THE GENERAL TREATMENT OF SKIN DISEASES

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It is not sufficient in dermatology to regard the patient as a skin case ; he must be studied as a whole. The state of general health should be thoroughly considered, and full investigations undertaken, except in the obvious superficial parasitic infections or some types of new growth.

The treatment of skin diseases will be considered under the headings of general management, local treatment, and internal medication.

General Management

In skin conditions generally and particularly in the acute varieties rest may be an essential feature of treatment. The skin is an organ of complex physiology, and in any form of inflammation its functions must be upset. Complete rest in bed will place this organ, the largest by far in the body, under conditions where it can continue work with the minimum amount of friction and tension.

While physical rest is of great importance, mental rest must be enjoined as far as possible. In acute and generalized skin conditions, rest from worry and anxiety is of the utmost importance and sufficient rest must be assured by sedatives and hypnotics if necessary.

Nursing should be both sympathetic and skilled, in order that local remedies should be properly applied, and to counteract the depression often found with chronic and generalized skin conditions.

Removal from overcrowded and unhealthy surroundings facilitates recovery from skin affections, and it is sometimes amazing to see the acceleration in healing when patients who have been treating themselves at home are admitted to hospital or nursing home.

Ideally, a period of convalescence before returning to the daily routine is of value after treatment, both from the point of view of change of air, and of healthy exercise and

freedom from worry. Patients who have had acute skin conditions on the exposed parts of the body should not be exposed to sun and wind, but chronic skin conditions on other parts of the body often do well at the seaside.

Differences of opinion are frequent over the question of diet. Patients who are acutely ill and suffering from fever should be treated with the usual fluid diet, but as a general rule, a bland and nutritious diet does no harm. Anything which increases flushing is harmful, and in this connection alcohol, strong tea and coffee and condiments are best completely avoided. Indigestible foods such as cheese, nuts, shellfish and pastry should be taken in the strictest moderation or not at all. Certain diseases do seem to benefit by special dietary measures. Sufferers from acne or seborrhoea do better on a low fat diet, especially avoiding chocolate and cocoa. Psoriasis has also been claimed (Grütz and Bürger) to be favourably affected by a low fat diet. Rosacea usually responds well to diet, and here hot drinks (especially tea and coffee) and alcohol should be eschewed. In my experience, infantile eczema is not usually caused by food allergens, and therefore does not usually benefit by diet, but occasionally cases are met where the withdrawal of some food like egg, milk, wheat or barley assists in recovery. Tuberculosis of the skin has been favourably influenced by a salt free diet, but requires other treatment as well.

Local Treatment

At the present time local treatment properly applied, is still our most potent weapon in the management of skin diseases, although environmental change and internal medication are assuming a much greater importance than they did in the past.

It is important, of course, to make a diagnosis as soon as possible, and, in some diseases, essential to do so, but for this pathological

investigations or expert opinion may be required, and it becomes necessary to treat the patient while these investigations are being undertaken, or until expert opinion is obtained. Many cutaneous conditions may be alleviated by rational local treatment, especially if certain aspects of the diseases are borne in mind, and one should look for them in the following order. First the phase of activity, acute, subacute, or chronic should be judged, followed by the type and characteristics of the eruption and finally the location. Treatment can be started immediately if these principles are followed, and I hope to show simply how this can be done.

I have divided skin diseases into the following five empirical groups: (a) Crusted conditions, (b) Infected conditions, (c) Acute conditions, (d) Subacute conditions, (e) Chronic conditions.

Before proceeding further, I would stress that strong local medicaments should never be used, unless one is certain of the diagnosis of the condition, and is using the medicament in a specific manner. I should like to utter a word of warning about the local treatment of sulphonamides on the skin. One still meets too many cases of sensitization induced by local treatment with sulphonamides, and this sensitivity may last for a long time. Where these drugs are indicated, it is my practice to use full doses of sulphonamides internally, and the results are very satisfactory.

Any of the acute, subacute or chronic conditions may be, and often are, infected or crusted or both, and this must be dealt with first, but I have put crusting and infection in separate categories in order better to establish some general principles of treatment.

A. Crusted conditions

Crusts harbour infection and secretions, and further prevent medicaments from coming into contact with the affected parts. Where present over large areas of the body, or in the flexures, crusts may best be removed by baths, but in smaller areas or on the scalp, may be removed by borostarch poultices or the application of oil.

Simple baths of warm water and curd soap may be used for cleansing purposes, but often where the skin is inflamed and irritable, soap

and water will not be tolerated. Here I prefer an emollient bath which will loosen crusts, and relieve itching and inflammation. This is made by adding 1 or 2 lbs. of bran or oatmeal to the bath in the following manner. The bran or oatmeal is tied up in a gauze or muslin bag under the hot water tap which is allowed to run through the contents. The bag is then removed and placed in the bath, while cold water is added until a suitable temperature is reached.

Smaller areas may be treated with oil packs of olive or arachis oil, or borostarch poultices may be applied. These are made by adding one teaspoonful of boric acid to four tablespoonfuls of starch, making into a paste with a little cold water, and pouring on a pint of boiling water. When cold, this poultice is spread thickly on muslin and applied frequently, renewing the poultice every hour until the desired effect is obtained.

B. Infected conditions

This is a common complication of almost any form of skin disease, and usually must be dealt with first, or possibly in combination with early treatment. Strong antiseptics should be avoided, as they tend to increase inflammation of the skin. Where a large area of the body is affected, potassium permanganate baths are useful, made by adding 2 drachms of the drug to a 30 gallon bath. The permanganate of potassium should be in solution before being added to the bath in order to avoid severe staining, and the patient could have a daily bath of about 20 minutes.

Limbs can be treated in the same way with 1 : 10,000 permanganate baths three times daily for 20 minutes, and usually respond well. Milder conditions could be treated by adding a mild antiseptic to the medicament being used. For example, $\frac{1}{2}$ or 1 per cent. gentian violet, or $\frac{1}{2}$ per cent. brilliant green are easily incorporated with lotions, liniments, creams or pastes.

Penicillin spray or cream (for acute skin conditions the spray rather than the cream) at a strength of 1,000 units per c.c. or gramme can be used as a preliminary measure to clean up superficial infection, or for deeper infection, such as boils, erysipelas or cellulitis, full doses of sulphonamides by mouth or

penicillin by injection are valuable. These should be discontinued as soon as infection is suppressed and ordinary treatment continued.

C. Acute conditions

These should always be treated with soothing, wet dressings and bland lotions until the condition subsides. The acute form may be erythematous, vesicular or oozing, and in extremely acute cases may not tolerate even the most simple medicaments. Here frequent normal saline compresses may be used, or a 2-3 per cent. solution of boric acid. But usually the skin, even if weeping freely, tolerates lead lotion which acts as a cooling, astringent and anti-pruritic lotion. Lead lotion can be freshly prepared as required by adding one drachm of liquor plumbi subacetate fort. (B.P.) to a pint of cold tap water. White lint to size required is cut and dipped into the lotion, until it is sopping, but not running, and then applied to the affected part. The dressing may be re-dipped and re-applied as often as necessary, but always before it dries. It is my practice not to cover the lint at all, or at most by a turn or two of open-weave bandage, in order to obtain the maximum cooling effect. Applied in this way, an oozing surface will dry well often in only a day or two, when calamine lotion or liniment may be substituted. Large areas, especially in elderly people, should not be treated in this manner because of the marked chilling effect. At night the treatment should be interrupted to allow the patient to sleep and then calamine lotion may be used.

Where there is simple erythema, lotio calaminae B.P.C., may be the first dressing, and as the part dries, a liniment or cream may be substituted as for the subacute phase.

D. Subacute conditions

This may arise *de novo*, or be seen following the acute condition when oozing or erythema is subsiding and the part is becoming scaly. Simple liniments or creams may be used to advantage, and I prefer the cremor zincii B.P.C., or the following calamine liniment:—

Calamine prep.	gr. 30
Zinc oxide	gr. 30
Liquor calis	$\frac{3}{4}$ 2
Ol. Olivae (or Ol. Arachis)	ad $\frac{3}{4}$ 1

To both of these preparations, medicaments may be added if necessary. Thus in conditions of general inflammation and in seborrhoeic dermatitis 1 or 2 per cent. ichthyol is very useful, or 1 per cent. sulphur in seborrhoeic conditions too. Antiseptics like gentian violet (1 per cent.) or brilliant green ($\frac{1}{2}$ per cent.) can be added without harm for mildly infected conditions. Carbolic acid has a marked antipruritic action, as well as antiseptic and anaesthetic, and is useful in $\frac{1}{2}$ per cent. strength or, at the most, 1 per cent.

The liniment is less drying than the cream, which might be reserved for the final stages of this phase. Very often no further treatment is needed, as the condition will subside completely.

I prefer these medicaments to be applied with a soft 1 in. paint brush as the spread is easier and more even, and it is simpler for nurse or patient to use. (I advise this too with calamine lotion in the acute phase.) The part should be kept exposed to air as much as possible, and left uncovered or covered with a single layer of gauze. Bedclothes may be kept off the body by means of a cradle, and this adds to the comfort of the patient and assists healing.

E. Chronic conditions

Here there is usually no emergency and every effort should be made to reach a diagnosis before beginning treatment, since specific remedies are added to the various medicaments.

In eczematous types of eruptions, chronic conditions may follow the subacute, and it may be necessary to treat chronic scaly and lichenified areas.

Ointments and pastes are of great use here. Pastes differ from ointments in having a larger proportion of powder in the greasy base, and so absorbing discharges and exudates better. For example, zinc paste,

Starch	$\frac{3}{4}$ 2
Zinc oxide	$\frac{3}{4}$ 2
Lanolin	$\frac{3}{4}$ 2
Vaseline	$\frac{3}{4}$ 2

which contains 50 per cent. powder and 50 per cent. greasy base, whereas a zinc ointment would be

Zinc oxide	3 2
Lanolin	3 2
Vaseline	3 4

Pastes are thicker, drier and more absorbent than ointments and penetrate less deeply, and incorporated ingredients are less active in pastes, which may be used on lesions with a tendency to crusting or vesiculation. An ointment under these conditions would be more heating and macerating and therefore less suitable.

Acute dermatoses reaching the chronic state are often completely healed by the final application of the above bland paste, to which 2 per cent. of salicylic acid may be usefully added (Lassar's paste). Where more penetration is required in the active treatment of specific dermatoses, medicaments may be incorporated into ointment bases, and

Sulphur ppt.	gr. 10
Salicylic acid	gr. 10
Lanolin	3 2
Vaseline	ad 3 1

(Lanolin may be difficult to obtain now and may be omitted.)

is a useful prescription in chronic seborrhoeic dermatitis. In psoriasis an ointment is preferable, such as

Salicylic acid	gr. 10
Hydrog. ammon.	gr. 10
Liq. picis carb.	m. 30
Vaseline	ad 3 1

and the amount of salicylic acid may be increased if there is much scaling.

For the scalp one of the newer penetrating bases is preferred as vaseline tends to stick on top of the hair and unguentum H.E.B. simplex (Halden) may be used instead of the vaseline and this is more easily washed off.

For the chronic lichenified eruptions, the incorporation of tar as crude coal tar 2 per cent. in zinc ointment has an antipruritic and reducing action, but tar does not suit every case and should be employed with care.

Internal Medication

General measures such as correction of constipation and dyspepsia are as important as special treatments. Investigation of urine should be routine, since diabetes is often a cause of skin sepsis. Elimination of focal sepsis must be insisted on.

Arsenic is useful in lichen planus, psoriasis, dermatitis herpetiformis and, of course, syphilis, but should never be prescribed in acute inflammatory conditions, as it may give rise to an exfoliative dermatitis. Care should be taken not to continue for too long with arsenic, as apart from its obvious toxic effects it does cause hyperkeratosis of palms and soles and a pigmentation of the skin.

Calciferol has firmly established itself in the treatment of lupus vulgaris, and is given in doses of 50,000 units three times daily. Chronic lesions of many years standing melt away under its influence.

Whole vitamin B complex and dried yeast tablets have given occasional good results in chronic seborrhoeic dermatitis and even in exfoliative conditions. In actual deficiency of vitamin B, whichever fraction may be clinically deficient, good results are the rule with the whole complex.

Where boils tend to recur after clearing up with penicillin or the sulphonamides, injections of stock staphylococcal vaccine have been very successful, but of course septic foci must be eliminated.

Carefully graduated injections of gold and bismuth have proved very useful in the more intractable forms of lupus erythematosus, but one must always look for possible toxic effects.

Alkaline mixtures are helpful in seborrhoeic dermatitis and sometimes in rosacea, but often in the latter diseases a hypochlorhydria is present, and I have found acid hydrochlor. dil. 1 dr. three times daily after food more useful.

Iodine and iodides are used with good effect on tuberculous and syphilitic conditions, and are used both locally and internally in actinomycosis.

Calcium I have found of occasional use in acute urticarias. Especially as Calcium Gluconate 5-10 c.c. intravenously.

Protein shock has been very successful in chronic urticarias, or indeed in all forms of chronic dermatoses that tend to remain stationary. Intramuscular autohaemotherapy (5-10 c.c. weekly), aolan (a proprietary lactalbumin, 5-10 c.c. weekly) or well boiled milk 1-2 c.c. intramuscularly weekly, have given rise to improvements and cures.