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CLINICAL LECTURE ON THE TREATMENT OF ECZEMA.

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GENTLEMEN,—We shall to-day vary the subject of our clinical remarks by some observations on a disease of the skin, with which, from frequent observation in our wards and out-patients room, you must be somewhat familiar. I allude to the common and often troublesome affection of the skin, which is known to us as eczema, and which in your after professional career will often present itself to your attention. Eczema is one of the diseases of the skin which has been noticed by the ancients. *Ætius* describes under the term *ἐκζεμα* (*ἐκζεω*, to burst forth), morbid conditions of the skin, marked by heat and pain; and the *eczemata* are named by *Paulus Egineta* and *Celsus*, although their description would indicate a papular and not a vesicular eruption. But to *Willan* is due the first clear description of this disease; and the restriction by him of the name to a vesicular disease, characterised by an eruption of small vesicles, which may attack any part of the body, are crowded together, and frequently occupy broad irregularly defined patches.

Let me here, Gentlemen, say a word of encouragement to you, as to the diagnosis of diseases of the skin. The student is too apt to be discouraged by the hard names and refined distinctions of authors, and turning away in dismay from their study, to content himself with a very empirical and uncertain knowledge of these important affections. You will not find their investigation a difficult task, if you will first make yourselves familiar with the broad distinctions on which the classification of *Willan*, especially as improved by *Biett*, is based; and you need not trouble yourselves much, especially in your early studies, with those refined subdivisions, which obscure rather than simplify the investigation of morbid action. Thus, *Willan* divided eczema into three varieties—*solare*, *impetiginodes*, and *rubrum*; but you will find the division of *Biett*, into acute and chronic, both more simple and practical.

Eczema, although you have seen it attack almost every locality, generally presents itself to our notice here as seated in the lower extremities, attacking one only, or both, at the same time. Just for one moment bring before your mind's eye one of these cases, and you will remember many a patient exhibiting one or both legs covered with thin soft yellow scabs slightly adherent, with dry inflamed bases in one part; while around this incrustated portion, the skin is red, inflamed, and perforated with small openings, through which a clear limpid discharge is being poured out. You ask yourselves, if you see this condition for the first time, what can this disease be?—there are no vesicles, nor pustules. The incrustations are more like scales; but then the exudation destroys the idea of a scaly disease, and you are lost in doubt. But wait a little, and you will see in a day or two in some part or other of the diseased skin, small, prominent, silvery-looking points, which soon become true vesicles, of the size of a pin's head, with a well marked inflammatory areola. Do not forget that the serum, which,

in the early stage of the vesicles, is transparent and clear, may, and generally does, become turbid and opaque, and approaches the appearance of pus, and might induce you to diagnose a pustular and not a vesicular eruption; but remember this, that a pustule contains turbid fluid from its very origin, and then you will never confound that form of eczema, which has been named *impetiginodes*, with the pustular *impetigo*. In this form of eczema, the clear fluid becomes sero-purulent and turbid, and thus simulates the pustules of *impetigo*, which, however, are never transparent, have a larger base, and contain a thicker fluid.

A little care will enable you to distinguish eczema from other vesicular diseases. From scabies, by its seat, absence of itching, and its flattened and agglomerated vesicles, and its non-contagious character. From miliaria, by its confluent and not so voluminous vesicles, and the absence of the febrile symptoms, which generally usher in symptomatic miliaria.

Were you to confine your attention merely to one stage of the disease, viz., that in which the incrustations have succeeded to the vesicles, you might confound eczema—I mean here chronic eczema—with lichen, and even with psoriasis; but the patient can generally tell you that the affected skin has discharged a clear fluid, which saturated the stocking or the cloths wrapped around the part; and if you can gain no clear account from him, you have only to wait until fresh vesicles remove all doubt as to the true nature of the affection. You have seen eczema attack not only the lower extremities, but almost every part of the body. The scalp, where it is modified by the hairy integument, the chin, the scrotum, the groin, the arm-pits, are frequent seats of this troublesome disease, which may attack several localities at the same time; and, as you may remember, in the case of *Elizabeth Aitken*, nearly the whole person at the same time; and thus the opinion of *Biett*, that it is a disease of the vascular membrane, and not of the sebaceous follicles, is rendered very probable.

I shall say no more about the appearances or diagnostic marks of eczema, because I can better bring them before your notice at the bed-side, but shall enter now into the consideration of the treatment of the disease, and direct your attention to a new remedy, which I have found of signal service in the treatment of those forms of eczema which are often so tedious and intractable. The treatment of acute eczema, comprising eczema simplex, eczema impetiginodes, and eczema rubrum, need not occupy much of our attention. Occurring principally in young persons, and especially in females, it is often accompanied by considerable constitutional disturbance; and the hot skin, white tongue, quick pulse, and scanty urine are sufficient indications to guide you to an antiphlogistic treatment, adapted in degree to the grade of excitement. Be not, however, too anxious to cut short the disease. You will find authors speaking of general and local bleeding, especially in eczema rubrum and impetiginodes; but you will generally find a less vigorous treatment followed by the happiest results. When the eruption is local and circumscribed, and the general febrile commotion moderate, you will generally find mild refrigerants, tepid baths, and appropriate regimen, quite equal to their work, and the eruption, and the accompanying irritation, will shortly disappear. If not, the exhibition of saline laxatives may be required, and emollient or alkaline baths, or alkaline or lead lotions, may prove useful auxiliaries. When the eruption has been induced, as it often is, by the direct application of stimulating agents, as in the exercise of a trade, or as you have seen in our wards

by the stimulating dressing applied to an ulcerated surface, such employment must, if possible, be avoided, and such dressing be discontinued, as the repetition of the cause will, in all probability, lead to the repetition of the effect. The raw surface, often very painful, which remains after the vesicles have burst, may be dressed with any soothing or unirritating application; the lead lotion often answers very well; and if you especially avoid applications such as rancid or stimulating ointments, you will soon have the satisfaction of witnessing the skin gradually returning to its former healthy condition.

But acute eczema does not always yield even to the most judicious treatment, or it may have been neglected at the onset, or even mistreated, and the tendency of nature to a cure thwarted. Thus, the troublesome form now to be treated of, as chronic eczema, is fully developed, to the annoyance of the patient, and very often also of his medical attendant.

Well, then, we have a well marked case of chronic eczema, such as we generally see in this hospital, for our treatment. How shall we commence?

Now, gentlemen, never be led into the absurd notion of considering skin diseases as special subjects, which can only be properly treated by men who know nothing else. The Egyptians handed down from father to son their knowledge of the treatment of special organs, and we seemed likely at one time to imitate their example; but a better era, we trust, is dawning upon us, and men are beginning to learn that the part is but a part of one great whole, subject to the same principles which regulate the rest of the human machinery, and that the well educated surgeon, who has studied thoroughly the healthy and morbid actions of the body, and the therapeutical agents which control deviations from a healthy condition, is fully able to cope with disease, whether set up in the eye, the ear, or the skin. To a neglect of this truth we owe much of the irrational empiricism which has crept into the treatment of diseases of the skin; for as Dr. Burgess well observes, "the relation of cutaneous diseases to general pathology has been too frequently overlooked in the anxiety to establish nice distinctions and correct classifications." To this narrow view of disease is owing also the neglect by some of constitutional treatment in skin diseases, although now the labours of Hunt, Cazenave, Burgess, and others, have proved, as Mr. Bowman well observes, that we cannot dissociate the large expansion of mucous membrane in the interior of the body from the true glands and skin, which form, with them, one great system. Hence, in all morbid conditions of the skin constitutional treatment is of the first importance. On careful examination of each case, you will generally find some deviation from health, and that unless you attend to the general health of your patient, you will either not cure the disease, or only afford temporary relief.

These observations are strictly applicable to the treatment of eczema; and you have always seen here constitutional and local treatment go hand in hand. We attend both to the unhealthy condition of the body which has favoured the development of the disease, and to the unhealthy condition of the skin which has been induced. Of all the internal remedial agents which are of use in the particular derangement of the health of the body and of the skin which constitutes eczema, I believe arsenic to hold the first rank.

We need not here discuss the *rationale* of the curative action of arsenic on the skin. The plump condition and sleek skin of the Styrian arsenic-eater, and glossy coat of the Suffolk or Yorkshire cart-horse, to whom it is often given by the carter anxious to vie with his neighbours' horses, testify to its special action on the cutaneous surface. I leave to your teacher of *materia medica* to explain its action; I have only to offer you a few practical remarks on the mode of its administration.

I would say, first, be not afraid of any injurious effect likely to result from its employment. If carefully given, and watched, I have never seen arsenic to do any harm; and I believe with Mr. Hunt, to whom we are so much in-

debted for the result of his experience in its use, that few cases of inveterate skin disease will resist arsenic, if administered in the manner pointed out by him. Watch its effects on the conjunctiva, as you have seen me do continually, and on the gastro-intestinal mucous membrane, and you need not be afraid that its cumulative effect may be suddenly developed; and no visions of a victim to treatment need flit before your eyes. I also find, with Mr. Hunt, the liquor arsenici chloridi to be the most certain and manageable of its preparations; and you have seen, in this and other diseases of the skin, patients under the administration of this remedy in doses of ten drops three times a day, in some bitter or alterative infusion or decoction, for a very considerable time. You may remember that I have pointed out to you in more than one case the good effect of combining arsenic with remedies calculated to remove constitutional taint, as of struma, or that anæmic condition which is sometimes associated with cutaneous disease. You saw in the case of Elizabeth Aitken, and also in the case of Ann Turner, in the same ward, how arsenic, together with local treatment, seemed to produce amendment but slowly until citrate of iron and cod-liver oil were added to the treatment, when the eczematous condition of the skin and the anæmic state of the system gave way together, and a rapid convalescence ensued. When the disease has been of shorter duration, the iodide of potassium with local treatment will often remove the disease. I have had no occasion to try the effect of tincture of cantharides, much less of the once vaunted anthrakokali or fuligokali; but have always found the mild cases to yield to gentle alterative general and local treatment, and the more inveterate forms to the arsenical treatment, simple or combined, aided by the local treatment which I shall now discuss. I may, however, advise you to allow a nutritious, but not stimulating diet; and remark that a careful attention to the condition of the stomach and bowels is required under any mode of treatment you may be induced to adopt.

But, gentlemen, local treatment must be attended to even in those cases of eczema where you can clearly detect some very evident constitutional derangement. You may act beneficially on the skin by cooling or alterative agents, while you are improving the general health; just as, in conjunctivitis or corneitis, you apply the solution of nitrate of silver directly to the affected tissue, while you influence the disordered system, or the diseased organ, through the general system, by the use of internal remedies. In the local treatment of eczema, I can especially recommend to your notice an external remedy which you have seen used here during the last twelve months with the happiest results. I allude to our pulv. iodinii et amyli (which, as you know, is composed of four grains of iodine, well rubbed up with an ounce of powdered starch). I can recommend this more strongly because it is not a formula of my own, and hence I shall not be supposed to have an unfair partiality for my own bantling. It was introduced to my notice by Dr. Dunsinure while visiting the Royal Infirmary of Edinburgh; and I believe that the *rationale* of its action as then given is the correct one—that the starch absorbs and renders innocuous the irritating fluid issuing from the ruptured vesicles, and consequent ulcerations; while the iodine induces a new and more healthy action in the diseased skin. You have seen the application of this powder to have produced a marked change in the local condition of the skin wherever it has been applied, and especially in some cases where the eczema seemed to be localised, being confined to the lower extremity entirely, and not disposed to spread beyond the knee-joint. Take the following case as it stands in our case-book.

CASE. Mary Buckley, aged 50, admitted into the hospital Sept. 23th, 1854, has been engaged during the greater part of her life as a nurse. Has enjoyed good health until six months ago, when her legs began to break out, and have lately become so irritable and swollen as to induce her to become an in-patient in the hospital. On examination, no disordered condition of the general health, or of any organ, could be detected; but the lower extremities

were covered with incrustations and vesicles of eczema; and both legs, from the ankle to the knee, were swollen and inflamed. As this seemed a suitable case for local treatment, the powder was applied at first every day, and afterwards every second or third day; the only other treatment now and during the progress of the case being confined to the occasional administration of a compound rhubarb pill to regulate the bowels.

Sept. 30th. The powder has been sprinkled over the legs, and has caused some irritation and pain, which, however, soon subsides. No fresh vesicles.

Oct. 6th. Legs much improved. The incrustations are falling off. There have been very few fresh vesicles, and the skin of each leg is becoming paler and wrinkled.

Oct. 14th. Skin is gradually becoming more healthy, and the powder causes less irritation.

Nov. 10th. Has continued to improve, and is nearly well.

Dec. 1st. Was discharged cured, having been retained until this date to test the permanency of the cure. I have very lately heard that she has continued quite free from the disease.

I might cite here the case of W. Hunter, under treatment in April last, who was cured in three weeks of eczema involving both extremities, by the use of the powder alone; but to you, who have witnessed its good effects in so many cases, my recommendation is not needed. The effects of remedies *oculis subjecta fidelibus* produce an impression which mere oral recommendation can never approach. Sometimes you have seen very considerable irritation to follow the application of the powder, especially in outpatients who are continuing their ordinary occupations, and thus, by walking, etc., irritating the part; but a discontinuance of the remedy for a day or two, and the temporary substitution of a cooling lotion, even of water dressing, has been followed by a rapid subsidence of the irritation, and by a marked improvement in the appearance of the skin.

In other cases I may mention, those of Ann Turner, Ann Lambert, and a woman of the name of Oates, who was lately under treatment in the same ward, you saw the good effect of the powder, when applied to the eczematous eruption in every stage, in different regions of the body; while the disposition to a setting up of the morbid action was being removed through the administration of arsenic and constitutional remedies.

But, gentlemen, we must not forget old friends while we notice new ones, as, under certain circumstances, some good old remedies will aid us much, as the lotio plumbi, the lotio acidi sulphurosi, etc. In the case of John Thackeray, now under treatment for extensive ulcers of the leg, you saw how an eczematous eruption followed the use of stimulating applications. The lead lotion was applied, when not only did the cutaneous disease begin immediately to subside, but under its use the extent of ulceration of twenty years' standing has been diminished one half, and is rapidly healing. You have, in the next ward, an illustration of the good effect of rest in cases of eczema affecting the lower extremities. The patient Wales was for some time an out-patient, and only partially relieved; but on becoming an in-patient he experienced immediate benefit from remedies which, under less advantageous circumstances, afforded but slight relief.

Such, gentlemen, are the observations which I have to offer you on the treatment of eczema generally; for you must remember, that this is a clinical lecture, intended not to exhaust the subject, but to bring before you such practical points in the treatment of a troublesome disease as may best enable you to follow our practice here, and to guide you hereafter, when left to your own unaided resources. Of the local forms of eczema, I shall merely notice that affecting the scalp, of which you witnessed an illustration in the case of Francis Foster, aged 5, who was under treatment in December last. You saw in that case that, on his admission, the hair was so matted together, and the skin covering the scalp so covered with thick incrustation, that the diagnosis was at first somewhat doubtful; but that when the superincumbent mass of incrustation had been

removed by washing the head freely with soap and water, and the hair had been reduced to a more natural condition, the distinctive marks of eczema were evident to the eye. In this case, as there appeared some scrofulous taint, the cod-liver oil was given with much advantage, and continued for some after he left the hospital, and after the eczema had disappeared, as a recurrence of the cutaneous affection threatened to recur on its abandonment, but always gave way immediately, when its use was resumed. Under this constitutional treatment the iodine powder produced much local improvement, and the scalp soon regained its healthy character.

You will sometimes find eczema of the scrotum or scalp, especially the latter, to yield to mild treatment, and sometimes to prove most rebellious and obstinate; but I may again express my firm conviction that they will seldom resist the judicious and prolonged administration of arsenic, combined with local remedies calculated to allay irritation, or to stimulate the skin to a new and more healthy action.

York, October 1855.

St. George's Hospital.

CASES OF ECCHYMOSIS OF BLOOD IN THE ORBIT, WITH INJURY TO THE BRAIN, BUT WITHOUT FRACTURE OF THE CRANIAL BONES.

Communicated by T. HOLMES, Esq., Surgical Registrar of St. George's Hospital.

THE presence of blood in the cellular tissue of the orbit, after injury to the head, is deservedly held, in the present day, as a symptom of great importance, and is usually accounted distinctive of fracture of the anterior fossa of the base of the skull. To this general statement, however, some exceptions must be made; in the first place, ecchymosis, however great, is not symptomatic of fracture of the bones of the orbit, unless it can be clearly traced as coming from behind forwards, and, therefore, affecting originally the cellular tissue of the orbit, and making its appearance first in the ocular conjunctiva. This fact, so important in the accurate diagnosis of the injuries of the head, has been pointed out by the French writers (MM. Lagémar, Nélaton, etc.), and is rightly insisted on by our latest English author on subject, Mr. P. Hewett, to whom English surgeons owe so much of their information on the diseases and injuries of the head. The second case, which I subjoin, will, I think, be found a good illustration of this point. There, notwithstanding the severe injury to the head, the great ecchymosis, and the violence evidently inflicted on the very part most likely to have transmitted the shock to the bones of the orbit, the surgeon was enabled, from observing the fact of the ecchymosis beginning from the anterior instead of the posterior part, to predict that the source of its bleeding was not a fracture of the base of the skull. Another limitation to the general applicability of the symptom, as distinctive of fractures of the skull, would be that the hæmorrhage may be occasioned by fracture of some of the other bones of the orbit. This must, I should suppose, (from the comparative strength of the cranial and facial bones in that region) be very rare and always the effect of direct force. I quote the only instance I remember to have seen (Case 1). The observation is indeed of little practical importance, the cerebral symptoms being what the surgeon has principally to attend to; still it is perhaps worth noticing, as a contribution towards the complete literature of the subject.

Another point of interest, in the first case, is the presence of an injury to the brain, rarely seen on *post mortem* examination, but which probably accompanies most cases of severe concussion, viz., minute extravasation in various parts of the cerebral substance. The reason that this appearance is not more frequently met with, I imagine to be that, at the period at which such cases usually prove fatal, the small ecchymoses have had time to become absorbed, or sometimes are merged in more extensive alterations of structure.