SOME TRAUMATIC DERMATOSES*

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When I was asked to write a paper, preferably dealing with skins, for the February meeting of the British Homoeopathic Society, I was first of all conscious of a sense of honour conferred upon me, and then a surge of embarrassment arose as to the definite subject matter I should employ, because although I have had a wide experience in the diagnosis and allopathic treatment of skin diseases, my opportunities for homoeopathic treatment have not been sufficient to warrant a paper based thereon before this society, seeing that most of you have doubtless had a much bigger experience in that particular regard than myself. However, I hope that my remarks this afternoon will not be without interest, and perhaps profit, and will be considered suitable for such a society as this.

When one has been attending large dermatological clinics for some time one is struck with the big percentage of cases in which external causes have played either a direct or indirect part in producing the clinical pictures presented. Although such an observation is striking it is not surprising, seeing that the skin is the outermost covering of the human body. And yet it is very often lost sight of when the average practitioner attempts to treat a skin case. And it is just as important for the homoeopathic doctor to realize the possible influence of some external cause as it is for his more orthodox colleague, as no similimum will cure so long as the cause, or one of the causes, is still at work.

I therefore propose to draw your attention to some of the chief external causes of skin diseases as met with in London clinics. And here one must distinguish between a primary-condition set up by external causes and a secondary one superimposed on a systemic skin complaint by self or other wrong medication. Thus one often sees complicating say a case of lichen planus an acute dermatitis, set up by rubbing the skin with some sulphur ointment or other irritant. Or one sees a case that has been scabies still suffering from an extreme irritation, or even a dermatitis, through an over-zealous use of the correct allopathic treatment, viz. sulphur in some form or other, particularly the ointment.

This secondary dermatitis very often effectually masks the primary skin condition, so that a correct diagnosis of the latter is sometimes very difficult, if not impossible, until the super-imposed inflammation has been controlled.

Another not uncommon trauma seen at skin clinics is a more or less complete baldness of the scalp—children and even adults—due to an improper use of x-rays in the treatment of ringworm. This, although a very

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* Read to the British Homoeopathic Society.

distressing sequel, especially in a girl, to a comparatively simple disability, is not so serious as a further result of this treatment seen in the form of telangiectasis, which frequently does not stop there but goes on slowly even to the formation of epithelioma. Think of the tragedy of a child with a simple ringworm developing through treatment a cancer of the scalp. It is true such tragedies are not so common now as they used to be, owing to the very carefully measured doses of x-rays administered in some clinics, but one cannot say that the danger is entirely eliminated, as one never knows when one may meet with a patient whose scalp is particularly sensitive to this form of treatment. So why use it when other perfectly safe and thoroughly efficient, though perhaps more tedious, methods of treatment are available?

I have at present among my out-patients a man suffering from x-ray telangiectasis of the neck with thyroid atrophy from x-ray treatment for goitre. His present state is, to my mind, far more precarious than before treatment. I should be glad of any suggestions as to treatment for such a condition to prevent possible developments.

Another bad effect of x-ray treatment is also sometimes seen when an epithelioma has developed after its vigorous use for lupus vulgaris, which is a serious enough condition in itself without running the risk of having an epithelioma grafted upon it.

The irritants which may set up a primary dermatitis are legion, and it sometimes requires the ingenuity of a Sherlock Holmes to ferret out the culprit. Very often the irritant is met with during the patient's occupation, and thus is set up one of the large group of occupational dermatoses which have received so much attention in latter years, especially since the Workmen's Compensation Act has come into force, as a worker is entitled to claim compensation for such a disability.

Time will not allow me to go into all these traumatic dermatoses, but I shall try and interest you in a few of the more important ones.

Although, as would be expected in occupational dermatoses, the exposed parts of the skin are affected, especially the hands, the inflammation is not always necessarily thus restricted, as when the occupation involves contact with irritant fine dust, vapours, or fluids, the covered skin may become affected, and this may even happen through direct extension or sympathetic inflammation even when the hands are the only part to come into actual contact with the irritant.

The inflammation may take one of various forms, according to the strength of the irritant, the duration of its action and most importantly the resistance of the worker's skin to the particular irritant, which last factor may be influenced by his or her general health or usual skin characteristics, e.g. a particularly dry skin or one which sweats unduly is particularly vulnerable to external irritants.

The simplest form of inflammation is a redness or erythema which may

remain dry, the skin returning to normal either with or without more or less scaling. Or, if the irritation be more severe or prolonged, there may result a so-called weeping eczema which takes longer to subside once the irritating cause has been removed. The dermatitis may again take the form of vesication, pustulation, or even ulceration and gangrene; or cracks and fissures may be produced on the hands after the skin has become thickened and horny.

New growths may also develop, as in chimney-sweeps' and coal-tar workers' scrotal cancer. The nails, too, may suffer, very often becoming discoloured, brittle and sometimes actually fissured or pitted. So one realizes the great variety of clinical pictures which may be painted by external irritants of the skin.

Now as to the principal causes of these conditions. In the out-patient department one often sees women with so-called eczema of the hands and arms which is really a dermatitis set up by the soap, soda, or patent preparation they use in their weekly wash; and so long as they continue to use the offending article it is hopeless to expect a cure from any form of medication.

And while on the subject of soap dermatitis, one fairly frequently sees a baby or young child suffering from an inflammation, of the skin of the face especially, through the zealous use of an antiseptic soap which should only be used for scrubbing floors, much less for the delicate skin of a babe.

Other patients that come to us with a dry cracking of the palms of the hands and skin of the fingers are hair-dressers suffering from a shampoo dermatitis, due to the spirit in the 'dry shampoo' dissolving the natural oil of the skin, thus making it particularly vulnerable to the alkali in the shampoo. These men when told of the origin of their complaint are often very incredulous, as they say they have been using the same preparation for years without dire results until quite recently. That, however, does not disturb us, as there seems to be such a process as gradual sensitization of the skin, whereby it succumbs to the onslaught of certain irritants after it has put up a winning fight for a long time. Or it may be that, unknown to the hairdresser, the ingredients of the shampoo may have been somewhat altered by the manufacturer so that it may be more irritant to the skin than formerly. Another skin complaint affecting barbers sometimes is that produced by the use of hair dyes when attending to their clients, though it is more usual for the latter to suffer in this way.

You may perhaps recall some recent cases in the law courts where women have sued beauty specialists for damages owing to the bad effect of a largely used hair dye on the scalp and face. This dye is well-known in dermatological clinics as a fairly fruitful source of dermatitis of the scalp and face, ranging from a mild redness or erythema to a very severe even desquamating eczema. The same pigment, viz. para-phenylenediamine, as is contained in these black hair dyes is also used for dyeing some cheap furs to make them appear as if of a more expensive kind, especially in imitation

of coney seal. Other dyes are also used to produce other imitations, and these may have similar bad effects on the wearers.

Ever since these cheap furs have been on the market one constantly sees at clinics women suffering from a dermatitis of the face, especially the sides and chin, neck and upper chest and back, which one has been able to trace to the wearing of these cheap furs.

Here again the clinical picture is not always the same. Sometimes it is a mere erythema, at other times a papular and more or less scaly condition, and occasionally one sees the skin actually weeping for the insult which has been done to it.

With regard to this 'fur dermatitis,' however, there is a good deal of evidence pointing to the fact that the inflammation is due primarily not so much to the actual dye itself, but to some of the chemicals used in the process of dyeing and not subsequently completely washed out, owing to the hurried manufacture to enable the article to be sold so cheaply.

And as the various processes through which the skin has to pass from butcher to wearer involves the use of chemicals differing according to the particular fur imitated, the difference in the clinical pictures presented may thus be partly accounted for.

And here it might be useful to mention a tip in deciding whether a fur is of natural colour or dyed. By blowing on the fur, one is able to see the colour of the skin at the roots of the hair. If this skin be the same colour as the hair, the article is dyed; otherwise it would appear much lighter. It is not only the wearers of these furs whose skin suffers from contact, but the workers during any of the processes from pickling the pelt to turning out the finished article for wear may suffer from a dermatitis, which however has not the distribution it takes in the wearer, but the hands, arms and face are most often and principally affected.

Dye works employees are often the victims of a dermatitis, as the manufacture of the dyes as well as their application to materials involves the use of acids, alkalis, potassium bichromate, &c., all of which are known to have a caustic action on the skin. Or the inflammation may be set up by the solution commonly used to wash the dye off the hands after the day's work. This consists of soda ash and hyperchloride of lime, both of which are rather corrosive. Bisulphite of soda in weak solution applied first to the hands and arms is a good prophylactic against dermatitis thus set up.

From dyers it is not a far cry to painters and polishers, who also are liable to a dermatitis or eczema, the former chiefly from the turpentine in the paints, and the latter, if they be silver polishers, from the rouge employed in their work—this consisting of a red oxide of iron with a percentage of mercury—or french polishers from the pyridine or mineral naphtha used to denature the spirit used. Turpentine has a special action on the skin, drying it and making it crack, and affects chiefly the backs of the hands and

forearms. It does not as a rule attack the palms, where there are no sebaceous glands.

Carpenters are liable to a dermatitis from working with some woods, e.g., teak and satinwood, the latter especially setting up a condition very similar to the well-known inflammation caused by the poison ivy or Rhus toxicodendron. There are, too, other plants which may produce an inflammation of the skin in people liable to come to our London clinics, e.g. the vanilla pod used in making vanilla essence for confectionery purposes. These may set up not merely an irritating erythema, but papules and vesicles may develop and last for some considerable time, and here even a rhus-like condition may be produced.

It is sometimes regarded in this connection that it is not the vanilla pod itself which causes the dermatitis, but the oil of cashew nut called cardol which is often used to colour and preserve the vanilla pods.

Other plants that may be responsible for skin lesions are rue, hops, spurge, laurels, primulas; even the common ivy may set up a condition very like herpes zoster.

Speaking of confectionery a moment ago reminds us that even the apparently innocuous occupations of baker and grocer may not be without their pitfalls. For instance, it is not at all uncommon for us to see a man employed in kneading the dough in the bakery suffering from a severe inflammation of the hands and forearms which may be very persistent in spite of rest from his occupation. This condition seems to depend very largely on the kind of salt that is mixed in with the flour to make the dough, and is not due to the flour itself. Who would think that the handling of sugar could be at all harmful? And yet we do see cases which must be attributed to this agent.

Lastly, I must mention a very resistant dry eczema often seen pretty generalized in the cases of builders and housebreakers, this being caused by the cement they handle, and we must not forget the dry cracked condition of the skin often set up on the hands of nurses and doctors from the constant use of antiseptics, especially mercury perchloride and biniodide. I think that perhaps by now I have sufficiently suggested to you the multifarious causes of some of the skin cases one may see at a London clinic, and should like for a few moments to examine what lesson these have for us particularly as homoeopathic physicians, whose work is based on the law *similia similibus curentur.*

Although in the great majority of these cases, especially when they represent first acute attacks, all that is needed to effect a cure is to remove the patient from the contaminating irritant until the natural healing properties of the skin have been able to manifest themselves, yet by being able to select the similimum one ought to be able to hasten the process. And in those obstinate chronic cases which last at the ordinary clinics for months, or even years, we should be able to demonstrate the value of Homoeopathy.

It, however, may not be an easy matter to select the similimum, as so many of these cases give us very little beyond the actual skin condition on which to base a prescription. But if we know the actual irritant that has caused the condition or the group of chemicals, one or more of which must be the culprit, our task will be made easier and greatly to the patient's advantage.

Unfortunately, I am not able to give you any interesting clinical details as to the value of homoeopathic treatment in these conditions, because I do not see these cases in my private practice, and we get very few of them at the hospital, and what cases do come are too scattered through the various clinics to be of any value.

I cannot help thinking that if we had a skin department at our Hospital, it would greatly benefit it, especially as we are hoping to make it more of a teaching centre than hitherto, seeing that such a school would be incomplete without such a clinic. It would also, I am sure, benefit the cause we are endeavouring to further, as it should prove an excellent channel through which to demonstrate the value of our therapeutic principle to inquirers, and furthermore, it ought to be a boon to the unfortunate victims of skin diseases in general.

If such a department would fulfil all these three conditions, why does not one exist?

The paper was illustrated by the following cases:

Case 1—Naevoid condition of the neck in a man who had undergone about two years' x-ray treatment for exophthalmic goitre. For some considerable time the treatment was weekly, then fortnightly. The man was now suffering from telangiectasis as a result of the treatment.

Case 2—A woman who had been an attendant in a skin clinic, and had become infected with a specifie condition. Her Wassermann reaction was positive. She had a very deep ulcer in the right palm. She had had the condition for about three months, and had been under treatment for about a fortnight. The only other sign of syphilis was an enlarged epitrochlear gland.

DISCUSSION

Dr. W. W. Rorke: By the courtesy of the author, a copy of Dr. Benjamin's paper has been in my hands for some time now in order to give me plenty of time to pick holes in it. I am glad to acknowledge that courtesy now and to express my appreciation of it, but regret that as a picker of holes I have failed. I have only one criticism to offer and only one addition to suggest. The criticism is of Dr. Benjamin's statement that "no similimum will cure so long as the cause or one of the causes is still at work." I hope for the credit of Homoeopathy that the discussion will provide us with evidence that the similimum is more potent than that statement would indicate, because it is often very difficult to remove the causes of these

dermatoses. We shall all agree, of course, that the similimum will cure more speedily when the cause or causes of the lesion are removed, and that in treating such conditions it is wise to remove the causes. But to do so is often difficult in that section of the community where such complaints are most common. Under the existing conditions of industry, it would seem to be as difficult for the workman to change his work as it has always been for the Ethiopian to change his skin or the leopard his spots. Once a hairdresser, always a hairdresser, it would seem. Once the housekeeper for a poor home, always a drudge, is a still more rigid rule. If one did tell the out-patient with the sore cracked hands that she must stop the weekly wash, one's answer would be a weary sigh and a smile of pity for one's ignorance of economic conditions, and the patient would go elsewhere and fare worse. One *must* try to find the similimum and give it, for the weary weekly wash will go on. Herewith a case in point: When I had been nearly a year at work in the hospital where Dr. Benjamin and I practised Homoeopathy, one of the male nurses came to me with a shy request for "one of your powders, doctor." The skin on the backs of his hands was rough, thickened, deeply and painfully fissured. The trouble had begun during the war when the man had served in the R.A.M.C. It had persisted, better in summer, worse in winter, in spite of regular attendance at Guy's, where he had had many things tried on him and in him, without lasting benefit. Finally, he had been told at Guy's that he must change his occupation, which was the washing of the male patients before their admission to the wards. He applied to be transferred to the wards, but as all the ward billets were filled by men who had had longer service, his application was turned down. He felt rather desperate then, since to resign from the Service meant the loss of a comfortable billet and of the prospect of a fair pension. Having heard something about these powders, his forlorn hope turned to Homoeopathy, as we see it do so often. Good indications for Sepia were elicited, and a single dose was given in November, 1920. A fortnight later his skin was whole and supple, though his days had been spent as usual in scrubbing patients who needed scrubbing, with a soap that *would* cleanse though it took off hair and hide in doing it. In the beginning of the next winter, 1921-1922, there was a threat of relapse, and a single dose of the same remedy in higher potency was given. His hands have remained healthy since, though he is still at the same work. Similar results are secured at out-patients by the same remedy and others. The addition I would suggest is some mention of a condition very interesting to homoeopaths, the so-called 'grocer's' or 'baker's' eczema, a dermatosis that afflicts some people if they handle carbohydrate matter frequently over a long period, especially sugar, flour, or starch. A young man came to this Hospital last winter suffering from this complaint. He had been told at another hospital that he must cease to be a baker, but as he had but recently finished his apprenticeship, and had not yet lost his appetite for the full wage of the journeyman, he also felt despairing, and in

his despair turned to Homoeopathy. His skin was healed in six weeks without his stopping work, the remedy in his case being Graphites. These are only two cases, but the out-patient records can show parallels, and I hope the discussion will add to the evidence of what the similimum can do, by abolishing the patient's susceptibility, even while the cause of the dermatosis persists.

Dr. Neatby thanked Dr. Benjamin for the interesting paper he had brought before the Society, and said he wished to emphasize the suggestion made that the London Homoeopathic Hospital should re-establish a skin clinic. In the year 1885, when Dr. Neatby was first interested in Homoeopathy in London. Dr. Blackley was then the head of the Dermatological Clinic in the Hospital, and the success he had with his cases made Dr. Neatby more interested in Homoeopathy and more decided than ever before to give it as careful a study as possible. Another reason why Dr. Neatby would like to see a skin clinic at the Hospital was that he knew nothing about skin diseases himself, and he wanted someone to whom he could send patients. If it became known that the London Homoeopathic Hospital possessed a skin clinic. Dr. Neatby felt sure there would be a succession of patients and a real increase of interest in Homoeopathy. Dr. Rorke's remarks reinforced the claim for dermatological clinic at the Hospital, and Dr. Neatby hoped that such a clinic would not be long in maturing.

Dr. Goldsbrough added his thanks to those already accorded to Dr. Benjamin, whose paper had been exceedingly interesting. The skin was really the one sphere that could be watched and in which the effect of medicine could be seen. Dr. Goldsbrough supported Dr. Neatby's suggestion that the clinic at the London Homoeopathic Hospital should be re-established. It fell into abeyance because Dr. Blackley left it, and later died. There was no reason now why, as the Hospital staff included an enthusiastic man, it should not be re-established. Dr. Goldsbrough had a case in mind to which he would like to refer, because it had not been suggested in the paper that traumatic skin troubles could be self-induced. Many years ago a girl patient, aged about 18 or 19, consulted him for two or three patches of apparent gangrene at the ends of her fingers. These patches were very intractable to treatment, and curiously enough, a little later on she developed a smaller patch inside one eyelid. For this latter reason, Dr. Goldsbrough sent the patient on to see Dr. Knox Shaw, who said that he knew as much as he thought he could about eyes, but he did not know of this being a disease. It had not occurred to Dr. Goldsbrough that the girl could possibly have induced the condition by pinching the skin and the mucous membrane inside the eyelid. Dr. Shaw said to the patient, "You go home and don't do it again," and it so happened that the trouble soon cleared up when the patient discovered that the cause was known. Dr. Goldsbrough agreed with Dr. Rorke that in certain cases the homoeopathic medicine did do the trick

of recovery without the cause being removed. He had had a great many cases of that in his experience.

Dr. Stonham said that Dr. Benjamin had asked for suggestions for the treatment of his case of x-ray dermatitis, and he would suggest the use of Radium 30.

Dr. McCrae said he wished to thank Dr. Benjamin for his very good paper. While on the subject of bakers, Dr. McCrae said he could mention one who had been suffering from extensive dermatitis on his hands and arms, spreading to his chin, for several months. He had previously found that wearing gloves cured him, but lately they did not seem to be much good. The man was a graphites patient, which drug cured him for about three months, when he came back with the same thing. He was continuing his usual occupation all the time.

Dr. Vincent Green said he would like to echo what Dr. Byres Moir had said about the absence of a skin specialist on the staff of the London Homoeopathic Hospital. Dr. Vincent Green had much appreciated Dr. Benjamin's paper. He had seen within the last three months three cases of traumatic dermatoses. In two of the cases an imitation fur collar was the cause. In one the papular dermatitis had spread down the back and front of the body and also down to the elbows, besides being very bad on the neck and face. In the other case the eruption was round the neck only. In both cases directly the patients ceased to use the fur the rash disappeared. Rhus 6x was given in both cases, but the removal of the cause was probably responsible for the speedy cure. In 1925 Dr. Vincent Green was called in to see a cook and found her to be suffering from what he at first took to be erysipelas of the face, the characteristic erythema and oedema being present. The following day two other maids in the house became affected, and the cause was traced to a *Primula obconica* plant which stood on the kitchen sideboard in which they had buried their faces in an attempt to detect the scent. Another case was a lady seen some three years ago, and who had sprained her wrist, for which she had used strong hot fomentations of arnica; a well-marked vesicular dermatitis had resulted.

Dr. Weir, from the Chair, said he did not see many cases of traumatic dermatosis. The only cases were where ladies had been using cosmetics. One woman, aged 26, came to consult him, with a greasy face, pimples and blind boils. She had seen a celebrated Parisian skin specialist, who had ordered some sulphide preparation for the scalp, which had caused the symptoms. Hepar sulph. helped her. When mahjong was the rage in London, a good many people were infected with dermatitis from the varnish used. Rhus tox. was helpful in these cases. Referring to Dr. Rorke's experience that the dose of the homoeopathic remedy did act, even while the patient remained exposed to the irritant, it was all a question of susceptibility. By the appropriate remedy the resistance of the patient was raised, and he was less liable to be affected. Of course the removal of the irritant, when possible, was

always desirable. People had varying resistance to disease. In a school not every child got ringworm, though doubtless equally exposed to infection; and among those who do get it, some are more readily cured. All this shows a varying degree of susceptibility. Dr. Weir thanked Dr. Benjamin for his most interesting paper, which had led to a good discussion. He now called upon Dr. Benjamin to reply.

Dr. Benjamin expressed his indebtedness to the Society for the flattering way in which his small paper had been received. It certainly gave him encouragement for some future time when he hoped to have more clinical experience to give. Dr. Benjamin thanked Dr. Rorke for giving evidence that it was not absolutely necessary to remove the cause; he could see Dr. Rorke's point that if a patient's immunity or reaction to the trouble could be raised, cure of the condition might be possible. Dr. Benjamin had not meant in his paper to infer that a patient suffering from a traumatic or occupational dermatosis would have to change his occupation, but that he should stop his work temporarily until the homoeopathic remedy had had a chance to work. Dr. Benjamin wished to thank all those gentlemen who had given him suggestions for treatment of the man with x-ray telangiectasis.

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