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ECZEMA RUBRUM



## ECZEMA RUBRUM

Eczema rubrum is an important clinical type of the disease which may develop from any of the primary varieties especially the vesicular and pustular. It is a form in which the affected skin becomes almost uniformly red, inflamed and raw looking and more or less infiltrated and edematous. At the same time occurs an exudation of sticky yellowish fluid composed of serum and the detritus of degenerated epithelial cells in suspension or solution. Often the oozing is so profuse that the type of disease is called more appropriately eczema madidans. Again the surface may be barely moist and sticky, or even smooth and glossy, when the evaporation is more rapid than the exudation, in which case also the excretion dries to form a peculiar yellow glaze or gummy, resin-like crusts. This form of eczema occurs on any part of the body but especially in the flexures of the joints and wherever two surfaces are in contact. It is common also upon the legs in elderly people and about the face and scalp in children. It is chronic but varies in intensity from time to time. Itching may be slight or intense, or burning and smarting may be the more prominent subjective symptoms. **DIAGNOSIS:** *Erythema intertrigo* often evolves into true eczema. The differences between them are merely of degree. The

erythema occurs in folds where the skin has become macerated and abraded by heat, moisture and friction. There is no infiltration, however, and rarely any itching; the redness is due entirely to hyperemia and disappears on pressure, and the discharge is composed largely of sweat and is not sticky and does not dry to form gummy crusts or stiffen the underclothes. **TREATMENT:** The free use of a lotion containing in four ounces two drachms each of calamine and zinc oxid and one drachm of boric acid will often quickly check the exudation. The treatment then may be continued with the lotion, though frequently a salve such as the pasta zinci Lassar, N.F., will be found more serviceable. The dressing should be renewed daily and the part cleansed only with sweet oil, not with soap and water. When the acute symptoms have subsided completely and the patch has become quite dry and less fiery red, if there is much induration and the progress toward recovery is not sufficiently rapid, a little tar in the form of oil of cade may be added to the ointment, a few minims to the ounce. This quantity may be increased gradually and cautiously as long as no irritation is produced, but at the first sign of relapse recourse must be had again to the milder remedies.