



COPYRIGHT 1910 BY DR. S. I. RAINFORTH, N.Y.

ECZEMA ERYTHEMATOSUM CRURIS

ECZEMA ERYTHEMATOSUM CRURIS

The most common site of erythematous eczema is the face, but it is not infrequently met with in other localities, sometimes associated with other forms of the disease and exceptionally as part of a generalized eczema. It begins usually as one or more diffuse pink or bright red areas of hyperemia, less often as broad sharply margined macules which later coalesce. Gradually or rapidly the lesions spread, the redness deepens, swelling and infiltration develop to a varying degree and the surface desquamates in the form of branny scales or larger flakes. When the exfoliation is very pronounced the condition passes into a secondary type and is eczema squamosum. On the legs, owing to circulatory peculiarities, the red of the lesion is apt to assume a dusky violaceous tinge. Of the eight common characteristics or rules of eczema, namely, (1) redness, (2) itching, (3) infiltration, (4) oozing, (5) crusting or scaling, (6) cracking, (7) formation of patches with (8) ill defined margins, there are two to which eczema erythematosum is not infrequently the exception; the patches are sometimes circumscribed, and often they run their entire course without ever becoming moist. But on the other hand the excoriations which result from rubbing and scratching may provoke a transient localized

oozing, and there is no type of eczema, moist or dry, into which the erythematous form does not at times become converted. The course of the disease is usually chronic, with fluctuations in the intensity. Traces may persist for years, especially in the aged. It is prone to relapse. Itching is usually severe, though occasionally smarting or burning is the more prominent symptom. **DIAGNOSIS:** *Psoriasis* can be distinguished usually without difficulty, by the abundance and luster of its scales and the vascularity of the tissues beneath them, the uniformity of its lesions and their sites of election, its inveteracy, and the absence of intense itching. **TREATMENT:** It is best to begin with mild remedies. The patient may be given two salves, one containing two drachms each of starch and zinc oxid in one half ounce of vaseline, and the other also a drachm of oil of cade. The former is to be used alone at first. After a few days to the amount taken for each application a little of the tar ointment may be added and the quantity gradually increased as long as no irritation is produced. The salve should be well rubbed into the eczematous patch and kept constantly in contact with it. The skin may be cleansed with sweet oil, never with soap and water.