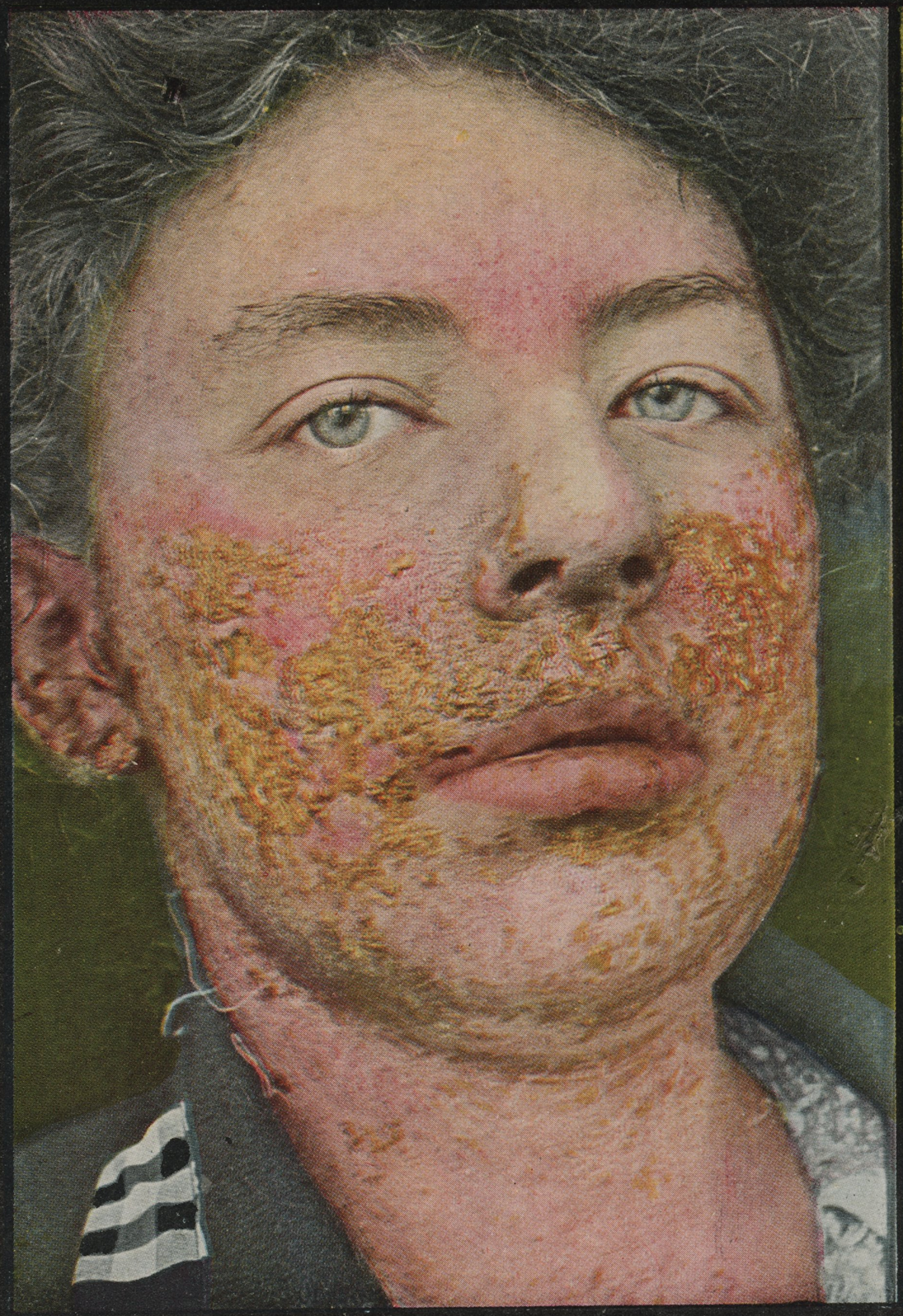

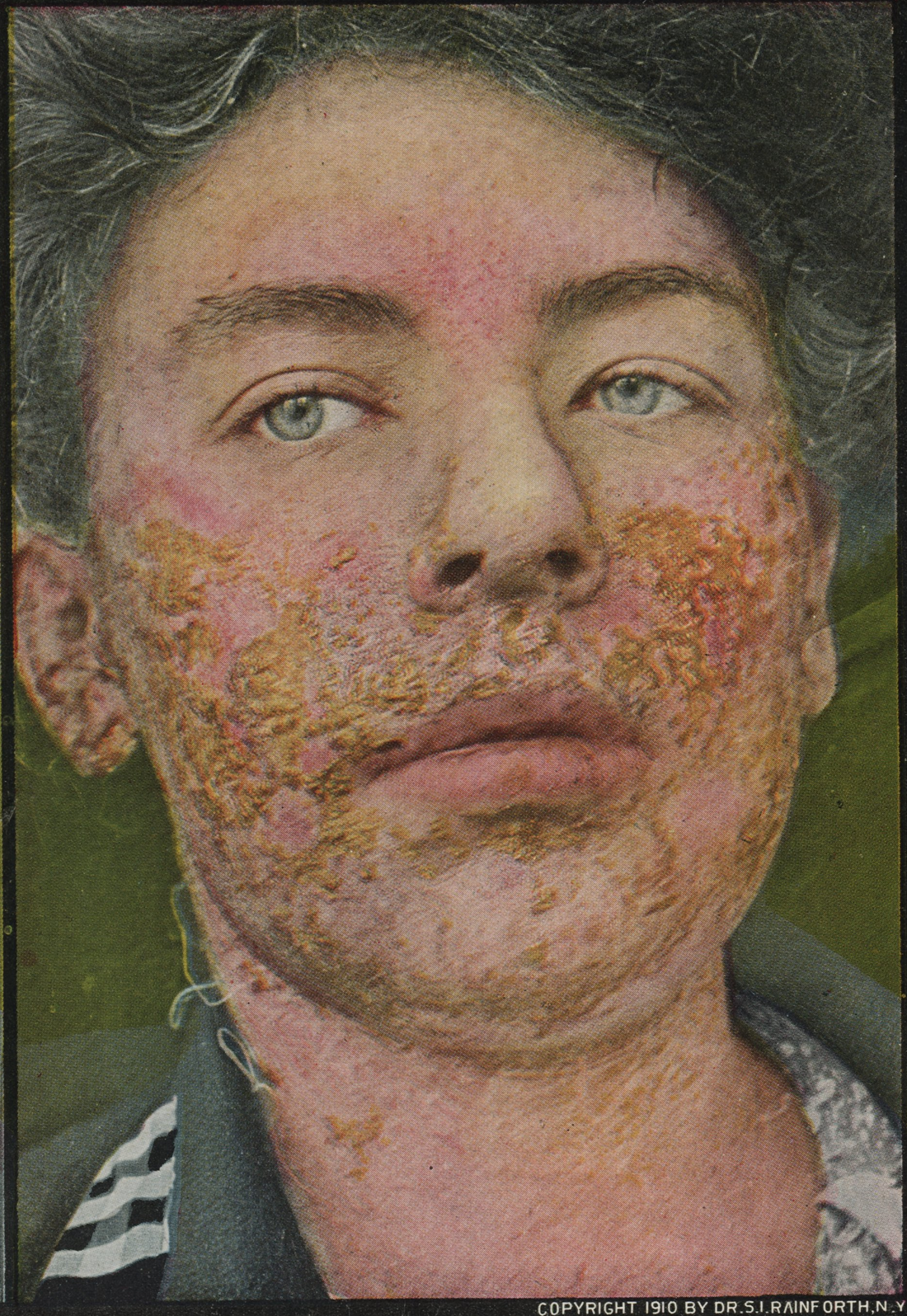

ECZEMA VESICULOSUM

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Eczematous vesicles are not infrequently associated with other lesions of eczema, but usually in small numbers and often in a transitional stage of development, as vesico-papules or vesico-pustules. An eruption composed entirely of vesicles, or in which the vesicles predominate sufficiently to warrant the title eczema vesiculosum, is not uncommon, but is usually so acute in its onset and rapid in its evolution that the typical groups of this primary lesion are comparatively rarely seen. They occur upon any part of the skin, but are most frequently encountered upon the face, particularly of infants and young children, also behind the ears and upon the flexor surfaces of the limbs, especially near the joints. Upon a more or less intensely hyperemic base develop rapidly immense numbers of pin-point to pin-head sized, clear vesicles, discrete but closely packed together in groups or forming a continuous sheet of eruption. Their outbreak is preceded by tingling and burning and accompanied by itching, which is usually intense. If the vesicles are not ruptured by rubbing and scratching they soon burst spontaneously, except in those regions in which the epidermis is very thick, as upon the volar surface of the hands. Crops of new vesicles may follow the first. In early cases upon close inspection are to be made out minute superficial losses of tissue at the sites of the ruptured vesicles. From these closely studded points oozes a clear mucilaginous fluid that dries to form a yellow glaze or peculiar light gummy crusts. When the crusts are removed a raw, tumid, weeping surface is exposed. About the diffuse borders of a patch, less often intermingled with the vesicles, a few papules or vesico-papules are often to be found, and the contents of some of the more persistent vesicles may become turbid or purulent. Resolution rarely occurs sufficiently early to prevent palpable infiltration of the skin, though the course of vesicular eczema is not long. This type of the disease, however, may be but the first stage of an exceedingly protracted attack of the malady, in which case it evolves usually into eczema rubrum. As a rule, after several days or weeks the subjective symptoms abate, the discharge ceases, the color fades, scaling takes place and the skin returns gradually to normal, although for some time the new epidermis may retain a red and tender look. **DIAGNOSIS:** *Dermatitis venenata* is usually easily differentiated by the larger size of the vesicles, their slight tendency to rupture, the presence of occasional bullae, the non-sticky character of the exudate, the subjective symptom of burning rather than itching, the history of exposure to contact with rhus plants or the application of irritating substances and the rapid involution upon removal of the cause. When in *impetigo contagiosa* a large area becomes crusted the history of the lesions from which the crusts developed or the presence of a few discrete lesions will serve to differentiate the disease from the crusted stage of eczema vesiculosum. The vesicles and pustules of impetigo are pea to dime size and tend to dry to crusts without rupturing. Itching is slight or absent. Involution is rapid and there is usually evidence of autoinoculation and contagion. **TREATMENT:** The crusts should be gently removed and a lotion, containing 6 per cent each of calamine and zinc oxid and 3 per cent of boric acid, sopped on several times a day. As soon as the most acute stage is passed a paste composed of two parts each of zinc oxid and starch and four parts of vaselin is to be applied. This should be renewed once or twice a day and the old salve removed with sweet oil. The use of soap and water is scrupulously to be avoided.