from the standpoint of metabolism and a possible putrefactive process in the intestinal tract.

It is difficult to explain the relationship between certain forms of eczema and disturbance of carbohydrate metabolism. The general hypersensitiveness of the skin to external irritants is not increased, as has been shown by Usher<sup>6</sup> in our clinic. Possibly, as a result of the changed metabolic activity of these individuals, abnormal metabolic products or toxic substances are formed in the tissues or intestinal tract, and these in turn act as irritants. This is a possible explanation, for which, however, no proof is forthcoming. Many persons exhibit this disturbance of carbohydrate metabolism without developing eczema (there must be an eczematous disposition), and further it must be always remembered that the occurrence of eczema in these persons may be due to a definite external irritant.

The association of eczema with disturbances of the thyroid gland is also to be noted here. Occasionally one meets the association of eczema with clinical or metabolic evidences of hypothyroidism, and the exhibition of thyroid substance results in a prompt cure of the condition.

Influences such as worry, overwork, etc., may be important factors in the production of eczema, particularly in those who in their occupation are under a constant high nervous tension. No other cause, metabolic or otherwise, is to be found in these individuals, and complete change in their surroundings is necessary to effect a cure.

May I, in summing up, quote a short paragraph from a text-book of dermatology by Erasmus Wilson, written in 1854.

"Eczema is apt to occur symptomatically, as a consequence of some constitutional disturbance or as an effect of the application of local irritants to the surface of the skin. Of the former kind are the changes that take place in the system under hygienic influences, as during the spring and summer seasons of the year, particularly when accompanied by atmospheric vicissitudes, affections of the digestion system, as dentition, the irritation produced by unsound milk in infants at the breast, and stimulating and improper food and drinks in persons of all ages. . . . . and affections of the nervous system, as mental emotions, particularly of the depressing kind. The local causes of the disease are heat and cold, together with friction and irritation of the skin produced by whatever cause. Thus occasionally we find eczema resulting from the sun's rays, a variety which has by Willan been denominated eczema solare. It not infrequently attends the inflammation produced on the skin by the irritation of a blister, or by the application of the compound sulphur ointment or a Burgundy pitch plaster."

These observations, which were founded on clinical observations and clinical investigation, are still to-day essentially sound. We have progressed in our more exact knowledge of eczema in recent years. Ringworm, yeast, and coccal infections of the skin giving rise to eczema-like reactions, have been differentiated and taken out of the field of eczema. There is no one cause for eczema. The common factor in all eczematous individuals is an underlying hypersensitivity on the part of the skin, and, granted this disposition, a legion of internal or external irritants may be exciting agents. The specific reaction of the skin to external irritants, the factor of alimentary toxins, and the significance of the diet as it pertains to carbohydrate and protein metabolism, represent, I believe, the more important aspects in the investigation of the eczematous individual.

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Medicine is not wholly materialistic: it would discharge its functions sadly if it had nothing in view but a healthy body. Let us have that by all means if we may, but if we cannot let us bear in mind that comfort and cheerfulness do many people good besides the sick man. When prevention and cure have failed, there is much left to do which is worth doing.—*The Lancet*.