SATINWOOD DERMATITIS,

WITH A SUGGESTION AS TO TREATMENT.

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SEVERAL cases of this condition have been recorded, among them being the outbreak described by Dr. Jones in the BRITISH MEDICAL JOURNAL of June 25th, 1904 but its occurrence is so readily passed over that it is right that it should be again brought to notice.

J. S., aged 51, who had worked at his trade of cabinet-maker for thirty years, and never suffered from any irritation before, was attacked with an eruption on the face and arms whilst working with this wood. He was aware that irritation sometimes followed the working with teak, but although he had previously worked with satinwood he never had heard of it causing any trouble. After going to his present situation he was engaged for six or seven weeks in planing and sawing mahogany, and only after subsequently working with satinwood did his symptoms develop. The present attack had lasted for nineteen weeks when I first saw him, and as far as could be gathered it had started after a week of exposure to the irritation. During this time he attempted to work on two separate days, but a recurrence immediately ensued on each occasion. In the same workshop there were other five men similarly affected, although not to the same extent. Some of these were only employed in shifting the blocks, but others, like my patient, were more in contact with the dust, their duties being planing, sawing, and veneering.

The first signs noticed were itching at the back of the neck, and the presence of a papulo-vesicular rash on the backs of the hands. This soon became moist, and spread up the forearms, whilst at the same time the face became so erythematous that the doctor whom he then consulted, diagnosed erysipelas, a diagnosis which he, however, altered next day, as the eruption had subsided partly.

The history is thus fairly typical, commencing on the exposed parts, namely, the hands and face, and when examined at the Skin Department of Edinburgh Royal Infirmary, the face, neck, backs of the hands and forearms were still swollen and showing a tendency to exfoliation. The posterior aspects of the fingers were the seats of a moist dermatitis, the papular rash was mostly at the upper parts of the forearms and neck, and here and there vesicles could be observed.

The reason for the present attack, previous contact with the same wood having left no ill effects, may be explained in various ways.

1. The large amount of the wood being used may have had some influence. The patient stated that he had never seen so much of it together at once.

2. There are various kinds of satinwood, and they are not all equally harmful. Unfortunately I have been unable to ascertain the source of the present supply; the patient informed me, however, that it comes from West Africa and India.

3. It is a well-recognized fact that a man may work for several years with various irritating substances, and at the end of that time develop dermatitis. General debility is the reason in some cases, but in others no determining factor can be found out. None was found here.

4. The presence of seborrhoea is of importance. I have frequently noticed that patients who are prone to any kind of trade dermatitis suffer at the same time from seborrhoea, and it was so in this individual. This should occasion no surprise, as this class of case has an imperfectly lubricated skin—that is, there is a faulty flow of sebum, not always an excessive flow. If this sebum is of a thick, claggy type, it stands to reason that many parts lack their proper supply of lubricant, and therefore are more exposed to the effects of irritating substances. Unfortunately, even with the added lubricants so often used in these cases, there is still the presence of decomposed sebum which mars the result.

The report of the Chief Factory Inspector, published in 1906, gives details of previous outbreaks, and states that the removal of dust is of no value. He also mentions the fact that one man was enabled to continue at his work by using dilute acetic acid (1 in 4 of water). I found that the wood had a faintly alkaline reaction, and this may explain its effect to a certain extent. Furthermore, I examined the sawdusts of different woods microscopically, but could draw no conclusions from this. Most observers hold that the resin or oil in the wood is the actual cause of the eruption.

TREATMENT.

A mixture of putty and linseed oil was used by one of the sufferers from the present outbreak, and, according to

my patient, it cured the condition. It could not have been universally successful, or the others would have followed suit.

From the present standpoint one has to deal with a trade dermatitis of an obstinate type, therefore what is the best method of treatment?

Naturally cessation from working with this wood is the first suggestion, but at once economic reasons for not doing so have to be met. Work is scarce and money still more so. Lubricants are generally ordered and often succeed in mitigating the evils of the irritant. When this patient was first seen a lotion of boric acid and calamine was prescribed, but as after a week there was little or no improvement, even with cessation from work, other means were thought of.

In one of the French periodicals I had noticed a suggestion as to the use of x rays in trade dermatitis and determined to try their value here. The patient was given 10-minute exposures thrice weekly to the various parts and a beneficial result was soon evident. The first change was a cessation of the oozing, later the redness commenced to decrease, and after ten days the condition was practically cured. Still more interesting is the fact that on his returning to business and again working with satinwood there was no recurrence. The use of this wood soon ceased, however, and the man has remained well ever since.

The explanation may be theoretically propounded that the x rays act by hardening the skin and enabling it to resist the irritant effects of the wood; at any rate, we know that they have a distinct anti-inflammatory action.

Another case came under my notice shortly after—it was that of a teacher of chemistry who had a similar condition on his forearms and hands, produced probably by alkali, which he used in his demonstrations. The eruption was very stubborn, and constantly recurred in spite of intelligent treatment by the patient, and accordingly I tried x rays in the same manner as in the preceding case. Here the result was equally gratifying, as the condition rapidly improved, and ultimately got quite well. Six weeks later there was a slight recurrence, which also rapidly disappeared with treatment.

If these results are borne out by other observers, then the x rays have an added field of usefulness.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

HYPERPYREXIA IN PNEUMONIA.

THE accompanying temperature chart of a case of acute croupous pneumonia at the left apex presents unusual features.

I was called to see the patient, a child aged 2 years and 2 months, on April 27th. The case was then in the second stage, and the temperature as shown in the chart was 105°. Sponging was ordered, and this was continued throughout. The child seemed to be progressing on the whole favourably, and on April 30th showed rather more marked improvement. I was called on May 1st at 8 a.m. to see him, as he was said to have become worse. I found him in a collapsed condition with a temperature of 108.8°. The wet pack was applied (the bath being objected to), but the child rapidly sank and died at 9.20 a.m.

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