A NEW TREATMENT FOR OBSTINATELY RECURRING ECZEMA.

By H. RADCLIFFE CROCKER, M.D., F.R.C.P.,

Physician to the Skin Department, University College Hospital, and Physician to the East London Hospital for Children.

WHEN the diathetic or other defect of health upon which most cases of eczema depends is duly met by general and medicinal measures, and the local applications are adapted to the stage and degree of inflammation, while the denuded surface is protected from the irritating influences of air and water, the vast majority of cases get well; but, in a certain number, just when we think that we have conducted the patient safely through the attack, a fresh outbreak occurs and we have to begin again, and this over and over again until the resources of the medical man and the patience of the sufferer are well-nigh exhausted. It is for some of these disheartening cases that I now propose a means which will, I believe, bring relief in the majority of instances. I was first induced to try this treatment in a case I had under my care last year in a man, aged 56, who had had eczema on the hands and face, and had been incapacitated for work for three years; he was inclined to constipation, but otherwise his general health was excellent, and he was robust in every way.

Various kinds of treatment were tried, both internal and external, including that refuge of the destitute, arsenic, but although temporary improvement was obtained, so that the discharge and hyperæmia diminished, and he seemed to be getting well, in a few days out came the eruption as badly as ever, chiefly on the face and arms. I came to the conclusion that it must be due to a vasomotor neurosis, and that if I could get at his vasomotor centres I might do some good. Without in any way altering the treatment previously employed (feeling that I could not possibly make the eruption worse) I painted liq. epispatious on the nape. Owing to the thick scales the blister did not take, and it was repeated after cleaning the surface, and a good blister formed; a fresh acute attack was just threatening, but it did not come on, and the patient felt better. Three days later, the part having healed, the blister was repeated and there was evident improvement after it; the scales were less and the irritation was much relieved. The patient continued to improve, but the rash threatening again, another blister was produced. This, however, did not stop the rash, which came out freely, but the itching was much less than usual, and the eruption lasted but a short time, and from that time he continued to improve and went out almost well, and was able to go to work for five months, but having to keep his hands much in water it then returned. Encouraged by this result in a very unpromising case, I have extended the treatment, but using milder counter-irritants, such as mustard plasters or mustard leaves instead of blisters, which were unnecessarily severe. The following case illustrates still better the value of the treatment.

Mr. R., aged 60, on August 5th, 1885, after a chill had a severe general attack of eczema, with bronchitis and nocturnal attacks of spasmodic asthma; by appropriate treatment all these symptoms were subdued, and a great deal of eczema had disappeared by the end of the month; every night, however, he had acute exacerbations in the legs, which itched violently, and fresh papules came out. On August 31st I ordered him to have a tile heated and wrapped in flannel and applied to the lumbar region. When I saw him again on September 3rd there had been no return of these nocturnal exacerbations on the legs, but the face and arms were giving him great trouble. I tried to induce him to put on a mustard-leaf to the nape, but it was not until he had endured ten sleepless nights that he would consent to try the mustard. He then put it on, and was so satisfied with the result that he put on another the next night of his own accord, and the nocturnal attacks were at once greatly relieved, but as there was still some irritation I painted on liq. epispatious. A rather severe blister ensued, but from that time I had no further trouble, and in a fortnight I ceased to attend him.

In a case of eczema of the scrotum which had lasted for some weeks, where the irritation was as usual very severe, mustard leaves over the lumbar enlargement, rest, and a little olive oil smeared on to prevent the parts sticking to the bed-clothes, were the only means employed; relief to the distressing itching was at once afforded, and he got quite well without any other treatment.

Latterly I have been using it in acute cases also, such as the following. Mrs. E., a stout woman, aged 40, had an acute attack of eczema of the face and forearms, with great swelling and redness, and profuse discharge of the arms but not of the face; she had saline aperients and lin. calaminæ. There was great irritation, and I ordered her a

mustard leaf to the nape; the itching was less in the night, and the morning after, the swelling and redness decreased, and continued to do so as far as the face was concerned, and the arms were much easier; there was no eruption round the site of the mustard leaf.

These are only samples of many cases in which I have employed counter-irritation. I vary the position of the counter-irritant according to the region affected; thus, for the face alone, it is placed behind the ears; for face and forearms, on the nape; about the genitals or legs, over the lumbar enlargement; and if one leg only is affected, on the hip over the large sciatic nerve.

The result has been more or less beneficial in the great majority of cases. It has seldom failed to relieve the itching, and generally procured sleep, at least on the night of application, and often the alleviation has lasted for several nights. In many cases the redness and swelling has also subsided sometimes entirely, sometimes in great measure, and generally enough to make it more amenable to local treatment than it was before. To my surprise, I confess, in none of the cases has an eczema been excited on the site or neighbourhood of the counter-irritant, even when applied on an already eczematous surface; and often, in such cases, the eczema cleared off all round the site of the mustard; although, as might be expected, no benefit was obtained in a few cases, in none was the disease aggravated; at the same time, it is very probable that, if repeated too frequently, and at too short intervals, in some cases there might be increased irritation; perhaps it was so in the cases of general psoriasis in which I tried it, but without expectation of much good. Strips of mustard-leaf were put on all down the spine. In the next three days there was distinct improvement, less redness, and less scaling; it was repeated three nights later, and this time the eruption went back to its original condition; the treatment was not continued.

One advantage of this method is that it does not interfere in any way with other treatment, whether internal or external, and that it is safe; but inasmuch as there is a natural shrinking from irritants on the part of an eczema patient, it may be more prudent in some cases to begin with dry heat, such as a hot tile wrapped in flannel, and if sufficient relief is not obtained, to go on to stronger applications. It would have been easy to multiply successful cases, but I trust I have said enough to induce others to give the treatment a trial, and if they do so, I hope they will report the result.

ON THE TREATMENT OF LUPUS BY SCRAPING.

By RUSHTON PARKER, B.S., F.R.C.S.,

Professor of Surgery in University College, Liverpool.

THE practice of scraping with a sharp spoon, or other convenient instrument too blunt to cut healthy tissues easily, has proved of such conspicuous advantage in the treatment of unhealthy granulating surfaces as to be hardly capable of exaggeration, though its general utility is too well-known to need much advocacy. Though cases of lupus vulgaris and all forms of strumous or otherwise indolent flabby ulcer yield better, in my opinion, to scraping than to any other treatment, their alternative curability by caustics, whether incandescent or chemical, is perfectly known. Various methods lead to healing in cases of lupus; the principle that underlies is removal of the morbid stuff from the tissues it keeps unhealed, whether this be by dissection, scraping, or burning *in situ*.

The worst specimens of ulcerating lupus readily heal after thorough scraping once or oftener; also the less evident cases of lupus erythematosus, and others of dry scabby lupus that are neither erythematous nor seriginous, but none the less ulcerative, after an indolent fashion; and other cases, again, that are warty in some parts, pustular in others, and are not at first conspicuously recognisable as forms of lupus at all. Although lupus most commonly affects the young, and women more than men, we meet it at any age over ten, in both sexes; and when, as I have seen, it affects the hands, arms, and neck of a man aged 58 in such an untypical form as scattered pustules and warty patches, the disease is apt to be neglected, overlooked, or unrecognised, on account of its apparent slightness. Such a case, twelve months unhealed, I treated by scraping with a blunt knife, repeated once or twice a week as fresh tubercles appeared, finally healing in three weeks.

The instruments I have resorted to, on the spur of the moment, for scraping lupus on a small scale, are a straight shoemaker's awl, and even a pointed wooden lucifer match, the point of a tooth-elevator, a gum-lancet, or a broad eye-spad, suitably blunted, so as not to cut healthy tissues. This last I have used more frequently than anything else for the small pustular, pearly, or milium nodules one meets

with as recurrences in cases requiring repeated operation, and as first manifestations in some of the more obscure varieties, and for lupus erythematosus, of which I have had a conspicuous example in hand for the last two years. In that period scraping has been done seventeen times, at intervals of from twelve days to three months, in a woman aged 35. The disease has lasted fourteen years, during the last ten of which I have frequently seen her. Some years ago her cheeks and nose were bright red, under a whole cuticle, and raised. She had been several times apparently nearly cured, after repeated cauterisation with a fine heated point, but never got quite well. A very steady improvement has taken place under the scraping, which has sometimes had to be applied to minute miliary nodules no bigger than a millet-seed. For hæmostatic purposes I use a wire ring, set at an obtuse angle, mounted in a handle, and pressed firmly round the spot operated on; and, as soon as the scraping is done, solid nitrate of silver, rubbed into the raw surface. This effectually arrests or prevents bleeding, and secures for a few days an aseptic scab. In more extensive cases, requiring the sharp spoon, nitrate of silver is similarly applied, followed by a dressing of boracic lint or sublimated gauze, wet under waterproof tissue.

A year or two ago I used liquor calcis bisulphitis, a lotion that has been much praised for lupus and for the sores left after excision of rodent ulcer. But I have not been able to find in it anything more than a convenient antiseptic, neither better nor worse than others in everyday use. I gave it a good trial also as a subcuticular injection into the lupus growth last referred to, before resorting to scraping, but it proved quite useless. What I claim for scraping is its thorough removal of morbid granulations, without waste by destruction of adjacent healthy structures, and the accuracy with which it can be done when the part is rendered bloodless by ring pressure.

SCARLET FEVER AND ITS TREATMENT.

By CLEMENT DUKES, M.D. LOND., M.R.C.P. LOND.,

Physician to Rugby School, and Senior Physician to the Hospital of St. Cross, Rugby.

THE JOURNAL of June 11th, 1887, contained a valuable article by Drs. Jamieson and Edington on "A Method of Prophylaxis, and an Investigation into the Nature of the Contagium of Scarlet Fever." They have proved that the specific cause of scarlet fever is a bacillus, which they have cultivated, and with which they have inoculated animals and produced scarlet fever. They have also shown that this bacillus occurs in the blood during the first three days of the fever; that, later on, it is absent from the blood; and that it is found most extensively in the desquamating skin after the third week. They have, further, indicated a method by which this bacillus can be destroyed in the skin, and thus the spread of the infection of scarlet fever can be minimised, and the unprotected, even while residing in the same house, be safe from falling into its trammels.

But a still more important matter is the treatment and arrest of scarlet fever in each individual; for the first cry of a parent whose child has scarlet fever is, "What can you do to save my child; and how can you spare him from becoming maimed for life by its sequelæ?" his second question being, "How can you prevent its spreading to my other children?" This second question Drs. Jamieson and Edington have answered. It is with the hope that I may induce them to investigate the first question that I am writing this paper; for it has already been brought within a measurable distance of being answered by Dr. Illingworth, of Accrington, who, in a letter in the JOURNAL for May 1st, 1886, stated that the biniode of mercury (HgI₂) is a specific for scarlet fever. Recognising the importance of his letter in the use of mercury as a germicide, I resolved to administer the drug at the earliest opportunity. I have now given the HgI₂ in several cases of scarlet fever—with this result, that it not only arrests the fever, but it prevents the desquamation of the skin, or arrests it to such an extent that only a slight scurfiness of the skin of the hands and feet arises. If such be found to be invariably the case, will the bacilli of scarlet fever be found in the skin at all; and, if not, will not the infectious period of scarlet fever be thereby reduced to a few days only, and will not the sequelæ of scarlet fever be absolutely prevented?

The HgI₂ can be administered in the form of a pill or as a mixture of the liq. hyd. perchloridi c. pot. iodid. The only drawback to its use which I have at present found is that if it be given before the diagnosis is absolutely certain, the physician will be apt to think, when he finds no desquamation taking place at the usual time, that the case was not one of scarlet fever. The drug prevents the desquamation of the epithelium of the tongue, as well as of the skin, and the throat rapidly heals under its use.

I was busy collecting facts when Drs. Jamieson and Edington's valuable paper appeared, and I should have waited until I had collected a sufficient number of instances before writing this paper had it not been for the desire that others, especially the above-named authors, would assist in establishing, or refuting, this treatment, for the experience of one individual is limited.

The benefit to be obtained from the use of HgI₂ is far-reaching if it be reliable in all cases, for it not only prevents the desquamation of the skin, and thereby probably prevents the major part of the infectious nature of scarlet fever, but it will probably also be found that it obviates the necessity of keeping patients in bed for three weeks, which is the only safe rule hitherto, and isolated for five or six weeks, and will prevent the occurrence of the much-dreaded sequelæ.

The gist of the whole matter seems to be this: 1, that if the bacilli of scarlet fever are only discovered in the blood for about three days; 2, that if the bacilli, after this date, chiefly occupy the desquamating cuticle; 3, that if this desquamation can be prevented altogether by a medicine which destroys bacilli; 4, then, in all probability, the infection of scarlet fever will only last a few days, and we are within a measurable distance of limiting the spread of scarlet fever, and of removing its fangs by preventing the sequelæ.

NOTE

ON THE SO-CALLED "BACILLUS SCARLATINÆ" OF DRs. JAMIESON AND EDINGTON.

By WILLIAM R. SMITH, M.D., D.Sc., F.R.S.Ed.,

Examiner in Forensic Medicine and Hygiene, University of Aberdeen, etc.

IT having been my lot for several years past to be more or less interested in the subject of zymotic diseases, having had until recently the medical charge of the Delancey Fever Hospital, and latterly taking some interest in the inquiry which has been promoted by the Local Government Board into the study of the etiology of scarlet fever, I naturally read with attention the paper published in the JOURNAL of June 11th last by Drs. Jamieson and Edington. It at once occurred to me—putting aside other points in the paper to which exception might be taken—that the mode of growth of the so-called bacillus scarlatinæ was fundamentally opposed to the experience of our best observers in bacteriology on the life-history of pathogenic organisms in the following points:

a. That this organism was capable of forming a scum in a single night;

b. That it grew abundantly in the presence of several species of septic organisms.

A further point which raised a doubt in my mind as to this organism being the cause of scarlet fever was the locality from which it was obtained. An objection, moreover, which I felt might fairly be urged to the conclusions arrived at was the absence of all control experiments with the scales of epidermis obtained either from the healthy or from certain irritative conditions of the skin.

With the view of supplementing the paper in this respect, I commenced a series of experiments with the scales of epidermis taken from the tibial surface of the leg, and, as might be expected, obtained growths of various kinds of organisms, amongst them being motile bacilli.

An opportunity presenting itself of obtaining good epidermic scales from a case of Sudamina, I made gelatine-plate cultivations with these in the ordinary way and with the usual precautions; in the course of twenty-four hours, evidence of growth was clearly manifest; after a further interval of twenty-four hours, in each of the plates a number of small whitish dots were seen, together with numerous points of clear, liquefied gelatine; upon the microscopical examination of these I found the former to consist of micrococci, and the latter of motile bacilli, which presented a striking resemblance to the representation given of the bacillus scarlatinæ in Fig. 10 of the plate illustrating the before-mentioned paper.

To procure a pure growth of this organism, I made further plate-cultivations, and succeeded in obtaining such a growth. From this, again, gelatine in test-tubes and broth in test-tubes were inoculated, and the characters of the bacilli thus obtained, both in microscopical specimens and in their different cultures, can best be given in the words descriptive of the "Bacillus scarlatinæ" (see JOURNAL, June 11th, 1887, page 1265):

"Rods measuring 0.4μ in thickness and 1.2μ — 1.4μ in length, most usually forming excessively long-jointed and curved leptothrix filaments, motile. Sown on gelatine-plates it forms little points of