

**On the local treatment of chronic eczema and impetigo / by John Hughes Bennett, M.D.**

**Contributors**

Bennett, John Hughes, 1812-1875.  
University of Glasgow. Library

**Publication/Creation**

Edinburgh : Sutherland and Knox, [1849]

**Persistent URL**

<https://wellcomecollection.org/works/dj5hrq7n>

**Provider**

University of Glasgow

**License and attribution**

This material has been provided by This material has been provided by The University of Glasgow Library. The original may be consulted at The University of Glasgow Library. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>







C. R. W. (2)

# ON THE LOCAL TREATMENT

OF

## CHRONIC ECZEMA AND IMPETIGO.

BY

JOHN HUGHES BENNETT, M.D., F.R.S.E.,

PROFESSOR OF THE INSTITUTES OF MEDICINE, AND ONE OF THE CLINICAL PROFESSORS, IN  
THE UNIVERSITY OF EDINBURGH.

[FROM THE MONTHLY JOURNAL OF MEDICAL SCIENCE, AUGUST 1849.]

ECZEMA essentially consists of diffuse crops of minute vesicles, and Impetigo of groups of small pustules, which breaking, and their contents concreting on the surface, form a crust or scab. In the first disease this scab is thin and laminated; in the second, it is rough, knotty, and prominent; and in eczema impetiginodes we observe the prominent crusts of the one, united with the laminated and often furfuraceous surface of the other. These characters, although they are easily distinguished in acute cases, become gradually more and more obscure in such as are chronic, until at length the skin assumes an unusual degree of induration, covered with a crust more or less thick, portions of which occasionally separating exhibit a uniform dark red surface. There is almost always either intense itching, or a feeling of burning or smarting, often very painful—symptoms which continue when the eruptions have lost their original distinctive characters, and merged, as it were, into one another.

The acute form of these diseases will frequently be found connected with general derangements of the economy, without a proper management of which no local treatment will be of much advantage. Of these in young persons a scrofulous taint, and in older ones various forms of dyspepsia, connected with oxaluria, or the lithic acid and phosphatic diatheses, are the most common. I need not dwell upon the importance in all such cases of instituting an appropriate constitutional treatment, which not unfrequently is in itself sufficient to remove the local disease. It is in this manner that sometimes acids, sometimes antacids, and at others cod-liver oil, or nutritive diet, and the mineral tonics, especially arsenic, are so useful.

There are other cases, however, where there is little, if any, constitutional disturbance, and where the disorder originates in, and is maintained by, local irritation, as on the hands and arms of stone-masons, grocers, bakers, cooks, reapers, and so on; and between



cases almost purely local, and others almost purely constitutional, there is an infinite number of gradations, in which the one or the other is more or less predominant.

It may almost invariably be observed, however, that the more chronic the disease becomes, and the more dense the crust or sub-jacent integument, the more it seems to localize itself. The irritation and adherent crust appear to perpetuate and keep up the disorder. This is especially perceptible whenever it attacks parts covered with hair, where the scabs are separated with greater difficulty, from the exudation forming a dense mass with the imbedded hairs; so that chronic eczema and impetigo of the scalp, chin, and pubes, may be regarded, sooner or later, as almost entirely a local affection.

It is in cases of this kind that local applications are essential, and constitute the chief part of the treatment, whereas, in more acute cases, although they may be very useful, they are secondary in importance to internal remedies. The application I have employed for the last nine years has been a solution of ʒij. of the subcarbonate of soda, in a pint and a-half of water. But an alkaline lotion in itself, applied from time to time, as is most commonly done, will not prove of any great service. I have found it necessary to place lint saturated with the solution over the affected parts, and to cover the whole with oil-silk, in order to prevent evaporation. Keeping the surface moist seems to me a necessary part of the treatment. The usual effect is soon to remove all local irritation, and especially the itching or smarting so distressing to the patient; to keep the surface clean and prevent the accumulation of those scabs and crusts, which in themselves often tend to keep up the disease. After a time, even the indurated parts begin to soften, the margins of the eruption lose their fiery red colour, and merge into that of the healthy skin, and finally the whole surface assumes its normal character.

I am quite satisfied that this local treatment is far superior to the stimulating ointments and lotions, which are so frequently used one after the other, in the hope of overcoming these obstinate forms of eruption. Many of them, indeed, only seem to augment the disorder. In these cases there is an increased exudation from the skin, not only of sebaceous but of purulent matters. Alkalies, we know, have the property of dissolving these, and acting as a calmative and emollient to the irritated part. Their constant action on the skin, therefore, in the manner I have described, may easily be imagined to be productive of benefit. But if, as is usually done, alkaline lotions and baths are only employed from time to time, they remove the sebaceous matter, leave the skin dry and harsh, and thus these applications often irritate. Keeping the surface covered with moist lint on the hand, while it serves to protect, removes the results of exudation and prevents incrustation.

I have now treated a great number of persons affected with chronic eczema and impetigo, and have succeeded in curing them in this way, after almost every other kind of local application had been tried in vain. I may cite a few cases as illustrative of these remarks—only premising, that it is a matter of great practical importance



that the diagnosis should be correct, because the chronic forms of lichen, prurigo and pityriasis, which are often mistaken for eczema or impetigo, require a totally different treatment.

*Chronic Eczema of the Cheek.*—Mr B—, a native of Riga, æt. 35, arrived in this country in the summer of 1847, with an eruption of chronic eczema on the left cheek. It presented a firmly adherent elevated yellow crust, about the size of a five shilling piece, a third of which encroached upon the left whisker composed of thick and strong black hair. It had commenced nine months previously in Paris, in a small spot, and in three months had reached its present size. He had sought the advice of several eminent dermatologists in Paris, and had applied numerous kinds of lotions and ointments, besides taking internal remedies, without effect. His general health was good—the tongue slightly furred. The digestive and urinary organs in every respect normal.

He was ordered to take five drops of the liq. arsenic., and tr. cantharid., in a bitter infusion three times a day, and to apply lint saturated in the alkaline solution to the affected part, which was to be kept moist by a covering of oil-silk.

In a fortnight he was in no way better, and I found that, owing to the prominent hair, the lint and oil-silk could not be brought in contact with the surface, and that the former was not kept moist. With some trouble I induced him to sacrifice a semicircular portion of his whisker, so that the surface could be kept moist with the alkaline solution. In a few days there was a marked improvement—the dry crust separated, exposing a bright red indurated surface—and the smarting and itching he formerly experienced entirely disappeared. Satisfied of the benefit which had been produced, he now cheerfully prosecuted the treatment. When he went out, and during the night, he fastened the lint, covered by the oil-skin, down by a broad piece of black ribbon, passing from the vertex of the head, in front of the ears, and tied under the chin. When engaged at home he simply kept the lint continually moist with the lotion. In three weeks the eruption was only half its former size, and in another four weeks it had entirely disappeared. The whisker has been again allowed to grow, and the skin is in every respect healthy.

That the local treatment was here the cause of cure, I feel persuaded; for, although the arsenical drops were continued throughout the treatment, the marked effect which followed the local applications, left little doubt in the patient's mind, as well as in my own, of their great benefit.

*Chronic Impetigo of the Chin.*—A clergyman, ætat. 38, otherwise in good health, consulted me, in the autumn of 1848, on account of an eruption which covered his chin. He had been affected with it upwards of three years, and had employed a variety of greasy applications, numerous lotions, and even submitted to the whole being cauterized on more than one occasion. When I first saw him the chin was covered over with an irregular crust, of a greenish-yellow colour, round the margins of which numerous impetiginous pustules, in all stages of development, existed here and there in groups. Independent of the pain and uneasiness, he was under the necessity, on account of the deformity occasioned, of keeping the lower part of the face constantly covered, and of late years had felt himself unable to perform his ministerial duties. I commenced the treatment of this case by, 1st, removing the crusts by means of successive poultices; 2d, causing the hair to be cut short with sharp scissors, and forbidding the use of the razor; and, lastly, after a week had elapsed in cleansing the surface, ordering it to be kept moist with the alkaline lotion. For this purpose a sort of cup was made of black silk, lined with oil silk, which fitted closely to the diseased surface, and was kept on by means of attached strings tied firmly behind. In this manner the surface was made constantly moist by the lotion, and he was enabled to take exercise readily. In a couple of days all smarting and irritation ceased; the beard was kept short by the scissors, and no other treatment was employed for two months, at the expiration of which time he was perfectly well.



In this case the treatment was altogether local, and of its good effects there could be no question.

*Chronic Eczema and Impetigo of the Scalp.*—I pursue the same practice, only in this case the head may be shaved from time to time, while the surface can easily be kept moist by means of an oil-skin cap, with a flap more or less long to cover the neck behind, should it be affected.

These diseases are so common that it is unnecessary for me to cite instances of their cure. I need only mention that the Crusta Lactea in infants, as a general rule, ought not to be treated locally at all; and that, in young children of scrofulous habit, good diet, exercise, and cod-liver oil constitute the essential part of the treatment, although continued moisture with the alkaline lotion will, in proper cases, prove a valuable auxiliary.

*Chronic Eczema of the Pubes and Abdomen.*—In the winter of 1844 I treated an old gentleman for chronic eczema of the pubes, extending over the abdomen as high as the umbilicus. He was 60 years of age, and had laboured under the disease for upwards of eight years. The affected surface was of a dark red colour, covered with thin laminated crusts, which separated in triangular or square-shaped scales, some of which were an inch in diameter. He stated that the itching and smarting which he occasionally felt were often unbearable, and obliged him to leave any society he happened to be among, and to wash the parts with cold water, from which he always experienced temporary relief. He had taken arsenic and a variety of internal remedies, and tried all kinds of ointments, washes, and baths. He thought that a weak solution of the sulphate of copper did him more service than anything else. His general health was good, although the urine was strongly loaded with phosphates.

In this case the alkaline wash could not be kept constantly applied to the parts affected, on account of their position. I therefore advised him to procure a hip bath, and use it for one or two hours twice a day, with the alkali dissolved in the water. He had previously tried alkaline baths, and always with temporary benefit, and, therefore, willingly had recourse to them again. They produced such good effects that he was in the habit of sitting in a bath, so arrayed that the fluid just covered the genitals, hips, and abdominal surface affected, for several hours consecutively. The phosphatic deposits in the urine were also removed by acid tonics. In two months the eruption was greatly diminished, both in extent and intensity, when he went to Harrogate, the water of which spring he drank for six weeks, but still continuing the alkaline baths. A short time afterwards he was entirely cured.

In this case, I think, there can be little doubt that the *continuous* bath was the chief agent in the cure. It is unnecessary for me to multiply cases, which would be merely repetitions of what has been stated, and which only vary on account of the mechanical expedients adopted to keep the affected parts moist, and an appropriate constitutional treatment, the importance of which I by no means undervalue.<sup>1</sup> Neither do I wish it to be understood that this is the *only* local application which can be useful in these cases, but that I have found it more extensively applicable, and more uniformly serviceable, than any other.

<sup>1</sup> In the Clinical Wards of the Royal Infirmary, when I am on duty, there will generally be found one or more cases of chronic eczema and impetigo undergoing this treatment, and open to inspection. At the present time (July 1849) there may be seen a case of eczema rubrum of the leg, of five years' standing, undergoing the process of cure from the treatment described.











