OBSERVATIONS ON THE ETIOLOGY OF ECZEMA.

By FORTESCUE FOX, M.D.LOND.,

Physician by appointment to Strathpeffer Spa; late House-Physician to the London Hospital.

THE etiological distinction of skin-diseases as constitutional and local is perhaps the only classification expressive of a constant natural division. To both classes of causes the reaction of the skin is variable, depending on its present constitution or bias. This in its turn is determined by heredity, by past deviations from health ("cellular memory"), by functional habit, by nutrition and innervation. If the bias of the skin be on the side of health, much of external or internal morbid cause may be fruitless of disease; if on the contrary side, the smallest impression may excite it.¹ The bias depending upon period of life is mainly functional (action being perverted, diminished or excessive). That which, irrespective of period of life, manifests itself as an hereditary or acquired tendency is, on the other hand, a bias mainly structural.

To illustrate these propositions the following cases are selected from a large number treated at Strathpeffer; they fall naturally into four or five clinical groups.

GROUP I includes the eczema of youth, with a skin highly sensitive, of much functional activity.

GROUP II.—These cases, usually men of declining vitality, present an eczema often at first extensive and moist, but afterwards dry and tending to become localised in the lower extremities. The eruption is often recurrent, but not, it is believed, due to diathetic causes. The skin is found thin, dry, papery, and inclined to scale, the dryness being proportional to the duration of the disease and the senility of the tissues.

CASE I.—A man, aged 79, complained of "dry eczema" of the legs. The eruption first appeared at the age of 66, and now for four or five years he has had a dry and scurfy condition of the skin from ankles to knees, and to a less degree over the back. The warm sulphur baths proved very soothing and mollifying; and on the patient's leaving, the skin was much less scaly and more supple.

GROUP III. *Relapsing Moist Eczema in Middle-aged Women.*—This large group of cases usually shows no relation to the gouty or other known diathesis. The eruption appears, usually, in a person of full habit, wherever heat, moisture, and friction coexist. It is at first moist and hot, extending over a large area, and varying greatly from time to time. Indulgence at table or mental irritation aggravate the symptoms. This form of eczema does not, in the writer's experience, attack the hands or feet. Under appropriate treatment it recedes and becomes drier, but readily breaks out again unless the original causes be avoided. These patients are frequent at the Spa, where the warm sulphur water is especially grateful.

CASE II.—A married lady, aged 40, has suffered from eczema since her last confinement. It is moist and irritating, and affects the trunk and flexors. No gouty tendency can be traced, but the patient is stout and inclined to a stimulating diet. The latter was regulated, 12 ounces of the "strong well" were given twice daily, and sulphur baths thrice a week. Under this treatment the general health was much improved and the irritation subdued.

We here pass the confines of local causation as a dominant influence. The purely local eczemas of the first group furnish its most typical examples; in the second group the cause may be considered localised in the skin itself; whilst, in the group last considered, admitting the dominance of local causes, we must allow a considerable amount of general predisposition. Pursuing the clinical investigation of eczema, we enter at this point a region where, it is contended, the constitutional element becomes the dominant etiological factor.

GROUP IV. *Localised Dry Eczema in Middle-aged Women.*—The hand is the most usual seat of eruption, which early passes through a brief moist stage to become a dry, chronic, and often intractable fissured eczema. In ten out of eighteen cases the presence of gout in the immediate family was ascertained. In most or all of the remainder a determining diathesis may probably have been present.

CASE III.—A spare person, aged 45, unmarried, has had eczema of the hand for one year, at first moist, afterwards dry. The patient's mother was—and two brothers are—gouty. On one occasion during her stay at Strathpeffer this patient partook of salmon, and presented herself the next day with renewed moist eczema as at the first. She left the Spa quite free from eruption.

CASE IV.—A lady, aged 65, thin and spare, has suffered from

eczema for many years—in the face, and especially the hands. There is gout in some uncles and one brother; a sister has eczema. At the conclusion of the sulphur-water course the eczema had left the head, and was nearly gone from the hands. The following year this patient, now decidedly weaker in general health, remained two months without improvement, several exacerbations of subacute eczema taking place. One of them began like a common "cold." Harsh bronchial cough then set in, with distress of breathing. Presently the throat and interior of the mouth became red, hot, dry, and sore, and this again was followed by characteristic eczema around the mouth. Meanwhile the distress of breathing abated.

CASE V.—A single lady, aged 60, has suffered long from ill-health, and, with her near relatives, is "very rheumatic." The skin has been the seat of eruptions many times, the last being a "severe attack of shingles." Eczema of the face has been present many years. It is scaly in parts, and in others moist and even pustular, and much aggravated by heat. After two months it is noted to be "scarcely perceptible."

GROUP V. *Eczema in Men, tending to become Localised and Dry, and nearly always associated with Gout.*—In comparing this group with the preceding an important distinction in the local effect may be looked for, founded upon a corresponding difference in the constitutional cause. Let us admit for the moment that a variety of chronic eczema is due to acquired or hereditary gout. Then, may we not expect in males, the subjects of gout, a cutaneous manifestation somewhat different to that seen in patients, whether male or female, who, without actual gout, inherit the effects of it? In these last, eczema may be the only sign of the diathesis. It traces its pedigree to an antiquity more or less remote. In the former class, on the other hand, it is the direct offspring of a present disease, with the other symptoms of which it waxes and wanes, or even alternates, replacing an inward by an outward manifestation.

CASE VI.—A gentleman, aged 40, states that he has had eczema for five or six years; previously he had gout. He says: "The eczema and gout alternate." A daughter, aged 5, passes large crystals of uric acid. The patient is stout and plethoric. There has been extensive eczema of the trunk, with moisture, but the hands alone are now affected, being very dry and covered with scales.

CASE VII.—A man of about 50 has suffered from gout two years since. His father and grandfather were always gouty. Two months since the eczema appeared moist in character and rapidly spreading. At present it affects in particular the neighbourhood of the small joints of the hands and feet (especially around the fingers), with a scattering on the face. It consists of papules, on a livid swollen skin, some suppurating and some semi-vesicular. Twenty of the sulphur-baths were taken, and on leaving the Spa only a few obscure papules and pigmented stains remained.

To revert to the principle of classification with which we set out: Group I is the local eczema of youth; Group II is the eczema of the senile skin, mainly local; Group III is the local eczema of moist heat, in predisposed subjects; Groups IV and V—separable, as above indicated, by the particular effects of sex—include together, in the writer's belief, constitutional eczema of the gouty species, and own the same laws and observe the same procedure as other gouty manifestations. Of 27 cases (9 male, 18 female) which have been grouped as constitutional or diathetic, 18 presented a definite history of gout, and of the apparent exceptions 8 were female. Among the 9 males, gout was recorded in 8, and the ninth was a tall, spare man of 60, passing large quantities of "red sand." Speaking generally, one may say that localised dry eczema in adults is gouty, and that it is localised and dry in proportion to the remoteness of its descent. Alternation of eczema with dyspepsia or asthma was noticed in several cases, all—with one exception—showing a marked history of gout. The development of the eruption in Case IV was strongly suggestive of eczema of the mucous membranes, which the analogy of exanthemata would support. When a diathesis is determined to the surface, why should not these membranes share in the eruption? Here may lie the mystery of many dyspepsias.

THERAPEUTIC MEMORANDA.

EFFECTS OF CUCAINE.

THE perusal of Mr. Steer Bowker's note, in the JOURNAL of March 26th, on the toxicological symptoms following the application of cucaïne for the extirpation of the eyeball, induces me to lay before your readers two exceptional cases which I have watched with much interest. Mr. R. C., aged 69, consulted my father nine years ago on

¹ While in some cases the skin is as sensitive as a daguerrotype plate and breaks into an eczematous eruption under the slight stimulus of light, in others it will bear severe irritation before showing the least reaction.—Hebra.