ACNE ROSACEA AND SYCOSIS.

BY

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CANNSTATT.

ACNE ROSACEA.

Definition.—Patches of bluish or copper-colored, rarely lighter erythemata of the skin, with or without visibly dilated blood-vessels and acne efflorescences, mostly confined to the face, especially the nose, cheek, chin, and forehead, and having a chronic course.

Acne rosacea has been included among the diseases of the sebaceous glands because the affection of these glands often comes prominently into the foreground. This disease of the sebaceous glands, however, is merely accidental; the affection is due to vascular dilatation and on this account Auspitz has correctly incorporated the disease among his angio-neurotic dermatoses.

To understand this disease, we must bear in mind these facts: that there are present in the skin two plexuses of vessels situated parallel to the surface of the epidermis, the deeper one of which extends where the corium merges with the subcutaneous cellular tissue; the superficial one, under the papillary layer. The communication between the two is effected by means of a series of arteries and veins which give off the branches enveloping the follicles.

As a rule, the congestive hyperæmia begins in the deeper plexus and in the vessels enveloping the follicles. Owing to its deep situation, this congestion is perceptible merely as a diffuse redness, while the dilatation of the several vessels is not noticeable. This diffuse redness forms the first manifestation of the disease and generally appears first on the nose, particularly the alæ nasi, then on the cheeks and chin, but in the beginning only temporarily with fluxions toward the skin (after eating, after partaking of stimulating beverages, with mental excitement, or the influence of irritants [heat, cold]), and is conjoined with a subjective feeling of warmth. Gradually the vascular dilatation becomes permanent, in the course of months and years it slowly spreads peripherally, during warm temperature it exhibits a light red, during cold seasons a more bluish-red color, and is never associated with desquamation of the skin. Owing to the implication

of the blood-vessels enveloping the follicles, a seborrhœa oleosa is often superadded. This, the slightest form of acne rosacea is observed especially in young females.

In the further course, inflammation and suppuration of the follicles frequently supervene, as in acne. The hyperæmia extends to the superficial vascular plexus; on the erythematous base, dilated venous branches become visible even to the naked eye, and scattered between them acne nodules and pustules (second degree).

In the third degree, finally, new-formation of connective tissue, hypertrophy of the cutis supervenes. The latter occurs either as a uniform hypertrophy of the nose and swelling of the skin of the cheek, or else there appear circumscribed tubercles in the form of hemispherical or lobulated, even pedunculated, clapper-shaped (Hebra) fleshy excrescences covered with skin which is either normal or provided with extensively anastomosing vessels. The mouths of the sebaceous glands are dilated; pressure upon the nodules evacuates rancid semi-solid sebum. The nodules have either a firm or an elastic feel. A nose embellished with such excrescences may acquire an extraordinary size. Hans Hebra has recently (*Archiv f. Dermat. und Syph.*, 1881) described and figured such a rhinophyma; but he believes that rhinophyma, as an independent disease, is to be separated from acne rosacea. My brother extirpated about forty of these excrescences from the nose of a colleague and found, like Biesiadecki, Hans Hebra, Piffard, Rokitansky, and Gustav Simon, that they consist partly of firm, partly of embryonal, gelatinous connective tissue, dilated blood-vessels, and enlarged sebaceous glands. The deeper tissues, such as cartilage, etc., are altogether unchanged (Hebra).

The course of the disease is generally extremely chronic, extending over months and years. The disease may remain stationary in any degree of development. Spontaneous recovery occurs even while soft connective-tissue tubercles are present, provided the cause be removed.

Etiology.—It is certain that a large proportion of acne rosacea cases is due to disturbances in the genital apparatus, and almost exclusively in the female sex. Pregnancy is likewise to be counted among the causes. Still acne rosacea appears also without such disturbances.

Chronic forms of dyspepsia, especially those with acidification, predispose to this disease. To the same cause must also be traced the connection between acne rosacea and the abuse of alcoholics, and it is for this reason that acne rosacea is more frequent in localities producing dry wines. Some even pretend to diagnosticate from the form of acne rosacea in tipplers the kind of liquor, and to beer-drinkers they ascribe a larger proportion of the cyanotic form of rhinophyma with small nodules and pustules; to wine-bibbers, the intense erythema with vascular dilatation and red papules; and to whiskey-drinkers finally, bluish or not at all discolored noses with oily seborrhœa.

According to Hebra, irritations directly affecting the skin, especially cold air and frequent change of temperature, likewise predispose to acne rosacea. With cold-water cures, too, the development of acne rosacea is frequently observed.

Diagnosis.—Great resemblance to acne rosacea is exhibited by the tubercular syphilide. The formation of ulcers, crusts, and cicatrices, the absence of the dilated blood-vessels, the simultaneous presence of other manifestations of syphilis sufficiently characterize the latter. From lupous and carcinomatous affections of the nose, acne rosacea is differentiated by its slow and benign course, never leading to ulceration or destruction of tissue.

The prognosis is favorable in so far as acne rosacea never leads to general disease; otherwise it is curable with difficulty and relapses are frequent.

Treatment.—The disease ceases with the cessation of the causes, as, for instance, in pregnancy, uterine effections, abuse of alcohol, dyspepsia, etc. Each of these diseases is to be treated according to its nature. In the graver degrees, or where no cause is demonstrable, symptomatic local treatment is indicated. This consists, in the main, in opening and evacuating the nodules and pustules and in maturing and curing those in process of formation. This is effected by the methodically repeated application of the irritants enumerated under acne vulgaris, especially the emplastrum cinereum, and in the case of tuberculo-pustular thickened noses, by cataplasms and painting once daily with a two per-cent alcoholic solution of pyrogallic acid. This treatment is continued until the skin is smooth and free from pustules. The task then remains of removing as far as possible the erythema and the vascular dilatation. Even the above-mentioned mode of applying the gray plaster in the shape of Unna's mercurial plaster-mull, with daily opening of the pustules by rubbing with a rough cloth, which at the same time always opens some blood-vessels, removes a great part of the redness. Whatever does not yield to the treatment with sulphur paste (see acne) which is then instituted and which is to be continued for weeks, is removed by mechanical means. The larger visible blood-vessels are laid open lengthwise, with a cataract needle or a lancet, and dressed with styptic cotton.

In the case of smaller blood-vessels and diffuse erythema, the entire reddened surface must be repeatedly scarified in several sittings, either in the shape of parallel scarification, numerous shallow incisions being made parallel to each other and across these, or else by the multiple punctiform scarification. A fine scalpel, the two-edged knife resembling a cataract lancet devised by Vidal, and the compound scarification of Balmanno Squire are suitable for linear scarification. Suitable for both methods, however, is the scarificator devised by my brother in 1873, which consists of six parallel lancets. To arrest the hemorrhage, the parts are covered with lint. Neither the slitting of the superficial vessels nor the scarification leaves any visible scars.

Unfortunately, however, a collateral circulation of dilated visible vessels is often established and calls for the repetition of the procedure. For the removal of isolated nodules Bruns' sharp spoon is excellent.

In the highest degrees of acne rosacea, in rhinophyma, nothing remains but plastic operative procedures.

SYCOSIS.

Definition.—A chronic, non-contagious disease localized at those parts of the skin which are set with thick hairs, where it leads to the development of nodules and of smaller and larger pustules pierced centrally by a hair, as well as to smaller or larger, sometimes confluent perifollicular infiltrations and abscesses.

The beard with the hairy nasal mucosa form the most frequent seat of the disease; next the eyebrows and lashes, the pubic region, the axilla; the hairy scalp being most rarely affected. Men of from twenty to twenty-five years are most frequently attacked.

Associated with a feeling of some tension and heat, there are formed small red nodules, either isolated or more or less closely aggregated, the points of which are perforated by a hair and which change into small obtuse or pointed acne-like pustules. The latter either dry up, forming a small dry crust pierced by a hair, or they burst. By the confluence of the pus from several adjoining pustules connected purulent crusts are formed. When the efflorescences are closely packed, inflammatory infiltrations form also in the cutis surrounding the follicles and usually terminate in suppuration: hemispherical, uneven protuberances of the skin often simulating the appearance of a furuncle or carbuncle. (These carbunculoid cuticular abscesses, emptying through many minute openings, arise from the confluence of closely adjoining pustules and abscesses.)

At the periphery of the affected parts new efflorescences arise, and thus the disease may gradually spread over the entire beard and the scalp.

When the hairs are pulled out at the beginning of the process, the root-sheath is found to adhere to the hair in the shape of a clear hyaloid cylinder. In later stages the appended root-sheath is opaque, and still later exhibits a purulent swelling. In the first case, the withdrawal of the hair is followed by a minute drop of blood; in the other two, a more or less turbid drop of pus. The farther the process has advanced the more loosely inserted are the hairs.

Should the sycosis not be treated, the above-mentioned cuticular inflammations and abscesses will form. Often the still retained hairs are surrounded with moist, verrucose, condylomatoid proliferations, bleeding on touch. Finally the loosened hairs are cast off and the cicatricial process commences, after which there remain flat or uneven, almost or quite hairless scars. The course is very chronic, sometimes lasting from ten to twenty years.

A still more chronic variety localized at the occiput has been named by Hebra: sycosis frambœsiformis; in this form, firmly imbedded bunches of hair remain in the sclerosed scalp which is set with very hard tubercles and sometimes undermined by pus. Kaposi believes the disease to be an idiopathic process which has no connection with sycosis and calls it: dermatitis papillaris capillitii (*Archiv f. Dermat. u. Syph.*, 1869, p. 382).

The *diagnosis* is usually easy, but the disease may be confounded with eczema (which see), with the tubercular syphilide, with some forms of lupus, and with parasitical sycosis. The tubercular syphilide presents the sharp, painful margins, and the lardaceous fundus of the ulcer, peculiar to it. Lupus presents the primary lupus nodules and rarely confines itself to the hairy parts. The nodules of sycosis, when squeezed, often allow the pus to escape from a number of small openings—the mouths of the follicles. In parasitic sycosis (herpes tonsurans) microscopic examination will show the Trichophyton tonsurans. Parasitic sycosis occurs as red, hemispherical, perforated tubercles, up to half a walnut in size, which are isolated in the otherwise healthy skin of the beard. The hairs are lustreless and quite loose. The affection often extends to the beardless parts of the face.

The *etiology* of sycosis is quite obscure; in some cases the cause may lie in irritations affecting the skin directly, such as the profuse secretion of a chronic nasal catarrh. Eczema, when extending to the hair-follicles, leads to sycosis. Frequent shaving is not a cause, but one of the best curative measures of sycosis. Scrofulosis and syphilis have no connection with sycosis.

Hebra believes that perhaps the presence in the same follicle of two hairs may give rise to the disease; Lunger, that the development of a new small hair-follicle, the new small hair perforating into the old follicle, is the cause. Wertheim ascribes the irritation to the fact that the transverse diameter of the hair is relatively too large for its follicle.

Prognosis.—Sycosis is a curable disease; it never leads to disturbances of the general health. Relapses are not rare.

Morbid Anatomy.—Robinson (*New York Med. Journ.*, Aug. and Sept., 1877) found that the first inflammatory alterations always take place in the perifollicular regions, and

only subsequently invade the follicle. According to him, sycosis is primarily a perifolliculitis.

Treatment.—Internal remedies are ineffectual.

Very mild cases only can be cured without removing the beard, the pustules being opened with the knife, the nodules painted twice a day with an alcoholic solution of pyrogallic acid (1 : 50), and smeared during the night with the sulphur paste recommended for acne; this should be covered with a wet compress and rubber cloth.

In graver cases it is necessary to remove the beard. It is cut as close as possible, any crusts present are detached with an emollient ointment (diachylon or a weak tannin ointment, 1 : 10 of unguent. lenient.), or with cataplasms. Then the hairs seated in mature pustules are pulled with tweezers and the skin is shaved. Then the affected spot is painted with the solution of pyrogallic acid 1 : 50 and by day the cataplasms, by night an emollient ointment or a non-irritating plaster are again applied. This treatment, combined with continued epilation of the hairs seated in mature pustules, is continued until pustules no longer form. Larger abscesses must be opened, larger tubercles scarified (punctiform scarification) so as to evacuate blood and pus, which method I greatly prefer to scraping with the sharp spoon.

The application of the sulphur paste is excellently adapted to prevent relapses. As a rule, I order it every night for three months, the beard to be shaved every morning. The shaving must be continued for at least one year. Should the skin become fissured from the application of the sulphur, I order a mild tannin ointment to be rubbed in after shaving.

If the above procedure fail, the entire affected spot must be epilated. With the tweezers hair by hair must be withdrawn in the direction of its growth, and the epilation of the after-growth, the other treatment remaining the same (only the shaving is omitted), continued daily until no more pustules are formed.

The verrucose, condylomatoid vegetations rapidly yield to a single painting with chloracetic acid.

Sycosis of other parts of the body is treated like that of the beard.

In sycosis of the eyelashes I have always had the best effects from epilation followed by painting of the affected spot with yellow precipitate ointment (1 : 50 of vaseline).

MORBID CHANGES

OF THE NAIL AND ITS BED.

BY

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THERE is great diversity in the situation, shape, size, etc., of the nails. These variations start almost without exception from the true point of formation of the nail. Therefore, in speaking of an extraordinary growth, etc., rather than of a material alteration of the nail, we must imagine it as a quite passive product, while the matrix generally is the immediate cause of it. The matrix, however, always requires the action of some etiological factor in order to depart from its physiological course.

Only in a relatively very small number of cases do changes of the nail occur; for instance, by the immigration of animal and vegetable parasites which arise in consequence of the influences from the matrix; but even there the matrix is nearly always secondarily implicated.

The nail, representing a plate of cemented epidermis cells, may exhibit an increase of its elements (hyperplasia) or a diminution of them (hypoplasia and aplasia), and a correspondingly hastened or retarded growth. It may possess also a deviation of form (deformity) or an altered color (discoloration), may have an unusual site (dislocation), and suffer an alteration of texture (degeneration).

I.

Excessive formation of nail substance manifests itself either by a multiplication of the nails or by an augmentation of bulk.

This anomaly includes: the occurrence of nails on the last phalanx of supernumerary fingers or toes; the presence of double nails on one finger or toe; and finally the occurrence of completely or imperfectly developed nails at an unusual place, such as may be occasionally encountered after the loss of the terminal articulation on the first phalanx, on a metacarpal stump, etc., or else as a malformation in the region of the scapula (Tulpius).

Onychauxis.—Should the excessive deposit take place on the nail, the superabundance will be manifested either by the nail-cells being more closely aggregated and the