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Thesis on Acute Scruma in Adults & Children,

by
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Introduction,

In writing a Thesis for the M.D. degree, it is a matter of considerable thought and trouble to find a subject that the general practitioner knows most about, Owing to the ever increasing number of subjects which he has to be acquainted with, he has little time to specialise in any particular branch. I chose the subject of Acute Eczema as I think it is the skin disease usually met with in practice, and as of all skin diseases it is seen most frequently, one naturally gets to know most about it. I have tried in this Thesis, simply to place on record my observations during the 8 years I have been engaged in practice,

The subject of Acute Eczema is a very large one presenting sometimes great difficulties in diagnosis and treatment, to the man newly qualified, but in time if carefully studied, most cases are easily diagnosed, and the treatment gets easier when one understands, that to be successful the greatest patience and attention must be exercised,

In the following pages I have followed the general

outlines of the subject as tangled to me, when a
Student in the Skin bands of the Glasgow Western
Infirmary, In this Thesis I have brought
forward nothing new, I have simply recorded the facts
and observations as I saw them,
Certain forms of Acute Eczema I have never seen so
consequently I have not alluded to them,
In describing the Eczema of a particular part I have
obtained my facts, generally from the cases that
came under my immediate notice, where I have
obtained my information from other sources I
have quoted the authors and their works,
Six of my most important cases I have described
fully at the end of this Thesis,
I am asked in writing a Thesis to show some
knowledge about the literature of Eczema, on the
last page I quote the number and names of the
books I have read, either completely or in part to
supplement my knowledge of the subject,

Description of Eczema, and Causes,

Eczema means an inflammatory condition of the skin, in which the surface is reddened, swollen, and discharging. The term comes from the Greek word (ΕΚΛΕΙΨΙ) which means a boiling over. There are numerous descriptions of the word or disease. I think the description from McCae Anderson, book on Skin diseases aptly describes it. He states that it is applied to a chronic, more rarely acute affection of the skin of a non-contagious character, which in the first stage appears either in the form of erythema, papules, pustules, or vesicles and is accompanied by more or less burning heat, while in the second the heat having given way to itching, and infiltration of the skin being added, the reddened surface is either dry and scaly, or punctuated and itching, or more or less covered with crusts. In the declining stages the disease terminates in Erythema.

The causes of Eczema are numerous, and while the cause in a number of cases can readily be made out, cases present themselves to the physician in which no apparent cause can be discovered.

have all been known to cause eczema,
Heat and moisture are specially liable to cause it,
this is seen especially in warm climates such as
in India, where it is hardly possible to find
a white subject who escapes that form of acute
eczema known as Prickly Heat,

Certain secretions from the body can cause an Eczema
In connection with this matter I report a case of
Eczema which was caused by too strong injections
giving rise to a purulent secretion from the vagina
which set up an intense itching and attack of
eczema on the private parts,

Certain substances taken in food, such as
Carbolic and Boracic Acids have been known to
cause Eczema. In one of my cases Carbolic Acid
accidentally got into a tumbler full of milk, through
a lotion of that acid which I had given, being
used in a tumbler + that vessel not being properly
washed out. The result was, that while there was
not a sufficient quantity to cause poisoning, the
whole surface of the body came out in erythema
with much itching. This was followed in
a day with a copious crop of vesicles + then

much discharge.

'Lemoine' traced an epidemic of Eczema among children caused by Boracic Acid which was placed among milk to act as a preservative

This was also noticed by St. Savil in a Workhouse epidemic, and in connection with this epidemic he mentions an interesting observation, namely, that albuminuria was present also, and that he was of the opinion that dermatitis and some forms of albuminuria was in certain respects similar,

Mercury taken internally is said to cause eczema Payne reports a case in which the administration of Calomel to a patient was always followed by an attack of eczema, This was due to the skin endeavouring to excrete the Mercury, and that drug also acted as an irritant poison to the nerve endings. Worms in Children are said to cause the disease, either by causing disorder of the gastro intestinal tract, or by the absorption of poisons and their excretion by the skin.

Calamida states that intestinal worms secrete a toxin and that this in the process of elimination causes ~~an~~ an Eczema.

In Children acute eczema is frequently caused by a napkin which has become soiled with urine and faeces, This irritates the skin and as the skin of a child is much finer and more delicate than that of an adult, dermatitis is soon set-up.

Gastro intestinal disorders are by far the most common causes among children, there being an undoubted relationship between the skin and the alimentary canal, These disorders of digestion may be caused by teething or by some error in feeding.

An infant during an attack of Diarrhoea or dyspepsia, gets below tone, its muscles become soft and flabby, nutrition suffers and the child's body wastes, now the contact with a soiled napkin will very readily break the skin and the complaint is set-up. This could hardly occur in the skin of a healthy child but when the skin's nutrition is interfered with by faulty assimilation it is easily produced.

Children are predisposed to Eczema for three reasons

(1) the skin of a child is very thin, (2) the hypersecretion of children's glands (3) The congestion of the skin which is stated to be greater in children than in adults.

bores occur among children who seem to be in perfect health, and breast fed children are not any more exempt from the trouble than artificially fed ones, on the other hand Council of Edinburgh, an authority on Diseases of Children, states that in infantile eczema the breast fed children are more liable to the complaint than children artificially fed. This he states, is due, among the poorer classes to the mother's milk being impoverished causing chronic gastric catarrh and a lowering of the constitution. The artificial feeding among the lower classes of children is far from perfect and I would expect nearly as great a number of them to suffer from the disease.

A plump well formed child is often the subject of the disease and this is most probably due to the feeding and to the system seeking relief as it were, in an acute discharge from the skin. Patients on the other hand who have bad feeding and who live in bad hygienic surroundings suffer from eczema this being due to the bad nutrition and consequent want of healing powers of the skin. Any slight injury or abrasion does not heal readily.

and there is a tendency for it to develop into Eczema, certain constitutional conditions of the body predispose in causing skin inflammations, As an example of these I would mention the Humorous diathesis, this I suppose is accounted for by the low vitality of the skin owing to the general constitutional weakness. The eczema in the Humorous is usually of the impetiginous variety, Gouty subjects are well known as being the subjects of Eczema. This also I would say was due either to bad nutrition of the skin or to some irritating products of the disease finding an outlet through the skin, causing a dermatitis. Stagnation of the blood in certain parts of the body predispose to an attack of eczema, As an example of this I would take the condition often seen in subjects suffering from varicose veins of the lower limbs, Here owing to the congested condition of the venous system, the skin is badly nourished it gets, swollen, red, and oedematous, and the slightest friction sets up an eczema.

Microorganisms are said also to cause the disease, This is denied by some and for my part I think there is not sufficient proof that they can be said to be the cause. No doubt numerous microorganisms are always found

in the skin of those suffering from that disease, but I believe this to be due to an after infection; As long as the part could be kept clean, and free from contact with the external air, but this is well nigh impossible, The scratching and exposure favour the starting and multiplication of those organisms,

Heridity plays an important part in the causation of this disease, In a case I remember, two sons, and one daughter had this complaint, The father suffered from it also, and he gave me the information that while his father was free from it, two of his father's brothers always suffered from it,

Certain types of people, and certain races, are more liable to eczema than others, The dark coloured races do not suffer from it nearly so much as fair skinned races, Although eczema in the negro races is not unknown during a visit I paid to the Hospitals in Barbados and Trinidad, while Ship Surgeon, I could not find one typical case of Eczema in those institutions, showing the scarcity of that disease among the negro races,

Among Europeans, fair people seem to suffer more from eczema than those of a dark or swarthy complexion,

Certain drugs taken internally cause this disease; this is well

seen when such a medicine as Copava is given in the treatment of Gonorrhoea. The eruption on the chest and abdomen is a typical eczematous rash.

Reuber and Bokhart have advanced an excellent theory as to the causation of Eczema. They state that there is a *Staphylococcus* toxin which produces eczema, and they proved this experimentally by taking a filter of bullion cultures and producing the disease artificially. They found that inoculation of virulent cultures of the *staphylococci* does not produce the disease, and also that isolated cultures free from toxins do not cause it,

It is the *staphylococcus* toxin, not the *staphylococci* themselves that causes the complaint. Bokhart also states that Eczema is an infective inflammation of the skin, *Staphylococci* being the originators of the disease. The healthy skin follicles may contain living but inactive *staphylococci*, this assumes a more active life by some cause acting from without or from within the body which improves the nutritive material for the cocci. As the result of the increased metabolism of the cocci the toxins are excreted, the poisons getting into the epidermis cause an irritation seen in papules and vesicles.

In support of the constitutional cause of eczema another

view is put forward by Duncan Bulkley, who states that there is a tendency to the diminution of the natural solids of the urine, showing that during the progress of a skin attack there is an arrest of the out-pub of katabolic products. Phosphates he states are diminished by one third and chlorides drop as low as one half of their normal quantity. He consequently draws the following inference, that irritating matters, which ought to escape by the kidney, try to make their way out by the skin and in their passage through cause the inflammation of the skin known as eczema.

One other view I would put forward as to the constitutional nature of eczema, and that is that in an attack constitutional treatment, such as the administration of Arsenic, and Cod Liver Oil, will often cure the eczema without any local treatment whatever.

Some forms of eczema are infectious. This I have noticed among children of the poorer classes. In one case I had, I attended three children in one family all suffering from eczema in the face and ears. The children of a neighboring family were allowed to visit these children and they also came to have the trouble in the face and ears. Filbury Fox describes

Similar cases and he calls the trouble Eczema Contagiosa, In these cases of infection it looks as if some germ or germs were causing the complaint or that some common cause such as defective sanitation was at work,

Sites of Acute Eczema.

Almost all parts of the body can be attacked by this disease but certain parts are much more liable to be attacked than others, wherever we have two skin surfaces rubbing together, or wherever parts occur that are difficult to keep cool and dry, then eczema is apt to develop. The axilla, the genital region, inner aspects of the thighs, spaces between the fingers and toes, and the spaces in and around the ears, Eczemas have a common site round the various orifices of the body, as for instance round about the mouth in children, The margin of the anus is a frequent situation also. The space between the nose and mouth, the outer margin of the nose, and in the female the margin of the vagina and surrounding parts are frequently the seats of eczema, The aspects of flexion are as common as any, such as the popliteal spa-

and the bend of the elbow, Places also that are much exposed such as the brow and cheeks, and parts that have much movement such as the eyelids and the wrist seem to suffer much.

Frequency of Eczema as compared with other Skin Diseases.
There is a great difference of opinion as to the frequency of eczema as compared with other skin troubles. I am unable to throw any light on the subject but I must state that I think the disease much more prevalent than authors would have us believe. The statistics on this subject are usually made by skin specialists and those having Hospital appointments, an excellent opportunity being afforded of making those statistics at such institutions, but I think the specialists, and the Hospitals, never see one half of the persons suffering from the disease, cases occur among children and adults, who never come under the care of a doctor, They are treated at home by the parents or wives, and no doubt many of them get better of their own accord, Again a big proportion of the eczemas are treated successfully by the family doctor, no records being obtainable

of such cases. It is only those cases that beat the family doctor, and the very poor peoples ezeemas that seek aid from the Hospitals and Specialists, out of 35 cases of Skin disease seen by me during the last five years, 30 of them were cases of Eczema, of that number 24 of them were cases of the acute variety. Among these 24, 16 occurred among children,

Symptoms and General Description of the Disease.

Various opinions are expressed as to the first manifestation of this disease, Some hold that the initial point of starting is an Erythema, while others state that a papule makes its appearance first. In several of the cases coming under my care I noticed that before the papule made its appearance the erythema was well marked, in some cases, in others although not so well marked, still it was present.

The practitioner is however not called in at this stage of the disease, and when he is, the papular stage has at least been reached and it is impossible to speak of the previous condition of the skin.

This congestion or Erythema causes the well known tingling or itching, and as a result the part is rubbed

or scratched, This irritation gives rise to groups of papules, Fluid being exuded in their interior, vesicles are formed, and by poisoning by the acids, exposure to the air, or at least some germ infection pustules are formed. The bursting of the vesicles or pustules produces in the one case, a clear amber coloured secretion, with crusts of amber or brown, on the other the fluid is composed of pus stained or blood stained serum, and the crusts are dirty brown or nearly black.

The chief symptoms to be noticed in the course of the development of a patch of eczematous eruption are (1) A burning heat or tingling, This is due probably to some morbid condition or other irritant in the blood causing tingling or itching, this being followed by scratching and this added on to the irritant, causes the congestion of the part, Usually, this burning heat is much increased when the patient gets warm in bed, The parts are consequently scratched more, and sometimes the blood even begins to flow.

(2) Besides the itching + tingling, there is an erythema of the skin, This as I have pointed out is due to the irritating products causing dilatation of the blood vessels, and the skin consequently receives a greater supply of blood than

is normally present, There is an exudation from the small blood vessels following the dilatation, white blood corpuscles and serum are exuded, through the small spaces or stomata which are normally found in the walls of all capillaries. This exudation, gives the skin a thick, dense sensation than is found in normal skin, The connective tissue cells owing to increased nourishment, begin to proliferate and this still further thickens the affected skin, On applying pressure with the finger to the part it momentarily gets white and then resumes its dusky red appearance owing to the arterioles being filled up with fluid and proliferating cells, the pressure on the peripheral ~~ends~~ nerves and this is said to be the cause of the tingling and itching usually present, The stretching of the skin over the part will naturally increase the pain and discomfort, and not only that, it impairs its vitality so that very slight injury and exposure to atmospheric conditions soon cause the skin to yield and the exudation typical of an eczematous eruption is seen, The stretching, and smooth glistening appearance due to it are well seen in eczematous conditions of the lower limbs due to the varicose condition of the veins (3) The exudation on the surface takes place

when the skin is broken, It is of an albuminous consistence and readily coagulates forming a hard dirty white crust when mixed with blood and pus, but if composed of serum alone it is amber or yellow colour. The discharge varies in amount. In some cases it is small in quantity in others it may be so great as to run down the skin in drops, and to soak the absorbent cotton wool placed over the part affected. While the discharge relieves the congested state of the vessels, it has another advantage and that is, that on coagulating it protects the new epithelium which grows under it. This protects from air and micro-organisms the new skin which is delicate and easily displaced. In the neighbourhood of the orifices of the body the discharge from the skin may be mixed with various secretions of the body which naturally alter the appearance of the discharge and of the crusts so formed.

Some parts of the body the subject of Eczema, tend to swell very much. Wherever the tissue is loose, as for instance in the Genital region, in the face and eyelids. Here the swelling is sometimes enormous. In the genital region the swelling is so great that it may be likened to the swelling frequently seen in disippical

• conditions

Some Peneas on the other hand have little or no exudation and to this form of it the term Peneas Siccinus is applied. The part simply presents the appearance of a dry scaly eruption with little or no moisture on the surface. As I have remarked the appearance of the crusts vary very much according to the substances mixed with the serum, on the head, owing to the mixture of pus, blood, oily matter and debris they present a different appearance from those found in other parts of the body. The crusts are, brown, black or yellow brown, rough looking crusts. The greatest difficulty is experienced in removing those crusts as the hairs get matted together and firmly embedded in the crusts. The attempt to remove those crusts sometimes give rise to great pain and various substances are employed to soften the crust before they can be safely removed. The parts beneath the crusts are often discharging a foul smelling blood stained pus. In other places the skin below them has healed and the scab has probably protected the parts till healing took place.

Sequelae of Acute Perena.

There are a number of sequelae usually resulting from an acute attack of this disease, nearly most eases tend to recur in the same place, at various intervals. This is seen in some patients who tend to have an attack in the spring months of each year. Children who have an attack of Perena with the cutting of a tooth tend to have a fresh attack whenever a new tooth comes. In one of my cases, a boy of 13 months had 4 attacks in five months. His first tooth caused an Perena of the hips + margin of the anus. It healed readily under treatment but on the appearance of a fresh tooth the complaint came back and only really left him when he had got his full quantity of milk teeth. Then again some eases not difficult of cure tend to pass into the Chronic form which is most difficult to cure.

The constant irritation of the part, the want of sleep and the interference with the daily routine of a persons life, often undermine the patients health and strength and numerous diseases may commence in consequence. Such troubles as Anaemia, and Chronic glandular

enlargements are apt to be set up. Of course a lowering of the constitution predispose to all sorts of diseases, and it is quite conceivable to imagine that various chest diseases would be lit up by such a state.

Locally, the parts owing to infection from microorganisms begin to suppurate and boils troublesome to heal may result. The lymphatics may suppurate also, and also the lymphatic glands in the neighbourhood of the affected parts may end in Abscesses. Although I have never heard of a case, it will be quite possible that Septicæmia and other forms of blood poisoning may result. On the scalp the disease especially in children gives rise to worst trouble. The deeper layers of the skin get infiltrated with pus which probably finds its way into that part along the course of the blood vessels. The pus in some cases accumulates to such an extent that the whole scalp seems as if to be resting on a liquid bed of pus, and owing to the firm attachment of the aponeurosis to the bony parts, and to the denseness of the scalp itself surgical aid has often to be given and free drainage established before the parts recover their normal state.

The skin of the patient suffering from this disease is often

much altered in appearance, It gets thicker from infiltration and although this disappears to a certain extent after the cure of the disease, for a long time it remains different from normal skin, The normal furrows in the skin get much deeper and broader, and pigments are deposited in the deeper layers of the skin, This is especially seen in naturally dark portions of the skin,

McClell Anderson states that this is due to the continual scratching, The pigments of the body under certain morbid conditions undergo certain changes and the probability is that those pigments in the course of an attack of oedema get changed to a darker tint,

Another sequelae of Oedema is Bronchial Catarrh and Asthma, The nasal passages, and the mucous membrane of the digestive system also suffer,

This I have noticed especially in the case of the nasal and respiratory mucous membrane, In one case I had of a boy of 13, After an attack of acute Oedema he frequently had attacks of spasmodic Asthma and these attacks only ceased on during the attack and persisted as long as it knew him,

I also noticed that during ~~his~~ his illness whenever his Bronchitis and Asthma was worse his Oedema was ~~was~~

improved. This has also been noticed in Children whose gastrointestinal symptoms get relief whenever the eruption comes well out on the surface of the body.

The nutrition of the hair roots suffers much after an attack of the disease, when an eczema of the head has healed for a long time the few hairs that remain are broken, brittle and stunted, and it is a considerable time before a good growth comes, and when it does it is often of a darker colour, and in some places may be scanty as if the hair roots had received some injury during the progress of the attack,

Pathology and Bacteriology of Eczema

Whatever irritant is the cause of this disease it acts first on the peripheral blood vessels. There is first a contraction of those vessels and then a dilatation. This dilatation is followed by an exudation of serum and white blood corpuscles through the small spaces normally present in the wall of the blood vessel. These white blood corpuscles multiply in the tissues. The cells of the connective tissue now take on a proliferating growth this being due to the stimulus given to them by the

increased quantity of blood, in the part giving them greater nourishment than they would normally have. These new cells produced are shaped different from the other connective tissue cells. They are spindle shaped. The papule according to Ruidfleisch is formed in the following manner. The blood vessels surrounding one of the hair follicles become congested, and here the process of exudation & proliferation goes on as that mentioned above. The papillae of the skin get much enlarged. The swelling of the parts beneath stretches the skin which is found to contain the spindle cells derived from the connective tissue. Beneath the skin is the mucous layer, they form a network and in this network are found swollen and granular epithelial cells. The invasion of the papilla and mucous layer forms the papule we see in Eczema. The Vesicle is formed by an increase of the serous exudation beneath the horny layer. The fluid in passing through the rete mucosum, pushes aside some cells. These adhering between the papilla, are stretched and form the divisions between the vesicles. The fluid which is clear and amber coloured after becoming gets white and dirty looking owing to the

formation of pus, and this with some broken down epithelial cells forms the pus of Penicillium. There is a reddened area round about the patch of Penicillium. This is caused by the pressure of the exuded fluid on the vessels underneath which sends the blood into the capillaries immediately surrounding the part. Before pus is formed resolution may take place and the skin resume its normal appearance. The exudation gets absorbed, and the vessels after taking up the excess of fluid, contract again and all that is left is a slight thickening of the skin due to the proliferated cells. This even disappears in time.

If resolution does not take place and pus forms, the skin either due to the molecular death or to slight irritation, as rubbing, yields and the pus exudes on the surface of the skin. When clear serum is exuded the vesicles may be ruptured from a similar cause. The parts affected being generally situated in some place where the body surface is abnormally rubbed, and consequently the skin is very readily broken.

The Bacteriology of Penicillium, has not been fully worked out, and consequently not much is known about the subject. There are numerous organisms found upon a healthy human skin and consequently, and

injury to the surface will become readily infected. There is a considerable difference of opinion as to whether Acute Eczema is caused by a particular germ. For in part I look on germ infection of the skin to be a secondary matter, an Eczema having been set up all the conditions necessary for the life and multiplication of the microorganisms being present. These are, heat, light, moisture and sebaceous in the shape of sebum.

Dr. Hodara of Constantinople, describes two special forms of microorganisms, and states that one, the morococcus or mulberry organism is the one typically present in Eczema. Staphylococci, and Streptococci, and especially the Staphylococcus pyogenes aureus aureus are always found and as I have mentioned above they are present in the skin of the most healthy, and consequently cannot cause the initial manifestations of Eczema.

Treatment.

The treatment of Eczema is often an easy matter, at other times it causes the greatest difficulty. There is not only the local part to be attended to but the constitution has also to be attended to. In children I have often had the greatest difficulty to gain the parents consent to adopt treatment. They seem to be under the impression that if the complaint is cured some, convulsions or other complaint will develop.

The first thing to attend to in the treatment of Acute Eczema is to try and find out the cause of the disease. This is of course often difficult and in some cases well nigh impossible, but in the majority of cases the cause can be found and appropriate treatment of the disease causing the complaint is sometimes sufficient to cure the disease without much local treatment.

The skin of the part ought to be kept as clean as possible, it should also be kept dry, water in most cases of Eczema only increases and aggravates the disease. It should also be kept well protected from the external air and from all possible irritants and lastly the affected part should be kept as quiet

as possible, If the eruption is extensive, or situated on places likely to be irritated by the various movements of the body, the patient should be confined to his bed. I had a case of Erythema of the lower limbs in a girl of 12 years, which resisted all treatment for months and was finally cured in 12 days, when I ordered the patient to bed and simply dressing with a plain ointment. Not only must the skin be kept at rest and this can only be properly done by confining the patient to his bed, but another advantage is gained by so doing. Muscular movement causes increased traction on the skin and this does anything but keep the part at rest, and again muscular contraction and movements increases the flow of blood to the skin. There being already an overcharge of blood to that part, a further increase will only aggravate the disease. The skin should also be kept from doing its normal work and all medicines which tend to increase the functions of the skin should be avoided. Diaphoretics should therefore never be given, and the increase of work should be thrown on other organs as the kidneys and intestines. As the disease is an inflammatory inflammation of the skin, soothing applications are most called for in

acute eczema, I am often asked if the part should be washed and if so what kind of soap should be used, This is a difficult question to decide, some medical men recommend the daily washing of the part but I have never seen any good come of this form of treatment, Sometimes prescribe curain baths and can speak well of them, The herb I know is a bath containing 4 to ½ a pound of oatmeal or bran to each gallon of water, The warm water evidently extracts some soothing material out of those substances, for the patients state that the irritation is diminished and that they sleep better after its use, Soaps should be carefully attended to, Some contain too much alkali and those must be prohibited, as they only increase and aggravate the disease Superfatted soaps are the best to employ and the soap called "Baumol" made by Duncan & Flokhar of Edinburgh gives excellent results, This soap is largely recommended by Allan Jamieson in the Edinburgh Royal Infirmary, Sometimes baths even are not indicated and some eczemas are only irritated by even the smallest quantity of water being applied to the surface, I usually try the bath described above for 3 times generally, each evening, about an hour before the

patient usually returns to rest. If after 3 applications it does not seem to suit I usually drop the baths altogether and never touch the part with water. Before any local treatment can be adopted, the scabs if any & lie on the surface must be carefully removed. The best methods of removing the scabs is by means of starch or bread poultices containing some Boracic Acid, This latter ingredient is necessary, because a poultice of bread or other material is usually contaminated with germs and the Acid prevents them from further poisoning the skin. They may be removed also very well by means of wet compresses soaked in Carbolic Lotion, of about one in four strength, These are then covered with oilskin and readily remove the scabs. In the upper extremity, where the scabs are not adherent a mask may be worn and a skull cap on the head readily keeps the dressings in position. This for the face is usually made of soft linen rags and apertures are cut for the nose, eyes, and mouth. There is a form of treatment I saw as a student which is used in the Western Infirmary, Leeds at Glasgow and it is most efficacious in removing the scabs on the leg. It is made of an Indian rubber material and is worn in the shape of a cap. The accumulation of the moisture

underneath softens the scab and after a few days the surface is clean and free from them,

To avoid scratching gives the doctor often much difficulty, This is usually easy in adults as the fact of telling them that it only aggravates and prolongs the healing process, is often quite sufficient,

In children however this method is unavailing and various methods have to be resorted to, The plan I adopt is to envelop the child in a pillow case, only allowing the head to remain out and a flannel bandage is passed round the body to immovise the arms to the side, Some physicians prefer to place the child's hands in mittens, I should imagine this method to be not weak, so good, It may prevent the scratching but cannot prevent the child rubbing the mittened hand upon the surface, and that will do nearly as much harm as scratching the surface, In adults it is sometimes necessary to give drugs to soothe them at night, and allow them to get their proper rest. Of the drugs usually employed I think Chloral Hydrate in 10 grain doses is best. It also acts better when combined with 10 grains of Bromide of Potassium, Sometimes Morphine in

the shape of a Hypodermic injection is most useful. It has
one main point to recommend it, over the Chloral and
thab is, it is quicker in its action and again its
results are more certain in effect. I have often given
the maximum dose of Chloral (25 grains) to a patient
and although they slept, the sleep was not a
comfortable one, and next day it seemed to be some
time before they got over the after effects,

If the part that is attacked is covered by hair, either
upon the head or on the private parts, I think it a
good plan to clip as much of the hair away as
one can conveniently do. The presence of the hair
only aggravates the disease. This is not so easy a matter
as one would imagine as often the hair is embedded in
the scabs and as these are composed often of mixtures of
serum, blood, and pus, the mass hardens and in spite
of softening agents, great difficulty is met with in
removing the mass. Much patience has often to be
exercised in clipping the hair round about and
underneath these scabs,

Having now got the part thoroughly clean, the treatment
is much easier. Suitable applications to allay the
inflammation of the skin are now employed.

not only should the application allay the inflammation of the part but it should be able to soak up the excess of discharge that takes place from the inflamed surface, dusting powders are often employed with excellent results. A good dusting powder should contain like a good soap, nothing of the irritating material, I have tried several and find one containing Bisnuit in the form of the Carbonate to be one of the best. Care should be also taken that no gritty material is present as this would only irritate the parts, The following is the dusting powder I have used in several of my cases.

R. Acid Boracic ʒii
Bisnuit Carb ʒp
Starch Powder ad ʒij

The powder being placed in a pepper castor is dusted upon the inflamed surface, this can be done as often as required, usually 3 or 4 times a day being sufficient, It has one disadvantage, which I think can be said of all dusting powders I have seen used, and that is that the discharge mixing with the dusting powder is apt to cake and on drying (which cannot be avoided, as the dressings which are placed usually over the powder after its application

dust

prevents the moisture from escaping) Sometimes adhere firmly to the inflamed surface, This is irritating to the part and sometimes is as difficult of removal as the hair and scabs,

Other powders can be used and they are well spoken of by some authorities, Arrowroot, and powdered Rice do equally as well as plain starch powder, Magnesia, Fuller's earth the Carbonate of Lead, and the Carbonate of Zinc, are all recommended, Talc is also used sometimes. I have had no experience of those various substances and can speak only favourably of Starch, Boracic Acid & Bismuth,

When the itching is very acute Camphor is sometimes recommended to be mixed with any of the above dusting powders as it is said to allay the irritation, I would think that if used it should be in as fine a powder as possible, which would not irritate the inflamed surface, Camphor is most difficult to reduce to fine condition,

In place of using a powder, some doctors use pastes. The users of these pastes claim a double advantage by using them, (1) they are said to absorb the watery portions of the secretion and (2) to leave a fine powdery residue on the skin not easily removed by friction.

thus fixing the active ingredients of the various pastes,
Lassar's paste is the only one I am acquainted with
and I can speak highly of it. It consists of base line 2 ounces
Starch and oxide of Zinc, each one ounce, and 45 grains
of Salicylic Acid. The inflamed parts are smeared with
this and a dressing applied above. When I first used this
paste I used it too thickly and placed too heavy
a dressing above, with the result that it caused much
discomfort to the patient, and I think that all pastes
would have a similar disadvantage, & would
recommend their being used as thin as possible.
A number of other pastes are sometimes employed and
give I believe good results. Unna's paste contains
Silica and Zinc, Bulkeley uses Ichthyol & Salicylic
Acid. Unna again uses a jelly composed of
Glycerine and other ingredients. He melts it before
using and paints it on with a brush. Malcolm
Morris recommends Sulphur paste applications, & if
the disease was caused by a parasite one could
imagine good results being obtained from such
treatment.

Lotions are extensively used in treating this disease
and I have had good results from the use of some of

them, I believe that the cases that improve most with lotions are the cases of dry eczema, with either scaly matter on the surface, or where there is not much fluid exuded, The lotion should be soaked in fine lint and applied to the surface, and renewed frequently. If the dressings are not renewed frequently, the lint may become dry and adhere to the surface, For this reason a nurse would have to be kept to constantly moisten the lint, As this is impossible in a poor persons home lotions, have that one great disadvantage, It would not do to cover the lint soaked in lotion with gutta percha or other impervious material, as the part would be continually irritated from the presence of what would be nothing more nor less than the application of fomentations to the part.

The lotion that gives I believe the best results is one containing a Tar preparation, and of those preparations the Liquor Carbonis Detegens is the best, It is simply mixed with water and forms a yellow white lotion, If for a child I use the proportion of ʒii to ʒvi of water, and in adult cases ʒi of the Liquor Carbonis Detegens to ʒvi of water is the best strength to use, If used as I have done several times, of a stronger strength it only causes

great irritation and smarting. The best methods of application are to soak some lotion in a very soft piece of linen rag. The parts are gently dabbed with it, and then soft linen rags, or pieces of lint are saturated with it and laid gently on the surface, the whole affair being now covered over with a layer of absorbent cotton wool, or better still a towel laid on. If the parts dries, and the lotion is not renewed as often as is necessary, the wool on being lifted off is found to have adhered to the linen rags and the sudden tearing off of these rags, gives rise sometimes to acute pain. That is why I prefer the use of a towel. *Liquor Carbonis Detegens* and all preparations of Tar have, when used in proper proportions a healing action on the inflamed surface. It is also a disinfectant, and allays the intense itching. The older practitioners before the use of liquid Tar became known used the Subacetate of lead in conjunction with $\frac{1}{2}$ of Opium, and although I never gave it a trial I have heard it well spoken of.

I believe the best method of treating eczema locally is by means of an ointment. It has only one drawback to my mind, and that is some

Considerable difficulty is often experienced in cleaning the surface whenever a fresh quantity of the ointment had to be applied. The parts are so tender sometimes that patients resent this cleaning process, but if small pledgets of Cotton wool are soaked in Almond oil and the surface softly rubbed the excess of ointment gradually comes away. It is most necessary that the excess should be removed as if not, the heat of the part, and the length of time it may lie on the surface, is apt to turn the ointment rancid. I prefer Almond oil for cleaning purposes, in place of Olive which is usually recommended, as it is a finer oil and is more easy to obtain pure. I have been told by Chemists, that a good pure sample of Olive Oil is difficult to get; it being so easy to adulterate. In prescribing an ointment for Eczema I think the statement that "The more exuding the Eczema, the drier should be the ointment", and "The drier the Eczema the wetter should be the ointment" is a most excellent one, Should the eczema be discharging a great amount of serum I order the ointment to have as firm a consistence as possible, and on the other hand if the ointment has to be applied

to an eczema of a dry scaly nature it is much better to have the consistence of cream which is fairly thick.

I consider that Lanoline is much more soothing to an eczema than Vaseline. Patients complain that Vaseline ointments draw the part more than Vaseline ones.

The term "draw" is indefinite, and I suppose they mean irritate. Lanoline is too thick a material to make ointments from however. It is difficult for example to mix substances of a powdery nature with Lanoline and for this reason equal parts of Lanoline + Vaseline are often taken as the basis of an ointment. This ointment which I give has in my hands and in others that I know of, given most excellent results

R. *Liq Carbonis Detegens* ʒi
Calamine ʒiʒ
Hydrag Auroa Chlor ʒi
Lanoline
Vaseline aa ʒiʒ

Here we have a combination of the best possible remedies for the local cure of Eczema,

This ointment is principally used by me to treat cases of weeping Eczema in adults. If the parts

have not much exudation I increase the dose of the
tar liquid from $\mathfrak{z}\text{ii}$ to $\mathfrak{z}\text{iii}$,

In children I usually leave out the Hydrag
Ammor Chlor, and place Lanoline as the basis
leaving out the base line altogether. I adopted this
plan after having a case of Penema in a child
Somehow did not get a cure so rapidly as
I expected from the first ointment quoted,
with of course, doses according to the child's
age.

My usual way in Childrens eczema is to
use an ointment containing Bismuth Carbonate.
It does good in the form of a dusting powder
and I came to the conclusion that as it was so
good in the powder I would give it a trial in
the form of the ointment.

For a child of 18 months I therefore give the
following.

Bismuth Carb $\mathfrak{z}\text{p}$
Liq Carbonis Suleyan $\mathfrak{z}\text{p} - \mathfrak{z}\text{ip}$
Lanoline ad $\mathfrak{z}\text{i}$ ~~the~~

In applying an ointment it may be smeared on
linc and applied, but I think that if it is spread
carefully on layers of fine cotton wool it

does much better. Lint spread and applied may slip down if the dressing is not quite properly adjusted and if it does it often gets into, folds which press too much on the inflamed surface. Layers of cotton wool even if they slip do not do this and owing to the ointment on the wool the small fibres of the wool do not adhere to the surface,

At the same time if the layers of wool are too thick, it only retains more heat and causes the child to fret and get irritable.

Various other ointments have been recommended for this complaint. Morris recommends ointments of Precipitated Sulphur and Benzoinated Zinc and has had considerable success with them. He also recommends Resorcin and Ichthyol. Bulkley also recommends an ointment containing Ichthyol in combination with Zinc ointment and Salicylic Acid. I have no experience with these ointments. Constitutional Treatment is I consider the most important part of the cure in the majority of cases, cases that are due to some purely constitutional cause often need no local treatment except the protection of the affected parts. The treatment

of the internal disorder being sufficient to improve the skin complaint, of course eczema when set up from a purely local cause, as for instance the application of an irritant, or the presence of pediculi can easily be cured without as a rule giving any internal medicine, but in a large number of cases even when the cause is a local one, the administration of medicines to build up the system helps materially in the patient's cure.

The Gastrointestinal disorders so frequently the cause of eczema in children must be attended to, The remedies used for this purpose are well known, In children especially, and in women who suffer from this disease the bowels must be carefully attended to.

For children the very best medicine is undoubtedly Mercury, and the combination of Mercury with Chalk in the form of Grey Powder is a good one and convenient to use, and is almost tasteless.

The powder can be conveniently combined with other indigestion medicines, This is a formula I have used for years now & can speak highly of its value, The doses of the ingredients are suitable for a child of about 1 year in age.

R. Hydraḡ Creta gr̄ i
Bismuth Carb gr̄ iii
Pulv Rhei gr̄ ii #4.

The powder is best given each night at bedtime and if it acts too strongly the dose can be diminished or better still a powder can be given every other night, In adults a mineral salt is the best laxative to give, There is none more satisfactory than Glauber Salt given in teaspoonful doses in a tumblerfull of warm every morning on rising, For patients who cannot take that salt as the taste is most disagreeable other drugs have to be resorted to, Cascara Sagrada is a good substitute, It has one disadvantage and that is that patients complain much of its griping properties, This is much lessened by combining the Cascara with 3 drops of Tincture of Capsicum or Cayenne, and the addition of an equal part of Glycerine somewhat modifies the very bitter taste, In children of 14 or 15 years I always use in place of Mercury, Compound Licorice Powder in ʒi — ʒii doses, this is pleasant to take and acts well. The giving of a mineral water is recommended by some and Hungary Water, Vichy & Frederick's Ham, in wineglass doses three daily is much recommended by some. but in my hands they have been uncertain in their

action and I have had to return to Glauber Salt or
Cascara Sagrada,

Iron is often of great service in the treatment of Fevers
and indeed all tonics while improving the general health
raise the tone of the skin to the great benefit of the patient.

Iron is of special service in the eruptions found in
Gouty subjects, Arsenic is one of the best drugs at the
command of the Physician, whether for children or adults.
Some doctors only recommend it in Chronic cases of
disease, but this I consider a mistake. I have had
excellent results from its use in the variety under
discussion. In children it can be combined with Sugar
and the favourite formulae I use is the following.

Liquor Arsenicæ ℥ij

Tinct. et Ammon. Cit ʒj

Syrup Amantii ʒj.

Aquæ Chloroformi ad ʒij.

This is given in doses of one teaspoonful 3 times daily
after food. It is of a good flavor and children
take it with ease. This gives one drop in each dose and
after the mixture is finished the Arsenic can be increased
to 24 drops giving 2 drops in each dose. I have never
had any unpleasant effects from Arsenic in children.

but in Adults several times I have had to stop the administration of the drug on account of the swelling of the face and eyelids and the peculiar dry feeling in the throat, This I never do now. I simply reduce the dose for a few days and then give the former dose. Arsenic is one of the drugs that frighten a medical man in the earlier portions of his career, but although unpleasant symptoms are met with I cannot find any evidence of death from that drug having ever taken place when given in Perenna, In children suffering with Tubercle, or those of a Scrumous nature, Cod Liver oil and its various preparations does much good when given for a length of time - Scott's Emulsion one of its forms is the best preparation we have, It is pleasant to take and easily digested, occasionally however, there is a revolt in those with delicate digestive powers of the oil or its preparations not suiting In those cases the oil in combination with Maltine is sometimes easier of assimilation, or Maltine alone may suit the patient best, Excellent results have been obtained by me in children with the prescription The combining of Arsenic and Cod Liver oil gives the child a most excellent tonic,

R. oil Morrhuae ℥ii
 Liq Anacardi ℥i
 Mucil aquinos q.s.
 Syrup Aurantii ℥i
 Aquae ad ℥vi

The bottle having been well shaken, Two teaspoonfuls are given three times daily after food, Adults also benefit from Cod Liver oil, but sometimes as in children this does not suit them. There are various tonics that however can take the place of the oil, of these the Syrups of Castor, Yellow, and Hibiscus are the best, I have also used with good results a prescription the I took from my notes when a student at the Glasgow Western Skin wards. It contains the following ingredients,

R. Quiniae Sulph ℥p
 Fr Ferri Pechlor ℥ii
 Magnae Sulph ℥iiii
 Aquae ad ℥viii

Lij. One tablespoonful 3 times daily,

The feeding and Hygiene of the patient should be most carefully attended to, Among poor children it is often of vital importance to place the child

in Hospital, when this cannot well be done on account of the child being still at the breast the greatest precautions should be taken in order that the child may not be taking any impurity through the mothers milk, It may even be necessary to stop the use of the milk, or the mothers milk may be improved by giving her suitable food and tonics. In children with imperfect digestion, when the stomach is not doing its proper function, the administration of Pepsine often gives valuable aid. The pepsine may be combined with Bis milk and small doses of Sodae Bicarbonate with advantage. Such powders may be conveniently given 3 times daily either before or after feeding time, It may be necessary to procure the aid of a wet nurse if the mothers milk does not suit and if cows milk is too irritating, Proper precautions should be observed in order that the wet nurse may be as healthy as possible and so avoid the risk of giving the child a worse disease. Sometimes in the country cows milk may be got pure & then when properly diluted the child may thrive on it, but in London it is well nigh impossible to get pure milk and I prefer to place

the infant on one of the patent foods. Mellin's and Benguet are by far the best. The former has one great disadvantage & that is, it contains too much sugar and some authorities do not use it on this account. For my own part I have always had good results from its use. In feeding a child from the breast the mother cannot be too particular in what she eats. I had a case once in which a child of 8 months old, feeding at the breast suffered from eczema of the buttocks. It continued in spite of treatment, and only improved and finally disappeared when I stopped the mother's taking beer, Condiments, Coffee, Tea, Salt Meats, & pastry and greasy dishes should be prohibited. She should live mainly on milk, fish, meat, & vegetables, on the other hand the too frequent feeding of the child may overnourish it, and sometimes these overnourished children are the subjects of eczema. They should always be fed at stated intervals and the fact of the child crying should not always induce the mother to give the baby the breast. Eczematous children who are fed on cow's milk are frequently constipated and pass small and

large portions of undigested curd, This shows that digestion is not normal and that probably the anemia is being aggravated by gastro intestinal disorder. In those cases the various patent foods must be resorted to,

There is one tonic that I think takes its place to Cod Liver Oil and that is Syrup of the Iodide of Iron. It is fairly palatable and does an immense amount of good. It has only one drawback and that is, it is constipating, is common with all other Iron preparations. This can easily be remedied by giving a Glycerin powder at bedtime. In anemia of adults the diet should also be carefully attended to. Milk diet alone is best given for a time and whenever the acute stage is passed it can be increased to fish, puddings, & Beef Tea. Whittle of Dublin says that, Sugar, Coffee, and salt meats should never be taken, and he also is against the patient having pork, Shell fish, Cayenne pepper, Spices, pickles, raw fruits & Cheese, and further adds that any article of food that upsets the patient should not be given. For my own part I have found that

Such foods as pork and pickles should always be avoided. In one of my cases these foods greatly aggravated the anemia. It was improving and the patient took a hearty meal of those two substances with the result that the disease broke out again.

As regards stimulants some medical men allow them, others do not. If allowed they should only be given in medicinal doses, Acid wines and Beer I consider specially injurious, oatmeal is said by some to cause or to aggravate the disease. This I do not believe to be the case if the porridge is properly made. The meal should be soaked in water all night and then boiled for 20 minutes before being eaten. Anemia in the Adult is as beneficial I believe in the Acute cases as in the Chronic. I usually begin with a 3 drop dose and increase it if necessary.

Malcolm Morris regards Antimony as the best drug in all acute cases where arterial tension is high. Sulphur is spoken well of sometimes and in the form of Licorice Powder I think it does

good through acting as a purgative only,
Ichthyol internally does good and I can
remember a case in which it was of the utmost
use. In treating adults it may be necessary to
change the surroundings and to prevent a
recurrence a change to the sea side or a sea
voyage does good, At other times a Spa is
beneficial, Harrogate in England and Aix les
Bains and Aix La Chapelle on the Continent do
much good, These health resorts give the patient
not only a change of air but the benefit
also from the dissolved substances such as
Iron, and various salts, chief of which are
Sodium & Magnesium, contained in the water.
These medicines no doubt do a great amount of
good to the Generous patient, but recently
I read an article in a paper which I have
mislaid and cannot quote, in which it said
that most of the benefit was derived from
the quantity of the water that was constantly
being taken at those various health resorts,
The quantity of water would I should think
remove various impurities from the body,

I have written an account of the six following cases of Acute Eczema, as it was from these cases I mainly had my observations, which helped me much to write the Causes, Symptoms, Description, and Treatment of Acute Eczema

Cases of Acute Eczema,

- (1). In child due to Gastrointestinal disease,
- (2). In a Strumous child,
- (3). In a Gouty subject
- (4). on the Vulva
- (5). on the Hands.
- (6). Due to Carbolic Acid taken internally.

Case I,

James Stephens aged 3 years first came under my notice in August 1898. He had enjoyed up to that period very good health, never having had any illness except an attack of measles when he was aged 18 months. It had left however no bad effects. He was the 4th child of the family, and his parents stated that the other children were quite well. None of them had at any time any skin complaint.

On examination this child, was fairly nourished and developed, although his mother stated he was not so firm and robust as he was a month before this attack came on. The skin showed no trace of any eruption. He was not backward in cutting his teeth. His digestive organs were not acting properly and he vomited his food, and his motions were green and evil smelling. He was in the habit of having every thing that his parents were having for food. His pulse and temperature were increased the latter being 100° F. The chest sounds were found healthy and his heart also was normal.

I prescribed Mercury with Bismuth and Rhubarb.

I placed him upon an entirely milk diet, telling his mother to give him nothing but milk for the next few days. The milk was to be well boiled for 10 minutes. The next day on calling I found him much improved. He complained however of quivering which I attributed to the powder. He had slept better the previous evening than he had done for 8 days. For the next two days I did not see him but on calling again I ordered his diet to be supplemented by the addition of a milk pudding, composed of milk and ground rice, without any egg.

I was sent for hurriedly the same evening and on arriving there I found him in convulsions. He had had two before I came and his mother stated he only recovered for five minutes and then went into them again.

His temperature taken in the rectum was 103.2° . His pulse was about 180 per minute and may have been quicker but with a small wrist and a rapid pulse it is often most difficult to count the pulse. I could not detect any evidence of a fresh tooth cutting. I placed him in a warm bath containing mustard. The water came no higher than his neck, and I well douched his head with cold

water while he was in his bath. In ten minutes he came out of the convulsion, and had no recurrence of them, on drying him I made a thorough examination of his body but failed to detect anything abnormal except his high temperature and rapid pulse previously recorded. I gave the parents instructions on leaving, that in the event of another convulsion they were to repeat the bath. I also told them that I was of the opinion that the patient was going to have either some one of the infectious fevers, or that congestion of the lungs was most likely to develop. I gave this opinion although I could detect nothing whatever on the skin and could hear no rales in his chest because I have several times seen those troubles ushered in by a convulsion fit. I left out the consideration of his cutting a new tooth, because I could not after a careful examination detect any evidence of one cutting, and again I thought it hardly likely that if a new tooth was cutting he would have such a rise of temperature and pulse. I have seen several times much constitutional disturbance due to the cutting

of a tooth, but I had never seen a pulse of 180
and a temperature of 103.2.

On calling next morning I was told by his mother
that he had a most restless night, and that he had
been continually scratching his skin, and on examination
I could detect faint bluish red marks. These
small blotches were situated on his back, chest
abdomen and a few on the inner aspects of the
thighs. There were no marks on the head. I did
not venture upon a diagnosis, and gave the same
directions as regards his food. The next day
I was able to tell the patient's parents that I was
sure he was going to have an attack of Acute
Eczema, I omitted to mention that I had given him
since his convulsions, a mixture containing *Liq*
Ammonii Acetatis in 5 minimum doses, three times
daily. The powder had been continued each night
at bedtime and the colour of the eruption had
improved and the swell had almost gone.

There was no evidence in the motion of particles of
undigested milk. On the surface of each small
red one I could now detect groups of little papules
and here and there where he had scratched the

Surface violently were small particles of dried blood, The temperature continued high, and I discontinued the Liq Ammon Acetatis. The itching made the child very restless, and as he could not keep from tearing his skin I enveloped him in a pillow case and gave him a cooling draught containing 8 grains of Bromide of Potassium. In another 24 hours the eruption had come well out. Numerous other patches had developed and the old ones had considerably extended. In some places only papules had developed, in others the vesicular stage had been reached, and due to the scratching and tearing of the child the surface had become broken and an exudation, in some places of good quantity was leaking from the surface. One or two spots now came out upon his face, but beyond these he never had much trouble with either his face or head. His temperature was now reduced to 100° and his pulse was about 140. The eruption on the body was nearly covering all parts, it had extended rapidly. The inner aspects of the thighs and legs were most affected, his lips and back next, and the chest and abdomen although nearly covered had not quite so many

as those other places mentioned, The area round about the anus, and perineum, was raw, bleeding and oozing, and the spots had extended forward onto the scrotum,

Treatment adopted, The child was of course kept strictly confined to his bed, and every precaution adopted to keep the child clean, and to prevent the exudation from flowing on the healthy skin. The itching and tingling was much eased by a bath containing brown $\frac{1}{4}$ of a pound to each gallon of water. The child was placed in this every evening for 4 days. He sat in his bath for 10 minutes and on coming out the parts were lightly poned with a soft towel and the excess of fluid taken up. He cried a good deal during this treatment but he was much easier afterwards and slept much better, & was not so uncomfortable in his sleep. When he was dried as well as could possibly be done, I then dusted the entire surface with a powder containing Starch, Bis mull and Boracic Acid, The whole body was then covered with light layers of Cotton wool and the pillow case which I placed him in at night to prevent his scratching, readily kept them

in position. The following mixture was given every
4 hours

R. Soda Bicarb gr 24

Liq Anisealis ℥ 12

Syrup Amantii ʒʒ . T. Quae ad ʒʒʒ.

His night powder was still continued, only I ordered
it now to be given only twice a week. On the eighth
day after the eruption was fully established, the
condition of the child had much improved,
His eruption in some places had almost healed
especially on the chest and abdomen. It still
was very bad about his hips, margin of the anus
and perineum. The scrotum also had improved
little. I was inclined to the belief that the parts
were not dried as much as they might be after
his bath, and indeed this was most difficult
to do as the little patient raised so much
objection. His temperature and pulse were now
normal. I ordered the baths to be stopped now
and gave the following ointment to be smeared
on cotton wool and applied to the parts
Liq Carbonis Delyens ʒi. Bismuth Carb ʒʒ. Lanoline +
Casseline of each half an ounce. The Arsenic in his
medicine was increased to 2 drops in each dose.

and as his stomach seemed to turn at his food I stopped his milk puddings and placed him on milk to 1 part of which I added a peptonising powder of Fairchild, and gave him also small quantities of beef tea and chicken soup.

14 days after the eruption was fully developed this child was absolutely well, all irritation had gone. The parts around the Perotum, penisum, and anus had healed, and on the body nothing could be detected but small patches of dusky red colour where the eruption had come out.

I had an attendance on a sister of his aged 8 years the following year, and then his parents told me he had kept in perfect health since his illness the year before.

In this case I am of the opinion that the Eczema was caused by improper feeding. The products of indigestion of a poisonous nature were absorbed into his blood, causing the rise of temperature, increased pulse, and from their poisonous nature probably causing the convulsions. These poisons in their progress

through the skin, as the system tried to eliminate
them that way. Set up the dermatitis, I think
the attack was probably aggravated by the ^{high}
Ammon Acetate, It through more work on
a skin which was already in a manner of speaking
overcharged. The fact that the temperature fell when the
eruption came well out is worthy of notice, the skin seems
to act sometimes as a safety valve.

Case II.

In Strumous children Scrofula is more often of a Chronic nature lasting for months or years. In this case I am about to report, 3 months elapsed from the commencement till the cure was completed, and I think I am quite justified in alluding to this case as one of Acute Scrofula.

On the 16th of July 1897 I was consulted as to the condition of a boy John Linstall aged 14 months. This child belonged to a family of poor, and the family history was anything but good, two of the father's brothers having died from consumption and a brother of the patient having died from what the mother termed wasting with diarrhoea, I suppose this was from Tubercular peritonitis. Another member of the family had enlarged glands and about two years before the date I was consulted, one gland had suppurated, a sinus still remained which discharged. From these facts I think the family history was anything but good, although both father and mother of this child were as far as one could make out, quite healthy. The patient himself had had a previous attack

of Penema when about 3 months old, but after 10 weeks illness he recovered and up to the present attack had kept fairly healthy. His teeth cutting had given him little or no inconvenience,

The present attack began about 14 days before the date when I saw him first. His mother states that when placing him in bed one evening she noticed an eruption on his body, but admitted to me that for some time before he had looked thinned,

The muscular system of this child was very soft and flabby, and altogether he seemed to be suffering from some wasting disease, but beyond the weakness I am about to enumerate I could find no actual disease. There was no evidence of disease in the Chest nor in the abdomen, His digestion was not good and I think the mother was much to blame for that condition. He was as she said always a crying child, and to keep him quiet at night she always gave him, barley and sweets, and like most other women of the poorer classes, she gave him all kind every food he wanted. He has a slight lateral curvature of the spine, this he was born with, as the mother

assured me, His teeth are faulty, good and have
given him little trouble, The bowels are acting
properly, but for 6 months after his birth he
was constipated and according to his people they
took no notice of it as it was a common
complaint in the family. The skin on the body
is harsh and dry and has a peculiar, rough,
dry grating feeling, hardly so marked as one would
feel on drawing the tips of the fingers over
fine Emery paper. The spots of eruption on the
body are not numerous, the chief affected places
are the back, and left armpit, the majority of
the eruption is confined to the head and
face. His face is well covered with inflamed
patches, The chief situations are the angles of
the mouth, The space between the nose & margin
of the upper lip. The cheeks also are almost
covered, The ears behind are very much affected
and at the junction of the lobe and cheek
masses of eruption are present. The inner surface
of the ears are red and inflamed & discharging
The head especially the back part and top
is simply covered with hardened secretion. This

eruption extended quite down to the neck as far as the hair portions extended. The crusts are not old ones, as they are thin, broken down in some places and the discharges are mixtures of serum, blood, & in a few places pus. The eruption on the face has also numerous scabs with a thin purulent exudation beneath. Behind the ears the whole space is filled up with a hardened crust, but in places it is felt to be yielding and pus is present beneath. The glands at the angles of the jaw, and posterior cervical region are also enlarged, and one shows evidence of having suppurated internally, as fluctuation could be made out, one other gland has evidently discharged as there is a firm scab on the surface a red area round about, and the parts yield slightly on pressure. The temperature is slightly elevated not more than one degree however. The mother states that he flushed very much at night when in bed and that the eruption rapidly came out. There was no evidence in the child of Ricketts. In this case I had great difficulty in gaining the parents consent to the treatment of the eruption. They were quite content if I could give them

Something to prevent its spread and to cure the glandular enlargement, I commenced the treatment by ordering 2 grain doses of Grey Powder at bedtime and knowing the constitutional taint I gave the following prescription containing ℞. *Oil Morrhuæ ʒii. Liqur Arsenicalis ʒi. Mucilaguinis q.s. Syrup Aurantii ʒi. Aquæ ad ʒvi.* Two teaspoonfuls of this medicine I gave 3 times daily. This medicine suited the child very well indeed, and I always gave it after food as I think oil preparations are much more likely to agree with the stomach when given after food than at any other time, I gave the child Bengus food and instructed the parents to give it in moderate quantities at stated intervals, instead of a large quantity at long intervals,

I clipped away as much of the hair as I possibly could this gave me much difficulty as the hair had all matted among the scabs, and it also gave the patient pain I had to cease this method of treating the hair, and resort to another. Taking strips of linc I soaked them in Boracic Lotion and placed them on the head covering them over with oilskin, This acted as a fomentation and the scabs quickly got softened and came off. I do not think that the use of

the lint was of much advantage, I have had equally good results with the gutta serena cap, and without any of the hot irritating feeling that undoubtedly resulted from the lint covered with oiled silk, In a few days the surface was entirely free from scabs and presented a raw, granular, exuding and in some parts, bleeding surface. The scabs behind the ear were soon removed by simply bathing with warm water as were also those upon the face. Locally, I commenced to treat the part with an ointment containing, Bisulfit Carbonate gr^{ss}, Liquor Carbonis Deturgens ʒi, Unguentum Livi ʒi. This was applied night and morning to the parts on strips of old linen rag. The excess of ointment was got rid of before each new application by means of gentle rubbing with pledgets of cotton wool soaked in Almond oil. The improvement was very slow but at the end of 14 days the face had quite healed and the ears nearly so. The head gave me most trouble especially near the places where the glands were suppurating. This I attributed to the discharge from the suppurating glands flowing over the raw surface preventing its healing. I would

have employed surgical aid at the beginning, and have completely evacuated the pus by lancing but as the patient's parents would not allow of this I was placed at a considerable disadvantage. The back of the head also gave me difficulty. This was due to the child getting on his back during his sleep and the pressure of the head on his pillow evidently prevented the part from healing. As a rule anyway Eczemas are more difficult to cure on the head, This I think due to the pus and discharge getting deep down into the hair follicles & the difficulty of piercing in getting the part thoroughly clean. Although not altogether well the parts had considerably healed and I hoped in another week or two to have the child well. His health in other respects had greatly improved, the oil and Aesculi had suited him well, and his muscles were getting firmer and stronger, owing to my being engaged elsewhere I could not see the child, every day, and being busy I did not see it for a whole week. The appearance then was not what I expected to see. The ointment had not been removed before the new application

and the surface of the head was mattering and very much worse. The application of the ointment, took up a considerable portion of time, and unless cleanly methods were adopted, which in the hands of a lay mother was impossible, I resolved to change the ointment into a lotion. The application of this Lotion did not give much trouble, and the head had not to be cleaned each time before a fresh application.

I prescribed the following Lotion,

R. Calamine ℥ss

Zinc Oxid ℥ss

℥℥ Oleae ℥i, Aquae Calae ad ℥vi

The Lotion was soaked in lint and applied to the head 3 times daily, and a three cornered piece of lint was fixed on the surface in the shape of a cap.

In the event of my directions not being properly carried out the oil in the Lotion would prevent the dressings adhering to the raw surface, when the Lotion was not frequently applied.

In 8 days from the beginning of the use of this lotion the parts had nearly healed, and in 14 days altogether from the beginning of its use nothing whatever remained of the disease

A dry scaly condition of the scalp remained however for some considerable time, the glands of the parotid cervical region and at the angle of the jaw could easily be felt but were much reduced in size. The places where the face and ears were attacked were well healed, a considerable amount of dusky red patches remained however for a time and marked the places where the eruption had been. I now changed the child's tonic stopping the oil and Arsenic, and ordered Symp of the Iodide of Iron in half teaspoonful doses 3 times daily. This after a few weeks greatly reduced the glands and otherwise did the child good. I saw the child some months afterwards and it was in good health and had no recurrence of the disease. The hair however remained stunted, broken and in some places very scanty. The following application soon remedied that and in a few months a good crop of hair, much lighter than the original hair however.

R. Tr Cauteradi ℥ʒ
Spirit of Rosemary ℥ʒi
Olive oil a℥ʒi

This I ordered to be rubbed into the head with the tips of the fingers each night and morning, I saw the child a year afterwards, when it was in good health. The hair had grown well, and except the small thickened glands at the neck nothing remained to indicate that the child had suffered from Porema.

In this case I had a considerable amount of trouble to have my directions carried out, and felt the disadvantage of not being near an Hospital, as I could have placed it in such an institution with the assurance that my directions would have been carried out, I was most anxious to cure this case as soon as possible as I was afraid that with such a marked family taint, the disease might run into the Chronic state,

Case III

Eczema in Gout is not at all an infrequent complication and this case is the second I have had in 5 years.

John Edwards first came to me for advice on the 18th of January 1902. He is a fruit salesman, aged 42 years, and is married.

His previous history shows that nearly always at the spring of the year he has had attacks of the Gout but this attack unlike the others has been complicated with Eczema. He has always suffered as long as he can remember with Constipation and Dyspepsia and his urine has always he states been heavy with deposit of pink sediment. The Family history is not good, his father was much subject to Gout and two of his brothers also suffer from it.

He consulted me about his condition, on noticing an eruption coming out on his lower limbs. This eruption has been there for about 10 days, it is confined entirely to the lower limbs and as there is a varicose condition of the veins it probably accounts for its commencement.

He had previously to noticing the eruption been suffering from an attack of the Gout in his

right large toe, and undersurface of the foot.

On examination I found his liver much enlarged and he had tenderness over that region on pressure, His heart and breath sounds were normal. His digestive system was not what it ought to be, his tongue being coated with a yellow white coating. he had pain after eating and his bowels were constipated. On examination of his urine I could find no trace of albumen but abundant uric acid crystals were present. He has always taken in moderation alcoholic stimulants including ale, stout, and whiskey. He noticed this eruption about 8 or 10 days after his gout began to improve. The spots were very itching indeed and he had scratched the places very freely. The eruption was confined to both limbs and entirely situated below the knees. The eruption on the right leg entirely surrounded the limb extending behind up nearly to the popliteal space, on the left leg it was less in front than behind and at the sides it was only present in isolated spots.

On the right again the spots seemed to me to have run together and there was hardly a healthy part

of the skin to be seen, owing to his scratching so much I could not form a clear opinion as to how the eruption had commenced, The parts were oozing a good deal, a suppurulent fluid staining the linen bandages he had rapped round the limbs, I ordered him to go home and take to his bed, and on calling next day I found he had had a most restless night, from an irritation which had commenced in his scrotum whenever he went to bed, Although I had warned him against scratching the part, he said he was in such agony from the irritation he could not keep from doing so. The scrotum was covered with groups of vesicles, and already with scratching so much he had ruptured those vesicles and the whole surface was bathed in exudation, The scrotum was very much swollen and oedematous, That evening he was in such a state of irritation that I was compelled to give him a mixture containing 10 grain doses of Chloral Hydrate and Bromide of Potassium, which had the effect of considerably soothing him, and allowed him to have a few hours sleep. He had to repeat the dose at 3 o'clock

in the morning and although he did not sleep afterwards he was much easier. His scrotum the day following was even more swollen, and the disease had extended to the inner aspects of the thighs.

I commenced the treatment by giving him the following prescription,

R. Vin Colecei

Potass Bicarb

Infus Gentian ad ʒi

One tablespoonful of this medicine was given every 4 hours in half a tumblerful of water.

Each morning for a week I gave him ʒi of Sulphate of Magnesia in a tumblerful of warm water. His diet consisted of milk, eggs, puddings, barley water and I prohibited all alcoholic stimulants tea and coffee. The hair on the scrotum having been removed, I commenced local treatment by giving him a warm bath containing braw. This was given each night at bedtime and allayed the irritation to a considerable extent. I had still to continue the administration of Chloral Hydrate and Bromide at bedtime. As there was a considerable amount of scabs and debris on his legs I ordered Foulteis containing Bread and Boracic Acid to be applied. This soon cleared the

Surface and I applied an ointment containing
Liquor Carboni Detergens ʒi, Calamine ʒi, Hydrag. Animon.
Chlor. ʒi & Anolmi & Baseline a a ʒp. I used ʒii of the
Lan preparation as the parts tended to dry rapidly after
the ointment and I wanted the ointment to be as
liquid as possible. The ointment was smeared on
lint and after being applied was covered over with
absorbent cotton wool to exclude the air and to
soak up any excess of fluid. The scrotum was
placed in a large suspensory bandage as even
the pressure of the legs, as the scrotum hung down
increased the discomfort. After 15 days there
was considerable improvement, the exudation was
less and although the itching was present some
times and that especially at night when he got
warm in bed, still it had improved to such an
extent that I stopped using the Chloral. At this
time he had another severe attack of his gout
but it passed off without aggravating his cerebra
in any way, while his acute attack lasted
I combined Sodae Salicylate in 10 grain doses
with his mixture and this did him good.
In a few days the Salicylate caused his digestive

organs to trouble him, He vomited several times and I had to cease using that drug, and as I had often heard Fr Ferri Pucello spoke well of the Gouty Ecrema I determined to give it a fair trial, This was given in 10 drop doses 3 times daily, and he improved rapidly under the treatment, The Ecrema on the leg was by now entirely healed and on the Scrotum the itching had entirely gone, and beyond a scaly appearance nothing but a red surface quite however skinned over was seen, I saw him seven months afterwards, He had two attacks of Gout during that time but had no recurrence of the Ecrema.

In this case the products of the gout or of the indigestion evidently set up the dermatitis, and the disease was further complicated by swollen vascular blood vessels, The slight cause setting it up in the leg was probably friction, and in the testicles the parts tingling and the scratching lit up the trouble in that part, The constitutional taint of Gout was of course the primary cause.

Case IV,

On the Vulva caused by strong injection,

On the 20th of September, 1903 I was consulted by a Mr. Smith about an irritation about his private parts.

The patient was 25 years of age, married, and the mother of one child. She is however in a frequent condition again, being about 4 months gone

On the 1st of September she noticed that she was suffering from "the whites". It got gradually worse. She had no pain or irritation and no discomfort and otherwise was in good health. The urine was always healthy and on examination I could detect neither albumen or sugar. There was no history as far as I could make out of Gonorrhoea, and as I knew her husband well I had no reason to suspect him as being the cause of the discharge. The discharge getting worse she mentioned the fact to a neighbour who advised her to use a pint of water to which was added one tablespoonful of Sulphate of Zinc, as a douche each night and morning. During the first application which took place that evening, she experienced great pain and discomfort. The pain was of a sharp burning kind and prevented her from having any sleep. The next morning she passed blood, and had

intense pain on passing water, This continued for several days, The discharge of whites had much increased in amount, it was now yellow white in colour and in places stained with blood. About this time she experienced much itching near the orifice of the urethra This got much worse at night and the want of sleep and discomfort seriously acted on her health.

The irritation instead of getting better got gradually worse and she was finally compelled to seek medical advice,

On examination the parts were very much swollen

The labia on each side were reddened and it appeared they looked like what one expects to find in a dropsical condition of those parts, The surface of the labia, were much reddened, and here and there were groups of vesicles, and in other parts seropulent exudation had formed scabs, The whole hairy portion of the pubes was infiltrated with eruption. The parts immediately surrounding the vagina were dusky red, swollen and oedematous, and small areas of granulation tissue bled on the slightest touching. The walls of the vagina were swollen, tender and covered with mucopulent discharge and debris

The eruption had extended outwards from the margin of the hair and there was a similar state of matter on the perineum.

The patient was strictly confined to bed and I ordered tepid water injections to be given 3 times daily without any medicinal agent being added. As I always do in hairy parts suffering from Persema I clipped away as much hair as I possibly could. This was not easy but on softening the matted portions with oil I readily succeeded. After each douching the part was gently dried with a plug of cotton wool. The parts were now dusted with a powder containing Boracic Acid, Starch, and oxide of Zinc. A good padding of wool was placed on the surface, and this was kept in position by means of a T bandage. I had to give her several Hypodermics of Morphine $\frac{1}{4}$ grain as the itching was so intense. I had warned her relatives that she might abort but this did not occur. The inflammation of the vagina walls had evidently remained as a local one not extending into the uterus. I ordered her to take as much barley water as

she could possibly take. This soothed the condition of the urethra and she passed her water with less difficulty. She had internally a mixture containing Anem. ʒi Potap Bicab ʒii Infus Gentian ad ʒvi Tabb. foeniculo of this were given 3 times daily. The bowels were regulated by means of Cascara Sagrada, In 8 days the inflammation had very much gone down. The parts were not so very sore and the irritation was much less. Owing to the drying of the powder in the crevices of the labia, & stores in about the clitoris and lymphae, I had great difficulty in removing this as it hardened and adhered to the tender skin. I consequently stopped using the powder and on cleaning the surface thoroughly with warm water and Castile Soap, and immediately dried it thoroughly. An ointment containing Lan. Hydray An Chlor. Cocain Lanolin, was now applied to the place. The Cocain was in the strength of ʒ grains to the ounce of Ointment, and acted very well indeed. I often wished I had used this ointment earlier in the case, as I could have dispensed probably with the Anem.

at right time, He steadily improved after this and I gave him a tonic containing Quinine, Iron. Sulphate of Magnesia. In 2 months time he was absolutely well and has had no trouble with the private parts. He still continues the use of the douche of warm water and the discharge has much lessened.

In this case the strong quantity of the substance used for douching, set up an intense inflammation of the vaginal walls. This was followed by a discharge of an acid nature which set up the acute Icterus of the privates. What complicated matters was the fact that she was pregnant. There is ~~was~~ usually a good ^{amount} of congestion about the privates during that disease, and this aggravates the disease.

Case V.

Renewal on the hands,

John Freeman consulted me on the 15th May for an eruption which he has had on his hands for some time. He has always enjoyed good health and never had any illness that he knows of. He is 45 years of age, and a Baker to trade. He states that through the winter his hands were cracked several times due to the cold weather but they were not troubling him much. After a hard days work among sugar and flour, he a month ago noticed his hands began to tingle and itch much. He rubbed them violently and this he said he had to do at night as the irritation was so great. The eruption was confined to the dorsal aspect of the hands entirely but it was situated in greatest quantity between the knuckles. It was a dry eruption except in some places where it had oozed due I think to his scratching. He stated however that it was wet at the beginning but that after applying zinc ointment it had dried up.

The skin on the ~~part~~ was thickened, rough, and scaly, in other places, and especially between the fingers there was hard scabby matter, not at all unlike the itch from which I had to diagnose it from. The Eruption had extended a considerable distance up the back of the hand and the web of the fingers were not able to be seen as the eruption covered them so completely.

The patient was ordered on no account to place his hands in water, and I kept him at home and did not allow him to do any work. He was ordered a lotion containing, Tar, Calamine & Olive oil to be applied night and morning. And a pair of woollen gloves were worn to protect the hands and dressings. Internally Arsenic was given in 5 drop doses, and every 3rd day I increased the dose by an additional drop. His serena under this treatment and that of the Lotion rapidly improved and in a fortnight from the beginning of the treatment he was absolutely well. He was taking finally 15 drops of Arsenic 3 times daily and had at the last no unpleasant symptoms.

This Eczema was no doubt caused by the sugar among the pastry, and was a case of Eczema which is seen frequently among those who work among substances containing sugar.

Case VI. Eczema due to a dose of Carbolic Lotion.

I was sent for hurriedly to see a Mrs. Henderson who had taken by accident some Carbolic Lotion. She had a very badly ulcerated leg and her doctor had given her a lotion of the strength 1 in 20. She placed it in a cup and accidentally took a good mouthful or two, on my arrival she although complaining of a burning sensation over the region of her stomach which passed off in a short time, was fairly comfortable, and did not seem to be collapsed in any way. I presented the white of an egg, + gave her Brandy in teaspoonful doses for a good time afterwards. Next morning she had nothing to report except

that she had commenced to itch all over. The skin was congested & swollen, and that extended over every part of the surface. It was worse of course in those places where the skin was loose. The face and neck were especially swollen. She had that day Chloral in 5 grain doses every hour to allay the great restlessness. The next day I detected vesicles on the arms, chest & abdomen, and well they rapidly came to a head and there was a good deal of weeping. The face though much swollen had no vesicles. The treatment adopted was by means of a lotion which was composed of Tar. & oxide of Zinc. In 5 days the parts had entirely healed, and all that remained was peeling of the skin which was fairly general over the body.

In this case the dermatitis was undoubtedly set up by the skin in its efforts to get rid of the Carbolic Acid. In its passage through the skin a dermatitis was caused. This in some places could really be called an Erythema but in others the presence of vesicles

and coming from the surface showed an eczema.
The congestion of the skin came very quickly
after the taking of the poison and the whole
attack passed over very quickly.

I have consulted the following works in the writing
of this Thesis,

Blatt Edward M.D. Eczema and its Congenial
W.C. Call Anderson, Treatise on Diseases of the Skin

Parvichall, Diseases of Children

Hobbs + Wright, Diseases of Children.

Morris Malcolm, Skin Diseases.

Campbell, Skin Diseases of Infancy and Early life

Crocker, Diseases of the Skin,

Fox, Skin Diseases their Description, Pathology etc

Jamieson, Edinburgh. Diseases of the Skin,