SOME CONSTITUTIONAL DERMATOSES*

BY

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It cannot be too loudly or too frequently stressed that the medicine of the skin is no more and no less than a reflection of general medicine, and that in consequence the proper study of mankind is man's skin. It would indeed be an extraordinary circumstance for this one organ of the body, dependent upon the same physiological resources and controls as the rest of the organism, to maintain a separate existence and bear no close relationship to the reactions of that organism.

In no sphere of medicine is the skin of more vital importance or of such valuable assistance to the observant clinician as in that of constitutional medicine, relating, as it does, the physical and temperamental characteristics of the individual and the peculiarities of his reaction to environmental changes of any and every kind. I believe that too little stress is laid upon the distinction between pathological medicine or disease, and constitutional or individual medicine, which is rather in the nature of physiological reaction. A simple definition would indicate that pathological medicine is the natural reaction of any—or the majority of—individuals, organs, or tissues, to environmental changes such as old age, irritation, infections, and structural abnormality. Thus it is probably true that all who work in haematite mines sooner or later contract silicosis of the lungs. Constitutional medicine, on the other hand, concerns the particular, and in some measure peculiar, response of an individual to environmental changes which would produce no reaction, or no similar reaction, or response in other individuals, or in the majority of other individuals. Thus out of a hundred bakers working in a bread factory one or two may react by the development of a dermatitis.

This is not a new, but the very oldest, conception of medicine; but I think it is still fundamental to the proper understanding of many of our problems. When history records the truly wonderful advances made in the field of medicine during this century it will be scientific progress that will be acclaimed. I wonder whether it will not at the same time record a failure to hold in our grasp truths which had been handed down through the ages, and which have made great physicians in the past, even in the absence of our wonderful scientific knowledge of to-day?

The Skin as an Index of Constitution

I will briefly remind you of the intimate relationship of skin to individual types and to common disease. Recall the fractious, freckled skin of the red-haired, and the fragile skin of the blond; the rebellious skin of the plethoric, the quiet skin of the placid, and the restless sensitiveness of the skin of the mentally and physiologically unstable; the awkward blush and sebaceous irresponsibility of puberty, the flushings and discomforts of the menses and the menopause, and the querulous stubbornness of the senile skin—these are not without meaning.

Such expressions as "the pallor of fear" and "flush of excitement," the "sweat of anxiety" and "glow of content," the "itch of desire," the "hair-raising terror," and "goose-flesh" skin indicate the temperamental significance of the skin. On the more substantial side a review of the major diseases will recall to the mind a multitude of reflections of such disease in the skin, such as the sensory changes and atrophies, green pallor and jaundice,

oedemas, dystrophies, nail changes, facial peculiarities, pigmentations, and secretory disturbances—quite apart from the specific dermatoses associated with so many affections as pink disease, the fevers, leukaemias, certain anaemias, and adrenal and sympathetic disease.

There are, indeed, few patients with medical or surgical disease who have not the mark of that disease written upon their skins, and I insist that it is a pity if we, who should rely so much on our observation, are not to make full use of what is thus displayed. In this connexion I would mention one obvious reason for functional and organic nervous disease playing a prominent part in dermatology. It seems to me the natural thing when we remember first that the skin, as the ectoderm, functioned as the sole organ of perception, sensation, affection, and protection in those stages of development prior to a central nervous system, and, secondly, that the central nervous system, now mainly responsible for these functions, is merely a specialized portion of the ectoderm.

I propose to take four common and troublesome dermatoses and endeavour to interpret them for you in terms of general constitutional medicine. I believe that such interpretation will remove much of the mystery, and with it the difficulty, in understanding these conditions and their treatment. I will consider infantile eczema, seborrhoeic eczema and sycosis, lichen simplex, and rosacea. It is obvious that I cannot do more than indicate certain lines of thought with regard to each of these, for there is no opportunity here to undertake an exhaustive study of each one.

Infantile Eczema

Infantile eczema is an itching of the skin, usually of the face, provoked by exposure in a child who, at the age of 2 or 3 months, is becoming a human being, and who for inherited—and sometimes for environmental—reasons is temperamentally sensitive. The eruption which is produced by the rubbing—to relieve itching—assumes a mask distribution on the face, because the face is the exposed part, and rubbing of it on the pillow avoids the hollows of the eyes, sides of the nose, and mouth. In a rather older child, who has learnt to use his fists, the eruption will be mostly of the eyelids, nose, and mouth.

I do not believe that any other factors cause infantile eczema, or that the "alimentary eczema," "seborrhoeic eczema," and "infective streptococcal eczema" of other writers have any existence in fact. I do not suggest that teething or gastro-intestinal upsets, or napkin irritations, climatic changes, or emotional disturbances may not provoke exacerbations—I know they do—but they are not primary causes. The infective organisms which can be cultured from fissures behind the ears are entirely secondary, and disappear with treatment which pays no regard to their existence. I have never yet encountered an infantile eczema due to cow's milk or any other foodstuff, and I do not conceive the possibility of such an aetiology.

Infantile eczema is entirely a manifestation of a temperamentally sensitive child with a sensitive skin. Because, and as a part, of this mental sensitiveness, they are unusually intelligent and bright, unusually active mentally and physically, are acutely appreciative of and reactive to their environment, and are not only ready at all times for entertainment, but will entertain a company as no other child can do. If they are not permitted to be crippled by their constitutional disorders these individuals will mostly outstrip their fellows and make their mark intellectually or artistically. They are not at all hampered by being kept back from school until they are between 7 and 10 years old—as they should be. In infancy they should be taken off the breast, for the majority are born of temperamentally unstable mothers, and that intimate association of breast-feeding is not helpful. Most will thrive on simple cow's milk, sugar,

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and water, with a little cream or cod-liver oil emulsion—a perfectly normal diet.

For the first twelve months of life they should be as cabbages—with the maximum of rest and quiet, regular habits, and complete absence of excitement and noise. If this is not achieved the result may be a persistent eczema, or some other temperamental embarrassment—possibly for life. It is surely the height of folly, if it is not criminal, to crucify such an infant on a cross splint or to harness its limbs to the four bed-posts.

Treatment on the medical side must relieve itching, and externally, tar, as in the following application, is invaluable.

R. Picis carb. praep. (B.P.) gr. xx
Zinc. oxid. gr. cxx
Paraff. moll. ad 3 j

If more than this is required, bromide of potassium in a rhubarb-and-soda mixture, in dosage sufficient to relieve the itching (not less than 5 grains t.d.s.) is indicated. In any case hyd. cum cret. internally is valuable.

Seborrhoeic Eczema and Sycosis

The infective seborrhoeic eczemas and sycosis reflect another side of constitutional medicine. These patients, children of 7 years or about the age of puberty, males of 20 years, and women at the menopause, have, among other disturbances of function, seborrhoeic skins, and seborrhoeic respiratory and seborrhoeic gastro-intestinal tracts. Their skins, with lowered resistance against infection, develop a chronic and intractable purulent oozing, scabbed, and glazed, red inflammation of the scalp, ears, eyebrows, eyelids, nose, muzzle, beard area, and flexures generally. Their mucous membranes, flabby, oedematous, with excess of secretion, are invariably infected, and present infected nasal sinuses, polypi, enlarged tonsils and adenoids, pyorrhoea, soft teeth, and dental sepsis. Their gastro-intestinal tracts, atonic, with excessive mucus and alteration or masking of other secretions, give rise to flatulent dyspepsia and constipation, impaired digestion and assimilation of foodstuffs and a consequent malnutrition, particularly anaemia from iron-lack and avitaminosis.

To approach these cases as skin diseases yields nothing but despair and hopelessness. Their skins resent any local applications, and the whole dismal picture will persist under the best hospital conditions. Viewed as a whole, however, and treated along rational lines, they respond immediately. The first essential is to deal with the dental and nasal sepsis—nine out of ten of these cases have an infected antrum. That is the direct provocative cause of the overlying seborrhoeic eczema or sycosis. The response to this measure is often dramatic.

Then, to enable both skin and mucous membranes to regain a healthy state, diet must be regulated as for a hypotonic dyspepsia with constipation. Extra iron and vitamins must be administered, and it is of great value to give general ultra-violet light irradiation as a tonic measure. This malnutrition, secondary to gastro-intestinal seborrhoea, is the responsible constitutional background.

Lichen Simplex

Yet another aspect of constitutional medicine is reflected in a number of cases of lichen simplex chronicus, an affection also described as "circumscribed prurigo." The condition is an intensely itching, circumscribed, thickening of the skin, often warty, purplish in colour, and usually found on the palms or soles, the knees, the ulnar aspects of the elbows, sometimes on the nape of the neck, the mid-back, and elsewhere. The majority—but not all—of the cases are seen in women at or after the menopause, who are of stout build, and who have recently tended to increased obesity. There is always a high, and often a very high, blood pressure without primary renal

disease; there is always a complaint of symptoms suggestive of high blood pressure, such as headaches, dizziness, a tendency to fall, and insomnia.

I do not know of any local skin treatment which is effective in these cases for more than a brief period. Response, however, to tar therapy or x-ray treatment is good, provided the general constitutional derangement receives attention—a derangement probably dependent upon poor adaptation to the endocrine-sympathetic changes of the menopause. Treatment at first should be by rest in bed, and should aim at reducing blood pressure and weight by strict dietetic measures. These must be continued at that level which will maintain a satisfactory equilibrium. Small doses of calomel, careful and moderate administration of thyroid, and sometimes luminal in quarter-grain or half-grain doses are of the greatest value in conjunction with proper dietetic control.

These cases approximate more nearly than any others in dermatology to the old conception of the gouty diathesis, and should be benefited by occasional spa therapy along rational lines.

Rosacea

Rosacea—let us avoid the term "acne rosacea"—is a variable flushing of the skin of the face, particularly the nose and chin, a triangle on each cheek and the central V of the forehead. Upon this is superimposed a papular, granulomatous eruption of the skin, which occasionally breaks down and becomes secondarily infected, and which only by accident involves the hair follicles. There is no relationship between acne and rosacea, and this is manifest in the fact that whereas in acne the skin can, and should be, scrubbed with an irritant soap and a loofah, the majority of those who consult you for rosacea do not use soap and water, having learnt from experience the extreme sensitiveness of the skin to such injury.

Rosacea is built up on facial flushing, and the causes of rosacea are those of facial flushing. Always there is a background of temperamental and emotional sensitiveness, the usual cause of blushing, and in not a few cases this constitutional factor, with some increased mental anxiety or perturbation, is the whole of the problem. Sometimes gastric disturbance, a flatulent hypotonic dyspepsia, or upper abdominal trouble is the provocative cause of rosacea, of which we are reminded by the "red nose of indigestion" and the well-recognized relationship between facial pallor or flushing and gastric states. Pelvic disturbances in women—the flushings of the menses and of the menopause remind us—must also be considered. A mere functional dysmenorrhoea or an organic trouble may call for attention here. Finally, sepsis in the nose, mouth, or throat may, not unnaturally, provoke local flushing, which in the susceptible will become rosacea. Occasionally such eruption will be mainly unilateral, corresponding to the side of the infected antrum or tonsil.

Rosacea can be cleared without consideration either of the underlying constitutional sensitiveness or the particular provoking cause, but not with any degree of permanence. In all cases, therefore, these possible provocative factors should be investigated and dealt with, while the underlying emotional sensitiveness may call for treatment by simple mild sedative-tonic measures, or by homely psychotherapy.

My purpose in this communication is not to offer anything like a complete review of the affections which I have considered. A whole lecture, or even a course of lectures, might with advantage be devoted to each one. I have merely used these common disorders to direct attention to the importance of general, and particularly of constitutional, medicine in interpreting skin reactions. More often than not, a skin eruption is a reflection of deeper significance, and the study of medicine loses much of value by neglect of this branch.