

Original Communications.

THE TREATMENT OF ECZEMA.

By R. H. MEADE, F.R.C.S., Senior Surgeon to the Bradford Infirmary.

AFTER perusing the learned paper on the Nature, the Varieties, and the Treatment of Eczema, by Mr. Erasmus Wilson, which was read at Cambridge, and published in the BRITISH MEDICAL JOURNAL of November 19th, I felt that the last division of the subject was much less satisfactorily treated of than the earlier ones; for, while the description of the nature and varieties of the disease was very graphic, the directions regarding the treatment of this common and troublesome affection were too general and indecisive.

In the treatment of this as of most other complaints, it is doubtless necessary, as Mr. Wilson says, to look to the constitution of our patient, and endeavour to correct any disordered function that may be present, or remove any predisposing causes; but is this sufficient to cure a case of eczema? May we not often succeed in strengthening or otherwise improving the general health, and yet find the disease as troublesome as ever? Are there no remedies which may be looked upon in some measure as specifics? I believe there are; but the only one recommended in this light by Mr. E. Wilson is arsenic; and though the efficacy of this tonic is undoubtedly great in many forms of cutaneous disease (the true scaly affections, for instance), I have little or no faith in its curative powers in cases of eczema, and have almost always found it disappoint my expectations.

Though eczema (as Mr. E. Wilson truly says) occurs in various forms and degrees, arises apparently from various causes, is met with in very different constitutions, and breaks out at all ages, yet I have mostly found it yield to the same remedies; and the most efficacious ones in my experience are bichloride of mercury and antimony. I quite agree with Mr. E. Wilson, that eczema is generally a disease of debility; but though it mostly arises in weak states of constitution, it is in its own essence inflammatory; and therefore, while the strength is supported by generous diet, an alterative remedy, like bichloride of mercury, which is so generally efficacious in chronic inflammatory complaints, may be advantageously given, and even combined with tonics.

With regard to antimony, it is less generally applicable in eczema than corrosive sublimate, but it will sometimes be found very useful; and in some obstinate cases, I have seen these two remedies exceedingly efficacious in combination. The form of the disease in which antimony administered singly seems more particularly applicable, is that in which it is acute in its character, and occurs in persons of a full inflammatory habit, who are also, perhaps, subject to gout or rheumatism. Tartar emetic given here, in combination with aperient salines and magnesia, will often cure the complaint very quickly.

We frequently see very annoying cases of eczema in oldish people, in whom the skin round the anus and about the scrotum or labia is affected. I have found the combination of bichloride of mercury and tartar emetic in the same mixture particularly useful in these cases, and sometimes cure them in a week or two, when they had resisted other treatment for two or three years. The dose of bichloride which

I generally find sufficient is one-sixteenth of a grain, given three times a day, with one-eighth of a grain of antimony; in some demulcent mixture, as decoction of sarsaparilla or dulcamara.

Eczema very frequently occurs in infants, breaking out soon after birth, and becoming aggravated as teething commences. Most of these cases have, I believe, an hereditary origin—one or the other parent having a disposition to the complaint. These young subjects are mostly weak, and require strengthening treatment. Unless they are suckled by a strong mother or wet-nurse, they should have good beef-tea or broth given them, in addition to the milk; and have little or no farinaceous food. These are cases which will be especially benefited by corrosive sublimate. It must be given in very small doses, and continued a long time; it may be taken with occasional intermissions for months together, with advantage. A sixtieth of a grain, or even less, in a very young child, taken twice a day, with a little fluid extract of sarsaparilla and glycerine (which is a very good demulcent), will mostly check the complaint. Should the bowels be at all irritated by the mercury, a little opium may be combined with it.

In recommending bichloride of mercury so strongly as a remedy for eczema, I do not wish it to be inferred that I am bringing forward anything new; for I believe that this medicine has been long and largely used in this complaint, by the medical officers of the London Hospital for the Diseases of the Skin; and, knowing this, I was the more surprised that it was not even mentioned by Mr. Wilson in his paper. Having long used it in my own practice, I am anxious to bear testimony to its efficacy; and can recommend those of my medical brethren who are not yet acquainted with its virtues in the treatment of eczema, to give it a fair trial, both in combination with antimony and without it.

In the few remarks which I have made upon the treatment of eczema, I have made no allusion to external applications. I now mention them, for the purpose of saying that I by no means underrate their importance; but, as I am not professing to write a paper on the general treatment of this complaint, but only wishing to call attention to one or two particular remedies, I think it unnecessary to enter fully into the subject.

NOTES ON HERNIA.

By JOHN THOMPSON, M.D., F.R.C.S., Bideford.

HERNIA in the adult, everywhere a very common ailment, is, I think, more than usually frequent in this neighbourhood. I draw this conclusion from a comparison of the out-patients attending at a London hospital, and a similar number of patients of the same class, coming under my observation here. The difference in the occupation of the two will, I think, account for the variation. In town, a large amount of labour is in character sedentary, but here the principal occupations require active exertion of the lower extremities and abdominal muscles.

The oblique inguinal is the most frequent in occurrence; the femoral, beyond all comparison, the most liable to strangulation, and, when strangulated, the most difficult to reduce.

Of fourteen cases of strangulated hernia occurring in private practice under my treatment or observation, which required operation, thirteen were femoral, and but one inguinal (this was in a male); eight of the femoral were in females, five in males. In one of the male cases the sac contained omentum only; in all the rest in both sexes, intestine. Taking into consideration that femoral hernia is so frequent in