**Clinical and other Notes.**

"MATCH-BOX DERMATITIS."

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The list of substances which have been proved to be the cause of dermatitis venenata (sensitization dermatitis) is almost interminable. Idiosyncrasy to some substance or substances appears to be present in almost every individual.

An extremely interesting condition has been described by certain American and Danish workers, to which the name of "match-box dermatitis" has been aptly applied. A case of this nature has recently been observed at the out-patient clinic of a Scottish military hospital.

**Case.**—Corporal C. (aged 38). Reported for specialist opinion on June 3, 1941.

**History.**—Patient complained of a "rash" on the skin of the front of the left thigh which had been consistently present for the past two months, but which had remained localized to that part. Considerable itching and burning was present in the area of skin affected. A covering letter from his unit Medical Officer stated that the condition had proved intractable to all the medicaments which had so far been tried, most of which had either produced no appreciable effect or had appeared actually to aggravate the existing state of things.

**Examination.**—On examination, a roughly square patch of vesicular and papular eczematous nature, which measured 3 inches by 2 inches, was found to be present on the skin of the anterior aspect of the left thigh at the junction of its middle and lower thirds. The skin of the remainder of the body and limbs was healthy.

The eruption, while obviously due to action on the skin of the affected part of some external and irritant agency, did not clinically suggest dermatitis artefacta, which was at once considered owing to its localized nature and the unaffected character of the contiguous skin, nor was there any evidence of "habit-spasm" which might have placed it among the group of conditions known as neurotic excoriations. In the same way a localized patch of herpes zoster affecting the skin of the thigh was excluded by the absence of characteristic herpetic grouping of the lesions and of coincident neuritic pain in the part. The position of the affected area, moreover, now drew attention to the possibility of the causal agent being either constantly or intermittently present among the contents of the front patch-pocket of the battle-dress, which was noted to be situated immediately over this part of the thigh. On further questioning the patient, it was discovered that he habitually kept cigarettes and matches in this pocket.

**Investigation and treatment.**—Patient was instructed to remove his cigarettes to the breast-pocket of his uniform and to report in two weeks' time for further observation, using simple zinc paste once daily on the
affected skin during this period. On reporting for observation, the condition was found to be absolutely unchanged in appearance and character.

He was this time told to recommence carrying his cigarettes in the front pocket, but to carry his matches in the breast-pocket of his tunic. He was instructed to continue the local treatment and to report again in a further two weeks' time. On reporting, he stated that he had noticed considerable subjective and objective improvement in the condition. Examination of the thigh corroborated this fact, the patch having this time responded to the treatment and only a little pigmentation and residual parakeratosis being now evident. One week later he was again examined, when healing was found to be complete.

He was finally instructed to keep his matches in future in the breast-pocket of his service or battle-dress, where several thicknesses of material would intervene between box and skin, and to report any suspicious eruption immediately. He has since remained perfectly well.

There would appear to be little doubt that we are here dealing with a very typical case of this unusual disease, in which the primary factor has obviously been subclinical and cumulative sensitization of the skin of the thigh to some substance present in the matches or in their receptacle. Patch-testing was not carried out, and the exact nature of the offending agent was thus not determined, but it appears from the literature that this is usually phosphorus contained in the match-heads or in the striking-surface of the box.

It is interesting to note, also, that while treatment is usually as simple as in the present instance, some cases have been reported in which cure has not resulted following the removal of the local cause. It has apparently been at times actually necessary to put in new pockets, the material of the pocket itself having presumably become in such cases impregnated by the offending chemical and, in consequence, a continual source of trouble to the hypersensitive patient.

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REFERENCES.

Lomboldt. Ibid., 351.
Olivarius. Ibid., 350.