

ment of our zinc gelatine dressings will be probably best indicated by a brief recital of cases actually treated by them. At the same time, the reader will, if unaccustomed to their use, gradually and surely perceive the condition of skin for which they are particularly suited.

Case I.—*Acute seborrhœic eczema.* A lady had suffered acutely for two years from eczema of scalp, face, neck, and arms. Sometimes the affected skin wept, but generally it was red, raw, scaling, or crusted, as I found it. Her sufferings had been so severe that she had often wished herself dead. She had been confined to the house, and had on several occasions sought the advice of a specialist as well as that of other practitioners. I could not see any special reason why this patient should lie in bed or remain always indoors. If the disease had reached her legs, or even the lower half of the trunk, it would have been a different matter. A lotion was prescribed for the head and face, but for the neck and arms I used zinc gelatine, for the good reason that it was exactly what these parts wanted, viz., a soothing, cooling dressing, and, at the same time, one which neither allowed friction between itself and the skin, or between the ordinary clothing and the skin. For the neck the gelatine was merely painted on and dabbed (while drying) with cotton wool; whereas, on the arms, gauze bandages were applied with gentle pressure with the object of reducing the infiltration of the skin (due to the time which the eczema had lasted) and also for the strengthening and better retention of the gelatine. Before applying the gelatine I was careful to prepare the skin surface for it in a manner which will be described in connection with the next case—a matter of the utmost importance.

Case II.—*Acute eczema, affecting head, trunk, and limbs.* This case was a very severe test for any kind of treatment, and proved instructive. The patient, a lady between thirty and forty years of age, had suffered continuously, and more or less severely, from eczema for fifteen months before I first saw her. She was often confined to bed, and had to take soporifics to procure sleep. I found her so worried by "itching, smarting, and burning," and many of the patches were so inclined to weep and form crusts, and were so tender, that I had no doubt about the suitability of zinc-gelatine as a dressing for most of them. So I went home and soon returned with my glue-pot full of the necessary material. As soon as I produced it from my bag the patient exclaimed, "If that is Unna's gelatine, please don't put it on me; Mr. ——" (one of the ablest of living surgeons) "used it and found it did not suit me. I cannot bear it." My reply was to this effect: "I am sorry and surprised to hear that. If so able a surgeon has failed to cure you, I must undertake your case with a sense of grave responsi-

bility. Nevertheless, as his preparation and mode of application may have been different from mine, and the condition of your skin may have altered, I hope you will let me treat you as I think best." She agreed with me, and I proceeded to cleanse and dry all patches about to be dressed with the gelatine in my own way, i.e., with spirit and powder, taking care always that the powder used contained a permanent, non-irritating, rather insoluble antiseptic. There is one remedy which fulfils this purpose better than any other with which I am acquainted, and I have advocated its use for that reason on several occasions during the last ten years. I mean calomel. The skin, then, was wetted or gently wiped with spirit, and, while the spirit was evaporating, a dust was applied, composed of four parts of starch and one of calomel. Time was then given for the spirit to thoroughly dry up or soak in before the gelatine was painted on, covered in turn in the ordinary way by thin bandages or cotton-wool. We must provide against rancidity of the fatty secretions of the skin as well as chemical changes in the sweat and débris of dead epithelial cells, and I do not see how we can expect this necessary asepsis if we paint our gelatine on a greasy, dirty (i.e., septic) surface. To do so is to forget to apply the greatest teaching of modern surgery. Why we should wait for the evaporation of spirit is a practical point of importance. It is this: If the gelatine comes in contact with the spirit it tends to become hardened and, therefore, stiffened, and does not adhere to the skin, especially at parts subject to much movement. As I anticipated, the lady changed her opinion of "Unna's gelatine" in a few hours, and made a rapid recovery. Five years and more have elapsed without any return of the disease.

Case III.—*Eczema and varicose veins of leg.*—The particular case to which I refer is only one of a large class for which the gelatine dressings have proved specially serviceable. The patient was a stout man of fifty, who had his legs badly affected with eczema and swelling of a painful character, due to the condition of his veins. Years ago I should have insisted upon rest in bed with elevation of the legs as the only plan for such a severe case. The patient's suffering was great, but, nevertheless, he said he must go on with his work. I placed him upon a sofa, raised both legs high in the air, and applied elastic bandages. After an hour the latter were removed, the skin dusted with calomel and starch, and both feet and legs as far up as necessary were dressed with zinc-gelatine and gauze bandages. At first the dressing was changed once a week, but later on only once in three months. The relief experienced was at once great, and eventually complete.

This is a favourable opportunity for again insisting—as I have done for many years past—upon

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