

NOTES ON TREATMENT OF ECZEMA.*

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The first step towards the successful management of a case of eczema is to make a thorough examination of the patient with the object of determining the etiology and the course of the disease as well as the character of the lesions, with their distribution and evolution. The causes of the disease are both local and constitutional, and should be diligently sought for; otherwise the treatment must be more or less empirical. I may here mention a few generalizations which aid in determining the origin of the disease. As a rule symmetrical lesions are the result of irritants circulating in the blood and affecting the skin directly, or indirectly by their action on the central nervous system. On the other hand, asymmetry points to local origin. Lesions which increase in size by peripheral extensions are generally of parasitic origin, whereas rapidly appearing, widely distributed lesions are usually due to irritation—the result of some systemic disturbance.

Bacteria no doubt take an important part in the etiology of many cases of eczema, but in the majority of cases the causes of eczema are both multiple and multiform; and constitutional disturbances, such as a toxæmia, some affections of the nervous system, etc., assist the micro-organisms in irritating the skin. When bacteria are the principal cause of eczema, the primary changes are generally most marked in the epidermis, and the symptoms of inflammation—burning, itching, redness and swelling—are not well marked.

The course of eczema may be acute or chronic but frequently both conditions co-exist, as in many cases of chronic eczema where new acute lesions from time to time appear and old standing lesions become inflamed and then take on most of the characters of the acute disease. Again in many cases of eczema, the course is very irregular—at one time better, while at another time worse. The name, sub-acute eczema, is applied to this form. It is principally acute as regards appearance and symptoms, but chronic as regards time. Hence, in a skin disease such as eczema, the terms acute and chronic would be better applied to describe the character of the lesions rather than the length of time the disease has existed.

The treatment of acute eczema varies considerably with the form of the lesions and with the locality attacked, but there is one principle which forms the basis of treatment of all types of the

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