

body grows. These formations are best considered as *nævi*, and will be described in another place.

We shall speak only of those warts that are always acquired, and originate in a hypertrophic development of papillæ and epidermis, and only exceptionally manifest any increased pigmentation. These true warts are flat, roundish tumors, considerably or only slightly elevated above the surface, and varying in size from a pea to a bean; they sometimes coalesce and form larger plaques when the warts are numerous. At first their surface is smooth, and, if they remain small, continues smooth. When the wart grows larger and has existed for some time, the epidermis cracks, and the wart presents a surface analogous to that of a coarse short brush. They then assume a darker, blackish-green color, which is partly due to uncleanness.

Anatomical research shows that warts consists of strongly marked hypertrophy of the papillæ and a corresponding deposit of thickened epidermis. The papillæ are very much lengthened, especially in the central parts, but are not branched, as in acuminated condylomata. As long as the epidermis of a wart remains intact, its surface is smooth.

Warts occur oftenest on the hands, and much less frequently on the face. On other localities they are very rarely seen, with the exception of one form, *verruca senilis*, which will be referred to shortly. Warts are most frequently met with in children and young people, but in adults almost solely in those individuals who perform manual labor. This factor, as well as the locality in which they are found, goes to show that a mechanical irritation has at least something to do with their development.

Warts have a tendency to drop off spontaneously, sooner or later, and do not reappear (*verruca caduca*). But they often persist so obstinately and give rise to so much deformity that their spontaneous disappearance cannot be waited for.

Verruca senilis differs somewhat from this description, occurring, as the name indicates, only in the aged. The warts of old age are flat elevations with an irregular border, and measure one cm. or more in diameter; they are usually of a more or less deep brown color. Their surface is never markedly cracked, but only moderately coarse, and they are usually quite numerous. They are most frequently seen in the face, back of the neck, and back. In old age the epithelial structures have a tendency to hypertrophy, and to this their origin is due. It is found that they present in the main an hypertrophy of the epidermis without implication of the papillæ.

Warts are best removed by scraping with a curette and subsequent cauterization. Patients who are "shy of an operation" may have their warts removed with caustics alone, and, in my experience, fuming nitric acid will best serve this purpose. Of course, these cauterizations must be repeated for some days, particularly if the wart is large, before it shrivels and falls off.

CORNU CUTANEUM.

Horny excrescences early attracted the attention of observers, because of their striking appearance. These cutaneous horns consist of circumscribed excessive epidermal formations, simulating ichthyosis in so far as they may develop either from the skin generally or from the follicles; thus being analogous to ichthyosis dif., and ichthyosis follic. respectively, and in the latter instance develop generally from an enlarged sebaceous gland, or an erythematous cyst. Their shape varies. When their base is broad, they are short and irregularly cylindrical or pyramidal, the larger of them not measuring more than one to two cm. in diameter, and the apices are never pointed, but have a

weather-beaten appearance. The longer horns are usually twisted, sometimes making several turns. The horns originating in follicles may, under certain conditions, be subcutaneous, *i. e.*, they may develop within a closed atheromatous cyst. The surface is not smooth, and usually has longitudinal furrows; sometimes there are also transverse furrows besides, or a combination of both varieties. They usually present various shades of yellowish-brown. Their consistence is hard, though they are not as hard as the nails. Microscopic examinations show that these horns consist of hardened and thickened epidermal cells, but that, at least in certain instances, extraordinarily lengthened papillæ extend far up into them. The head is the favorite seat of these excrescences. Elsewhere their occurrence is much more rare, but relatively more frequent on the male genitals. Ordinarily there is but one horn, but sometimes they are multiple, as many as twenty having been observed on the same individual. As a rule, they develop only in elderly people, but I have myself seen two of these excrescences on the under lip of a girl twenty years of age. These growths have a tendency to fall off spontaneously after having attained a certain size, only, however, to form anew.

On the whole, cornu cutaneum is very rare, and Hebra, in his immense experience, met with only three instances (1876). Aside from the deformity, and the pain at their roots due to the traction or pressure of the clothing, their removal is advisable because epithelial cancer is combined with them, according to Lebert, in twelve per-cent of the cases.

Therapy.—If those parts of the skin which form the base of the horn are not removed as well as the horn itself by an operation, a relapse may be expected. After thorough excision, no relapse is known to have occurred.

CONDYLOMA.

Condylomata are excrescences of the skin oftenest seated on and around the genitals, and, though found in other localities, are caused by venereal disease. We shall therefore treat of them very briefly.

Acuminated condylomata are caused by irritation exerted by gonorrhœal secretions on the mucous membrane or skin. They begin as small pointed elevations which are quite numerous, and enlarging rapidly, they coalesce and present various shapes. On free surfaces, where they meet with no resistance, they assume a mulberry or cauliflower appearance; but where they are subjected to pressure, their form is modified accordingly. In the sulcus coronarius and anal fissure, their appearance is often like that of a cock's comb. Their surfaces, at first dry, become moist from a thin purulent discharge when they have attained a certain size, especially when cleanliness is neglected. This secretion may decompose in the numerous clefts and fissures between the individual parts of the condyloma, and stimulates their further growth. Their rapidity of growth is enormous, and they attain a considerable size within a few days. When neglected, they attain the size of a fist or even larger.

They are located exclusively on the genitals, the anus, and vicinity. Usually they first show themselves where the skin merges into mucous membrane, in men on the glans penis and inner surface of the prepuce, in women on the labia minora. Thence they may spread, especially in uncleanly people, to other parts of the genitals, to the anus, in women especially in whom this acrid secretion flows down upon these regions, even to the inner aspect of the thigh.

Anatomically, acuminated condylomata consist of an immense papillary hyperplasia,

the papillæ being very much lengthened and branching tree-like. The epidermic covering is comparatively thin, and the horny layer especially may even be absent, but on the other hand the layer of prickle-cells is very much developed. The size of the papillæ is proportionate to the number of blood-vessels entering them.

Acuminated condylomata are a purely local malady, and the prognosis is accordingly good. However, when neglected, they may give rise to fever and disturbed general health from the absorption of pus.

Therapy.—The treatment may be rendered troublesome by the great number of the growths and their tendency to relapse. Small condylomata are best removed with frequent applications of Liq. ferri sesquichlor.; but the larger ones should be removed with instruments and subsequently cauterized. The galvano-caustic snare is most advantageously employed for the removal of the largest variety, because their removal with the knife may give rise to very profuse and even dangerous hemorrhage.

Broad condylomata are syphilitic papules which assume a different form from ordinary papules of the skin on account of special local conditions. They are flat roundish elevations of a reddish-gray or gray color, often occurring in great number, particularly on the genitals and vicinity. They are also found in other regions of the body where the skin lies in folds, and opposing surfaces are in contact, as between the fingers and toes, under the breast, within the folds of the chin, at the naval, etc. Very often two condylomata are situated in corresponding localities so that they touch one another when the folds of skin come in contact. By their coalescence they may form large "beds." Their surfaces are moist, often eroded or ulcerated, and covered with a foul puriform fluid. The character of this secretion varies greatly according to the situation of the growth, and the cleanliness and care bestowed upon them.

These flat condylomata are secondary syphilitic lesions, and occur coincidently with other lesions of secondary syphilis.

Sections through them show a marked hyperæmia and hypertrophy of the papillary body and an infiltration of the corium and epidermis with numerous lymphoid cells.

Besides the appropriate constitutional treatment, they require cleanliness, separation of the opposing surfaces of the folds of the skin, and the local applications mentioned in all text-books on syphilis.

In conclusion we may add that it would be expedient to drop the name of condyloma for these affections, for they are etiologically entirely distinct formations.

It is therefore better to separate acuminated condylomata as papillomata entirely from broad condylomata, which are always a symptom of syphilis and may be called papulæ madidantes.

ANOMALIES OF THE EPIDERMIS.

PART II.

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PSORIASIS.

PSORIASIS is a chronic, usually relapsing skin disease, in which profuse quantities of silver-gray scales, which can be removed readily by the finger-nail, form upon more or less large, reddened parts of the skin, which are elevated to a trifling extent. Parts of the skin covered by thick, white, or grayish-yellow layers of scales, and which may remain unchanged for years, with occasional desquamation of the superficial scales, are found especially at the elbows, knees, scalp, glans penis. Small patches, particularly at the elbows, may be long overlooked. In other cases, there is a sudden appearance, either with or without moderate febrile disturbance, in many parts of the body of bright-red, somewhat elevated, usually more or less itching efflorescences, varying in size from a pea to a twenty-pfennig piece, and which are soon covered with a thick layer of scales. If the scales are scraped with the finger-nail until the red shining rete appears, very slight further scratching suffices to make small drops of blood appear, *i. e.*, the papilla has been injured.

This acute form is called psoriasis punctata; after a short duration it increases into somewhat larger patches, known as psoriasis guttata or nummularis. As the patches increase, the central parts often lose their scales, and present a normal appearance, except a slight brownish discoloration, so that rings remain (psoriasis annularis or circinata), but rings may also develop from the union of circular patches. When this occurs, the psoriatic changes disappear at the points of contact, and curved lines in the form of wreaths, etc., remain. The term psoriasis diffusa or inveterata is used when larger patches are affected without distinct circular boundaries. In addition, there is a general psoriasis, and in some cases very few centimetres of intact skin are present.

The external appearances vary according to the situation and duration of the process. Upon the scalp are found either exquisite forms of nummular plaques covered with thick white scales, or large, moderately scaly circular forms extending beyond the boun-