

about in the following way: The healthy follicle of a previously disposed individual can contain living but inactive staphylococci. These staphylococci, through an external or internal cause, on the part of the individual, become more active and multiply on account of the improvement in their food contained in the follicles. One of the results is the excretion of staphylo-toxin. As soon as the staphylo-toxin passes from the follicles to the deeper parts of the epidermis, it causes the formation of papules and vesicles, by what has been termed by Unna "serotaxis." The papule or vesicle above the follicle contains serum and staphylococci. The papules or vesicles in the immediate neighbourhood of the follicle contain clear serum, and at first are free from staphylococci, and they remain so for some time. After a time the staphylococci in the vesicle at the mouth of the follicle multiply, and then leukocytes pass in. Later on these staphylococci can pass along the lymph spaces in the œdematous epidermis, and into the previously sterile vesicles in the neighbourhood, and secondarily infect them. Then, as a result, leukocytes pass into these vesicles. Whether the vesicles become later pustular or retain their sero-purulent contents depends upon the "plasmin" in the cocci themselves. Ruptured vesicles, weeping eczematous surfaces, and their immediate neighbourhood may become infected by cocci possessing a high degree of plasmin virulence, in which case the eczema becomes a complicated suppurative disease of the skin—impetigo staphylogenes and boil. In case the eczema does not heal, but becomes chronic, other tissue changes are brought about which are not directly due to the staphylococci.

Few controversies have been carried on with such heat as the one raised by Unna's attempt to prove that an eczema is a catarrh of the skin produced by parasites. To those who think that Unna has utterly failed to prove his point, I would cordially recommend the careful study of these numerous and scientifically conducted investigations; with a perfectly unbiassed mind let me ask them to consider how they would answer the following:—(1) Pityriasis or seborrhœa of the scalp, followed by eczema behind the ears and eczema of the whole scalp completely cured by local applications. If this disease was not eczema, what was it? If due to staphylotoxins, the result of a secondary infection of a surface already

rendered vulnerable by pityriasis or seborrhœa, I see no great iniquity in calling it seborrhœic eczema. (2) When bad cases of eczema are recovering under constantly applied antiseptic dressings, boils not uncommonly appear in parts that have been thoroughly dressed, and that often when the cure of the eczema is nearly completed. Is it not likely that the staphylococci got into the follicles and aggravated, if they did not cause the eczema before the dressings were applied. (3) I handled a child suffering from eczema and accidentally touched a weeping portion with my finger tips. Next morning I obtained a pure cultivation of staphylococcus aureus from two little abscesses which had formed under my nails, which had been slightly raised from their nail beds by previous injury. (4) If nothing is to be called eczema which is found in connection with anything like impetigo and discharges—such as produce what I still venture to call eczema about the eyes, nostrils, mouth, anus, etc., we shall soon have very little "eczema" left, and the diagnosis of any case, as eczema will become quite an interesting event in our clinics. (5) Why cannot a pityriasis become an eczema by aggravation or complication upon a vulnerable base? I have often seen this occur. (6) I feel more justified now than ever in teaching, as I have done for several years past, that we are too apt to look upon impetigo and impetiginous eczema as diseases of childhood, whereas the latter condition is common in the adult.

Nursing Appointments for South Africa.

The following nurses have been accepted by the Colonial Office for work in the concentration camps in South Africa: Miss Emily Holden, who was trained at the Royal Infirmary, Preston, and has had experience in infectious nursing at the Flaybrick Hill Hospital, Birkenhead, and since 1898 has been Queen's Nurse at Dundee. Miss Anna Rodney Hunter, also for the last five years Queen's Nurse at Dundee. Miss Bertha Sutcliffe, trained at the Hospital for Women and Children, Leeds, and who has also held the position of nurse at the Samaritan Free Hospital, the General Hospital, Croydon, and the Holborn Union Infirmary, and Miss E. S. Rabarts, trained at the Marylebone Infirmary, and subsequently Sister at the East Dulwich Infirmary, and Night Superintendent at the Brentford Union Infirmary, Isleworth.

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