DERMATOLOGY.
UNDER THE CHARGE OF
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THE LOCAL TREATMENT OF ECZEMA.

GOUGEROT has an admirable paper on this subject (Progrès médicale, 4th April 1914) which is well worth reading in extenso. He says that it should follow a certain number of rules. The first is not to do harm. One should distrust unseasonable interference. One ought to proceed tentatively, advancing little by little from a slightly active remedy to one more powerful. When venturing on a new one, this should only be applied to a portion of the area not larger than a crown piece. In this way, should it prove too strong, this will be evident at once, and ulterior injury avoided. The second rule is to select a local application adapted to the case and to the stage of the eczema. In the first stage eczema is sensitive and difficult to deal with, as anything may irritate. The fundamental principle to pursue is an antiphlogistic one, and it is preferable to use water in some form. That most generally applicable is by spray employed three or four times daily for fifteen to twenty minutes each time. As a rule, pure boiled water should alone be used, though if desired such soothing and inoffensive fluids may be substituted as infusion of poppy-heads or of elder-flowers. Saline substances, even boric acid, must not be added. An ordinary throat-spray producer is sufficient. The propinquity depends on the nature of the case. In irritable kinds spray from a distance. In the intervals between spraying a powder should be put on. This may be either of talc or starch. The former suits surfaces best, the latter folds. In drying the part previous to powdering, mop but do not rub. Some eczemas will not endure powdering; we must then have recourse to a fatty application. The grease par excellence is pure fresh lard. To this may sometimes be added the neutral subnitrate of bismuth, in proportion of one-thirtieth to begin with. If the antiphlogistic treatment as above described suits, continue it. If not, while going on with the spraying, in the intervals employ a paste thus compounded:—Powdered tale, oxide of zinc, and sweet almond oil, equal parts. Or tar may be tried. The most appropriate is washed coal-tar, used pure. In cold weather, if too thick, melt in a water-bath. If there is still oozing, a preliminary painting with a watery solution of nitrate of silver, one in thirty, is advantageous. To remove the tar use vaseline or oil of sweet almonds. In the third or scaly stage tar may be added to the zinc paste.

TREATMENT OF FROST-BITE BY THE BIOKINETIC METHOD OF JACQUET.

Courcoux (Presse médicale, 21st January 1915) says that the moist and persistent cold to which troops long stationed in trenches without
movement are exposed is the cause of many cases of frost-bite of the lower extremities. The greater part has been only frost-bite of the first or second degree. The treatment demanded recalled to his mind a plan advocated by Jacquet, and this has proved more than encouraging. The principle consists in “active movement of the limbs involved during enforced elevation.” The patient himself executes these movements of his frozen members placed in a position of compulsory elevation, and as energetically as possible. Following these views, his mode of treating frost-bite is thus:—The frozen limbs are first carefully cleansed with warm soapy water, then, after drying, moistened lightly with a mixture of equal parts of glycerine and alcohol, to which is added 5 per cent. of formol. This lotion, renewed night and morning and allowed to dry, has seemed to him to harden and to antisepticise the epidermis, and, by anticipating excoriations, obviates cutaneous infection. The spaces between the toes are specially attended to, and the toes bandaged separately. If there are blisters, these details must be minutely observed. The lower limbs are now raised and the feet placed as high as possible above the level of the bed. It is easy to improvise an arrangement which enables the patient to keep the legs elevated. He must be taught the various gymnastic motions he is to practise, and these must be carried out by himself. The slightest contact, the least attempt at massage, often rouses severe pain, while the movements made by himself are painless. At first the stiffened limbs can only be moved with difficulty. Hence the motions should be simple—to bend and extend the foot, to turn the ankle out and in. But little by little the joints grow supple; the toes can be curved and flexion increases in force and amplitude. This auto-massage should be persevered in for four or five successive minutes, and repeated from eight to ten times daily. The first result is diminution, even cessation, of the painful crises, which vanish in course of a few days. The oedema also rapidly disappears; walking becomes possible and aids progress. This method has proved eminently satisfactory in his hands.

Taffeta-Chiffon as Used for the Curing of Burns and Extensive Wounds of the Skin.

Alglave (Presse médicale, 11th March 1915) remarks that the views which he expresses apply in particular to burns and superficial lesions. They rest on numerous observations made in the Paris hospitals during twelve years, and recently on the wounded in war. He found that whatever was the nature of the agent with which the compresses of gauze applied directly to the surfaces of the wound had been moistened, it constantly happened that when the dressing was renewed the patient complained of pain, more or less acute, while there arose a bleeding, varying in amount, over the surface. The pain experienced leads the sufferer to dread the necessary manipulation. Besides the bleeding,
the compress, by its adhesion, when taken off is apt to detach the young epithelium, more especially at the advancing margins of repair. For these reasons the idea occurred to him in 1901 to place over the wound a layer of taffeta-chiffon. This is prepared by coating a fine muslin with linseed oil. It is, in fact, an oiled cotton fabric in place of an oiled silk. When this is used as described, not only is the pain abrogated, but no bleeding arises when the dressing is changed. One finds a variable quantity of a sanious puriform fluid investing the surface. When this is bathed off fine granulations are visible, while at the edges a white line of epidermis daily advances, marking the progress of healing. The process is thus carried out:—Taking a burn or other traumatism, this is bathed freely with warm boiled water, to which 10 per cent. of oxygenated water may be added should there be fetor. The neighbourhood can be cleansed with alcohol or ether. When in order, the wound is covered with a piece of taffeta-chiffon, previously sterilised in hot water. The piece should slightly overlap the area. Above the taffeta are put some pieces of absorbent gauze and a layer of absorbent cotton-wool, both carefully sterilised. The dressing ought to be renewed daily, and the wound exposed to the air for ten minutes between cleansing and applying the dressing. This activates the granulation. This method has been found to give quite surprising results in burns and in other lesions of continuity, even if of some depth.

**Hypertrichosis in the Insane.**

Ewart (Lancer, 29th May 1915) notes that anyone with an observant eye, who happens to pass through the wards of an asylum, cannot help being struck with the number of female patients showing an excessive overgrowth of hair on the face—a number much larger than can be seen in any haphazard collection of women selected from the everyday world. The overgrowth is not a mere pencilling of down, but consists of well-defined hirsute appendages, while the development of those affected is a robust one. Of ten marked instances in the Claybury Asylum at present, the type of insanity is a depressional one. He suggests that the secretions of the suprarenal glands may be important factors in causation. Going over the various glands, as regards the ovaries and testicles, the initiation of their functional activity is characterised by increased growth of hair, but to the cessation of their function the augmented hairiness in women cannot be wholly ascribed. When there is a diminution of secretion of the thyroid gland, the hair of the scalp becomes scanty and prematurely grey, with falling-off from the eyebrows, axilla, and pubes. Under thyroid medication the hair grows again. The cortex of the suprarenal glands does seem to exert an influence on the growth of hair, for in a few instances hyper trophy has been associated with early sexual development of hair. On the other hand, disappearance of the pubic hair and non-development of
the genital organs have occurred in connection with defective supra-renals. Some forms of cortical overgrowth cause early adolescence and sexual precocity. A case is cited where, apparently from fright, a normal woman of twenty ceased to menstruate. A beard appeared, and she assumed a masculine aspect. Four years later a tumour of the right adrenal was removed, but so far the hirsuties has not lessened.

**Eczema of the Nails.**

In course of a comprehensive article on the nails by Dr. Cunningham of New York (*New York Med. Journ.*, 3rd April 1915) he remarks that "in the treatment of eczema affecting the nails—usually some form of ointment or lotion is employed—none of the applications meet the indication of protection against violence, unless some cumbersome dressing is added. A readier, cleaner, and neater way of rising to the emergency is by the use of a salicylated plaster in strengths suited to the condition of the diseased tissue. Here we have medicament and protection. It can be cut in strips and stretched across the diseased areas, thereby bringing the medicament in constant touch with its object, and guarding against most of the petty traumatism that is such a marked feature in prolonging the mischief. It can be changed, as indicated, every day, every other day, or twice a week. If the salicylic acid is contra-indicated, zinc oxide can be substituted, or any of the drugs ordinarily employed can be incorporated in the plaster. Candidly, it is my opinion that the mechanical protection is of more importance than the medicinal agent, if the latter is not irritating. If irritating, it assumes an importance of an objectionable kind, and should be immediately dispensed with."

**Epidemic Alopecia in Small Areas.**

Bowen (*Journ. Cut. Dis.*, May 1915) discusses this question. Among girls in various charitable institutions there have been recorded at intervals epidemics of local baldness, affecting a large proportion of the inmates at once. In most instances the bald areas were small, and more irregular and angular than we commonly see in alopecia areata. In many cases the whole scalp was studded with these small, irregular, and angular areas. But though this description applies to the epidemic as a whole, there were also cases in which larger patches, precisely like those of ordinary alopecia areata, were present in addition. Repeated histological and bacteriological examination of the hairs proved negative, as were all attempts at cultures. Various methods of treatment were tried, without conclusive results. At the end of two months the areas began to fill in, and at the termination of six months only a very few of the girls showed any sign of the trouble. An inquiry instituted many years after elicited that there had been no recurrence of the epidemic. In one instance the hair was thicker and longer than is
usual. In one epidemic described by Dreuw a permanent atrophy was noticed in 10 per cent., and these he classes with the alopecia atrophicans of Brocq.

**Lead Poisoning and Neuritis from Cosmetics.**

Smith, St. Louis (Journ. Amer. Med. Assoc., 8th May 1915), observes that it has been long known that lead salts in face powder could cause poisoning. Though this appears to be recognised, the relative infrequency with which it is diagnosed leads one to assume that it must be often overlooked. Cases occur where there is gastro-intestinal disturbance of obscure origin, which subside without any treatment whatever; likewise jaundice, with crampy abdominal pain, where the "gall-stone attack" ceased in an unaccountably short time and no gall-stones were passed. Is it not possible, therefore, that this condition is not so rare as it may seem, but owes its infrequency to failure in diagnosis? He records two cases where flake white (lead carbonate) had been used for ten years, in which a "blue line" was found on the gums, with atrophy and cramp of muscles combined with distinct evidence of lead poisoning, and which recovered from those symptoms when the cosmetic was abandoned. Robinson of Kansas (ibid., 6th March 1915) relates two similar instances. One was in a seamstress, aged 22, who presented symptoms of lead intoxication, with a combination of scapulo-humeral and wrist-drop type of neuritis. She had for years applied flake white to the face with a wet sponge. The other was a widow of 24, who had generalised pain, paralysis, and muscular atrophy. She had employed flake white as a cosmetic from her childhood. Recovery in both cases occurred when the lead was discontinued and remedies used to facilitate its extrusion from the body:

W. A. J.

**New Books.**

*Diabetes Mellitus.* By Nellis B Foster, M.D. Pp. 243. Philadelphia and London: J. B. Lippincott Co. 1915.

Upon none of the problems of medicine has more energy in research been displayed than in the attempt to discover the underlying causes of diabetes mellitus; and in consequence a very large and complicated literature has accumulated upon this subject. Much of the experimental work performed has been contradictory, and indeed requires a special training in physiological chemistry for its interpretation; as a result, the study of the disease is one in which the practitioner is liable to find himself left far behind.

The book at present offered to the profession by Dr. Foster goes a long way to simplify this study, by bringing the most important experimental and chemical researches within the scope of a single