

Medical Matters.

SOME GENERAL PRINCIPLES OF MANAGEMENT OF SKIN DISEASES.



Dr. Alfred Eddowes, M.R.C.P., contributed to a recent issue of the *Medical Magazine* some valuable notes on the management of skin diseases.

VARICOSE VEINS.

While approving of excision of varicose veins in many cases, Dr. Eddowes thinks there is a large number of cases in which such a procedure is not likely to prove successful. He thinks it is not generally known that there is a great tendency for such veins to recover if systematically treated. He is in the habit of treating such conditions in the legs by first sterilising, as far as possible, the skin, and employing elevation, or elastic bandages to reduce temporary swelling, then he coats the skin over with some permanent non-irritating antiseptic such as calomel and starch powder, after which a permanent well-fitting zinc-gelatine bandage is applied, or an elastic stocking is accurately adapted and worn without removal for many weeks. Whenever a change of dressing becomes necessary it is done while the patient is lying down and the limb elevated. By these precautions the veins are never allowed to become redistended even by such slight accidents as a cough. Some patients have kept on such a dressing as long as eighteen months at a time without any inconvenience and with permanent benefit to the circulation of the limb.

RADICAL CURE OF CHRONIC ULCERS OF THE LEG.

It is well known, says Dr. Eddowes, how extremely disappointing the treatment of chronic ulcers is as a rule. They are often no sooner healed after weeks or months of lying in bed than they break down again when the patients resume their ordinary occupations. An examination of the edges and bases of such ulcers under the microscope shows that there is an amount of diseased tissue which makes it practically impossible that new and healthy granulations can form and organise in such a way as properly to support any future new growth of epidermis. He does not believe that scraping and other plans hitherto employed are sufficient. A glance at the dense, rapidly forming, and rapidly necrosing fibrous tissue proves that it forms what may be described as a serum filter necrosing on the outside. This dense layer of fibrous tissue seems only to allow of a stream of serum passing through, while there is no indication of free venous and lymphatic circulation such

as is necessary if the super-lying epidermis is to be properly supplied and nourished; in other words, if a permanent cure is to be effected, scraping of sclerosed tissue is unsatisfactory. Dr. Eddowes' present plan is one that he adopted two years ago and strongly recommends. He completely destroys the hard raised border of the ulcer, together with *the whole of the base of the ulcer* with a low temperature cautery. The burns are always dressed with a compress of bicarbonate of soda for forty-eight hours, and finally healed under boric acid ointment.

The new granulations are never allowed to be wiped or washed. The sound skin round the burn is merely wiped from time to time, while the ointment (first spread upon lint) is gently laid upon the wound and protected by a pad of cotton wadding. It should be laid down as a golden rule "never to touch healthy granulations." By burning away the diseased tissue a better vascular and nerve supply is obtained, and, through the base of the ulcer is the shortest route by which to arrive at healthy vessels and nerves as a starting point. Moreover, laterally, the amount of unhealthy tissue surrounding an ulcer is often too extensive to admit of removal. After the burning and proper dressing sedatives are not required, and often a previously existing severe pain due to an ulcer is at once, and permanently removed by the operation.

IRRITATION FROM LOTIONS.

Dr. Eddowes points out that lotions, mildly antiseptic and soothing, occasionally cause irritation and that the cause, or at least one cause, is not far to seek. It is due to the evaporation and concentration of the lotion, so that a lotion of, say, 2 per cent. carbolic acid may become by evaporation 50 per cent. upon the skin, if there be no discharge or other substance to neutralise its caustic action. When, therefore, lotions intended to evaporate are applied frequently, especially on bandages or lint, they should be well diluted, and water should now and then be allowed to take the place of fresh wetting with lotion.

These are points which nurses will do well to remember.

REST FOR TERMINAL NERVE-FILAMENTS.

In chronic pruriginous patches of eczema Dr. Eddowes has noticed a tendency to employ stimulating methods, such as high frequency currents. His own experience is that complete quiet and protection by means of plasters is often far more successful. He considers it of great importance to look for such general conditions as urticaria in acute recurring eczemas,

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