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THE ETIOLOGY AND TREATMENT
OF ECZEMA.*

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When your secretary honored me by the request to read a paper before this Association, I thought I would be able to present one of some little originality, at least from a clinical standpoint. Owing, however, to a variety of engagements, I could not find time to prepare such a paper, and concluded instead to give a plain talk on the etiology and treatment of eczema. Many of you will, no doubt, be quite familiar with the methods of treatment which will be given; but it may be of service to us all thus to review our knowledge of this very practical subject.

Eczema is a catarrhal inflammation of the skin, which, like other inflammatory processes, is due to some form of irritation. This irritation may be either of internal or external character, and it may be here stated that the internal are usually the predisposing and the external the exciting causes of the disease. An abnormal condition of the digestive and assimilative functions is one of the most frequent causes. Dyspepsia and constipation are often found in eczematous cases. In these conditions toxic products are, in all probability, reabsorbed and

produce a poisoned state of the blood. Mal-assimilation is also a frequent condition. Products not sufficiently oxidized circulate in the blood, probably as uric and oxalic acid, which, with other less known bodies, act as irritants in the causation of eczema. Faulty excretion, by the retention of toxic agents, acts in the same way. From these considerations it will not be surprising to find eczema present in cases of glycosuria and albuminuria. Some years ago I had under observation a case of almost universal eczema in a child which demonstrated the connection which often exists between this disease and the formation of uric acid. The child was strong and healthy until two years and a half old, when symptoms of indigestion appeared; these were soon followed by a rash upon the skin, accompanied by severe itching; then the kidneys exhibited signs of irritation, as shown by pains in the back and frequent desire to micturate. The child remained in a wretched condition for many months. The irritation of the skin was extreme; in fact, an almost universal eczema. Symptoms of dyspepsia were present. The urine was at times albuminous, and always contained an excess of uric acid. It was noticed on several occasions that when an exacerbation of the skin affection occurred, the irritability of the bladder increased and an immense amount of uric acid was discharged. Crystals in large quantities would form as soon as the urine cooled. Another curious fact was also noticed, viz., when soothing applications succeeded in lessening the irritation the quantity

* A paper read before the Huron Medical Association, Oct., 1891.