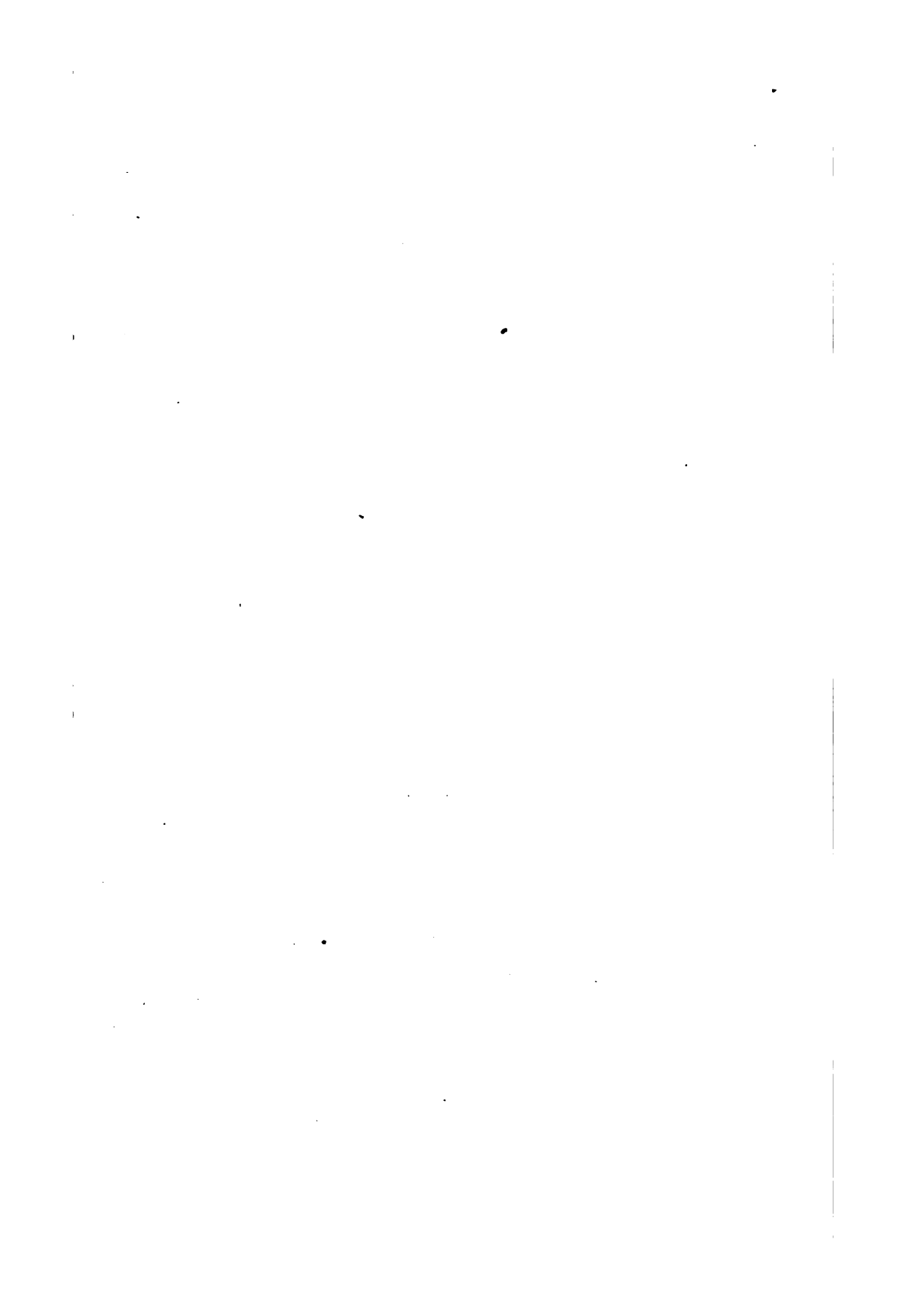
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