

to commence with an elliptical incision, making the skin removed correspond with the requirements of the parts after the tumor shall have been taken away. In doing this it will be found better to have too much than too little integument: even very redundant flaps are seen to accommodate themselves to the parts beneath.

FIG. 445.



Small Sebaceous Tumor, showing its sacculated condition.

The contents of sebaceous tumors, while uniform in character, vary greatly not only in consistence but in appearance. Yet, whatever the expression, the springy, elastic character, as touch is concerned, is preserved. These tumors, while frequently multiple when appearing upon the scalp, in which position they are known as the common wen, seldom appear but as single upon the face.

Sebaceous tumors have little vascularity, the supply of vessels being confined to the sac, which, as will be inferred, is the attenuated duct and glandular substance. Little or no pain attends their development. The enlargement is entirely devoid of danger, as tendency to malignant degeneration is concerned. To prevent the possibility of return on the part of a removed sebaceous tumor, particular care is to be observed that no particle of the sac be allowed to remain. Cauterization is not required nor is it permissible.

SWEAT-GLANDS.

Hyperidrosis.—This affection finds its diagnosis in greatly increased perspiration. The condition relates with both systemic and local disease; is of acute or passive signification. General sweating is identified with febrile maladies; it arises also out of a high atmospheric temperature. Local sweating signifies abnormality on the part of the sudoriparous glands of the region implicated; it is a special condition. When associated with the face hyperidrosis confines itself markedly to the forehead.

TREATMENT.—Inferring the cause of local hyperidrosis to lie in deficient innervation, out of which arises passive congestion of the sudoriparous plexus, faradization commends itself as an application to be repeated daily for weeks, and after that, interruptedly for months. Stimulation excited by the use of dry handkerchiefs which have been wrung out in salt water is a promising remedy if continued long enough. Astringents and alteratives apply. In the first direction alcohol medicated with tannic acid is to be commended; in the latter few means are found of more satisfactory import than a combination of chlorate of potash, sulphate of zinc, and hydrate of chloral.

R.—Potassii chloratis, ℥ss;
Zinci sulphatis, gr. xxiv;
Chloral hydratis, gr. xv;
Aquæ rosæ, ℥viii. M.

Sig.—To be applied pro re nata.

Chromidrosis.—This is an affection of the sweat-glands, emotional and vicarious of signification, in which a watery fluid, variously colored, is seen to issue directly from the tubal outlets. At the present time the writer has under observation a lady of marked hemorrhagic diathesis where these glands, on the intervention of an hysterical attack, will sometimes throw out a fluid of venous darkness. Causes are idiosyncrasy, chlorosis, irregularity in the menstrual relations, nervous prostration.

TREATMENT.—This is to be directed to any derangement seen to exist, and to a general building up of the constitution.

Anidrosis.—This condition is the opposite of that just considered. It may occur as an idiopathic condition, but is most commonly an associate of chronic skin affections. Dry face is met with where moisture is absent in the hottest weather.

TREATMENT.—This is directed by the circumstances of each particular case. Where the cause is not recognizable nothing is to be done outside of administering nerve tonics.

Sudamina.—This affection occurs in hot weather and during the continuance of such diseases as typhoid and typhus fevers, phthisis, and rheumatism; its subjects are alone thin-skinned people; commonly women. The characteristics of the lesions are crowded, transparent vesicles, pin-head in size, raised somewhat above the level of the skin and felt as elevations. The vesicles never run together nor become puriform. Pathology of the condition is explained in an excess of secretion over discharging ability of the tubal outlets. Sudamina disappear with the occasion excitive of the condition.

TREATMENT.—This affection being received as an expression of debility, remedy lies in the direction of stimulation.

CONNECTIVE TISSUE.

Keloid.—Kéloide, the French term, signifying a disease resembling scirrhus, is the name given to one of the most peculiar and individualized of skin affections. This condition, first described by Alibert, is characterized by nodules, or more generally wheals, scattered irregularly over the body,—usually, however, confined to the breast, arms, neck, and face. It occurs in both sexes, may appear at any time of life, and is more common to the black than to the white race.

Keloid is a disease of the corium and subcutaneous cellular tissue. That it is an atonic condition is to be inferred from the fact that in every individual case in which the author has met with it there appeared to be present a scrofulous association. This, however, is a feature not referred to by dermatologists.

As to the exciting causes of keloid, writers on skin diseases express no opinion: it is traumatic and it is idiopathic; it appears upon a skin which before has seemed entirely healthy, and it springs up in the cicatricial tissue

of a wound. The cicatrices of bad burns from dry heat very frequently so simulate this disease that one might be readily mistaken for the other. Keloid certainly constitutes a diathesis: the writer has seen it develop after a simple puncture which opened a boil, while others have remarked it appearing in the cicatrices of smallpox, after scarification in cupping, after vaccination, blistering, etc. Processes, or roots, pass into neighboring parts, thus extending the disease. The excrescences, to the touch, are hard, semi-elastic, and rough; the color differs from that of the surrounding region—varying as do the cicatrices of burns. According to some observers, the parts itch and are more or less uncomfortable. Complaints of any peculiar sensation are seldom heard, however, except as the location of some wheal may interfere by its stiffness with free motion.

Keloid is an imperfect fibrous development, a species of cellular fibroma. Warren, of Boston, has demonstrated the origin of the disease to be in the walls of the blood-vessels, numberless cells accumulating and in time becoming converted into dense connective tissue. Microscopic studies made by Langhans, Kaposi, and others, exclude from connection with the lesion both the epiderm and papillæ.

TREATMENT.—This has, in every instance, proved so unsatisfactory, that surgeons are agreed in the practice of letting the deformity alone: even the

FIG. 446.—KELOID OF NECK.



knife is useless, or worse than useless; if a nodule or wheal be removed, one, or perhaps half a dozen, will spring up in its place. Where the tumors interfere much with motion, they may be lubricated with glycerine or oil, but otherwise nothing is to be accomplished: the only comforting reflection for the patient is that keloid seldom, if ever, kills.

Molluscum Fibrosum.—This is a connective-tissue proliferation exhibiting itself as multiple, sessile, or pedunculated tumors varying in size from a

common pea to that of an egg; the situation is immediately beneath the skin or it may be in the skin itself. Appearing occasionally single it not infrequently multiplies itself by hundreds. When single the measurement is not unapt to be that of an olive or a small pear, the shape corresponding with that of the latter-named fruit; existing in numbers the growths are seldom larger than a pea or cherry, and are not unlikely to be dome-shaped.

Section of a tumor differs with its age and size; all, however, show a white fibrous stroma from which, on pressure, a yellowish exudate may be pressed. A marked clinical difference between this tumor and the molluscum sebaceum lies in the oneness of the latter with associated parts; this is not to be expressed. Old growths frequently show much vascularity about the base. These have a twofold termination; they become arrested in development after attaining a certain size and remain through life, or, they ulcerate and become troublesome sores. The latter is uncommon.

TREATMENT.—This relates strictly with operative proceedings; common manners of extirpation are by means of knife and ligature.

Xanthoma.—This is a common affection, seen most frequently upon and below the under eyelid, and upon the region of the malar bone. It is a connective-tissue new growth, yellowish or saffron in color, irregular in form, showing itself in the two forms of tubercle and an inlaid patch or streak. In a case long under observation of the writer, the characteristics are saffron-colored, distinctly demarked strips, running horizontally along either eyelid, together with a number of tumor-like bodies situated between the lower orbital border and position of infraorbital canal. The patient is a lady possessed of dark and somewhat delicate skin; the general health is perfect. Microscopic examination of a patch removed from an upper eyelid by Professor Duhring showed a structure related with the corium consisting of connective tissue, which, to use the words of the examiner, "had undergone fatty degeneration, oil-globules and fat being present." This result agrees with that obtained by Tilbury Fox and others.

TREATMENT.—If not deforming, these strips and tubercles are best let alone. Excision is the only remedy.

Rhino-scleroma.—This is an exceedingly infrequent affection. It is described by Duhring, who possesses the experience of having seen two cases in Europe, as a circumscribed, irregularly shaped, flattened, tubercular, remarkably hard and dense cellular new growth, having its seat about the region of the nose. Beginning as an induration, or hypertrophy, of the nasal alæ, the disease extends to the septum and from that down the lip. Upon pressure the growth shows elasticity, it is free of all acute inflammatory expression, the color of the skin is unchanged, or if not so, only slightly pigmented a reddish or brown. The line of demarkation is diagnostically distinct. Kaposi, who, together with Geber and Mikulicz, has microscopically studied the affection, remarks a surprise begotten by cutting into the growth at the ease with which a blade passes through it as comparison is made with the

hardness to touch; that observer describes a section as showing the epidermis and rete as normal, the papillæ being filled with cells closely packed, the cellular infiltration, here and there, extending deeply into the corium, which structure is uniformly dense throughout, the vascular stratum and the papillæ being especially crammed with cells; Kaposi associates the disease with the small-cell sarcoma: Geber and Mikulicz consider it as a chronic inflammatory process.

TREATMENT.—If allowed to run its course, rhino-scleroma is found to eventuate in occlusion of the nostrils. Caustics are recommended, but the inference drawn by the writer from a clinical examination of the cases treated at foreign clinics begets a very positive conviction that a remedy proper to use has not yet been discovered. Prognosis is most unfavorable. No case is known to have occurred in the United States.

BLOOD-VESSELS.

Angeioma. Nævus Vasculosus.—A vascular nævus is a disease of the blood-vessels; arterioles, venules, or capillaries being individually or collectively involved. Varieties of the condition show many aspects; extremes are flat discoloration, and extensive tumors. Under the designation are included the nævi materni, mother-marks; also, justly, the acquired lesion, telangiectasis.

A mother-mark is commonly a small reddish or brownish flat or raised defect situated upon the face or other part of the body. Such a mark is various as to size and characteristics, being, in instances, a mere point, in other cases, as in that known as the port-wine stain, covering a large surface.

Although to the eye such lesions do not in all instances appear vascular, they certainly differ only in degree from the telangiectases, being commonly capillary hypertrophies, as is sufficiently witnessed when wounds occur in them. That such vascularity does not, however, shade off into the adjoining tissue is sufficiently well recognized; on the contrary, the connection is very limited. Such marks are supplied by two or three large vessels, the hypertrophy of whose radicles may, for practical purposes, be viewed as constituting the disease: hence, in operating on them, if the incisions be made wide of the growth, there is no more than ordinary hemorrhage,—only one or two vessels, if any, requiring the ligature.

Arterial Tumor.—This is a form of the erectile growths which has an individuality, inasmuch as it consists of a congeries of vascular twigs, held together by the more or less imperfect remains of the associated skin or cellular tissue. That it is not, as has been suggested, an aneurism, but rather a simple enlargement of terminal vessels, is proven by the fact that such enlargement accompanies the vessels of supply for a greater or less distance; that it differs, however, from the nævi, just described, few are prepared to admit. It is, perhaps, a formidable nævus, nothing more, both being, in varying degrees, erectile tumors.

These growths, while in many instances referable to local injuries, are in most cases fairly presumed to be of congenital character. It is quite true that they may appear late in life, yet the impress has existed not unlikely, although it may have been in the form of a point not larger than a pin-head, and may have entirely escaped attention.

The growth of such tumors is markedly variable. The writer has met with them where twenty years seemed scarcely to have changed their character, while in other instances a single week has exhibited alarming progress. In some cases the attenuation of the coats of the vessels is so great that one might well imagine he can see the flow of the blood, while in other instances hypertrophy of the associate tissues is so marked as comparatively to solidify the part. In color also, as will be inferred, the arterial tumors are found to vary, the shading being influenced by the conducting facility of the associate veins. Pulsation exists in many of the growths, and is synchronous with ventricular systole. To the touch the tumors are soft and doughy, almost disappearing under pressure, yet filling up the moment such pressure is removed. Form is without absolute definition, the outline being modified by circumstances of which we know nothing. A marked diagnostic sign is the effect produced on the size by the condition of the circulation. Veratrum viride, or aconite, by lowering the action of the heart, will cause those of moderate bulk to almost disappear. Even the quietude of sleep and of recumbency markedly affects them. Passion, on the other hand, excitement, or any mental emotion disturbing the pulse, causes them to enlarge, even in some instances to bursting, such enlargement being most pronounced in cases where a state of atrophy characterizes the connective tissue. The common danger from these tumors is ulceration, which, in many instances, resulting in severe hemorrhage, has gradually, yet sometimes suddenly, exhausted the patient.

A case of arterial nævus, the largest ever treated, or indeed ever seen, by the author, is perfectly shown in Fig. 447. The patient, a negro baby from Maryland, was brought to Professor D. Hayes Agnew, who, for the service of the oral clinic, kindly placed the child in that department. The growth, as exhibited in the cut, involved the full side of the face and looked as if it might give way at any moment. The whole substance of the cheek was involved, the mucous membrane excepted. The tumor is shown uncovered, its base being transfixed by two needles. A complete cure was made.

The Venous Tumor.—This is another form of the erectile growths, differing, however, from the one just described, in the fact that the venous rather than the arterial twigs are in a state of enlargement. A description of the one is a description of the other, save in the matters of color and pulsation, the latter being generally dark, almost to a dull purple or grayish-black, and of course deficient in movement. Like the arterial, the venous tumors are sometimes slow of growth, at other times rapid; they appear without assignable cause other than the congenital impression.

Fig. 449 shows a form of nævus, or, as it is more commonly called, venous varix, which is met with in varying facial locations not infrequently by the

FIG. 447.—ARTERIAL NÆVUS.



FIG. 448 —VENOUS NÆVUS.



writer. The condition, as will be appreciated, consists of a congeries of enlarged veins. A common seat of the affection is the cheek, where, the

FIG. 449.



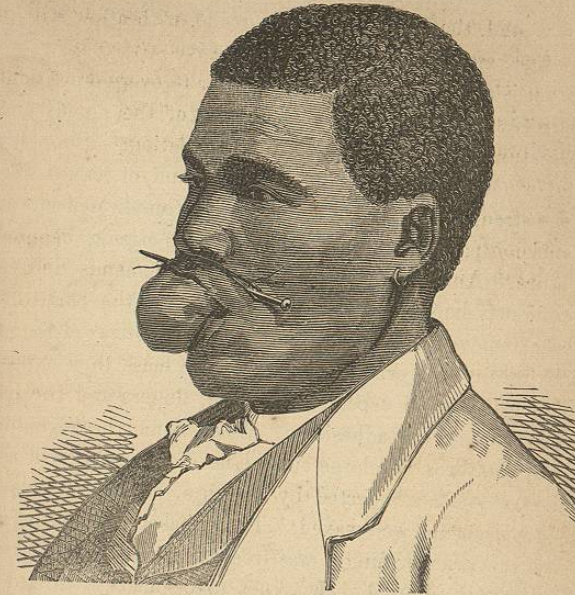
overlying skin becoming more or less atrophied, the appearance presented is that of a divisioned sac filled with darkish blue blood.

Fig. 450, being a case illustrated by the elder Pancoast, represents a large

nævus met with upon the lip of a black man. It was successfully removed by acupressure, after a manner shown in the cut.

A case of nævus about to be dismissed from the observation of the writer, is in the person of a white babe, the right half of whose lower lip was but

FIG. 450.



lately a vascular mass, the disease extending well into the cheek. The condition was congenital, the nævus having enlarged, however, very much and rapidly after birth. (See page 688.)

Capillary Nævi Maculæ.—A capillary nævus may involve the deep structures or it may be of superficial import; the signification of it lies in the capillary tissue. Under this head are to be classed not only small and unimportant phases of the disease, but tumors which threaten life.

Port-Wine Stain.—This is a nævus of such marked and peculiar expression, and withal so common, as to merit special naming. In color a reddish purple, the extent of parts deformed by it varies from an aspect known as araneus (epides clavus) to the whole side of the face and neck, the patient looking as if stained by dark wine. So superficial is this discoloration that a touch of the finger will cause its temporary disappearance.

TREATMENT.—Nævi are treated on a common principle: by ablation with the knife, by strangulation, by starvation, by compression, by injection, by electrolysis, and by the application of caustic remedies.

Excision is chiefly confined to small tumors, this being the easiest and quickest way of getting clear of them. The general experience to cut as wide of the growth as convenient is the principal rule to bear in mind. As

the vessels of supply are cut, an assistant compresses them with thumb or finger; and while such vessels are frequently very formidable-looking, yet it may happen that when the tumor is entirely away not a single ligature shall be required. Should the hemorrhage not cease, it will be found convenient practice to ligate.

Removal of a growth effected, and the bleeding controlled, nothing remains but to close a wound, that may have been made, with a few stitches of the interrupted suture, and to support it with adhesive strips.

Strangulation is a means of treatment familiar to every practitioner. Such manner of cure implies transfixion of the base of the nævus and the application of ligatures that shall cut off the circulation. Simple strangulation uses one or more curved needles and a strand of waxed silk; skin is included in the strangulated circle. A step more complicated cuts around the disease, the incision passing through the skin; this circular channel receives pins and ligature. Another operation (Fig. 447) demands uncovering of a tumor that skin may be secured or saved to cover in the part from which a nævus has been removed. In the case of the child portrayed four flaps were commanded by means of a crucial incision. The mass thus exposed, it was worked into as ball-like an aspect as possible, fingers and the handle of a knife being used to tear the adhesions. When hemorrhage could no longer be controlled by ligatures, two large curved needles were passed, as shown in the cut, and strangulation effected by means of several strands of gilling twine twisted together and well waxed. The pedicle controlled by a single tie of the ligature, the vascular fungus was freely depleted by deep pricks from a lancet. This last step allowed such a knot to be made as turned the tumor quickly black by reason of absolute shutting away of all circulation. To render the case as suggestive as possible, it is to be stated that union of the base of the growth with its vital bed was prevented by interposing layers of linen saturated with an antiseptic. Four days later the now degenerating and offensive mass was lifted away and the flaps, which had changed surprisingly little, were laid down and delicately stitched and compressed into place. Recovery was without a complication. Four years later, the baby, grown into a rugged child, was brought to see the operator, scarcely a scar designating the locality of the formidable performance.

Still another class of strangulation refers to the manipulation practised subcutaneously. Cases demanding this operation have the disease situated beneath the skin, circumstances existing which contra-indicate an uncovering. In these instances, not always satisfactory as to results, a threaded needle is passed over one surface of the pedicle and brought under the other by being returned through the opening of exit, the needle finally emerging at the point of entrance. The principle is that employed in the treatment of varicocele.

The strangulation of nævi requires not infrequently the exercise of considerable ingenuity in the arranging of ligatures. Figs. 451 and 452 exhibit complexities in transfixion, and will serve as hints to practice.

Compression.—Compression applies to pressure, however made. Take a piece of ivory, metal, or other convenient material, adapt it to the part, and confine by means of bandage or adhesive strips. This mode of cure is rarely applicable, being used only over bony surfaces and where a tumor is quite

FIG. 451.

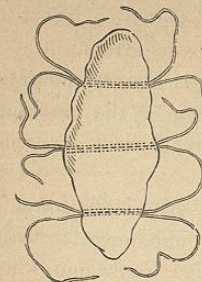


Diagram of tumor with its base transfixion by a number of threads.

FIG. 452.

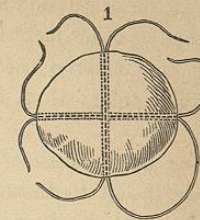


Diagram of tumor with its base transfixion by threads at right angles to one another.

small. A practice which in one instance, where the tumor was situated upon the finger, answered a satisfactory purpose, consisted in the daily application of tincture of iodine four times the officinal strength, together with the use of an india-rubber ring. Collodion, daily applied, is recommended with similar intent.

Injections have some few advocates: of agents thus used, the principal are iodine, Monsel's solution of iron, nitric acid, and creasote. Such mode of treatment is always, however, attended with more or less risk, and is not to be commended. The practitioner disposed to try the plan has only to use the ordinary subcutaneous syringe, break up, with its point, the structure of the tumor or some portion of it, and follow with the injection. Several cases of death are on record from this manner of treatment; the danger lying in emboli.

Caustic remedies, used to destroy nævi, are of various kinds,—Vienna paste is a wide favorite; this is the potassa cum calce of the Pharmacopœia: it is used by continuing an application from ten to twenty minutes, following it with an emollient poultice. London paste, composed of equal parts of quicklime and caustic soda, replaces this in the estimation of the author; it is used by being mixed into a thick paste with water or alcohol.

Another method is to paint the part with blistering collodion, and, after the cuticle is raised, apply crystals of the chloride of zinc. An application recommended by Richardson, of England, consists in the ethylate of sodium used upon the nib of a quill pen.

In the application of any caustic, trouble, more or less severe, from a resulting inflammation, is always to be apprehended; this every patient, or the friends, are to be made to understand, as it is impossible to know just how a