ART. XI.—*On Eruptive Diseases of the Face*. By J. MOORE NELIGAN, M.D., M.R.I.A., Physician to Jervis-street Hospital, Lecturer on the Practice of Medicine in the Dublin School of Medicine, &c.

IN the sixth volume of the present series of this Journal I brought before the profession some facts, as regarded the diagnosis and treatment of eruptive diseases of the scalp, which had been derived from my own experience of these affections; and, in continuation of the subject of cutaneous eruptions, as they affect special localities of the body, I propose at present to speak of those which more especially appear on the face. In eruptions of the scalp, as I then remarked, the diagnosis between the various forms is difficult, chiefly in consequence of its peculiar structure, and of the growth of the hair; and the latter in particular prevents their treatment from being as simple and successful as when they appear on other parts of the body. On the face we have not the same difficulties to contend with, not even in males, where the site of the beard is the part affected; and the only peculiarity that is here presented arises from this portion of the cuticular surface being constantly exposed to the air, and being, of necessity, subjected to constant ablutions. The hands are the only other parts of the body which partake of these conditions,—of the latter in a greater degree even than the face; and we consequently find that eruptive diseases appearing on them, present, in some respects, a similarity of character.

Cutaneous eruptions appear on the scalp most generally in early life, being rare after puberty, while they usually occur on the face about the age of puberty, or in adult life. The latter are consequently a greater source of annoyance to the patient than the former, to say nothing of their disfiguring effect, so apparent to the eye of all. In most persons the mental anxiety which they occasion renders their treatment more difficult than it would probably otherwise be; and in some individuals of a ner-

vous temperament I have seen their occurrence lay the foundation of serious and prolonged ill health. Their investigation cannot therefore be regarded as beneath the notice of the physician, nor undeserving of careful clinical observation; yet until within the last few years the specialties presented by diseases of the skin, as due to the particular portion of the cutaneous surface on which they appear, had been scarcely noticed, and even now do not seem to me to attract a merited attention.

I shall follow in this essay the plan which I adopted in the paper I have already alluded to, namely, confine my observations to those eruptions peculiar to the face, or appearing on it without being at the same time present on other parts of the body; deviating from this arrangement only so far as regards diseases which affect the scalp and the face simultaneously, or spread from the one to the other apparently owing to contiguity of surface. I shall not, moreover, refer to those eruptions which are the consequence of venereal diseases, and have been termed by modern dermatologists, syphilides; because, as their development is dependent on a specific cause, they require a *special* plan of treatment, which could not be well described apart from a general consideration of venereal affections.

The predisposing causes of eruptions of the face are equally obscure with those of cutaneous diseases generally; yet there are certain habits of body in which they are especially apt to be developed, and foremost of these I would place the *scrofulous*. In an essay which I published in this Journal* on Scaly Diseases of the Skin, I have attempted to prove the connexion which exists between their occurrence and this diathesis, and I think general experience will bear me out in stating that eruptions on the face are most commonly met with in scrofulous individuals. Hereditary predisposition also is manifestly a very constant predisposing cause. And to these, I think, may be added two peculiar conditions of the skin which are very

* New Series, vol. viii. p. 348.

opposite to each other, the one, in which the cuticular surface is peculiarly fine, apparently thin and transparent, fair, and abounding in clear blue veins, and the other, in which it is coarse, sallow, greasy, and shining, with thickly-set sebaceous glands. It must be remarked, however, that both are regarded as accompaniments of the scrofulous constitution.

Amongst the exciting causes may be enumerated constant exposure of the face to the heat of the fire, especially after meals, or to dry harsh winds: the former usually produces some of the forms of pustular or tubercular eruptions, the latter papular or vesicular diseases; the use of rich articles of food or of spirituous liquors; habits of anger or sudden excitement; anxiety of mind; constipation; local irritants; and, in short, everything which causes determination of blood to the face.

I cannot adopt the same classification of eruptions of the face which I did of those that occur on the scalp, namely, into inflammatory and non-inflammatory; for, in my experience, all the forms which appear there present a more or less inflammatory character in some part of their course. I shall, therefore, following the classification, and, to a great extent, the nomenclature of Willan, simply enumerate their generic names. The terms proposed by our great English dermatologist indicate, as I have already remarked on a previous occasion, with sufficient accuracy, the distinctive characters of these diseases; and by their adoption we insure simplicity in nomenclature, and avoid the confusion which arises from proposing new names. The following are the eruptions of the face which I mean to describe as peculiar,—in the view I have said I would use that term,—to that part of the cutaneous surface, namely, acne, impetigo, lichen, herpes, eczema, psoriasis, sycosis, porrigo, and lupus.

ACNE.—This, by far the most frequent of the cutaneous diseases of the face, is a pustular eruption, though classed by Willan and Bateman amongst the tubercles. By some of the French and German writers it is termed *Varus*, the name that was applied to

it by the Greek and Latin physicians. No matter what form it may present, it is essentially an inflammatory affection of the sebaceous follicles, and, consequently, appears most frequently on the parts of the face where these glands are most numerous, as on the nose and chin. It may occur in the form of single or scattered pustules, without any redness of the surrounding cuticular surface, though the base of each pustule is usually more or less hardened. Or it may appear in clusters thickly set on the inflamed skin, which is of a rose-red or crimson colour. And, when the disease becomes chronic, the sub-cutaneous areolar tissue is also inflamed, lymph is effused into it, and the eruption assumes a decidedly tubercular character. Three distinct varieties of acne are thus constituted: acne simplex, acne rosacea, and acne indurata.

The first of these varieties is very common, few young persons at the age of puberty being altogether free from its occasional occurrence, individuals with the coarse greasy skin, described above, being, however, particularly liable to it. In such persons the sebaceous follicles are peculiarly developed, secreting copiously the thick curd-like matter which naturally exists in them; individual follicles, apparently obstructed at the orifice, become distended, and present a black point at their apex (*acne punctata*); they then take on an inflammatory action, and are converted into pustules, which usually run a chronic course. It cannot be said that the appearance of this form of eruption on the face depends on any special cause, except that of constitutional predisposition; nor is it attended with any ill effects, beyond the annoying, though temporary, disfigurement which it occasions. I do not think moreover, that it is apt to assume a chronic character, the pustules gradually ceasing to be formed soon after puberty. Persons, however, who, when young, suffer from acne simplex, are more liable than others to be affected with either of the other varieties of the disease.

Acne simplex can scarcely be confounded with any other

eruption of the face. Pustules of ecthyma sometimes, though rarely, appear on this part of the cuticular surface, but they are readily diagnosed by their large size and phlyzacious* character, and are invariably present at the same time on other parts of the body.

When pustules of acne simplex form on the face, the sooner they are opened, and the curdy matter they contain pressed out of them, the more rapidly they disappear. In persons predisposed to them, I have found the best preventive treatment to consist in the use of carbonate of soda instead of soap to wash the face, and in the application of a spirituous lotion, consisting of two drachms of oil of lemon and half a drachm of oil of rosemary in a pint of rectified spirit, immediately after the face is washed. Should the eruption accompany a constipated state of the bowels, as it sometimes does, the use of mild saline cathartics, more especially in the form of the natural mineral waters, as those of Pullna,—which I have found especially useful,—will be requisite.

Acne rosacea is generally a disease of more advanced life than the form now described, and, unlike it, is very apt to assume a chronic character, not unfrequently terminating in the third variety. It is also more inflammatory in its nature. It generally commences as a cluster of minute pustules, hard and but little elevated, on a reddened patch of the skin. These pustules or pimples enlarge gradually, but are slow to maturate, and their base becomes harder, often very painful, and much inflamed. When they eventually burst, or are opened, they discharge a small quantity of a curdy pus, but the hardness of the surface still continues, and the red or crimson patch often remains on the face for months, or sometimes for years, spreading gradually over the nose, cheeks, and chin, and constantly giving origin to fresh crops of similar pustules. The disease

* **PHLYZACIUM.** “A large pustule raised on a hard circular base, of a vivid red colour. It is succeeded by a thick, hard, dark-coloured scab.”—Willan.

is thus usually of an aggravated character, and, from its unsightly appearance, causes great mental annoyance. It is also very rebellious to treatment, and, even when apparently completely cured, exceedingly apt to return.

This form of acne is frequently connected with the state of the uterine function in the female, in many cases appearing for the first time, in those predisposed to it, at the turn of life; it also occasionally, but much more rarely, attacks the face of young girls about the period of first menstruation; and when it does so, they are very liable to constant returns of it on the least exciting cause, particularly any of those I have already adverted to. It is also a constant accompaniment of a deranged condition of the digestive organs, especially when attended with constipation; and in many persons is evidently caused by indulgence in the pleasures of the table, particularly a too free use of rich wines or of spirituous liquors. Prolonged or extreme mental excitement is also a frequent exciting cause of acne rosacea.

Where this eruption appears to be dependent on, or to be connected with any of these causes, the first step in treatment should, of course, be directed to them; but the use of local applications should not be, in the mean time, overlooked. When it is seen in its early stages, or when there is much inflammatory action present, the application of leeches behind the ears two or three times a week, at bed-time, will be found of much service, together with the daily use of Pullna or some other saline cathartic mineral water, taken an hour or two before breakfast. The dose of Pullna water, which I ordinarily prescribe, is from one to two wine-glassfuls mixed with an equal quantity of tepid water. For persons who are unable to purchase mineral waters, I order the compound saline powder, prepared as I have recommended in my work on Medicines*. Having by these means subdued the inflammatory condition

* Third edition, p. 107.

where it exists, I then commence the use of iodide of potassium in the decoction of elm-bark, adding, in some very obstinate cases, an eighth of a grain of iodine to each dose of the iodide. Of the numerous local applications which I have tried in the treatment of this form of acne, I have found none so useful as the ammonio-chloride of mercury (white precipitate) in the form of ointment, in the proportion of twelve grains to the ounce of spermaceti cerate, to which three minims of the oil of bitter almonds are added. This ointment is applied at night, and washed off in the morning with an alkaline wash, —half a drachm of the carbonate of soda to eight ounces of water. In cases in which the skin of the face is harsh and dry, and inclined to crack or bleed, I order from two fluid drachms to half a fluid ounce of glycerine to be added to this wash. Carbonate of soda should also be used, instead of soap, to wash the face. For men who are compelled to shave, a sufficient lather is easily raised, by first smearing a very little olive or almond oil on the face, and applying the shaving-brush, dipped in a saturated solution of carbonate of soda in soft water, over it. The diet should be carefully attended to, simplicity being strictly enforced, and all the exciting causes, especially the use of spirituous liquors, and exposure of the face to the heat of the fire or to harsh winds, carefully avoided. The following case illustrates these views.

February 6, 1850. Mr. —, aged 43, came up to town from the North of Ireland, to consult me for an eruption on his face. It first appeared about two years since, at the side of his nose, in the form of small pimples, which were very hard and painful, and after some time broke, but without giving exit to much matter, and left a crimson stain on the skin. From that time the crimson colour has been gradually extending over his face, and now occupies the nose, both cheeks, the chin, and the forehead, disfiguring him very much. The surface is raised and thickened, and pustules are constantly forming on it; it is also attended with constant itching, especially

when he is heated from any cause, and is so painful, that he dreads the operation of shaving. He states that since he was fifteen years of age, he has always been liable to the occasional appearance of what he terms "little boils" on the face; but he ascribes the origin of the present attack to prolonged anxiety of mind, at a time of the year when the weather was very harsh, and when he was compelled to be constantly in the open air. He has always lived temperately, both as regards eating and drinking, and he has never suffered from dyspepsia in any form, nor from constipation. I ordered him to take every night, at bed-time, two ounces of a mixture consisting of twelve grains of the iodide of potassium dissolved in twelve fluid ounces of decoction of fresh elm-bark, and to smear the face thickly before lying down in bed with the following ointment: white precipitate ointment*, two drachms; simple cerate, six drachms; oil of bitter almonds, three minims. The ointment was to be washed off in the morning with a lotion containing half a drachm of carbonate of soda in eight fluid ounces of elder-flower water. He was also ordered to use soda instead of soap for washing his face, even when shaving; and to avoid exposure to harsh winds, or to the heat of the fire, as much as possible. On June 26, 1850, this gentleman, happening to be in town, called on me, to let me see the amendment that had taken place in his face; it was at that time almost perfectly free from the redness, and there were but one or two pustules of acne visible on the forehead and chin. I directed him still to persist in the treatment I had laid down for him; and in January of this year he wrote to me, stating that he considered himself to be quite recovered.

Acne indurata, though in nearly every instance apparently an aggravated form of acne rosacea, in some cases presents an *indurated* and *tuberculated* character from its first

* This ointment has been omitted from the new edition of the Dublin Pharmacopœia; it was of the same strength as that of London and Edinburgh, containing a drachm of the white precipitate to an ounce and a half of lard.

appearance. In the latter case it is usually confined to the nose and one cheek, while in the former it may extend to the whole face. It is characterized by the eruption being much elevated over the surface of the skin, which is of a dark rose-red hue, and consisting of conoidal pustules about the size of a pea, extremely hard and tuberculated, and presenting minute points of suppuration at the apex. These pustules are not very painful to the touch; they do not scab over, but whenever they mature and burst they leave a cicatrix or pit resembling that of small-pox. It is of a very obstinate character, and in some cases seems to defy all remedial measures. The following case exhibits the character of this eruption, and the remedies which I have found to be most successful in its treatment.

Michael Linehan, aged 20, a baker by trade, was admitted into Jervis-street Hospital, May 23, 1850. He suffers from an eruption on the left side of his nose and left cheek, which has been there for more than eight months, and which he believes was originally produced by the irritation of the fine particles of flour getting up into his nostrils, and compelling him constantly to pick and rub them. There are three tubercles on the ala of the the nose, and two on the cheek, each about the size of a large pea, of a deep red colour, with minute pustular points; they are extremely hard, coalesce at the base, are not very painful to the touch, and do not cause much annoyance from itching, unless when the face is heated. The skin of the entire nose and of the left cheek is of a red-rose colour, thickened, with stellated superficial veins all over it, and several spots of acne simplex. It is also pitted with the bluish cicatrices of old pustules. The sebaceous glands on the rest of the face are enlarged, and most of them present black points. His bowels have been latterly much constipated, and when they are so he has remarked that the face is always worse. He has used various local applications to the eruption, and also taken a great deal of medicine, but the disease has continued to progress steadily, though slowly.

The appearance of the face at first sight, together with the patient's youth, rendered the eruption in his case liable to be mistaken for lupus; but the absence of any tendency to ulceration, the history of the progress of the disease, and its still decidedly pustular character, served to diagnose it from that affection.

He was treated by the abstraction of four ounces of blood, by cupping, from the nape of the neck, once a week; by the daily use of saline cathartics; by the application, twice a day, of an ointment containing fifteen grains of the iodide of sulphur, gradually increased to half a drachm, to the ounce of lard, and the employment, before each application of the ointment, of an alkaline wash,—half a drachm of carbonate of soda to sixteen fluid ounces of distilled water. He was also kept confined to the wards of the hospital. On the 8th of August he was sufficiently well to leave the hospital, but there were some hardness, swelling, and redness still left, which did not, however, seem to have increased in three months afterwards, when he presented himself at the dispensary, although he had used no remedial measures in the interval.

IMPETIGO—In my essay on diseases of the scalp, to which I have already referred, I described the characters of this eruption; it rarely appears on the face unless when it spreads there from the scalp, which it very generally does in children and young persons.

In its early stages it is of a highly inflammatory character, and is much aggravated should stimulant or astringent applications be used to it. Local bleeding, by leeches behind the ears, the daily administration of mild saline cathartics, and the employment of alkaline ointments (half a drachm of the bicarbonate of soda and a fluid drachm of glycerine to the ounce of spermaceti cerate), and weak alkaline washes (half a drachm of the carbonate of soda and half a fluid ounce of glycerine to

the pint of elder-flower water), constitute the plan of treatment I have found most beneficial, while it retains its inflammatory character. In the chronic stages, I have derived most benefit from minute doses of the iodide of mercury internally, and from the local application of the sulphate of iron, in the form of ointment, in the proportion of from two to five grains of the dried sulphate to the ounce of cerate, employing, at the same time, the alkaline wash above described. In children of a sanguine temperament I have found this ointment too stimulating, even in the most chronic stages of the disease; and with them I have derived most benefit from the use of the acetate of zinc lotion, twelve grains of the salt and two drachms of glycerine to eight ounces of distilled water. This treatment I have also used latterly, with excellent effect, in chronic impetigo of the scalp.

LICHEN.—Of the many forms of this eruption described by dermatologists, all are occasionally met with on the face; but that which is most generally developed there is lichen agrius. It is a *papular* eruption, and appears usually on the forehead, commencing as a mass of minute papules, clustered together on a red patch of skin. They are usually very numerous, shining and acuminate; they do not enlarge in size, but, being attended with much inflammation, lymph is effused at their base into the subcutaneous areolar tissue, and the portion of the skin on which they are situated becomes, consequently, swollen and hard. As the disease advances, the papules ulcerate at their apex, and give exit to a sanious ichor, which concretes into thin, friable, yellowish scabs; the skin becomes more and more inflamed, *thicker*, dry, and rugose, and pustules of acne or impetigo appear mixed with the papules of lichen, or on the surrounding skin. The first appearance of lichen agrius is often preceded by a sharp feverish attack, which ceases as soon as the eruption appears; but the affected part is throughout attended

with heat, intolerable itching, and occasionally severe tingling pain, all of which are much aggravated by any excitement of the circulation, even by the warmth of bed.

Lichen agrius occurs, in my experience, much more frequently in males than in females. The most usual causes by which it is excited are local irritants applied to the face. I have in some cases seen it produced by the pressure on the forehead of a tight hat, by harsh dry winds, and by solar heat or that arising from a very hot fire: the latter is a not unfrequent cause of the eruption in some trades, such as blacksmiths, furnace men, &c. Its diagnosis is generally very easy; being the only *papular* eruption peculiar to the face, it is not liable to be confounded with any of the other eruptions which appear there, but an obscurity sometimes arises from the development of pustules of acne or impetigo. A careful examination, however, with a pocket lens, will always show the primitive character of the papules; and the peculiar change in the skin on which they exist, as I have above described it, will aid the diagnosis.

The early stages of this eruption require the repeated application of leeches as near the seat of the disease as possible, the use of active purgatives, and the tepid fresh-water bath every second or third day. I have found the following ointment very successful in its commencement:—Acetate of zinc, two grains; cold cream^a, an ounce; chloroform, four minims: the alkaline soda wash being used at the same time. When the disease becomes chronic, the application of leeches, and the use of occasional saline purgatives, are still of service, but

^a Cold cream not being officinal, medical men are sometimes puzzled how to designate it in their prescriptions; many, I know, use the barbarous Latin, *Cremor frigidus*. The term employed by the older pharmacologists for this preparation was *Ceratum Galeni*, and this is a convenient appellation if it were generally understood by compounders, but that it is not, I have had experience, for in more than one instance in which I prescribed it, *gall* ointment was dispensed.

the employment of iodine internally is now required. I generally prescribe it with the decoction of elm-bark, in the form I have mentioned when describing the treatment of acne; but in persons of a weakly habit of body, or in the debilitated, I have derived much benefit from the iodide of iron, given in the form of syrup or of pills. I have found iodide of sulphur the best local application in this stage of the disease, the form which I ordinarily prescribe, being twenty grains of the iodide to an ounce of white wax ointment, to which six minims of chloroform are added.

J. B., aged 46, a blacksmith, consulted me in March, 1849, for an eruption on his forehead. The entire skin of this part of the face was of a dark red colour, thickened, elevated, rugose, harsh, and covered with minute papulæ thickly set: small pustules being also scattered over the surface. In parts it was covered with yellowish scabs, which readily fell off, and permitted the escape of a thin sanious fluid. He stated that the eruption first appeared more than two years before, and he ascribed its origin to his being compelled frequently, when heated much from the fire, to go out into the open air; he thought also that he had taken cold at the same time from this cause, as he was obliged to remain in bed for two or three days just previously to the appearance of the eruption, in consequence of a feverish attack attended with sickness of stomach. Ever since its first appearance it had caused him great suffering from the heat and pain which exist in the part; and the itching has been at times so intolerable, that he has torn it repeatedly with his nails until it bled. He said that he had used various local applications, but they seemed only to aggravate the disease. I ordered six leeches to be applied at the margins of the affected surface, and the following ointment to be smeared over the eruption three times a day, the parts having been sponged well with the alkaline soda wash, without the glycerine, previously to each application:—iodide of sulphur, twenty grains; white wax ointment, an ounce;

chloroform, six minims. He was also directed to take two grains of the iodide of potassium three times a day, in a wine-glassful of decoction of elm-bark. This plan of treatment was continued for somewhat more than two months, when, as he was much improved, the dose of the iodide was gradually decreased, and in another month all the remedies were discontinued, there being nothing but a slight stain of the skin left, which has since worn away completely, and he is at present quite free from any mark of the disease.

HERPES.—Two varieties of this eruption appear on the face, herpes circinnatus and herpes labialis. The former, popularly known as the *ringworm*, is essentially a disease of youth, rarely appearing after the age of puberty. It is characterized by an eruption of minute vesicles on a slightly inflamed base, which appear in a circular form, with round patches of healthy skin in the centre. Its first appearance is sometimes attended with a slight feverish attack, accompanied by heat and tingling of the part of the skin about to be affected. The vesicles usually break about the third or fourth day, and dry up into a small scab or scale, which bears much resemblance to an exfoliation of the cuticle. In some instances the disease thus terminates in ten days or a fortnight; but in others it assumes a chronic character, spreading by the circumference, fresh vesicles springing up at the outer edge, while the exfoliation still continues from the part first affected, but the central patch of sound skin is rarely engaged. I have not unfrequently seen instances in which ringworm had thus lasted for many months, a single circle often covering the entire of one cheek: two or three other patches having also formed on other parts of the face. This form of herpes agrees, I think, in its essential characters, with the variety I have described in a previous essay in this Journal^a, under the name of *Herpes capitis*, any difference

^a New Series, vol. vi. p. 33.

that exists between them being dependent on the peculiarities caused in the latter from its situation on the hairy scalp. I have seen numerous instances to convince me of its contagious nature, although this opinion is, I know, different from that of many of our best dermatologists. Some of these instances I have already published in this Journal^a.

The treatment of herpes circinnatus in its milder forms is very simple, a saline purgative being in general the only medicine that is required; should the local inflammation, however, be high, the application of the compound lead-wash, warmed, will be found of use. When it assumes the chronic character, the constitutional treatment I have laid down in my essay on eruptions of the scalp for the disease when it appears there, will be required. The local application from which I have derived most benefit is the *brown* citrine ointment^b, diluted with from three to four parts of white wax ointment, the alkaline wash with glycerine being employed at the same time. Whether the disease be acute or chronic, the face should be exposed to the air as little as possible, and specially guarded from the heat of the sun or of the fire.

Herpes labialis is an eruption of short duration, which appears at the angles of the mouth or on the lips; it is usually a concomitant of ordinary colds, appearing on their decline. By most writers it is described as being more or less connected with derangement of the stomach or digestive organs, but I must confess that I have never been able to see this connexion. It generally runs its course in four or five days, but, when irritated by picking or by the motion of the lips, it may last for double that time. If a strong spirituous lotion—and I have found nothing answer so well as Eau de Cologne—be constantly applied to the part on which it is about to appear, before the vesicles are developed, the further progress of the eruption may in most instances be prevented.

^a New Series, vol. viii. p. 164.

^b See my work on Medicines, p. 400.

ECZEMA.—There are two forms of this eruption described as affecting the face, namely, *eczema rubrum* and *eczema chronicum*, both of them exceedingly obstinate in their nature, and attended with great suffering and annoyance to the patient. They are liable to appear at any time of life, from the earliest infancy to the most advanced old age; the former, however, is more often met with in young persons, and the latter in the middle periods of life, and in the old. As *eczema chronicum*, nevertheless, is in all cases, so far as my experience enables me to judge, but an advanced stage of *eczema simplex* or of *eczema rubrum*,—on the face always of the latter,—I shall describe both together.

The outbreak of the eruption is preceded in young persons by a sharp attack of fever, attended with burning heat and soreness of the part about to be affected, which lasts for two or three days: in adults these symptoms are very trifling. Numerous minute vesicles then appear, closely crowded together, on a highly inflamed patch of the cuticular surface, characterized by acute burning pain and intense itching. These vesicles do not mature, but burst usually on the day or day but one after their first appearance, giving exit to an abundant irritating serous fluid, which dries into soft thin scales. In some few instances the disease does not proceed beyond this stage, the cuticle of the part affected gradually exfoliates, and recovery takes place; but more generally the inflammation of the surface goes on increasing, fresh crops of vesicles continuously appear, the discharge becomes more copious, and of a more acrid character, exciting irritation of those portions of the neighbouring healthy skin over which it may flow, and the itching and painful tingling are most intense, scarcely allowing the patient a moment's rest, night or day. The skin which is the seat of the eruption becomes swollen as the disease advances, the cuticle exfoliates with the soft scabs, or is torn off by scratching, and deep bright red cracks appear all over it, from which a sanious, often bloody discharge ex-

udes. The sufferings caused by eczema, when it reaches this stage, can scarcely be described; suffice it to say, that they totally incapacitate adults affected with the disease from following any trade or employment.

Whether eczema rubrum attacks young or old persons, when it assumes a chronic character I regard it as the most intractable of the eruptions which appear on the face. It not unfrequently lasts for years (in one case, regarding which I was lately consulted, it had been of upwards of twenty-five years' duration), and is rarely cured under several months' treatment.

The most usual part of the face on which it appears in infants and young children is the forehead, to which it ordinarily spreads from the scalp, and, unlike most of the other eruptive diseases, is much more obstinate there than on its primary situation. This I believe to depend on the greater delicacy of the skin of the face permitting those cracks and fissures, to which the rebellious nature of the disease seems to me to be chiefly due, to form more easily. In adults, it occurs with greater frequency on the nose and lips, but in many cases spreads also to the forehead and cheeks.

As regards the causation of eczema, I have but few remarks to offer; it may, undoubtedly, be excited by any of those causes which I have enumerated at the commencement of these observations, but I have very rarely been able to trace a distinct connexion between the appearance of the eruption and any of them. I have certainly seen the disease most frequently in persons who have been obliged, in their ordinary occupation, to sit in close rooms, with the head much stooped.

The diagnosis of eczema, in its chronic form, is generally attended with much difficulty. In its early stages the eruption is sufficiently characterized by its vesicular character. Herpes, the only other affection of the skin of the face with which, from being of the same class, it is likely to be confounded, occurs, as I have described when speaking of it, in circular patches,

or affects the mouth and lips alone; while acute eczema is irregularly spread, in the form of distinctly separated vesicles on a highly inflamed base, and is not confined to any special locality. When eczema becomes chronic, however, it is often very difficult to diagnose it from lichen: the chief points of difference are the papular, and therefore *raised* character of the latter, the attendant serous discharge being evidently caused by the local irritation to which its presence gives rise, and the absence of those *red cracks* in the skin which so invariably accompany eczema. Some importance must be attached to the diagnosis between the two affections, especially as regards the opinion to be given as to the probable duration of the disease, eczema being much more intractable than lichen.

In young persons, the early stages of this eruption require to be treated on strictly antiphlogistic principles. I have generally succeeded in preventing the disease from becoming chronic by following out the plan of treatment proposed in my paper on diseases of the scalp, already so frequently referred to; but where the children are of a full habit of body, or the inflammation runs high, the application of leeches to the temples, or behind the ears should not be neglected. When the eruption becomes at all chronic, in addition to the constitutional treatment by the iodide of mercury and hydrargyrum cum cretâ as there proposed, I have derived much benefit from the local employment of an ointment containing tannin and glycerine, in the proportions of ten grains of the former and half a drachm of the latter, to an ounce of white wax ointment, to which four minims of chloroform have been added;—alkaline lotions being at the same time used. In adults, the inflammatory nature of the disease is more apparent than real even from its first appearance, a fact which is sufficiently proved by its occurrence most frequently in persons of a broken-down habit of body, or in those who have been much debilitated from any cause. A more stimulant plan of treatment as regards local applications, and the internal administration of tonic alteratives,

are consequently required with them, from the commencement of the eruption. The iodide of sulphur is the local remedy which I have seen most productive of good, applied in the form of an ointment, containing from ten to twelve grains to the ounce of white wax ointment, to which from eight to fifteen drops of chloroform have been added. I may here mention that I have used chloroform very extensively for the last year and a half in the treatment of skin diseases, and that I have found it of especial service in all eruptions which are attended with much itching, provided they are not accompanied by acute inflammation of the part affected. The internal remedy that I have prescribed with most effect in the treatment of chronic eczema rubrum is the ioduretted iodide of potassium and arsenic, in a form slightly modified from that I first proposed in my *Essay on Scaly Diseases of the Skin in this Journal*^a, as I have mentioned, in the third edition of my work on *Medicines*^b. The alkaline lotion with glycerine, and the substitution of the carbonate of soda for soap, I recommend in all cases.

P. B., aged 32, a law clerk, consulted me on the 21st of January, 1850, for an affection of his nose and lips. Between six and seven years ago, he says, the eruption first appeared on his nose, in the form of small watery pimples, which were attended with much tingling and burning pain; these soon dried up and disappeared, but were in a short time followed by a fresh crop, which were more painful and itching, lasted for a longer time, and discharged a great quantity of a watery fluid. The disease in a short time extended to the lips, and appeared also about a year since on the calves of his legs, and on the backs of his hands and wrists. His sufferings he describes as being most intense from the pain and itching, especially at night when he gets warm in bed, almost completely depriving him of rest, and preventing him from sitting for more than a few moments in a room with a fire in it. Exposure to dry, harsh

winds, and to the heat of the sun, also, equally aggravated the disease. His general bodily health has within the last year been much deteriorated: his chief symptoms being debility and loss of appetite. The disease now extends to the greater part of his face; the lips are much swollen, protruding, fissured with deep chaps from which an acrid serosity constantly exudes, and bleed on the slightest irritation; the nose is covered with thin, friable, yellowish-brown scabs, between which are bright red cracks, that give exit to a discharge of a similar character to that from the lips; and the forehead, especially between the eyebrows, presents the same appearance. The disease is also present in a most aggravated form on his wrists, the backs of his hands, and the calves of his legs.

He was ordered at first to take a fresh-water tepid bath twice a week, and to live most abstemiously, as regarded both eating and drinking; his diet to consist chiefly of milk and farinaceous food, with a small quantity of the plainest fresh meat. The only local application ordered was a weak carbonate of soda wash, twenty grains to the pint of rain-water; and a tonic antacid mixture, containing quassia, cascarilla, and Brandish's alkaline solution, was prescribed for him. He was also directed to expose the face as little as possible, and to substitute soda for soap when washing. This plan of treatment was continued until the beginning of April, with excellent effect as regarded his general health, but with scarcely any perceptible influence on the eruption. He was at this time ordered an ointment containing twenty grains of the iodide of lead, an ounce of cerate, and four minims of oil of bitter almonds; and to take two grains of iodide of potassium three times a day, in two ounces of decoction of fresh elm-bark. The baths were still continued, and the same directions as to diet enforced. These remedies were persisted in until the 31st of August, at which time the eruption on the face was but little, if at all improved, and it was decidedly worse on the extremities. I now prescribed for him a mixture containing eighty

minims of arsenical solution, sixteen grains of iodide of potassium, and four grains of iodine, in two fluid ounces of syrup, of which he was to take a tea-spoonful three times a day in two ounces of decoction of elm-bark; and the following ointment: iodide of sulphur, twelve grains, simple cerate, an ounce, and oil of bitter almonds, four minims. On the 24th of September he was much improved, but he thought the ointment smarted him. The iodide of sulphur was therefore reduced to ten grains; white wax ointment substituted for the cerate; and fifteen minims of chloroform for the oil of bitter almonds. From this time he improved rapidly, the itching and pain were almost at once subdued, and in the beginning of December the face was quite well; up to the middle of last March he continued free from any annoyance, and there was scarcely a stain of the disease apparent; but towards the end of that month there was a slight return of the eruption, after exposure to the harsh winds which then prevailed. This very frequently occurs with most eruptions of the face in the spring or autumn after they have been cured, but such relapses are invariably very amenable to treatment.

Our patients should, in all cases, be warned of their liability to the recurrence of eruptive diseases, no matter on what part of the cutaneous surface they may have been present, and of the necessity, under such circumstances, of an *immediate* recourse to remedial measures. Such liability is also an indication to the practitioner that the constitutional treatment should be continued for some time after the disappearance of the affection.

The other eruptions of the face which I have enumerated in the commencement of this paper, I shall describe in a future number of this Journal.