

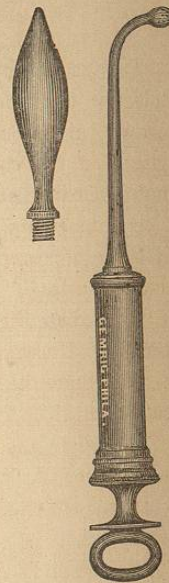
From the studies and illustrations offered, it is to be taken for granted that the ingenuity of the practitioner, directed by the hints afforded, will enable him to meet such varying indications as may from time to time be encountered. The subject is very interesting, and will repay attention given it.

FIG. 442.



Use of Nasal Douche. (See foot-note, page 654.)

FIG. 443.



Naso-pharyngeal Syringe with spray-nozzle; also nozzle for anterior nares.

CHAPTER XLIII.

DISEASES OF THE FACE.

THE most common diseases of the face arrange themselves under a dermatological signification. A division is into affections of the epiderm, of the corium, of the epiderm et corium, of the sebaceous glands, of the sweat-glands, of the connective tissue, and of the blood-vessels. A subdivision is into immediate and mediate diseases.

By immediate disease is meant anatomico-physiological perversion resulting in lesion of a part involved. Illustration: Sebaceous tumor arising out of duct occlusion.

By mediate disease is meant lesion originating in an indirect source of perversion. Illustration: Syphiloderma existing in constitutional condition.

Immediate diseases associated with the facial epiderm are callositas, cornu cutaneum, lichen pilaris, vitiligo, nævus pigmentosus, lentigo, chloasma.

Immediate diseases associated with the facial corium are nævus pilosus, scleroderma, dermatolysis, elephantiasis, atrophy, morphœa, framboesia.

Immediate diseases associated with the epiderm et corium are verruca and ichthyosis.

Immediate diseases of the sebaceous glands are seborrhœa, comedo, milium, molluscum sebaceum, sebaceous tumors.

Immediate diseases of the sweat-glands are hyperidrosis, chromidrosis, anidrosis, sudamina.

Immediate diseases of the connective tissue are keloid, molluscum fibrosum, xanthoma, rhino-scleroma.

Immediate diseases of the blood-vessels are nævus vasculosus and telangiectasis.

Mediate affections of the facial skin are the various manifestations of scrofula, of syphilis, of the exantheams, of the cancer vice.

EPIDERM.

Callositas.—A callus finds its best illustration in the horny hand of a workingman; it consists simply of hypertrophied epiderm. Callus upon the face is as rare as are indurating causes to the region. Splints used in jaw-fractures may excite the condition.

TREATMENT.—Remove the cause.

Cornu Cutaneum.—A cutaneous horn is a hyperplastic growth of the deeper strata of the mucous layer of the epidermis. These excrescences

vary much in size, but are alike in being largest at the base and of laminated, roughened appearance. Rare at all, they are yet rarer in the young than in the aged. A cutaneous horn, when developed, is to be accepted as differing little, if at all, from the horns of the lower animals. Microscopic examinations show the prolongation to be made up of small columns, or rods, so blended by an intermediate plasm organization as to present the appearance of a homogeneous mass. The arrangement of the epidermic scales is after the imbricated manner. A specimen in the British Museum is eleven inches in length. A case recorded in American practice describes the horn as measuring fourteen inches in circumference, and branching into three divisions. (See Figs. 454, 455.)

TREATMENT.—The radical cure of a cutaneous horn is achieved by extirpation of the mass and cauterization of the base.

Lichen Pilaris.—This is a hypertrophic affection, characterized by the formation of pin-head sized, conical, whitish, solid epidermic elevations seated about the apertures of the hair-follicles. The condition is liable to be mistaken for cutis anserina, from which it differs, however, in being of a non-acute character; it may also be confounded with miliary syphiloderm when this is in the desquamative stage, but difference lies in a history of the condition. The course of the disease is chronic; it is unassociated with itching; it is often related with ichthyosis.

TREATMENT.—Cosmoline is found serviceable. Glycerine, medicated with the compound tincture of iodine and carbolic acid, serves a good purpose. Dermatologists recommend the free use of warm or vapor baths.

Vitiligo.—This is a rather rare affection; it is commonly known as white, or bald spot. Its origin is in pigmentary perversion. As met with upon the face, the lesion consists of round, oval, or irregular patches of blanched skin, which patches commence as points, or dots. A diagnostic feature is the abrupt line at which the whiteness terminates; no matter what the shape of the patch. A second feature in recognition refers to an areola, never absent; this areola is most distinct at the line of its internal surface, and fades gradually away into the surrounding skin. In the black race the disease is more common than in the white; a piebald negro is met with frequently. When congenital, the condition is to be accepted as permanent; the acquired lesion is occasionally found to disappear spontaneously. Microscopic examination shows deficiency of pigment in the white spots with excess in the surrounding areola.

TREATMENT.—This is to be directed, if any attempt at cure be made, to the correction of adverse constitutional conditions. Hebra recommends the removal of the areola. Duhring refers to the propriety of treating the hypertrophy, rather than the atrophy, of the pigment. Balmanno Squire associates little worth with any means. Where unseemingly deformity exists it has impressed the writer that advantage might be gained by a judicious coloring of the part with skin-red india-ink.

Nævus Pigmentosus.—A circumscribed deposit of pigment without alter-

ation in bulk or feel of the surface is called *nævus pigmentosus*. Such *nævi* may be simple or multiple. The face is a common situation. *Nævus pigmentosus* is indifferently illustrated by a patch of dark-blue india-ink which a boy pricks into his hand. Simple flat pigmentary *nævi* are almost always acquired. (See *Nævus Pilosus* and *Vasculosus*.)

TREATMENT.—A pigment stain may be removed, when not too extensive, by a dissection extending to the structure of the corium. Another plan employs caustics. Still another, frequently found successful by the author, consists in occasional prickings up of the epiderm through use of a needle. The location of the pigment cells and granules being in the mucous layer of the epidermis, any treatment employed is to reach that layer.

Lentigo.—This is the common freckle. It is found to consist of normal pigment deposited at points in excess. Most common to childhood, it is yet met with at all ages. It is not necessarily confined to parts exposed to the sun, for which reason its pathology is somewhat obscure.

TREATMENT.—See *Chloasma*.

Chloasma.—This is a pigmentary affection, exhibiting itself as a smooth, yellowish, brownish, or reddish-brown defined patch. It differs from lentigo, or the common freckle, in appearance, as form and size are concerned.

Chloasmata are of both immediate and mediate meaning, arising, in the first case, out of direct sources of irritation, as exposure to the sun, the action of chemicals, scratching in skin affections, etc.; in the second, being symptomatic. Chloasma uterinum is specially noted. A second illustration is found in Addison's disease. In the first of these symptomatic expressions the whole face may be occupied by a diffused, blotchy discoloration resembling a mask; more commonly it shows itself as one or several patches about the forehead. Pregnancy is still another of recognized causes. In non-pregnant women its association is mostly with dysmenorrhœa, chlorosis, anæmia, and hysteria. The seat of the affection is the mucous layer of the epiderm. The lesion consists essentially in an increased deposit of normal pigment.

TREATMENT.—This is directed, first, to removal of cause. To destroy the pigment various lotions and ointments are used. Favorite among such preparations is an application of corrosive sublimate, from one to three grains of the salt to an ounce of water. Ointments are made with sulphur, zinc, ammoniated mercury, subnitraté of bismuth, etc. Acetic acid in solution is commended by Squire.

CORIUM.

Nævus Pilosus.—Hair mole differs from the macula described in connection with the epiderm in being of deeper origin and relation. The same distinction applies to the flabby hypertrophies known as toads or toad-marks. Hair, or mouse, moles are exceedingly common to the face. They vary in size from that of a small shot to a hand's breadth. Their relation with the skin is that of comparative flatness. In occasional instances they are met

with raised from the surface quite a finger's width. The hair covering them is found to differ in almost every case; the term fur expresses fairly well the appearance.

TREATMENT.—The inert and lifeless character of most of these growths defies all curative means except the knife, ligature, or cauterant.

Scleroderma.—Leather skin, as this affection has been not inaptly termed, is a hard, fixed condition of the corium, unaccompanied by either constitutional disturbance or expressions of local vascular change. The affected part is neither raised above nor depressed below the ordinary skin surface; neither is the lesion expressed by a defined line of demarkation, the hardness shading off into the normal skin. The author has never met with a case. Professor Duhring, who enjoyed opportunities of observing the disease at the clinic of Hebra, in Vienna, has described it to the writer as commencing by an apparently simple induration of the integument, which goes on until the part becomes almost as hard as wood or stone. The color of the skin is referred to as varying considerably, more or less pigmentation being present; a waxy appearance is alluded to as occasionally showing itself. The disease, according to the experience of the Vienna clinic, may appear at any period of life, but is most rarely encountered in youth. Women are more frequently affected than men. From studies made by such eminent dermatologists as Kaposi, Auspitz, and others, it is to be accepted that the condition consists in a lymph stasis occurring in the cutis. Kaposi suggests by way of explanation, in consequence of the thickening of the lymph, which results, not from local cause, but out of a general abnormal state of the nutritive process, that this stagnates in the interstices of the tissue, which, according to the views as to the commencement of lymph passages, are considered to be lymph spaces. Hence the rigid infiltration of the cutis. A return to health of the parts would imply that circulation of the lymph has been restored. Stagnation continuing, connective tissue comes to be formed in excess, this structure growing at the same time denser and denser. The interstices of the tissue become more and more narrowed. The whole structure diminishes as to juiciness, at the same time retracting and shrinking. Diagnosis is expressed as lying in the solidified, rigid, hard, more or less pigmented condition of the integument, apparently unaltered in structure.

TREATMENT.—Practitioners familiar with the disease agree that little is to be done. Galvanization is recommended by Fieber. Constitutional remedies that have been most used are iron, arsenic, cod-liver oil, and iodine.

Dermatolysis.—Fig. 444 shows a marked case of this rare disease in the person of a young man aged eighteen years, recommended to the author for consultation by Dr. A. R. Begun, of Iowa.

The condition consists in a hypertrophy of the integuments apt to extend to the sublying structure, the characteristics of which are a laxity and pliability suggestive, to the touch, of adipose tissue. The surface is commonly rugose, is apt to assume the form of folds, and is generally more or less pigmented.

Difference in views exists as to the features of the disease. Cooke describes it as an affection not making its appearance until after puberty. Hebra and Kaposi write of it as of purely congenital origin. Duhring classes it with molluscum fibrosum, and implies that it may appear either as a congenital or an acquired affection. The example here presented made its appearance when the patient was in his third year, and the hypertrophy has continued to advance to the present time. A remarkable case of this disease occurring in the practice of Nélaton showed a huge fold extending, in the form of a cloak, from the neck to the buttocks.

FIG. 444.



TREATMENT.—The knife offers the only present known means of relief, yet applying, unfortunately, to a very few instances. In a case somewhat similar to the photograph shown, the author excised the redundant skin with considerable satisfaction both to the patient and himself.

Unilateral Atrophy.—A disease of the cutis, the reverse of that just considered, is known as atrophy (*atrophia cutis propria*). The affection of unilateral facial atrophy is expressive of arrest in development. The skin of the side involved presents a shrunken, yellowish, lardaceous aspect. Structural alterations exist without actual loss of substance. The condition is one of undergrowth, as dermatolysis is one of overgrowth.

TREATMENT.—No line of medication affords any promise. The lesion may, however, incline to improve of itself. A case familiar to the author verifies this.

Elephantiasis.—Repeated attacks of erysipelas about the face not infrequently result in a cutaneous hypertrophy not dissimilar in appearance and characteristics to elephantiasis Arabum. The parts become swollen, pit on pressure, are pigmented, are sometimes rough, sometimes smooth, at times scaly, in instances ulcerated. The condition, as met with upon the face, is undoubtedly a lymphatic disease; a stasis in this circulation the judgment of the writer would denominate it. Practically it differs little, except in origin, from dermatolysis; indeed such likeness has struck both Hebra and Kaposi with a force that has led these able authorities to denominate the last-named disease elephantiasis telangiectodes. Diagnosis lies in origin, in history, and in the appearance of the enlargement; this last having the characteristics of parts chronically inflamed and semi-solidly indurated.

TREATMENT.—If met with while at all possessed of active expression no treatment is found so efficacious as a combination of muriated tincture of iron, tincture of cinchona, and sulphate of quinia applied locally. The writer

recommends a mixture made of these medicines as absolutely specific in facial erysipelas; application to the parts being often enough repeated. Specificness in the inflammation being destroyed, succeeding steps consider the use of sorbefacients and softening cataplasms. A very satisfactory course to pursue consists in daily rubbing into the induration an embrocation consisting of equal parts of tincture of iodine, tar, and olive-oil; following this with a poultice, made very light, medicated with a chloral solution; this last being in the proportion of five grains of the salt to an ounce of water.

As an adjunct of great value, where the induration is heavy and resisting, bandaging, judiciously done, deserves to command much attention.

Morphœa.—This disease, a synonyme of which is “the keloid of Addison,” is a condition characterized by much variety in expression. As ordinarily seen it consists of irregularly rounded or elongate pinkish or purplish patches circumscribed by an areola made up of minute capillaries. In its early stage a patch may be slightly elevated above the surrounding plane, later it is on a level, when of long standing it is likely to be depressed. The surface is usually smooth and shining, looking sometimes as if polished, otherwise it may show a dry, shrivelled appearance.* In the early stages minute and anastomosing blood-vessels are not infrequently seen ramifying over the affected part. Pigmentation is rarely absent. As a rule subjective symptoms are lacking; occasionally itching and tingling pain are present. Common seats of morphœa patches are the regions holding the tracts of the fifth nerve. Duhring and Hutchinson, who have closely studied the pathology of the disease, agree in pronouncing it a trophoneurosis.

TREATMENT.—Arsenic continued in small doses over a period of months promises most. Iron and cod-liver oil are thought highly of by some practitioners. Prognosis is not encouraging.

Frambœsia.—This is an endemic disease peculiar to South America and the West Indies; known in the region of its occurrence as yaws. Drs. Milroy and Imray, of Dominica; Dr. Bowerbank, of Jamaica; Mr. Hutchinson and Dr. Ward, of Peru, describe the cutaneous symptoms as consisting of variously-sized reddish papules, tubercles, and tumors which are usually present in all stages of development. These begin as pin-head sized, hard, red points, and enlarge gradually to the size of cherries. As they grow they incline to become flat on their summits and to be studded with yellow points; they grow soft in consistence, and are apt to break down and ulcerate, discharging a thin, fetid, yellowish fluid. The lesions, although roundish and semi-globular, may be of any shape; at times they coalesce, forming a patch of a vegetating, or fungoid nature. Dr. Imray likens a yaw to a piece of coarse cotton wick, a quarter of an inch, more or less, in diameter, dipped into a dirty yellow fluid and stuck upon the face in a dirty, scabby, brownish setting. The author has met with a single case of the disease.

* Duhring graphically likens one of its expressions to a piece of bacon which has been cut out and laid in the skin.

TREATMENT.—Dr. Imray pronounces a treatment most effective which employs the local use of carbolic acid solution or a weak nitrate of mercury ointment combined with the internal use of tonics. Cleanliness, hygiene, and good food are alluded to as essentials.

EPIDERM ET CORIUM.

Verruca.—Warts are excrescences familiar to everybody. The significance of a wart is that of papillary hypertrophy. Five varieties are known to dermatology: namely, verruca vulgaris, v. plana, v. filiformis, v. digitata, v. acuminata. The first is the form seen upon the hands and is not common to the face; a split pea thrust beneath the epiderm would fairly represent it. The second is of flat aspect, being frequently met with about the cheeks of elderly persons; in structure these are more or less sebaceous; elevation above the skin is slight; size is about that of a small finger-nail. The third variety is commonly found upon the lower eyelid; the wart consists of a single thread-like projection of slightly conical form. The fourth form is allied with the second, differing from it in possessing a surface broken up into rugæ, or claws. The fifth affects the face at points where skin is in contact with mucous membrane; acuminated, well expresses the appearance of its surface. A common name of the variety is moist, or cauliflower, wart.

A wart situated upon the side of the nose is not unwisely looked on with concern. Degeneration is not uncommon. When a growth assumes a vascular aspect about its base a judicious rule of practice is, *not to irritate*.

TREATMENT.—Ordinary warts are removed by means of ligature, or preferably, by caustics. In the fungiform varieties an application of London paste destroys one almost instantly. A thread wart is quickly got rid of by use of scissors. Flat warts are to be dissected out, or may be transixed and strangulated.

Ichthyosis.—Fish-skin is a condition sometimes met with upon the face expressive of excessive proliferation of the epidermic scales combined with hypertrophy of the papilla of the corium. A space, greater or lesser in extent, shows itself covered with fish-like scales. A variety is distinguished as xeroderma; here there is simple dryness with furfuraceous exfoliation. A second phase has the designation of ichthyosis corium; this shows a greatly thickened derm, the parts being hardened and fissured. Ichthyosis is unaccompanied either by redness in the skin or sensibility. Diseases with which it might possibly be confounded are psoriasis and pityriasis.*

TREATMENT.—This is palliative rather than curative. Scales are to be removed and the part kept continuously anointed with cosmoline. Ointments of the alkaline carbonates are recommended. Where the scales tend to ad-

* A condition met with upon the inside of the cheeks where the surface is checkered and scale-like seems not unjustly classifiable with ichthyoid expressions; it is not, however, a congenital disease, and not infrequently yields, after some resistance, to iodide of potash, administered in ten-grain doses thrice daily.

here closely a blister serves an admirable end. Cod-liver oil and arsenic are to be employed internally.

SEBACEOUS GLANDS.

Seborrhœa.—This is an expression of functional derangement on the part of the oil-glands, showing, over the region affected, an excess of sebum. As the face is concerned the localities particularly involved are the forehead and nose. Two varieties of the disease are *s. oleosa* and *s. sicca*. The first of these exhibits a coating of oil, the second a covering of dirty greasy scales. Looked at as it exists upon the forehead of the young, the asthenic character of the condition is clearly recognized in the patulous mouth of the ducts and in the general sluggishness of the parts involved.

TREATMENT.—This is both local and general, the first being stimulating, the second tonic. A local application used satisfactorily by the author consists of equal parts of zinc, tar, and iodine ointments. Dusting the parts with flour of sulphur is good. Hebra has introduced and highly commends a wash composed as follows:

R.—Saponis viridis, ℥viii;
Spts. vini, ℥iv. M.

Eau de luce, a liquid soap made by mixing oil of amber and balsam of Gilead with water of ammonia, commends itself. Duhring claims good results from a combination of red oxide of mercury and vaseline, five grains of the first to an ounce of the second.

Cold salt-baths taken in conjunction with iron medicaments afford the best systemic results. The face, before being vigorously rubbed after the bath, is, advantageously, to have a second washing with cologne or alcohol.

Comedo.—This, like the immediately preceding, is a disease of the sebaceous glands. It is the familiar *pimples*, containing as their centre a black point, seen over the faces of young people of both sexes. The affection implies indolent distention of the sebaceous outlets, and indicates absence of vigor in the oil-glands. The so-called worm squeezed from a comedo is, of course, nothing but the accumulated sebum. Comedo is distinguished from acne by the absence of inflammatory associations, and from milium by a non-presence in the latter of the characteristic black point.

TREATMENT.—Comedos are treated by expressing the contents of the ducts and employing stimulant remedies. Tar ointment having rubbed up with it a little oil of cloves is an excellent application. As with seborrhœa, advantage arises out of local invigorating influences. To wash the face in salt water and afterwards rub with a coarse towel until a glow is produced is commendable practice.

Milium.—A milium is a distended oil-duct, the orifice of which has become obliterated. Milia are mostly seen about the eyelids, where they appear as papilliform whitish elevations, covered, seemingly alone, by the epidermis.

TREATMENT.—The pathology appreciated, it is seen that treatment of a milium differs from that of comedo in requiring incision of a sac.

Molluscum Sebaceum.—This is a little tumor arising, perhaps, out of sebaceous perversion, having the face as one of its localities. In color it is whitish or pinkish. Its size varies from that of a pin-head to that of a cherry. A glistening appearance is characteristic. Sometimes the expression is dead white. The condition, as known to the writer, is without constitutional relation. Duhring associates its existence with the ill-nourished and neglected. Virchow does not accept the relation of this tumor as being with the oil-glands, but regards it as a hyperplastic formation of the cells lining a hair-follicle. Others are led to esteem the disease as associated with the rete mucosum.

TREATMENT.—Incision, expression of the contents, and cauterization are the means of cure employed. Ligation sometimes applies most happily. The necessity for cauterization supports Virchow's view.

Sebaceous Tumors.—As a result of some unremembered cause, or in the absence of recognizable explanation, the orifice of one or more of the ducts of the sebaceous glands becomes obstructed; the secretion continuing and having no outlet, necessarily accumulates; hence the gradual expansion of the duct and formation of a tumor. As this tumor enlarges, it becomes more and more solid, the result of the absorption, or, if not this, at any rate the disappearance, of its more liquid contents, until finally, by the touch, it is found springy and elastic. A section of such tumor exhibits a delicate cyst wall or envelope, and cheesy or semi-cheesy contents. The cyst is seen to lie among the integuments as distinctly as a walnut within its hull.

Sebaceous tumors are found of sizes varying from that of a hazel-nut to that of a fetal head; they are generally spheroidal in shape, but frequently, because of influences exerted by neighboring parts, or by reason of semi-patulous ducts, become changed, even to a lobulated character.

The diagnosis of a sebaceous enlargement is generally not at all difficult: the tumor rolls under the touch, can be circumscribed by the grasp, and has a detached feel, as if confined to its place alone by the skin. The tissues enveloping it are perfectly healthy, while however large it may be, no evidences are given of constitutional association. Exceptions, however, exist to this simplicity in some special cases, as, for example, where the presence of the tumor has excited inflammation in the surrounding parts, where attachments have formed, where an attenuated skin has ulcerated, or where the contents of the cyst have degenerated.

Sebaceous growths are most easily gotten clear of by operation. In a majority of cases it is only necessary to make a sufficient cut in the skin, and the tumor can be enucleated, just as the crystalline lens is removed in the operation for hard cataract.

In other cases it is necessary to incise the tumor through its centre down to the base; this divides the cyst, or sac, each portion of which is to be dissected away. In instances of moderate or of large growths it is the practice