

The commencement of the disease about the face, as in other regions, is as a small red spot, which enlarges until the ordinary dimension and circularity are attained, the skin becoming, in the mean time, hyperæmic and desquamative.

A vesicular association is not uncommon, this arising out of a more than common irritability of the parts. The course of the disease is variable. In the child it is more amenable to treatment than in the adult. Cold favors cure; heat retards it. The affection is contagious. It is most frequently met with among the poor and ill nourished. Improvement is from the centre outward.

TREATMENT.—A domestic remedy that frequently proves successful consists in binding over the part a copper penny, which has been immersed in vinegar. Duhring commends an ointment composed of ten grains of ammoniated mercury to an ounce of simple ointment. Common black ink is a popular remedy. Goa-powder ointment is highly prized; this is an Indian remedy, consisting of the pith of a leguminous tree found in Brazil, rubbed up in a five-per-cent. admixture with cerate.

The general principle of cure, it is to be recognized, lies in detaching the scurf, and with it the superficial epidermic scales among which the parasite vegetates.

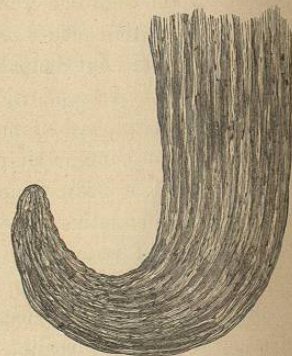
FIG. 454.



Horns growing from the nose and face.

(See page 668.)

FIG. 455.



Section of a horn, showing its laminae.

CHAPTER XLIV.

LUPUS.

THERE are two general expressions of lupus: One of these, seen most commonly in the adult, is known as lupus erythematosus; the other, met with more frequently in the young, is designated lupus vulgaris.

Lupus Erythematosus.—The characteristic of this condition is an irregular, yet more or less roundish dry sore, appearing upon the face, having its situation most commonly either about the bridge or ala of the nose, or over the location of the infraorbital foramen, the surface being covered with adherent scales. Lupus presenting itself in this form is commonly of most chronic condition; if untreated, not being irritated through caustic applica-

FIG. 456.



Lupus erythematosus.

tion nor by scratching or picking off the scabs, it may remain a lifetime in the state described.

This expression of lupus begins in one of two ways: first, and most commonly, as a dry patch toward which attention is directed by the formation of scales; second, as several unepitheliated, isolated, patches which later enlarge and coalesce, forming in this way one large patch, or, it may be, two or three.

The scales of lupus erythematosus show in their abundance that the disease is a cellular new growth; also, out of a grayish or yellowish aspect sometimes pertaining to them, that it is associated with the sebaceous glands.

Hebra, because of this last-named association, and for the reason that the origin of the disease is not infrequently that of seborrhœa, inclined to give it the name of seborrhœa congestiva. Kaposi and Thin show that the sweat-glands as well as the sebaceous may be the seat of the disease, while, according to Duhring, to Geber, and to Stroganow, all the structures and every layer of the skin may be the centre of the morbid process.

Lupus Vulgaris.—Expressive synonymes for this condition are, wolf-gnaw, corroding tetter, malignant herpes.

This expression of lupus begins in one of several ways: as a papule, as a tubercle, or as a flat infiltration. That, like the form just considered, it is not a condition of scrofulosis exclusively is proven by the fact of its exceeding rarity when compared with that condition, statistics of the American Der-

FIG. 457.



Lupus vulgaris.

matological Association showing but 42 out of 16,863 cases of skin diseases reported.

Commencing in papular form, lupus vulgaris is first observed as a number of points situated beneath the epiderm, these being of a reddish or brownish color, and associated by intervening tissue not entirely without induration; a variety is the verrucous, or scaly wart, form.

Lupus tuberculosus is the disease in the shape of one or several tubercles; this is a stage progressive on the first, or, tubercle may be a primary expression.

Infiltrating lupus begins as an effusion among the sub-epidermic structures, the corium being the commonest seat: a synonyme for this expression is lupus hypertrophicus.

However commencing, the history of lupus vulgaris is that of progressive ulceration. First, from the breaking down of papule, wart, tubercle, or infiltration, a sore of resistive, angry, and threatening appearance shows itself; this may not be larger than a pin-head, it may not be smaller than a silver dollar. A peculiarity about the sore is absence of indication. In its origin a lupus ulcer aims to cover itself with a scab, this grows out of a plastic exudate which concretes into a yellowish or dirty grayish crust. Extension of the ulcer is from the circumference of this crust, fresh pustules or, not unlikely, blebs appearing, forming, as it were, new nidi of the disease.

Extension is also in the direction of the deep structures; a lupus commencing upon the side of the nose not infrequently destroys, not only all surrounding parts of the face, but erodes the osseous structure beneath until the arch is completely destroyed. (See Fig. 457.)

Dermatologists apportion the disease to the poor, the scrofulous, and the uncleanly. The author has seen a fair share of cases, and it is his testimony unhesitatingly written that the class of people affected are likely to be just the reverse of these.

The pathological anatomy of the lesion is interesting but not pertinent clinically. The subject has been elaborately studied by the European histologists, but nothing germane to a scientific treatment has come of the studies. What the writer learns from these investigations only serves the more to confirm him in a conviction of the likeness of the condition—certainly of lupus vulgaris—with cancer. Using a low-power microscope Kaposi exposes a recent nodule to consist of variously sized, roundish, nest-like masses of neoplasm distributed through the lower part of the corium. Lang, Thoma, and Friedländer present varying results as influenced by the stages of the diseased part studied by them. Schüppel lays stress on the existence of giant cells containing numerous refractive nuclei, deemed by Thin, who has examined them exhaustively, to consist of diseased blood-vessels. Duhring, grouping the studies, pronounces the etiology of the disease obscure but persistently refuses to identify it with carcinoma; he favors, but does not commit himself to, the scrofulous origin.

Lupus erythematosus separates itself from lupus vulgaris in that it is not accompanied by ulceration, and that it confines itself to the surface of the skin; also in its relation with age.

Tertiary syphilitic ulcers are not unlike the erosions of lupus vulgaris; distinguishing marks lie in histories of the two conditions, and absence, in the latter, of an offensiveness as to odor so characteristic of the former.

Acne rosacea is still another disease of resemblance; distinction lies in the pustules of acne, in the dilated vessels, and in the rose red of color when compared with the purple of lupus. In assuming a cancer origin for lupus vulgaris the author is not to be understood as confounding it with forms of the lesion possessed of familiar description. What is meant to be implied is existence of close likeness as to clinical histories.

TREATMENT.—This aims to be alterative. Absence of knowledge of cause denies any but empirical practice. Attention is to be given to any systemic derangement that exists. Local remedies relate with iodine, iodide of potassium, the mercurials, sulphur, carbolic acid, zinc, chloral hydrate, bismuth, and similar preparations. Tar has been found serviceable. A mixture composed of equal parts of oil of cade, alcohol, and soft-soap is recommended. Hebra favors the use of iodine, alone or in combination with glycerine, painted over the part until a scab is formed. Cutting away of the surface by means of a curette is endorsed by many. Multiple scarification is recommended by Volkmann. Burning with the ordinary sun glass has been tried. The treatment employed by the author is the same as used by him in cancerous epithelioma, which see.

CHAPTER XLV.

EPITHELIOMA.

EPITHELIOMA as a term, when properly applied, is expressive of a variety of conditions: A cutaneous horn, an epidermic neoplasm, a subcutaneous scirrhoma are alike justly to be grouped under the single name. There are epitheliomata.

Epithelioma means relation with epithelial tissue,—that, and nothing more. Pathological signification of any special condition compels the prefix to the substantive of an adjective.

The present chapter deals with cancerous epithelioma.

By cancerous epithelioma is meant perversions, related with epithelial structure, arising out of the cancer vice.

Cancer is the terra incognita of surgery. A question of large clinical import relates with the origin of the disease. Is carcinoma primarily of local origin? Is a local manifestation simply an expression of a vice lying back of it? These questions wait solution. An English school contends for a primary constitutional meaning. The German, and an American school, the latter headed notably by the distinguished histologist, J. J. Woodward, of the Surgeon-General's Department at Washington, maintain the origin to be local. Accepting the latter authorities to be right, cure of cancer is found in immediate recognition and abortion of a local manifestation. The difference between the two views is separation between life and death,—a specific remaining undiscovered.

A cancer sore *accepted* as holding similar relation to the constitutional condition as is held by a chancre to systemic syphilis, treatment of the two becomes identical. Immediate recognition and destruction of a chancre is the abortion of syphilis; to possess a diagnostic acumen capable of distinguishing the incipiency of cancer is to hold in one's hands the means of cure.

Certain experiences of the author, had within the past twelve years, have introduced into his mind some doubt as to the humoral theory. He has cured epithelioma diagnosed to be cancerous. He is led to think that skin cancer, if taken in time, is to be aborted precisely as is syphilis.

Granting the success assumed: Are carcinoma and epithelial cancer the same disease? This dispute is gotten clear of in the exclusion which characterizes the diagnostic data of the chapter. All epitheliomata are not carcinoma. Some epitheliomata are necessarily carcinomatous, for the reason that exclusion shows they can be nothing else. Cancerous epithelioma is what has been successfully treated by a practice to be described.