An Inquiry into the Subject of

Ecstasy

with a record of cases and statistics regarding accidental transmission

by

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40 Ann. St. Ed.
In maturing choice of this subject I have chiefly been actuated by the desire of making myself more fully conversant with the varieties and treatment of a disease which has frequently come under my notice, and both at home and abroad I have inclined to look on as being of more than ordinary importance from its universality and frequency, its chronicity and tendency to recurrence, its attending discomforts often amounting to acute suffering, and often severely felt, its insidiousness and slowly progress, its intractability to the forms of treatment, and consequently it may be regarded as an affection of such intrinsic importance as to make it highly desirable that those who may at any time be called upon to deal with it should be in a position to do so by having at their command as full a knowledge of its many phases as the various treatments adaptable to varying conditions as the present day views on the subject place at their disposal.

Its prevalence is thus emphasized by Dr. Call Anderson in one or other of its chronic forms it is one of those diseases which
are most frequently met with in practice. In unfortunate too often misdiagnosed, indeed it may safely be affirmed that few persons pass through life without suffering from it in some measure.

Its frequency is thus shown by statistics. Nursing considers it forms 50% of all skin diseases in Philadelphia. White states the same of Boston. New York is put down at about 15% McCall Anderson reckoned 2537 out of 10,000 skin cases. Nebora in Vienna since 1915 out of 24,535. Thus showing a marked difference in frequency in different countries. Hyde considers that Eczema represents in its several forms statistically from 1/3rd somewhat less than 1% of all cutaneous affections.

Allen Jamison says probably one half of all skin diseases may be classified as eczematous.

Malcolm Morris states that this occurs more frequently in males than in females of 6.798 cases recorded by Nebora, McCall Anderson, and others. 1.467 were males and 2.337 females.

**History of Eczema**

I have taken a few extracts from Nebora (New Sydenham Society 1868) where he traces
the history of Egyptia from the literature of the ancients down to modern times.

It is difficult if not an impossibility to fix upon those passages in ancient works which answer to the characteristics of what we now call Egyptia for since the name does not occur in different writings nor in those of Galen, of Celsus, of Pliny or of the Arabian Physicians we are obliged to search for this malady among the representations which the ancients give of indigenous diseases of the skin under whatever title they may appear.

Celsus describes under the name "Nomion" two kinds of Egyptia. Scalp head, one of which may answer to impetiginous Egyptia. His sores, of the madras in is also perhaps a form of Egyptia of the scalp. In the works of Galen the disease we are concerned with is probably the "sphrygo" under the heads of "Prora Sphrygo," names under which he includes most affections of the skin.

It is in the writings of Achilles of Amida A.D. 543 that we first meet with the term "Egyptia" he says, "as Ekizymato at Ebbulium, Jerusalem, Grece Vulgo Aphelant." Later, in the 7th century we find the name...
used by Stanislaus Agineto who describes 'Exsanguita' & 'Exsanguita' but whether he intended the same disease by this word as we do cannot be determined satisfactorily by his writings. The Arabian physicians portray as Safatitkumida ulcerosa Capitis Maranta, affection which corresponds with our Erysina of the scalp as well as of the rest of the body. Nisemann has particularly described under the name Safaturema a disease of the scalp agreeing with our scalp but in the beginning of the 16th century there are already writers who describe Erysina of the head body though under another name with accurate observation of the phenomena. Thus Johannes Gorrecus gives under the name Acher an account of running ulcers of the head. In fact though we have seen that the name of Erysina dates from the 6th Century it is only since the time of William that the meaning has been attached to it which is now generally recognised. Robert Willan 1817 placed Erysina in his 6th order. Vesicular, I defined it as a non contagious eruption of smell closely set vesicles. He admits it
Species which he describes as E. indolens, E. leucum, E. solare, & E. menziesi. Biell 1847 and his disciples were informed by his other teachings.

Hayes, 1835 advanced another step towards the complete understanding of Igname. He partly followed Biell's classification but pointed out the necessity of distinguishing the local peculiarities of the affection. These views of Hayes have been generally adopted by the countrymen. He found accordingly in the works of Gilbert Chauvet, Devergie, Cazenave, Ducharme Duparc, Hardy & Richard almost identical views on the causes, course, cause, treatment of Igname.

Nor must we forget to mention the labours of Veier. Gustav Simon has made valuable contributions to our knowledge of the anatomy of diseases of the brain in general. Dr Anderson of Glasgow has published a monograph on Igname in which he partly follows the views of himself for the party those of his Contemporaries & of the French writers Hardy & Devergie.
The Nature of the Complaint. That is Eczema.

By quoting some of the definitions of a few of the recognised authorities on Dermatology, I will best answer this question. In 1898 at a Meeting of the British Medical Association Mr Malcolm Norris answered the above question as follows. It is a disease the most striking Clinical Character of which is the infinite Variety of lesions by which it displays itself, originating in the Action of Parasites on a Skin, the resistance of which has been infected by pre-existing disease or structural abnormality or by disordered innervation. Sometimes made more intractable by one of other Constitutional States but having no direct relation to the General Health.

In his book he defines it as: "A Catarrhal inflammation of the Skin originating without visible External irritation & Characterised in some Stage of its Evolution by Serous Exudation.

Mr Allan Jamieson gives prominence to the following definition: "A Superficial inflammation of the Skin in which the Exudation of Serous and Cellular elements is particularly well marked." Utmost pronounced it a Chronic Parasitic Affection of the Skin, with desquamation, itching..."
and the disposition to respond to irritation by Excitation v with marked inflammation. Norman Walker defines it thus: "Eczema is the term commonly applied to any acute or subacute inflammation of the skin, the cause or nature of which the observer is ignorant." Gilson Fox reports it as "a catarrhal inflammation of the skin which is mainly characterized by a frequent discharge, thickening of the lining, varying into thick yellow crusts and having its stages of Erythema, papulation, vesiculation, discharge, pus formation, and evaporation more or less marked under different circumstances. It is followed in some cases by the secondary results of inflammation, such as hypertrophy, congestion to the skin, or the like. T. Veil (Kiemsee) remarks that eczema is precisely analogous to eczema of the mucous membrae.

Eranus Wilson pronounces it: "An inflammation of the skin attended with a breach or continuation." Hyde in The Practice of Cutaneous Medicine describes it as "An inflammatory dermatosis characterized by a remarkable multiplicity of cutaneous..."
Cutaneous lesions including warts, papules, vesicles, pustules, rings, and ulcers are often accompanied by a catarrhal discharge from the affected surface accompanied by intense itching and occurring in both acute and chronic types.

In Hilton & Paterson's Practice of Dermatology of Cutaneous Diseases, 1836, the following definition is recorded: "The eruption of minute vesicles, not contagious, crowded together of which from the absorption of the fluid they contain form into thin flakes or crusts."

Daniel Turner in A Treatise of Diseases Incident to the Skin, 1436, may refer to Eczema under the name of Prora in the following passage: "But if the same or putrid humors, signs are wanting above, a foul dry scab affects the skin with bags of seeping pustules eating in and swelling the parts with small crabs also or fissures together with a brownish curd yet do we not pronounce it an Eczematous but rather the Phara of the Greeks. May it be said will yet degenerate further with atrophy of the parts and all itching eating into both skin and flesh."

...
former not only falling off in urce and
some growth or less, especially about the hairy
parts of the head and face are termed denominated
it a "Refra Gronum."

Etiology

In enquiring on this I must confess to having but
a slender belief in Eczema being the result of too
many internal causes, recorded by various that books.

I can readily concede that whatever may tend to
upset the normal tone or physiological balance of
a healthy system will as a consequence render that
system more susceptible to some form of disease and
that there is no reason why Eczema should be
excluded but because it does appear I doubt
if we are justified in proclaiming other systemic
disarrangements as direct causes. In many cases,
it seems quite impossible to trace the production of
being able to fix upon any ascertainable cause to
account for the presence of Eczema. the patient
feels in perfect health without any the appearance
of being ill. Eczems is known to have attened
with attacks of sickness. Sir James Paget has
recorded a case where Eczema was set off
from the restlessness of Eczems but many
these
there not simply imply that the advent of
Artesia or Cirrhosis has caused a change in
the nerve influences which may have been
keeping up the case. Nature seems
to be in agreement with the presence of two diseases in
the body at the same time & it is not unusual
to observe that a primary Complaint will
add to or die off on the advent of a second
one, the benefit derived from blighting has
been considered to, in a great measure, depend
on this abatement of two Complaints, the
effect of the disease for the time being constituting
a new disease. Naturally mal-accumulation,
Aphthosis + Complaints, which lead to debility
the system would cause it to be all the less
resistant to Sepsis or other diseases.
Dr. Allen Henderson formulated the Cause of
Sepsis under 3 heads
I A disturbance of the balance between Digestion
Absorption + Retrograde Metamorphosis
II Struma or Benoimal
III Neurotic State or a form of Neurasthenia
Dr. Hyde gives his opinion that Sepsis is in
many cases produced by causes which are
Commonly described as of internal origin and
Yet which can be only classed indirectly in that category, since may be named a number of medicinal, dietetic, toxic agents, operating after ingestion of beverages especially those that are alcoholic. The more carefully one studies the causes of dyspepsia the more clearly it is seen that no single physiological factor is responsible for any given attack. "Pilbirt" too regards dyspepsia in dyspeptic subjects as very similar in as much as such patients are weak and debilitated from mal-assimilation. Gastric which has frequently been cited as an incitant to dyspepsia has been thus commented on by Helver. I lay no means ignore the influence which the physiological process is capable of exerting upon the whole of the organs of V functions of an infant, yet I cannot admit it to a cause of dyspepsia. Personally feel more inclined to the views taken by Pilbirt too on this subject as follows. The coincidence of increase, devotion with infantile dyspepsia, the coexistence of disturbances of the former with subsidence of the latter & such like relationships seem to show that if anything
Testing he not a real cause yet it may be an incident of Eczema.

Eczema has long been considered a prolific cause by many eminent authorities but it seems rather inconclusive that one patch of Eczema on a person's body should be the only spot chosen for the treatment of acne and y.

Moreover I understand that so-called 'Cour' Eczema is no more intractable to treatment than other forms. Sir A. B. Carrod in a paper read at the International Congress 1881. Called Eczema the chief development of Court Considered that 30% of Court Subjects develop it. Mr. Gillies used alternate doses of blue bell for Eczema. there is no apparent with anti-US motions.

Moberger states that alternate Eczema of the dorsal and lateral aspects of the hands occur nearly always in persons marked by 'Cour'.

Moberger mentions a case under his own observation where Eczema attacks of asthma alternated for 7 years. He considers asthma of the respiratory tract as very common in Eczematic patients. He also believes the absorption of Fomains V acids from faces when...
Believed to be a fruitful source of doubt and perplexity. Consequently of Eczema.

In the British Medical Journal of Dermatology, February 1899, Leslie Roberts wrote the following passage: "So far as my observations go I believe that the stimuli leading to Eczema are seldom if ever act singly but as complexes." Leloir & Buckley consider Eczema as simply a trophic neurosis. Buckley gives some striking examples of Eczema following worry, mental strain & nervous shock. According to Rodaver, the siege of Paris by the Germans & the brief reign of terror of the Commune of 1871 left their impress on the minds of many persons in the form of Eczema. Malcolm Morris considers it is certain that under the influence of nerve shocks & nerve exhaustion (neurotrophic) Eczema may arise du boro in a previously healthy skin. Ege Smith can only express unbelief in the whole doctrine of temperament & diseases, the efficient cause of Eczema. Apart from local irritation is as much or as little known as the efficient cause of Bronchitis or epilepsy.
Dr. Duncan Buxton, (Archives of Pediatrics) Bleithen... Vol 115. july, states that Eczema is peculiarly to either by a faulty nutrition of the tissues inherited or acquired or a faulty action of the deeper layers of the skin arising from dietetic, atmospheric, Neuraltic Causes or Climatic the grieve Natural agencies.

Norman Walker considers that because a person has Eczema it does not follow that he should have dyspepsia Bright's disease, Soluble to account for its presence.

**Hereditary Transmission**

From personal investigations I have not been successful in eliciting information from patients which would cause me to be a strong believer in the hereditary theory, moreover at the investigation of Dr. Norman Walker I have been no opportunity in trying to elicit a family tendency in Psoriasis but so far with negative results. While I have finished my observations I shall record my results at the end of the paper my enquiries so far would lead me to suppose that the ordinary roof are of increasing.
Patients accused to have enjoyed a marked immunity from all their affections. Consequently I cannot lay much stress on statistics from these causes alone. They were either not known or too insignificant to admit any such complaint having been in their families. This bears out a remark which I heard Dr. Jamieson make at this Clinique Vi. As you will find in after practice, information derived from patients is of little value as they will either from ignorance or reluctance of their friends or misinterpreting personally I do not see that actual facts bear out the hereditary theory but can quite understand that a predilection is likely to run in families so that the same type of disease which is liable to occur resistant to leguminous attacks is just as likely to be transmitted to progeny as the colour of hair or eyes. Advocates of heredity would almost seem to demand that all the progeny of leguminous patients should be absolutely proof against a particular common disease of the air. Failing which they are indulged with a hereditary taint. These are other reasons which should not be lost sight of if we wish to test the hereditary theory. Pardons of dirty habits.
Habits are most likely to have children of similar habits, their hygienic surroundings will be similar, their occupation may in some cases be similar. Consequently what may have tended to produce disease in the parent may just have as good an opportunity in doing so in the child. I may quote the following case which came under my observation at Dr. Stewart's clinic recently:—

James Martin, aged 28, Cabinet maker.

Legs in leg with marked varicose veins.

His father had legs in leg, had varicose veins, was a Cabinet maker.

Brother gave it as his opinion that necessity although of the past forward has but slight claim to be considered as a cause.

Malcolm Morris considers (British Medical Journal Sept. 10, 1898) — it is true only in the case that consumption is hereditary. Conditions under area, dryness of the skin or instability of the nervous system, which predispose to disease may be inherited, if the disease exists in the members of the family the others will be favourably placed for receiving infection.

Morris definitely states that Legana is not contagious or hereditary although an inherited
In this position may be assumed in certain families.

Hyde remarks "no child is brought into the world the victim of Ergena."

Hebra says I cannot coincide with this view for I have seen many women who, either while unmarried or as mothers, have repeatedly suffered from Ergena. Sometimes during their pregnancy, yet their children have never been attacked by it. The fact that in a few cases whole families may be found affected with it must be viewed as exceptional when contrasted with the general results of experience.

In contrast to the above the following authorities may be cited.

Phæwinkle asserts that the hereditary character of the disease can occasionally be recognized by tracing it to a part or the whole of the family or to one or more generations.

Rus Smith "there is no doubt that Ergena is in some cases very decidedly hereditary."

Dr. Veiel "In this disease I, like my father, am at variance with the majority of authors both of us having met with frequent instances."
instances of its occurrence by recent--
McCall Anderson. -- I have met with
so many instances of parents & their
offspring being affected as to unaccountable
on the mere supposition of their being

Liberty Is. -- Admitting, therefore, the occasional

Perinatal Transmission of Eczema I find in
that it is no reason for supposing that
there is a special crisis or disease.

These differences of opinion

amongst authors regarding this may be some

product of their individual views as to what
is & what is not implied in the terms "hereditary"

A strict differentiation of the term might lead to

more uniform opinions. It seems a very curious

circumstance that as mentioned by Hyde re.

Child should be born with the complaint &

may experience the effect of exposure to the air as exposing

Bacteria as a Cause has been occupying

the earnest attention of many investigators within

recent years & although the subject has been

very fully gone into the results have so far

not been of a convincing nature either one

way or the other. I personally favour the
The opinion that bacteria are not a cause but their presence is merely a coadjutant leads to undue obscurity to its affection. The success of antiseptic applications in treatment cannot be held to be a conclusive argument in favor of the theory that applications of the urine of other provinces which constitute their excellent medicines of Westerned. Moreover, I doubt if the actual presence of bacteria is now disputed. I offer a few of the more recent opinions on the subject.

Dr. Hyde, "Essentials of Medicine" No one micro-organism or parasitic has been recognized capable of itself producing lesions. However, a large number of local lesions are parasitic in most the diseases.

Dr. Argyris, however caused only opens the door to parasites whose presence keep up local irritation that their destruction is an important step in the restoration of the skin.

Malcolm Morris, "The Skin has an abundant thick flora of its own, under normal circumstances these organisms do no harm but it is easy to understand how the lesions produced by previous diseases..."
Diseases may make the iniquitous—more vulnerable to their attacks. Erysipelas is in a large proportion of cases of parasitic origin but the parasites cannot produce the lesions unless they find a suitable soil in which to proliferate. In another class of cases, the disease is probably altogether of infectious origin.

Norman Stewart: Although Erysipelas is not due to organisms it is kept up and aggravated by them:

Wallace Beasley (British Medical Association 1898)

If we accept Dr. Urn's views we must face some difficulties. Erysipelas is not infectious.

Erysipelas appears in some instances to be kept up by constitutional conditions.

If Dr. Urn's view is correct, the cause of Erysipelas is a parasitic one in which the fungi of these organisms must belong to the Erysipelas.

Arthur Whitfield (British Journal of Dermatology Nov 1900)

The type of Erysipelas which is described has been called Dry Erysipelas. Yersiniac (sic) Erysipelas of the face in children.

Cesare (12) Cases were examined altogether.

In every case a caseum was found of variable size (64-144) (these distinct characters were not discerned). I inoculated my own arm.
with cultures of the non liquifying cocci on two occasions, but in neither case did I succeed in producing more than a temporary disturbance of the horny layer which healed at once. Subcutaneous injection into a guinea pig gave no result, but in view of its constant presence it cannot be considered accidental but probably requires a certain predisposing delicacy or damage to the epithelium to allow it to establish itself. Leslie Roberts (The British Journal of Dermatology, February 1899) himself has produced with a trick phlycten a limited efflorescence on my own arm in contact with a small patch of Ehrlich's tegmen. We know that moro cocci can adopt themselves to the human cuticle, but it is quite conceivable that they may produce a mesodermal reaction limited to the area of experimental inoculation provided that the moro cocci are possessed of irritant properties. But no one has yet adduced experimental evidence demonstrating that an irritative spreading Ehrlich can be excited on a healthy skin by the simple inoculation of this organism.

Edinburgh Medical Journal Oct 1900

Dr. Blackey
Sicknies' bacteriological and microscopical investiga-
tions of some 300 cases of verrucous eruptions
lesions of the skin. Erysina was disappointingly
most of the cases which attended at the clinique
were unsuitable for bacteriological examination.
 Cultures from the fluid of erisimatos lesions were
mostly sterile or showed a few colonies of
Staphylococcus epidermis Albus. These results
correspond as regards Erysina almost exactly
with those of Kreibich. In Erysina of the
classic type sitting acide Seborrhoeic dermatitis
v other conditions now separated from it he
concludes that idioseptic papulo-resinens-
erysina (such as has been defined by Helba) as
well as acute cutaneous in chronic erysina and
independently of all microbe intervention. Never-
theless at the end of a longer or shorter time
the lesions are invaded by pyogenic organisms
which occasion a rapid indefinite production
purulenta.

James Galloway, F.I.M. Eple in an
article on the parasitic origin of Erysina came to
the following conclusions (The British Journal
of Dermatology Sept 1903) "Bacilli producing
purulent cultures are present in early and
incompletely lesions of papulo-vesicular
Eczema they are all samples of the type
Staphylococcus pyogenes Albus. There is no
reason for stating that one of these pictures is
the specific cause of Eczema. In all probability
there are many factors at work in the production
of any attack of Eczema. Other factors are
concerned in the production of any attack of Eczema
of which the following may be mentioned
as especially efficient—(i) Certain organic lesions
(ii) Predisposition of the skin usually recognized
as the Sub-acute State (iii) Conditions of
imperfect metabolism predisposing to the onset
of Eczema or at least to its recurrence as
improper digestion & assimilation of food.
Want of exercise, insufficiency of city air etc.
The Journal of Cutaneous & Genital Urologic Diseases
Sep 1899. Contains the following: "Zöllner
does not accept Lepcke's opinion regarding
the parasitic origin of Eczema for several good
reasons, concluding by stating "Up to the present
time there is not one single fact established in
favour of the parasitic nature of Eczema".


Prognosis

From experience in practice and my observations of hospital and dispensary patients I have been impressed with the necessity of being guarded in the propriety of ergot. No doubt the large majority of cases which make a good recovery under efficient treatment but on the other hand a certain per centage prove fatal. Others have a marked tendency to recur. In cases in which a few days to re-visit every method adopted to effect a cure, I may have mention a few cases of this nature which have come under my own observation. One case with a patch of waving caused by ergot of the leech retarded the affection despite treatment until he was some 70 years of age when it disappeared of its own accord. Another, after treating him once more, again treated him after his decline aged 66. Another case a merchant in good circumstances who had been ergot and had consulted every physician and tried many forms of treatment without success derived benefit from a trip to New Zealand. After a residence there for some time on his return to his home the condition retrograded to its former stage. Another case was that of a man of independent means living in Queensland who had ergot of the hands
he has undergone much treatment of various kinds & did not require to use his hands for any commercial purposes so that he had every opportunity of keeping appearances up. I tried several dishes to cause his nose to be felt in condition better surely I need to freely offer these to anyone who would effect a cure & to far as I know the condition is still the same. A medical man of my acquaintance has told Egeria of the hands for some years back & finds it an intractable source of annoyance to him.

I put this opinion is that Egeria who was untreated in silence to settle in the school remain there for an indefinite period. The case was not precluding to terminate in spontaneous recovery are the exceptions. Egeria is a perfect durable disease. Local & constitutional remedies are of equal importance.

Norman Walker says "Every case of Egeria can be cured, the time may be long to that of many cases, may be needed, but if the treatment be carried out on sound principles, its ultimate result is always satisfactory.

Hyde. A Satisfactory recovery may be expected.
Expected in the great majority of all cases of Eczema:

"The greatest fault with the majority of cases are not long in duration."

Malcolm Norris. "Eczema can nearly always be cured, in many cases however the condition is extremely obstinate and recurrence is the rule rather than the exception.

Diagnosis: Diagnosis is good as it may forever dangerous, may recover at any time.

Regarding this it would be a shame and unnecessary space to enumerate the various differential points between Eczema and various other skin affections with which it may be liable to be confounded. Unless some circumstances it is a matter of much difficulty to determine the true nature of the affection. Only recently Dr. Stewart Stirling pointed out a marked instance of this to me where an eruption on the face of the hand would inevitably have been regarded as Eczematous had not the existence of small, red, raised, flakes of Psoriasis..."
been found on the umbiliacs of two small
particles on one were sufficient to produce the
true nature of the Soame's affection. Probably
the wider the physician's knowledge of their disease
the more uncommon would be his diagnosis
of Erysipelas. Crockett gives the following
affections as likely to be mistaken for different
forms of Erysipelas. The absence of discharge does
not necessarily imply the absence of Erysipelas for
like feeling it may be with or without free
diffusion of serum. The vesicular form of Erysipelas
may be mistaken for Scabies. Herpes and when
general itching for Sphryphites follicares.
Partular form for Erysipelas Contagiosa. Since
Typhoid of Seafy Pectoris Maligna vardicular
Syphilides of Seafy. Pupular form for
Furunculus. Pupular uricaria varecular uricular
Euphematoma Seafy Erythematous &
Erysipelas. Erysipelas because of leg may be
mistaken for Erysipelas. Erysipelas Squamous
form for ptenites vinea Bircinate vurin in its
Pallis for the Ptenites Syphilides.

Mr. A. J. Browne recommends all crusts
or accumulations to be first removed so that
the Erysipelas beneath can be seen examined by
F. Hyde in "Practieth Annual Practice of Medicine" says: "It is always to be remembered that among all the various forms of Eczema there are commonly present the symptoms of superficial inflammation of the skin that is to say tenderness to contact except when the disease is complicated by conditions associated with diverse veins of the lower extremities and that among superficial inflammations of the skin not producing ulceration or scarring, Eczema alone is characterized by an occasional weeping from the surface while most of the others are through dry or non-discharging depositions.

Eczema can be distinguished between acute and chronic stages easily. The acute stage is marked by inflammation, congestion, moisture, exudation, whereas the chronic stage by infiltration, desquamation, the infiltration giving rise to thickening and induration.

Norman Netherton remarks that there is little doubt that in the future as our knowledge increases the chaos of Eczema will form a clear basis.

O'Veeke states that Eczema is regarded as chronic when it occurs frequently in the same situation. When certain incidents become
processes have set in such as occur in some cases of chronic oedema of the mucous membranes among these complications are among the abscesses, abscesses tions accompanied by atrophic alterations in the glands, and adipose tissue Kapoer remarks that bullous oedema of the hands and feet is difficult to distinguish from granulose

The Pathology of Eczema
I have taken the following description from

Acute Eczema. This has been studied by a number of German, English, and American authorities. The result of discovery is that the inflammation of the area affected is at all times confined to the appendages of the skin (Pilary & Sebaceous Glands) and at other times involves the intercellular Structure. If acute forms, the vessels of the derma are increased both in volume and number to furnish a Serous exudate which dilates the intercellular spaces which is absorbed but by the cells of the Corium and the Epidermis which enclose the stroma of the prickle cells so as to produce
produce in the lower part of the cell a chamber where the serum is accumulated in small collections (vesicles). In cases where a greater portion of time elapses the cells multiply back in the corium and in the lower portion of the epidermis, a fine reticulum of living cells is thus produced, furnished stretching from the upper portion of the corium to the lower portion of the rate probably along the lines furnished by the threads connecting the living matter of these two organs. Many of the cells bath in the middle and lower portion of the epidermis via the upper portion of the corium are not only softer and stretched but tore and their contents added to the serum furnished by the multiplying seeded vessels, supply the abundant, limpid straw-colored

serous secretion occurring in acute eczema. When pus is furnished, staphylococci are invariably present and responsible for the admixture of pus in the discharge.

The presence of these microorganisms further has a decided tendency to increase the severity of the process (greater infiltration, more abundant discharge, greater obstinacy with respect to the induction of occultation) where the excitation is slight or only apparent beneath the unbroken horny layer (murulus eczeæ).
There is simply a small portion of fluid formed from below & a corresponding density of proliferation of small cells. 

The histology of the superficial layer of the epidermis has proceeded so long a period that the boundaries between these two divisions of the skin are confounded; the normal elements of both are intermingled by the outwandering of new formed cells, the horny layer is removed at one or more points or quite extensively over large areas, where the epidermal process has been in progress; the papillae of the corium are enlarged. In some cases they are flattened or atrophied & the thickening of the stratum due to the infiltration may produce a condition in which the volume of the integument is two or three times greater than that which is normal & the thickening may then involve the subcutaneous adipose.

The Treatment of Eczema.

In talking of the treatment of this disease it is not my intention to describe each form & stage, locality of the various methods & medicines employed for each as it usually fully described.
Described in that book, but I will endeavour to give a summary of the general principles of treatment and some of what are considered the most useful applications. To go elaborately into all the methods of treatment which have been recommended for the 'induction of the complaint would form an unwieldy undertaking with but little benefit resulting.

The physician can have his “giant” with many remedies but the greatest benefit derivable from the form of application chosen can only be best and most advantageously determined by the prescriber’s practical knowledge and sense of discrimination of the special phases of the disease and their requirements.

I cannot begin better than by giving an extract from Dr. Allin’s comprehensive and practical address on the subject of the “Application of Fluids in Skin Diseases” as President of the British Medical Association in 1898. Referring to Béring he laid down the following system: “The great idea is the same principles as we do an internal coloath. ... Just as in bronchitis we endeavoured to moisten the inflamed irritated mucous membranes by keeping the air of the...”
Apart from continually moist-wrapping injavascript, we must hope the case demanded, cutting
surface with a soft bleed except to medium, a
starch jelly with which is combined a pro-
portion of boric acid, the least irritating if
perhaps the weaker of our available corrections
of purification. The micro-organisms which
set up purification in hedges are easily
neutralised but at times they exist boric acid
in general, sealing with a weak salicylic acid
powder or painting with Nitrate of Silver dissolved
in spirit spirits of niter before renewing the poultice
is sufficient in such cases to get over the
difficulty. One of the least offensive characteristics
of disease is the infiltration or incursion which
accompanies it which persists as a lasting
condition after the surface has healed, the often
melt down markedly under the continued
painting next of the boric acid starch jelly.
One of the most efficient methods of causing the
absorption of the infiltration is by closely swathing
it in several strips of salicylic paste plaster which
Professor Pena of Prague introduced
(25 to 5 %) worn for several days after a week,
where these are not curative. He ascribes
Salve
Lime, for instance, ground or well-
better. Unna's salt marshes are efficient methods of application  Confinement to bed may be imperative. He also prescribes  as a preliminary to treatment, the boric acid bath 91 to 94 in 30 gallons of water at 95°.  
Before any treatment is commenced all congealing products, Crude & Sweats must be removed.
Oil will assist or cold bleach potash with boric acid added. Potash should be  
continued as long as benefit accrues. He finds  
much advantage from the impermeable rubber  
applications used to envelop the skin efficiently  
of head & legs. He records a case where pilocarpine alone gave highly beneficial  
results.  

Erasmus Wilson recommends in early stages  
whether eruptions, papules or vesicles are  
the drying box with powders such as starch alone or  
with flours earth, elixir of lime etc. or a lotion of  
Aqua Balsam. For linear leprosy calamine or  
Glycerine 5%. If the drying appears very pronounced  
put on a more decided form and shall find no ap-
plication so appropriate as the benzoinroot ointment  
of dios of lime. If its word excessive have any
Signification. The benzoated ointment of acids of zinc certainly less that claims in relation to scrofula
There is certainly a point of the cause of scrofula
in which it is not the best remedy that can be
affixed employed with the exception of the colloid
outbreak of the affection. (He recommends the
addition of 1st Tonic Reet: 3/4 to 0.7 of ointment)
For the chronic stage as a tissue tone of
local eliminant the best is soap with moderate
friction & compression, then drying & again
applying benzoated ointment of acids of zinc.

Jonathan Hutchinson (Archives of Surgery vol.
[164]) remarks, "If I were required to name one
remedy only for Eczema, I would choose tar, if
true, is to be clean. if true, tar, lead or mercury.
Dr. Price gives the following instructions.
"We must ascertain accurately in regard to
very diseased part whether the inflammatory
change is increasing or diminishing. Whether
it is Acute or Chronic.
"We must know what change is to be affected
by our remedies.
"We must be able to control at any time the
effect of our remedies.
"Acute Eczema is treated in general by
Methods which produce present inflammation
Chronic Lepra by methods which irritate and
Excite Inflammation. He expect a positive
ture from the proper use of local remedies in
Every Case. He is credited with having
Said that the whole secret of the treatment
of Lepra lay in knowing when and to apply
car but that it might be applied half an hour
too soon!!

Physicians from long Bloodletting to be an
efficient means of assisting to eradicate
Chronic Lepra it is nearly accomplished by
Puncturing the Epidermis Surface with a Pointed
Knife, the Engorged Blood Vessels are thus
Relieved, the Circulation becomes Equalized
the Action of the Absorptive is re-established
And its Exuded Products are removed from
the Tissues which exist the assistance of
Suitable applications soon regain their normal
Condition. Compression to statics protects
the parts, limits the spread of the disease,
Lessen muscular tension, tones up dilated
Capillaries, Prevents escape of serum and
assists in removing products of inflammation
Massage Acts in a most happy manner
whether its disease be extensive or localized.

He claims the following advantages from the use of its olieum:

1. Their deep penetration
2. Their freedom from raecidity
3. Cleanliness of application
4. Their quick economy
5. Their antiseptic action.

Dr. E. Anderson gives the following prescription as being the most soothing application:

Bismarck Oxide 3 gr. 
Ca. Olei 3 gr. 
Cense Albic Zit. 
Zacchari Oxide 3 gr.

Alc. Aquae M.5 

Hyde states, "The best and simplest application to an acutely inflamed region is to scratch in a dusting powder to the exclusion of all ointments, lotions, or unguents. Potash starch furnishes the simplest powder; v. a. as a rule suffices, but the finer grade of talc, myceolium, bismarck or

magnesia may either be added to the starch or substituted for it. Comphor may be added on account of its antiseptic effects, as follows:

B. v. Pr. Bismarck Oxide 3 gr. 

Pulv. Comphor 5 scr.

To make an impalpable powder ½ gr. for internal use.

A substitute for N. H. B. black wash may be made by employing the marble pH.$$
opium or of Calamine in the strength of one drachm to the fluid of lime water, 100 cc of which has been added pure glycerine \( \frac{3}{10} \) or \( \frac{1}{5} \) \( \frac{3}{5} \) The blest lime water compounds are occasionally better tolerated than those not containing the oil \( \frac{1}{2} \) are made by combining the latter water in the strength of the well known Carre oil, \( \frac{1}{2} \) half with lime water, adding lime water \( \frac{3}{5} \) or \( \frac{3}{9} \) of bicarbonate of soda to the point of the oil (Almond, Olive, or Castor oil) may be ordered in less quantity. The Baker the blest lime just employed should be of the best described in Cooling. They should never be irritating. It is imperative that they should be fresh prepared. Many of the disappointments experienced by physicians in the use of instillations in eye cases are due to the fact that a careless or incompetent Chemist dispenses a Chemically altered recipient as the basis of a Salve. The blest of lime mixed by Brothers may be added with advantage to equal parts of cold Cream Salve for a soothing application. The famous Mount Athos bit of Stoba is among the finest of applications for an acutely inflamed skin that will tolerate a Salve.
Concerning the treatment of Chronic Eczema he says "For one of the most valuable of all agents in the management of Chronic Eczema; the failures attributed to it are as a rule due to lack of skill on the part of the practitioners in properly adjusting the climate to the condition of the skin. Of late persistent efforts have been made to substitute for the latter a fish oil, known as ichthyal but there is little evidence to show that this remedy has any advantages over the latter already in the market. The latter preparations most used are Alumina Lurei (Crude or distilled) Oil of the white Birch, Pine Liqueur, & Alumina Badine. They are here named in the order of their probable merit. Most of them are employed in a strength stronger than the eucamint. Their well-known Meruey is an exceedingly irritating agent in the topical treatment of Chronic Eczema especially when occurring in circumscribed patches. Sulphur is chiefly useful in cases which are either of the first type of Eczema Seborrhoeicum or in cases which are approximated to it. The Wilkinson Salve popular in Vienna for the local management of Chronic Eczema was Modified."
Modified by Sibra as follows.

By Dr. Pater Pateris Publicat: 1931 (Civ. Med. Rec.)

Sapon. Vird. 10 fr. 1/2

Cerat. Manihiat F1 1/2

For external use.

Papillonic blue is an exceedingly effective agent in the treatment of chronic ulcers. It is especially indicated where the non-ulcerated portions of the body are involved. The following are well known and frequently employed combination:

Brother's ointment

% Rhenii Oxidi, Pet. Ancyli 1/2 3/4

Vaselinii 1/2 Be. Baalipliicis 1/8

Inktal MXX Ali. Lavandae g. 3,

The ointment to be well rubbed in and covered with a sheet of gauze or cotton.

Urup's Gelatin paste

% Rhenii Oxidi Gelatini 1/2 3/4

Glycericis Fili \(\Delta\) M. Meritissim S0. 5

5% Salicylic acid, Resorcin. Athabas the way in which he added, is a good paint.
 Hyde anlays late in April of March.
 Norman Walker believes that originally it did not contain salicylic acid.

 It is interesting to compare the method of treatment in use in the early 18th Century as described in Villain's Practice 1836 in listing of Lupus Labreuse also termed S. Mercurelle the following treatment is advocated. Frequent ablation or fomentation with warm fluid or strained brown waters. Frequent use of the warm bath. A constant application of poultices where the effects confined to the extremities where the calamine has expelled. Mr. Pocock recommends the application of a mild counter consisting of litthage plaster.

 Wax oil dressed chiefly on linen bolus and
Exhusted twice a day. Every additional irritation
from stimulating food, & drink should be avoided.
Romes regulated saline diaphoretic or an
antimonial, administered to which an officer may
be added. The Sulphuric Acid is grateful and
refreshing & in the decline of the swelling and
discharge it may be combined advantageously
with the liberal exhibition of Cinemon or
the Sulphate of Guimia or Tarshari. In
Jacquet (Your Book of Treatment 1899)
records successful results obtained by him from
sulphuric diaphoretic of Sulphate of Nitricius
& Guimia. The Sulphates are dissolved in Para
line 16-15 M. CH. apart in one direction only,
no later than 6 to 76 sitings effect a
cure. Infants bear the treatment without any
discomfort.

Albert (Traité sur l'égzèma par l'acide pérétique)
Paris 1847) says that affecting generally
\textit{the use of Peretique acid is indicated in égzeema in
which the inflammation is acute & superficial}
\textit{where the lesions are chiefly chronic.}
The Vésiculoblastic action of the remedy
cannot be exerted on the chronic form, it
forms a protective covering to-keeping surface
always itching, he records the successful treatment of 23 cases. A cure is effected in 10 to 15 days. The remedy is neither irritant, 
unusual, nor toxic, and can be used on children 
of very extensive surfaces. Francois speaks 
highly of the treatment. Francois found that 
out of 18 cases which he experimented on it 
cured aggregation of symptoms in 9 or later on 
also in the three remaining ones. He agrees with 
Bevisier & Dazens that the action cannot be 
depended on.

H. Baldo (B.M. Journal 1897) observed symptoms 
resembling carbolic acid poisoning in a case 
which he treated with thiocetic acid.

Mr. Leeman of Gravesend is said to have 
introduced this treatment.
The Decoction of Belladew (Vaccinium Myrtillus) 
was first tried by Kincaid, creeping and itching 
were stopped in a few hours. Reid, Macleod, 
Westhaver & W. Washburn have also tried it with 
favourable results in cases of itching.

Beladonna (British Medical Journal 1896) 
has been reported as effective for the treatment 
of eczema.

L. W. R. Ellis B.M. J. Nov. 17 1897 says with 
experience
Experience continually impresses on me the fact that antiseptics and exclusion of air from the part treated are the two most important factors in the case of the disease.

Extract has been reported as a cure.

Malcolm Morris considers it of little or no use.

Electricity concerning this McCall Anderson remarks: The true effects of electricity are undoubtedly of some value, but I am not inclined to rate very highly the effects of this therapeutic agent in the majority of cases.

E. Harlton Holland (B.M.) mentions a case where after 7 exposures to the D. rays an ulceration had not entirely healed. The conclusion is that the D. rays had a stimulating effect on the tissues of the diseased area.

Herbert Parry, Professor, Chicago.

Journal of Cutaneous & Venereal Diseases.

New York (July 1900) says: Upon the subject of the treatment of Eczema by exposure to X-rays there are a number of reports testifying to the favourable results. Albert Schönberg has reported 3 cases of Chronic Eczema healed quickly under this treatment. Hahn has reported similar cases. A. Maclaurin, two of intractable
Egrena which showed very great improvement
under this treatment. Others are to be found in
the literature.

**Diet**

Dr. J. Jamieson, so far as I have seen, allows
a food, general diet with a considerable
vegetable element.

Sir James Paget's instructions were: Avoid
what is strong, salt, sour, or sweet.

J. A. B., (Journal of Gastroenterology
Diseases vol. 1847) remarks: "The diet is
of special importance. Pfaff has found that
56 per cent of his cases of Egeria have been
Carnivorous (that is eating meat three times a
week but little bread and vegetables, 40% were
Omnivorous but 14% Herbivorous. Many
cases
of the fat too much exercise too little.
All alcoholic drinks must be absolutely
forbidden.

Eugene Wilson in writing of diet says:
not infrequently we have to contend with this
fact on the part of parents who seem to be
latterly by surprise by the announcement that
abundant food is a necessary institution of
tour social fabric. The same unreasoning
prejudice.
prejudice has excited an opposition to beer, the very mother's milk of our people.

Jonathan Hutchinson (The Medical Review) says "in nine cases out of ten lepra can be cured by local treatment without alteration in diet or internal drugs, but he always advises the avoidance of sugar, fruit and milk, wine, and often gives salines in acute cases even catalyzed anthrax.

T. A. Harrison, Lancet Aug 24 1895, insisted on a regurgitating patient who had been getting worse under a restricted diet but who became rapidly well with a liberal varied supply of foods.

T. White (Boston) at American Medical Association meeting held that the importance of diet in lepra was greatly overestimated and that in chronic albinism it should be the same as in all other inflammatory processes. He recognized both a direct and an indirect influence on the maintenance of the disease by alcohol but did not regard it as an important factor in its causation.

Dr. Norman Walker holds that the varieties of diet which are bad for lepra are those
which produce any increased flow of blood to the skin. Many cases are delayed if not prevented from healing by even the moderate use of alcohol, the superficial vascular redness are most unfavourably influenced, the deep not so much.

In endeavouring to trace hereditary tendencies I have obtained the following results. Out of ninety-six (96) cases of eczema (Psoromatic dermatitis has been carefully excluded) which have come under my personal observation I found the following seven (7) cases which might be considered to have claims to hereditability. The eighth case struck me as being unique from the patient acknowledging her total ignorance as to the former history of her relatives regarding their affections. The other patients emphatically denied that their diseases had ever existed in their families.

The eight cases were made up as follows:

One case where father had had eczema
Two cases " Mothers "
Bar Bar whose brother had Erysma
resulting from an accident.
One of whose granddaughters has Erysma.
One (Valerian Erysma) whose father had
identically the same.
One (Valerian Erysma) whose mother had
identically the same.
One "who could give no information
respecting family history.

Following out W. Norman Waddes's suggestion
I appended the results of my observations
regarding the breeding of Erysma
From fifty-two (52) cases I found one
where the mother had had Erysma and
sisters in which a sister in each case
had had the same complaint. Thus totaling
three (3) cases out of fifty-two (52)

The conclusions I have arrived at are
briefly the following.
I. That Erysma is a bacterial inflammation
   of the skin.
II. That the internal Cause is both difficult
to work and doubtful in practice.
that a predisposition to this type of disease is probable enough, but the hereditary transmission of syphilis as a distinct disease is not borne out by the investigations I have made.

That bacteria are present and may help in the disease but are not initial factors in its production.

That treatment can be in a large majority of cases curative or alleviative but a small percentage are highly intractable or incurable. A fear of recurrence exists.
Per the kind permission of Mr. Allan Jamison
I was enabled to observe the progress
of the following cases in his wards in the
Royal Infirmary:

Mrs. Sarah Kinnes, aged 27 years
Admitted Sept 8th 1900
Complaint: = Paroxysmal Eczema.
History: First noticed a red moist eruption
on eyelids & under arm since 2 years ago
which soon also made its appearance on the
buccal of the cheek, this was treated at the
time of occurrence but with little benefit as it
continued to spread & eventually the entire cheek
was involved. She has on two previous occasions
by Oct 16th 1899 & Jan 1st 1900 been an
inmate of the hospital & although deriving
marked benefit on each occasion a recurrence
has always taken place. Since her admission
this last time much improvement has resulted
with a complete clearance of all eruption from
eyelids & axillae. Her temperature had an
occasional rise, occasionally as high as 99.60
\( ^\circ F \) falling in the morning to 98\( ^\circ \) but latterly
for 2 wks her temperature keeps normal.

Family History, father died at 53 of
Bright's disease.
Mother alive in good health, all the other members of the family in good health, I do not believe affection ever been known to exist amongst them.

Present Condition. Patient has a streaming appearance with old scars due to operated wounds about mouth on right side of neck. Some very hard, enlarged glands are present. The scarpa also shows several smooth white rounded abscesses. Her only illness consisted of three operations for abscess in breast after her 1st and 2nd Confinements.

Her scarpa which had been bad the hair cut close shows somewhat uniformly led into colour with pustules, eruptions more particularly on the right side. All crusts & discharge have been removed by mustard. There is but little itching. The axilla also show slight inflammation. Erythema are red & angry looking along the margins with a drooping tendency of upper lid.

Brestmeal - at first consisted of 1/2ch. Bountees to get rid of debris. The salicylic acid & tannine emulsion 5% was applied, cod liver oil & wine internally. On Sept 27th...
Sept 27 Dr. Jamieson ordered  
Hydraz Ammon 50 cts.  
Hydraz Supra Nigra 30 cts.  
Vaseline 37  
to be applied to the head which has acted with most signal benefit.

Oct 6th Left the hospital today, to carry out  
Treatment at home. Will present herself at  
Hospital periodically.

Oct 12th On returning herself today marked  
Improvement was noticed, the hyperemia had  
disappeared from her upper lids (excepting left  
upper lid) forehead and her scalp showed a  
distinct resolution to a normal colour, with  
Slight edema where previous swelling had  
频繁 occurred.

Oct 30th Again present herself, her head is  
perfectly free from the complaint & the worst  
swelling being as well before, nothing now  
remains but slight inflammation of left upper  
eyelid for which Dr. Jamieson prescribed  
Hydraz Side (bad for): Ointment.

of Amygdala et AY. Bestill at 3 o'clock  
To be applied to eye at night
Nov 13th

Presented herself at Yard 88 today

Her scalp feels perfectly free from the
complaint and her hair is now growing.

The eye is nearly better but inside both ears
there is a red moist tendency

Nov 27th

Condition is generally satisfactory

Excluding slight redness & moisture about

internal aspect of left ear & slight redness

about also of external nose. The left ear

has also shown a slight tendency to irritation

But these very limited exceptions the benefit

desired from the treatment is most marked

Satisfying
Mr. Annie Janet, Ward 38 R.E.T.
Admitted September 17th 1900

Complaint: Ergotism Endometri & Tubarthritis Left

History: Had an attack on face & hands 7 years ago which lasted all the Summer despite treatment. She was then recommended to go to Harrogate & cure its waters which she accordingly did & after three weeks residence she returned absolutely free from the complaint.

During the past three years she had had a slight out-break each Spring these were confined to the fingers (both sides of ring finger principally) readily responding to applications of ointment of zinc carbonate + keeping the hands dry. The present attack is the worst she has ever had. It commenced about March & prior to her entering the hospital the hands had got very painful that she could not to a great extent. The fingers showing much purulent secretion, the base of each thumb & inflamed & the nails much affected around the matrix & a burning throbbing pain persisting. The affection has extended all the arms to a little beyond the elbows, the skin of both arms being much reddened & angrily looking with a continuous discharge of moisture.
all the bandages & dressings being often
soaked through, her general health has
always been good. She is the mother of
9 children, 5 of whom are alive. She is a
stout, rosy colored subject.

Family History is good. Mother alive 78 at
Father died 79 at, one sister only had a

present condition. Backs of hands and
Skin of arms beyond elbows very red & rough
looking with an exuding, sticky discharge of
Serum. Some portions showing a general

tendency to scale formation & creates than other

parts & a considerable amount of inflammation

present. The palms show a florid but clear

permanence. Nails are affected, some
being thickened, grooved & discoloured with absence
of cuticle & an appearance as though they would

be eventually shed. The surrounding skin being thickened

inflamed, & ragged looking. The scalp is covered

with fine scales but seems fairly healthy beneath

with very little grosser. Patient complains of

much itching which in hands & legs,

Treatment on first admission consisted of

March 9th took the application of a powder

Consisting
Consisting of Ac. Salicylici 3 parts.

Pur. Anisae 10 parts

Vasa 87 parts

also an ointment of Amp. Plumbi Vaseline

Spread on lint for the arms, internally

was oral. Mag. Sulf. & Ac. Salicylic acid mixture

30cs in water every morning,

for the head an ointment is used daily

Consisting of Salicylic acid precipitated Cuprum

Vasa, the head being first well washed.

The diet is of the ordinary description with

a liberal allowance of Vegetables, cabbage,

Cauliflower, Potatoes etc. also stewed

Chubert.

Oct 6th. The left heel setting on the same

action. March Poultices ordered to be followed

by Salicylic Acid & Vaseline ointment 5°.

Oct 8th. Arms improving rapidly the dressing

being much hastened by the application

every 2nd night. for a few days, if coal

Tar & Acretons Painted on. The redness

seeping & pain all much diminished clothing

laid, the temperature dropped to 96° on the

5th but last night rose to 96.8. next

Morning dropping again to 97° this afternoon

Concurrent with restless on heel.
Oct 12th. - Arrows still red with pus. Clothing sweated. Skin covered with small ruptured vesicles, losing out moisture. Nails of thumb & first finger of left hand would give one the impression that they might be cut off. The heel is much better, not troublesome.

Dr. Jervison ordered application of resinous salicylic acid paste to be used for arms at night. Temperature still has irregular tendencies.

Oct 16th. - Condition of arrows & hands wonderfully improved. The swelling has subsided, also the redness & weeping. Now the skin is dry & covered with white crusty scales. The hands are also dry & more supple than the arms & the fingers larger, more of the nature of an application of thills epidemics. Patient informs me that she noticed marked improvement after on the second day after the application of salicylic acid paste. Temperature ranges from 97° in morning to 98.8° evening.

Oct 19th. - Set leave to return home today. Scarp seems perfectly clean & healthy. The hands & arms are almost well with slight hyperemia still lingering about wrists & Several roughnesses of surfaces due to the long duration. Nails still tender at roots.
Oct 26. Came to show herself today. The hands and fingers are looking well. She has not returned to put them in water yet.

Nov 9. Hands and arms remain quiet but still rough to the touch.

Nov 13. Presented herself today when she was found to be perfectly free from the affection.

Jan 18, 1907. Mrs. Moore appeared at hospital today. She is keeping perfectly free of complaint. Hands and arms appear quite healthy. The nail of left forefinger was shed & a new one is now growing.

Mrs. Catherine Moore aged 44.
Ward XXXVIII R.E.I.
Admitted Oct 8th 1906.
Complaint: Ulcera cutanea

History: Compliant dates back three years. First occurring in spring of year on left ankle after an attack of sciatica which left the ankle of the ankle in a red, dry, leathery condition. This extended up the leg & necessitated her admission to the hospital. The following spring the right leg became implicated & she was again admitted for treatment of both legs. On
Occasion she was discharged apparently cured, but at close of same year she had to re-admission on account of her head more especially at age of much later also brain becoming affected with an exacerbation of very frequently. After 3 months detention she had so far improved as to warrant her removal to the Convalescent Home, where after three weeks residence she went to her own home in a fairly sound state, the head, ears & body being quite free but the app - eot is satisfactory. The head kept free for five months but again broke out but soon responded to treatment at home with March Potatoes & Saline in Reid & Baseline Guilo. However since two months ago her body and arms became so much affected that she had to apply for re-admission.

Family history: born and died 75 years. Mother alive at 74. One brother & four sisters, no history of brain affections either amongst them or amongst patient’s relations. Patient considers she has had excellent health till the regime appeared, has had five children none of whom showed brain affections.
The patient had worked for twelve years as a typist or type setter, and suffered much from indigestion and constipation. Formerly working with her nose subjected to the same disorders, it being a constant habit to hold the types in the mouth, her paroxysms showed slight evidence of blue discolouration. She is not aware of any tendency to become having chilblains amongst her co-workers.

**Nuchal condition**  
Patient is a thin, weak-looking emaciated, fear-stricken woman with tendency to easy compaction about 25.63 in height. Upper half of forehead Abt. shows a dry thickened, somewhat rocky condition, with an occasional red tawny-looking scratch. Scalp of ears tender and encrusted. Ears are somewhat thickened, more prominent than in normal condition. The lips show the condition known as Alphabetic or “true tabi” cutaneous discharge, existing with eel-like masses of caking and punctate eruptions. The scalp is not entirely implicated but shows some thickening with tendency to scale. No swelling of glands of occiput or suboccipital. Right hand shows nuclei of three fingers of thickened, broken in appearance. Left hand free.
also both arms. Back is fair. Chest and axillae very red, raw & much moisture incased
with an occasional breach of the surface and a
lendancy to crust formation. The abdomen was
formerly much implicated but is now in the stage
dermolion, whereas the lower limbs the
condition existed in a very troublesome degree
but is now much improved. The thighs & feet have never been affected. The legs show
a very irritable, angry red weeping sebaceous
condition with thickening of the elbow. The
Subjective Symptoms are chiefly of an itching
nature.

Treatment: During the course of the complaint
various remedies have been employed but the
patient has been most relieved of benefit from
the copper poultice followed by salicylic acid
in sterile. On her admission today she had
had a warm bath, Superfatted soap being used
October 18th. Poulty is still being used and
the salicylic ointment on head for first time
the general condition is one of improvement
with less irritation & diminution of redness
& weeping. Temperature ranges between 97°4
99° morning & evening
October 16th—Poultries have been discarded for some days past, & calomel instead being used, patient is gratified with present results. Temperature about 99° both evening obtaining.

Oct 17th—Condition on head & legs continuing, but the chest continues more obstinate & is much redder & moisture; head is being applied to it & calomel applied to the other parts.

Oct 23rd—He is much better, symptoms decreasing. Head & face improving. Chest state very similar to an eschar to the right shoulder which is moist & redder, cooling.

October 26th—The temperature went to 100° on 25th, & possibly due to an outbreak on back of shoulder where it had always formerly shown itself, the head & chest has been stopped & calomel & calamine substituted. He is taking Eantom's syrup internally.

Oct 30th—Is improving, but unfortunately has to go home at present. Bacilli is to be rubbed over the parts & then a drenching powder applied of boric acid, at 10% Bezoar is a tumour of a red hue, smooth, with fissures wrinkling in the superficial layers. Had the patient remained in hospital I am sure the result would have been most satisfactory.
Walter Brown at 7 years. March 37.
Admitted October 8th, 1900.

Complaint: General Legnum.

Patient is a close and nourished child. Very bright. He has had the affection since 6 months of age. His face has never been free from it. The trunk and limbs have varied in degree.

Poor habits. Some new, severe symptoms in his health in other respects. Has been very good so far as one can learn. He has never had any of the usual complaints of childhood.

The condition is always worst in winter.

Present condition. The chest is affected with Seborrhea. Its much creased, especially at the back. The forehead is less affected than the cheeks. The skin suffers little, which all show an epidermic eruption in the axilla is severe. Infiltrated and adherent clots are present. Sternal + wide through. The upper + lower limbs, abdomen, lumbar region + buttocks (in which latter situation there is a good deal of redness + thickening) are all affected. The chest + dorsal regions are but slightly involved.

The patient + color are free.

Treatment. Pitching positions have been kept on for some days. A mask being used for the face. On the 13th last.
13th 19th: 
Amusement prescribed Salicylic acid 3% on the 15th the following application was ordered to be used on one area but is now being generally applied. 
Hydron puf-25x Salph Place-Pux
Ammon Hydron puf-25 Camphor puf

Oct 25th: General improvement, but patient interfere with his progress by scratching the parts. Camon's syrup ordered.
Oct 28th: Read and Salicylic Plaster ordered.
Nov 1st: Is making rapid progress and

" 6th: Salicylic acid plaster ordered for right.
" 9th: Doing well
" 12th: Delayed progress by scratching is to
have Salicylic application in consequence
" 15th: Temperature 96° condition steadily improving
" 20th: Temperature has gradually been to weight

only the normal. The face is
now almost free from eruption & nearly normal
in colour, the body is free from arms & legs almost
well, with the exception of the arms & ankles which
he has wandered from recovery by scratching
Nov 27th: Is now dressed & going about with

Mark off
December 4th. Has been in bed all day again. Was up for an hour, due to extreme weakness.

The following prescription to be rubbed over certain parts once a day:

Aphro-amil 0.5 ml. and Cocurin 100 ml.

Temperature today was over 100.

0ce 7th. Temperature normal.

It is going on today. Condition greatly improved, the affection is now limited to certain swell areas. A change of air is now considered beneficial to him.

Instructions were given as to applying Balsam Healing if necessary, also Caesar's paste.

Miss Susan Gould, age 43, Ward 38
Admitted Oct 30th 1900

Occupation Housewife Housekeeper

Complaint Baveue of life + catarrh

Family history. So far as she knows, none of her relatives ever had any rabies disease.

Father died at 57 of pulmonary tuberculosis. Had also Kose of 4 years. Mother died at 44. Cause not known.

History of complaint. It commenced last two years. Some two months back, the lips were first affected.
They became red & inflamed & cracks forming. One large crack in centre of lower lip was very troublesome, the condition has always been dry with formation of crusts & with little tendency to itching. The perineum became affected soon afterwards & was also dry & scaly but the itching was very severe. An abscess formed in the back passage some 12 weeks ago which was opened & has not yet healed up. She suffered much inconvenience when her bowels acted or on micturition. The floor itching then becoming excessive, her legs from the knees downwards got very much swollen during the period of maturation of the perineal abscess but the swelling has gone down since the abscess was opened. She was under treatment for the other affection & got an ointment to apply which contained Linseed oil & wasaffie with two other ingredients & was taking Quinine internally. She has latterly been an inmate of the Queen's Lutine Hospital on account of the abscess which was opened there & she has been having salt-laced medicine to take, probably bromide of potash as the complaint much of insomnia.

Present Condition Patient is a somewhat slight state exhibits evidences of a nervous impairment.
She has never had any serious illness but has never been strong. Had a fall when 18 years old which was said to have displaced the womb. She suffers from pains about the back. She says she is not nervous but suffers from miasma very much. She has always been somewhat restless at night. Did not sleep at all on first night of admission but slept a little last night. Her course has not differed for three months. There is no abscess formation. Her face especially on forehead is covered by a loosely distributed fine miliary formation without any hyperemia of skin. The lips are entirely surrounded for about 2 inches from miasma which is a drab thickened and somewhat fissured. Done eruption with hyperemia. There is no pronounced thickening of the lips to the extent of Purpura. The perianum, labia, vulva all show considerable hyperemia, infiltration and early edema. Only a small non-discharging ulcer of a papular nature, the ulcer is not involved. The arms show a similar condition of skin, cutaneous which I find as a condition of the disease itself. The condition does not last any length of time.

Treatment. Patient has been put on Aureomycin.
November 2nd: Dr. Armstrong ordered Head
of saline to be applied to the frontal region with
following pills to be taken.

P 3 semi sugar 1/2 mite 100

For the past 24 hours
The following saline for life

R: Ac: Bovis 1/3
L: Ac: Neutralne 1/3

Al. Magnesia et Aq. Idem substitute 1/3
Al. Murih Acid 1/3

To be applied two or three times a day

Nov 5th: Condition improving.

13th: Considerable improvement both of life
and percursor. Temperature has a subnormal
and netherly to patient with Complains of anemia.

Nov 1st: To be improving but complains of peculiar
more sensations.

13th: Improvement Continuing

20th: Went out today. Condition very much
improved with no troublesome Subjective
Symptoms remaining.

A case is recorded in the Sydenham Medical
Journal, May 26, 1907, where a patch of
Eczema of 8 years duration in the spherical
shape...
was completely cured by the formation of an abscess. The doctor considered that the formation of the abscess had afforded too much for the formation of the leg vein. In the above case the internal iliac abscess had no decided effect on the internal iliac vein. On my mentionning this to Dr. Franklin he said that he had often seen abscesses influence on leg veins but never saw a case of the latter affected thereby.

Mrs. Rice aged 61 Ward 38 R.E.T.
Admitted Nov 13th 1900

Complaint: Varicose veins of left leg.

Family history: Father died of pulmonary aged 87. Mother died of cancer of breast aged 77. No history of similar affections in family.

Personal history: Has always enjoyed good health but been subject to "flashing." Since the Cessation of Parturition when 57 years of age, she had varicose veins in leg for 39 years. They came on when carrying her third child. Has had one of a family was married when a little
Little over 16 years of age. She is a stout woman weighing 16 stone. Children are all particularly healthy with no evidence of their affection. Only one dead in early infancy.
Past treatment had baseline otherwise.
Sporadic symptom applied about three weeks ago, lay up in bed for that period.
Doubled up for four days and aid on oriental which was prescribed at the outpatient department here, but had no admission.
As the saw no improvement and the weeping discharge was very profuse.

Pretent condition

Vesicle lesion are very pronounced.

The leg is red infiltrated very warm with tendency to edema. Seated chest formation would have been a pronounced element but for former treatment by poultices etc.

There is no alleviation.

Treatment was ordered
Saline (baseline 5% sterile bandage)
Ordinary diet.

Not 20th improving

"23rd much benefit from last treatment"
"26th went out today very considerably improved as regards his regime"
Mr. Craig at 39. Married 38 R.A.
Admitted 27 November 1907
Occupation Housewife
Complaint Rheumatism left side following

Family history. Father alive at 50 years
Mother died at 40, 4 brothers
3 living 1 dead from accident
2 Sisters both living, health of other relatives good, no other affections

Past and Known

Personal history. patient has always
enjoyed good health. Her first illness when
17 years of age, in face, was so informed
by the doctor who attended her, it was
mild & the wedding of her ear to cheek
to the face, it disappeared in a fortnight.
She had a child 6 months ago, cured it
for three months

Present condition started 4 months ago
as a red burning affection of hands with
pimples which condition spread up across
quickly followed by moisture itching and
peel formation the same condition made its
appearance on breasts, chest, back, feet &
Age 6. Subsequently on the face & lips
the itching was so very severe suffering at
night & the itch was very great until the
sleeping set in. She has been under a medical
man's treatment who prescribed caloma &
cam applications etc but the hand came
into hospital yesterday. Patient is left-
haanded & the condition though involving
both hands simultaneously has always been
more severe in left hand with which she has done
most work. The nails were early affected
being thickened transversely narrowed and
discolored, more particularly the left ones.
The skin of the face, head & neck is covered
by desquamating pustules like epidermises T
is thickened & hyperkeratotic. The same condition
exists on chest, back, arms, feet & legs. The
lips are said to be quite free & the nipples
have never been affected. The hands are now
glossy & smooth especially on Palmer they
into remarkable were occasionally went with
the formation of scales. The bases of the
feet have thick platefuls of epidermises being
white & the external surfaces of indisputable
are covered with scales. Patient complains of
always feeling cold. She cannot ascribe any cause for the attacks, has always had a poor comfortable home with plenty of nourishment; has not been a hearty consumer of animal food, nor much given to tea, has been fond of potatoes and had a sufficiency of other vegetables.

Preventative treatment. Creolin better daily.
Starch poultices to be applied to the back.

Nov. 30th. The early condition is much
modified, the Creolin better. Have been repeated
three times (Creolin 0.25 to 0.50 ointment).

Vaseline rubbed in.

Dec. 4th. Resorcin salicylic acid
paste ordered to be applied.

Dec. 7th. Progressing favourably.

18 1/2. Salicylic acid + Vaseline for
hands at night. March poultices during day.

83. Joints on arms was ordered for
head. The following prescription:

Balsam part 1 ace. menthaci 1/5 Resorcin 1/5
ace. salicylici 0.5. Olethnicis 0.5. St. Myr cum 0.
1/5.

To be applied, rubbed on head.
January 6th, 1907. Temperature elastic.

Somewhat red and indented.

January 7th. Slightly inflamed. A few small white spots present.

A few large firmness present.

Dr. Jamison ordered the application of Resorcin and Eucalyptus to the

January 14th. Feel to be particularly to affect involved skin.

January 18th. Soreness present. Skin was continued to color of but 4 a lamps longer used to thin the skin. The epidermis grows.

January 22nd. Patient feels today.
She is now perfectly well with the exception of the scar on her feet, for which Dr. Jamison has ordered Resorcin and Eucalyptus to be used. This is not to be put in water, but rubbed on flannel and to apply to feet. The improvement in the patient's condition is most gratifying.

Treat, the condition of the feet is well.

The improvement in the patient's condition is most gratifying.
Mr. Snowden, aged 20 years. Hand 38
Admitted Dec 8th 1900 (P.E.D.)
Occupation: Roadwife, formerly Weaver.
Disease: Ergotism.

History: About three months ago patient was attacked with an eruption of the skin. The eruption has been running the infantile type. Upon admission into hospital, the child is two months old and is strong and healthy but has an eruption on head and face.

Family History: Father died of Bright's disease aged 20 years. Mother alive in good health. No brothers or sisters alive in good health. Only one of former died in infancy. Grandparents and all near relations free from any skin affections. One brother had ergotism which came on after a fit of disease resulting from an accident. Patient has always been healthy. I only had the present attacks of ergotism.

Present Condition: The scalp is hyperemic and covered with crusts. The skin of the forehead and face, back of ears, scrotum exhibits a condition infiltrated hyperemic condition with a tendency to moisture and crusts at various points. The same condition prevails at the back of the neck.

Vives
legs. The hands, feet, chest, and abdomen are free. It commenced first on legs but it attacked the arms & got much worse. It extended to the back & head next. The latter was very red & itchy. She had treatment which gave temporary relief but it soon became worse & worse. The weeping was chiefly from the legs, other parts were dry. Temperature on admission was 100°F on the 16th was normal.

Dec. 14th. Presents have been ordered of Balsamico and Vaseline 5% rubbed into skin. Temperature remains normal.

Dec. 18th. Condition much improved.

Jan 3rd. Still improving.

Jan 8th. Going out today much benefited but legs still troublesome. The following ointment has been ordered by Dr. Jamieson for the head: Antim Hydrosol. Hydrosol, Vaseline 5%.

Vaseline and 3% for external use.
From the numerous cases of Eczema which I have had the opportunity of observing at Dr. Stewart Stirling's Cliniques at the Skin Dispensary in Carlisle I have picked out a few which seemed of more than usual interest. One

Eczema Intricate, Female, aged 58, 4 years' duration, the face, arms, and legs affected. Dr. McGillivray had stated that she was threatened with diabetes about 18 months ago. There is want of the right arm and hand. No burning.

Mr. S. Stirling prescribed as follows:

Acidi Barbiturici, Per Aque 311
Vasa Cynarae, 311

At first for 4 months was

Mr. A. Bucher
Eczema of Nipples has lasted seven years. It came on after the first confinement and continued during seven years excepting this time.
Time she was pregnant when it reappeared. Her child, a boy of 3 years, has slight seborrhoeic eczema on cheek. Lately the condition has shown very marked improvement. On July 23rd Dr. Stirling prescribed the following prescription:

By pulp

Alb. of Hug. Aspergillus

Vaselinum ad

For external use

December 15*. The following prescription was prescribed:

Alb. of Hug. Aspergillus

For external use

The breasts are now almost well.

In the British Journal of Dermatology (1849) it is recorded that Mrs. Frances Smith showed a case of a married woman at 26 who had for 6 or 7 months what appeared to be eczema of the left nipple.

Dr. Badehove Broderer, the President, declared that eczema of the nipple was a misnomer, that it was a very common and frequent disease, but that it was necessary to adhere to the term "eczema".
George MacKays 8 year of age

Complaint of "Wanner" Eryema.

Has been affected since 2 months old. It commenced on head and extended to front of face and broke out on the arms & legs. The body is free from the effusion. His mother was only 17 years of age at his birth. She is about 18 years old. He has been under treatment twice. On the 2nd occasion, he was once detained for four months, coming out apparently cured but almost immediately a recurrence took place. He has lately been attending the Laurentian Dispensary, for some considerable time. His Grandmother says that she has noticed considerable improvement from the internal medicine which Dr. Stewart Martin prescribed last autumn (Aug. 1856). He improved a good deal with the condition by scratching at night. His arms, legs, face are still much affected with much crazing, redness, excretion & moisture. The glands of neck are very shotty.

Treatment has been of a very prolonged sort.
double mort. Varied description on November 10 at 12½ for Stewart starting prescribed as follows.

My Ang. Heinz Garbatci 3½
Luise Heidi
Spermin 3½
Vaccini 4 1/2

For external application

1/4 Spp. ferris lodidi 3½
Spermin 3½

1/3 of 1/4 in water, three times daily.

On December 6½ 10½ Morning thought it advisable owing to the patient most progressing favorably to put him on arsenic & mention a similar case where he saw McCull Anderson have arsenic with marked benefit. Consequently he prescribed as follows.

1/4 Rig. tinct. Arseniaci 3½
1/4 Deccimato 3 1/2

1/3 of 1/4 in water, three times daily.

Since then he has shown more favorable signs of improvement.

Mrs. friend actress suffering from eczema of throat hands and arms. Complaint lasts...
Monitor back. The Moroet is in an extraordinary
condition while the hands & arms are papery
6 June there is no hereditary history but
for the dysuria. No history except that
she has suffered from inanition on July 23rd
was presented

By a Chrysalis MM
Pult Arunghi
Lumi Rendi at 311
Lacotwe 5155
Fyerebin 311
At Baddo 311
Mug Fyerebin Pneumci 13115
Vachiti 311

Vig forexternal use
Sept 13th

On July 23rd Resorin was substituted for
the Lifeboat & the Pneumci 13113 better.
She had been a bit in an affronance
Disease improving

Mary Smithe at 34 15.10.00

By game of life with explosion of
mucous membrane of three years duration.
It began by a cut in course of lower lip
caused by a strong piece of black thread
which cut never healed afterwards. At
the lip became very tender & most capable
of in cold weather & cannot take anything

Hot
that it has never healed much, in appearance it is angry and rough and rough-looking on the mucous surface.

Treatment - the is at present applying boric acid made up with vaseline. The has been attending here regularly for several past. On her last appearance on 1st of Oct. the condition seemed improving. I am using the following formula

4 fl. oz. acetic spirit 30 fl. oz. carb 50
eau amygdal 50 fl. oz. vaseline 100

for external use.

Dr. McLeod 15.11.00

Eczema of hands. Cannot exercise any cause as his occupation is not such as to cause an irritation. The fingers are chiefly affected by these verrucose eruptions between the fingers with redness & irritation.

The following prescription was ordered

Of pure spirit of boric 30 fl. oz. quad 30
Glycerine 30 fl. oz. salicylic 2 gr. 3
vaccine 200.

Spread on lint & applied

This patient did not again appear.
The following treatment of Palmar and Plantar Eczema recommended by Dr. J. A. Jamieson seems worthy of quoting in connection with the above case.

The hands and feet are enveloped in several layers of sheet jelly, with some boric and mixed. After this Cold between two layers of Cotton Cloth. Each time the bandages are changed (once or 2 hours) the Palms are briefly rubbed with a rough enough soft dry Cloth; then the Cotton Envelope, Etc. red, made gradually to peel off, but much is attempted at a time. As in the Course of 4 or 5 days, or a week, the Palms will have become Brown soft, almost free of thickness, the bandages are now laid aside. You must then compound Cotton...
Quite definitely as to this but we are to-day
have all approached it by rapidity
of efficiency
W. Hume embraces the treatment of
epileptics hands in two methods
No washing without a subsequent drying
of the substitution of a thorough washing
boiling of the hands for the usual
morning washing. He says it is not
washing of the hands which removes the
epidermis on the contrary the constant
washing of the hands is favorable to the
case of that trouble if the skin is not
otherwise exposed to the air or some
other irritant

Interesting
Another case was that of a woman aged
40 who had tuberculous eczema over
back of hands several of years
duration it diminished very
much during her last pregnancy
but again reappeared. She was
sent regular in her subsequent attendance
so that the effect of treatment could not
be ascertained.

W. Stewart following orders
a prescription compound of Resorcine, Indigo, Sodium Trisulphate