



ECZEMA CHRONICUM VOLAE MANUS

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On account of the frequency with which the hands are exposed to mechanical, thermal, and more especially to chemical irritation, they are extremely common sites for eczema. The list of substances whose action at times is responsible for the production of eczema is exceedingly long and includes almost all the acids, alkalies, salts, dyes, volatile oils, etc., employed in the various trades. Among working women the frequent and prolonged use of water, alone or in combination with strongly alkaline soaps or cleansing powders, is a familiar cause of eczema of the hands. The disease is sometimes associated with some constitutional disorder, such as anemia, gout, diabetes, chronic nephritis, etc., and is then usually exceptionally rebellious to treatment. Eczema of the hands may be part of a general eczema. Not infrequently it arises independently without any assignable cause. Both hands are nearly always involved, though in right handed persons the right hand is often the more severely affected. The lesions usually appear first upon the wrists or fingers and later involve the palms. Owing to the thickness of the epidermis on the volar surface of the hand, the vesicles, when they are present, often persist for a long time with the appearance of little sago grains embedded in the skin. From some of them the fluid may be absorbed and the roofs form scales and desquamate; others rupture spontaneously or as the result of scratching, and leave the skin more or less ragged and worm eaten. The skin of the involved area

becomes reddened, thickened by infiltration, and loses its pliability so that it often cracks, in the natural creases especially, but also away from these, and the fissures that form are usually very painful. The borders of a patch are nearly always ill defined, though occasionally they may be fairly sharp. The itching is sometimes intense. **DIAGNOSIS:** The occurrence of such a lesion on only one hand should arouse suspicion of syphilis. The *palmar syphilid*, however, does not itch as a rule, rarely involves the finger tips, is not associated with eczematous patches on the forearms and dorsal surfaces of the hands, is usually sharply circumscribed and circinate or serpiginous in contour and is often accompanied by a definite history of earlier syphilitic symptoms. **TREATMENT:** This is one of the most obstinate forms of eczema to treat. When the causative factor can be determined its influence of course should be removed. The wearing of rubber gloves, for example, may be necessary to keep the hands out of water. In every case they should be washed as infrequently as possible and always promptly and thoroughly dried. An ointment containing a drachm of oleum cadini or oleum rusci to the ounce of zinc oxid ointment should be freshly applied and well rubbed in several times a day. If the response is slow a ten per cent salicylic acid salve or plaster (*unguentum salicylatum extensum*) may be kept on the thickened skin constantly for several days to soften the dry horny epidermis, and the tar treatment then resumed.