

bug), *filaria medinensis* (guinea worm), *pulex irritans* (flea), *leptus autumnalis* (harvest bug), *ixodes* (ticks), *cysticereus cellulosa cutis* (young of the tape worm), *pediculi* (lice), *cimex lenticularis* (bed bug), flies, mosquitoes, gnats and other dipterous insects.

SECTION II.

SPECIAL DISEASES OF THE SKIN.

ACNE.

Definition. Acne is a chronic, inflammatory affection of the sebaceous glands and periglandular tissue, characterized by papules, pustules and tubercles situated for the most part upon the face, back and upper part of the chest.

Varieties. There are two principal forms of acne, *acne vulgaris* and *acne indurata*, with the several terms appended indicative of the lesion present.

Acne vulgaris begins about the age of puberty with the appearance upon the face, shoulders, back or upper part of the chest, in any or all of these regions, of pin-head sized papules (*acne papulosa*) which are red or pink in color, firm, and present a central opening usually occupied by a plug of hardened sebum, the blackhead or *comedo* (*acne punctata*). The summit of the papule as a rule becomes pustular (*acne pustulosa*). The lesion then represents a pustule situated upon a firm, inflamed base and generally showing a comedo. This is the appearance that is accepted as typical of *acne vulgaris*. The pustules are variable in size, small and pointed or large and flat. The contents when squeezed out is composed of pus mixed with hardened sebum. The skin of the affected regions is greasy, dull and dirty looking, or polished and shining, especially the nose and forehead. Comedones are scattered about among the lesions and *milia* are frequently seen about the malar prominences and lids. The lesions are often of a mixed type as regards size and may be few and scattered or numerous and closely assembled. The conjunctivæ are frequently injected and there is a hypersecretion of the Meibomian follicles and the scalp is seen to be the seat of an oily seborrhœa.

The individual lesions of *acne vulgaris* are of short duration, lasting three or four days and drying into a crust, which, falling off, leaves the skin unaltered or with a red spot which may linger for weeks before finally disappearing. Scarring is not a feature of this variety of acne.

Acne indurata. In this variety of acne which often coexists with the simple form, the pustules are larger and the surrounding inflammatory infiltration greater. The lesions are apt to be deep-seated and may be felt as shotty masses in the substance of the skin, papular or tubercular in size. They occur with especial frequency about the angle of the jaws

and on the back. The skin covering the lesions is slightly reddened or dusky or livid depending upon the age of the lesion and the amount and nearness to the surface of the imprisoned pus. When incised or ruptured a considerable quantity of pus escapes, together with a moulded or amorphous mass of hardened sebum. Cutaneous abscesses and furuncular lesions may be seen. Owing to loss of tissue from the suppurative process, scarring is apt to result and may be extensive and disfiguring.

Indurated acne is inclined to develop at a later period than the simple form and to persist much longer.

Acne artificialis is the term applied to an acneform eruption occurring among workers in tar or paraffin, or resulting from the internal administration of bromine or iodine salts. The lesions resemble those of both of the foregoing varieties.

Symptoms. The subjective symptoms of acne are slight. A certain amount of tenderness and mild itching may be noted in connection with the newer lesions. The course of acne is essentially chronic, the disease being maintained by fresh additions to the eruptions as the older lesions run

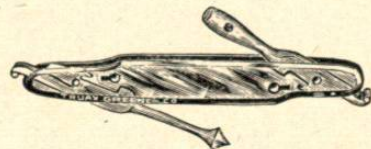


Fig. 7.—Acne Lancet and Comedo Extractor.

their course. *Acne vulgaris* tends to subside at about the acme of physical development, between the ages of twenty-five and thirty; *acne indurata* may persist indefinitely.

Etiology. Puberty is the principal predisposing cause of acne. Seborrhœa, the strumous habit, digestive disorders, affections of the genito-urinary organs, debility and anæmia are among other causative influences. Pyogenic micro-organisms are found in abundance in the acne lesions and special bacterial forms have been described by Sabouraud, Unna, Gilchrist and others.

Pathology. Acne is primarily an inflammation of the hair follicle or sebaceous gland aroused by the retention of sebum, or the entrance into the follicle of pus micro-organisms. The perifollicular structures are more or less involved in the inflammatory and suppurative event.

Diagnosis. The diagnosis of acne is based upon the multiformity of the lesions and their occurrence in particular localities associated with comedo and seborrhœa and a history of inveteracy. The acneform pustular syphilide is darker in color, more generally distributed, is not connected with the sebaceous glands and accompanies other manifestations of syphilis.

Treatment. The condition of the general health should be carefully inquired into and if any deviation from the normal be discovered, the

attempt should be made to correct it. Errors of diet, if they exist, should be rectified and the diet regulated in the direction of abstention from those articles of food which tend to produce fermentation, viz., sugars, fried food, *rechauffé* dishes and the like.

A liberal dietary must be arranged as too much restriction begets satiety, disgust and relinquishment. Constipation is to be relieved by a morning draught of Hunyadi water or a dessertspoonful of Epsom salt in a half glass of hot water, or a laxative pill of aloin, strychnine and belladonna may be given on alternate nights. Anæmia should be combatted by appropriate diet and the administration of ferruginous tonics, an ex-



Fig. 8.—Acne Vulgaris.

cellent one being Blaud's pill with arsenic. An occasional mercurial purge is productive of good in patients showing evidences of intestinal auto-toxæmia. The mineral acids, nitro-hydrochloric and sulphuric, are useful, especially when combined with a bitter tonic, as in the following combination:

R	
Acid. Nitro-Hydrochloric,	gtt. xlviij.
Tinct. Gentian. Comp.,	ʒj.
Vini Xerici q. s.	ad ʒiij.
M. Sig. Teaspoonful to be taken in water through a tube before each meal.	

Tincture of nux vomica given in full doses is an admirable tonic and particularly indicated when constipation coexists with an atonic state.

The sulphur compounds, with the exception of calcium sulphide, when given internally for their effect upon the skin will be found highly disappointing. Calcium sulphide in doses of from one-tenth to one-half grain, in pill form, is frequently of service in acne accompanied by considerable suppuration of the lesions.

Local treatment is more immediately effective than internal. The acne pustules should be incised with a lancet or opened with a sharp needle and their contents squeezed out. It is advisable to go over the face with a sharp curette which tears off the summits of the pustules and rakes out their contents, besides dislodging comedones that might be otherwise overlooked. The comedones should be extracted with the finger nails or an instrument designed for the purpose called a comedo extractor of which there are several models. After the face has been treated in this manner alcohol, or an antiseptic lotion such as a hot solution of boric acid,



Fig. 9.—Dermal Curette.

should be applied, which tends to relieve hyperæmia and destroys the micro-organisms of the evacuated pustules.

The most valuable single remedy in the topical treatment of acne is undoubtedly *sulphur*. In the majority of simple cases it is sufficient to produce a cure. In order for the desired effect to be obtained it should be used in sufficient strength to produce a decided diminution in the output of the sebaceous glands. The following lotions containing sulphur are useful:

℞		
	Zinc. Sulphat.,	
	Potas. Sulphid.,	āā gr. xv.
	Aquæ Rosæ,	ʒj.
	Sulphur, Precipitat.,	ʒj.
	M. Sig. Shake and apply locally night and morning.	

If this prove too drying a dram of glycerine may be added. The following is quite stimulating:

℞		
	Sulph. Precip.,	ʒij.
	Spirit. Camphor.,	ʒij.
	Liquor. Calcis,	ʒiij.
	M. Et ft. lotio.	

Another much used sulphur lotion is that known as Vlemingx's solution. It is a powerful stimulant and should be well diluted before using. It is made as follows:

℞		
	Calcis Viv.,	ʒiv.
	Sulphur, Sublimat.,	ʒvj.
	Aquæ Destillat.,	ʒviijss.
	Boil with constant stirring down to four ounces, then filter.	

Lotions as a general thing are to be preferred to ointments and pastes, but they are may be at times substituted by them, particularly when under the use of the former the skin has become harsh and dry. The following pastes are serviceable:

℞		
	Zinc Oxid.,	ʒj.
	Ichthyol,	gtt. xx.
	Sulphur. Precip.,	ʒss.
	Ol. Lavandul.,	gtt. iv.
	Pulv. Amyli,	ʒiij.
	Petrolat.,	ad ʒj.
	M. et ft. pastam.	

A good ointment is one according to this formula:

℞		
	Sulph. Precip.,	gr. xx.
	Acid. Carbolic,	gt. v.
	Ol. Rosæ,	gt. iij.
	Petrolat.,	ʒiij.
	Lanolin,	ad ʒj.
	M. et ft. ung.	

The mercurial preparations serve a useful purpose in acne. Sublimite solution 1:3000 may be used as a lotion, the red or white precipitate is of service in an ointment or paste. The following paste is recommended by Unna:

℞		
	Hydrarg. Bichlorid.,	gr. j.
	Resorcin,	gr. x.
	Farinæ Pisi,	ʒij.
	Glycerin.,	ʒj.
	Petrolat.,	ʒiij.
	Lanolin,	ad ʒj.
	M. et ft. pastam.	

Galvanism is serviceable in sluggish cases. Electrolysis may be used to close the dilated orifices of the sebaceous glands when their size and position cause disfigurement. The needle is introduced into the opening and a current sufficient to cause some reaction is used, for the purpose of producing adhesion of the duct walls.

The X-rays have come to be regarded as a very useful therapeutic agent in the treatment of acne. The time of treatment is abridged and the results appear to be permanent. The practical application of radiotherapy requires experience and it is well for him who does not possess it to refrain from using an agent of such power upon so conspicuous a region as the face, lest untoward and undesirable effects be produced.

The massaging ball of Hyde is a helpful adjunct, but massage with a vibrator is probably more effective and easier to use. It possesses worth in stimulating the skin to a better functional activity and thus hastens the process of repair.

Actinotherapy as carried out by the arc light and incandescent lamp has strong advocates who claim excellent results from the method. It is devoid of the dangers which beset radiotherapy.

Prognosis. All cases of acne are amenable to treatment but all are obstinate. The patient should agree to devote time and attention to the details of treatment, else it had just as well not be undertaken.

ACNE VARIOLIFORMIS.

Synonyms: Acne atrophica, acne necrotica.

Definition. Acne varioliformis is a rare, chronic, relapsing, pustular folliculitis occurring on the forehead, scalp, face, chest and back and perhaps upon the extremities (*folliclis* of Barthelemy) and leaving scars resembling those of small-pox.

Course and Symptoms. The affection begins as a red papule with a small hard centre. This becomes surrounded by a ring of pus with a red areola. The central hard spot forms a crust which is sunken and adherent. On removing the crust a greyish ulcer is seen with its floor covered with sero-pus. The crust, if undisturbed, falls off in two or three weeks revealing a dark red pit which becomes paler and leaves a scar like that of small-pox. The eruption is prone to form in groups about the forehead, scalp, face and trunk. It is painless, indolent and tends to relapse.

Etiology. The predisposing cause is regarded as oily seborrhœa. It occurs chiefly among the poor, in both men and women over thirty. A history of syphilis is sometimes given. The identity of the affection with the small, fat, pustular scrofuloderm has been advanced.

Pathology. The micro-bacillus of seborrhœa has been found, together with the micro-organisms of pus especially the staphylococcus. An inflammatory œdema with an efflux of leucocytes and the production of tissue necrosis takes place in the lesions.

Treatment. Iodide of potash, also tincture of the chloride of iron, are recommended for internal administration. Locally a mild ointment of calomel or ammoniate of mercury has been found beneficial. Salicylic acid and resorcin solutions are indicated for the associated seborrhœa.

ACTINOMYCOSIS.

Actinomycosis of the skin is nearly always secondary to extension of the disease from its primary situation in the jaw, and is due to the presence of the ray fungus. The skin in the submaxillary region is livid, densely infiltrated and perforated with openings from which pus, con-



Fig. 10 a.—Actinomycosis (Dyer).

taining the characteristic yellow granules of the *actinomyces bovis-Harz*, is discharged.

Diagnosis. The diagnosis is scarcely possible without the aid of the microscope, which reveals the presence of the fungus in the granular masses.

Actinomycosis is a disease of stablemen, millers and farm laborers and is acquired by chewing raw grain or heads of wheat, from chaff, splinters of wood or poultries.

Treatment. Appropriate treatment consists in boring into the infected foci with caustic, or in surgical removal. Internally iodine and its compounds should be administered. Arsenic has been recommended in the more chronic cases. Roentgen-ray therapy would appear to be indicated from its beneficial effect in somewhat similar conditions.

Prognosis, if limited, is favorable, doubtful if extensive. Death occurs from extension and involvement of important organs.

ADENOMA SEBACEUM.

Definition. Adenoma sebaceum is a rare affection of the skin accompanied by the appearance of small, firm, colorless tumors occurring about the forehead, nose and ear. Another type of adenoma sebaceum is congenital and the tumors are yellowish or reddish, telangiectasic, occur chiefly in women and are situated about the mouth and nose, tending to

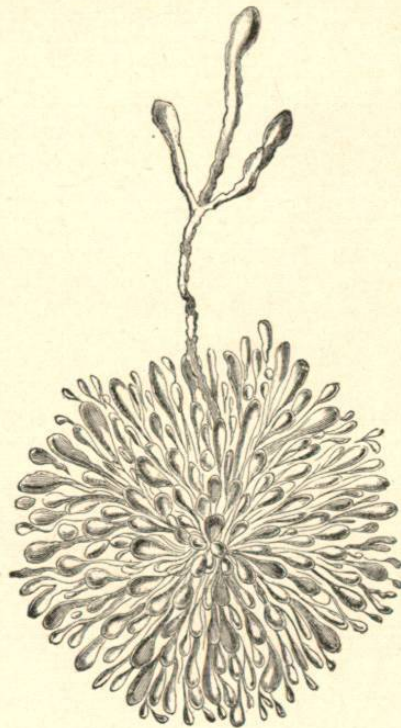


Fig. 10 b.—Mass of Actinomyces showing Ray Arrangement (Schamberg).

remain stationary. Both of these forms coexist with evidences of sebaceous gland disturbance, acne, comedo and milium.

The *treatment* of adenoma sebaceum consists in destruction of the tumors with caustic or the electric needle, or extirpation with the knife.

The sweat glands may also be affected with a variety of adenoma which is exhibited in small, pale papules arranged in clusters or groups about the face and scalp. When the papules are incised a small quantity of clear fluid escapes. Histologically the glomeruli of the sweat glands are found to be greatly hypertrophied.

The *treatment* of this rare condition is destruction of the papules with the electric needle or chemical cautery.

AINHUM.

Description. Ainhum is a rare disease limited to negroes and the negroid races. It consists in a slowly-narrowing, circular constriction of the little toe at its proximal extremity. The portion beyond the jugulating band becomes the seat of fatty degeneration and if not removed ultimately drops off. The accompanying cut illustrates the condition which had existed in a negress for twenty years.

Etiology. The etiology of ainhum is unknown. It has been ascribed to the practice of wearing toe rings, of going barefooted and to minor injuries to the sulcus beneath the toe.



Fig. 11.—Ainhum.

Treatment consists in incising the constricting band if the disease is discovered early in its course; otherwise surgical removal of the toe.

ALBINISMUS.

Description. Albinismus is a congenital absence of pigment in the skin and other tissues. It may be partial or complete. In complete albinism the skin, except where it is thin and the cutaneous vessels may be seen underneath, is of an unnatural whiteness. The hair of the head and body shows entire lack of coloring matter and is bleached or orange white. The irides are pink and, wanting protective pigment in the choroid, there is photophobia with nictitation and nystagmus. This condition of the skin

is observed among all races but more frequently among the colored. It is hereditary and is often seen in several individuals of the same family. It is not uncommonly associated with mental and physical inferiority. Animals are subject to the anomaly.

Partial albinismus is characterized by irregular patches of white skin without surrounding hyperpigmentation. The patches are sometimes arranged in streaks or bands and may follow the course of certain cutaneous

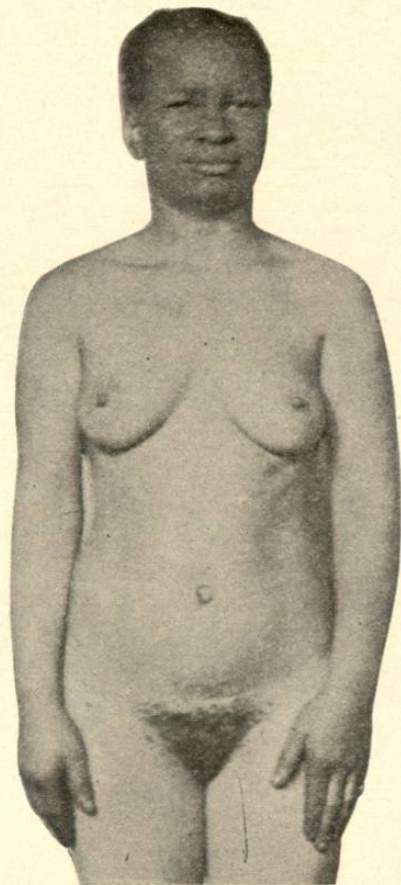


Fig. 12.—Albinism in Negress.

nerves and may or may not be symmetrical. The pigmentless areas are persistent and remain throughout life though they occasionally enlarge and rarely spontaneously disappear. The affection is more common among dark races than white.

Treatment is ineffectual.

Pathology. There is a total lack of pigment in the rete; otherwise the skin is normal.

ALOPECIA.

Synonyms: Baldness, Calvities.

Definition. The term alopecia is applied to partial or complete loss of hair and may occur congenitally, from old age, prematurely without appreciable cause, or as a result of disease.

Varieties. *Congenital alopecia (alopecia adnata).* This condition is rare and, usually, not permanent. When permanent and complete it is generally associated with other anomalies of the skin, and of the nails and teeth.

Senile baldness (alopecia senilis). Baldness beginning after the forty-fifth year, without apparent cause, other than as an accompaniment of other degenerative changes in the skin as a result of age, is classed as senile. It may or may not be connected with greyness, and is, as a rule, accompanied by seborrhœa. The loss of hair usually begins at the posterior part of the vertex, and proceeds symmetrically forward and backward with more or less rapidity. The hair of the sides and back of the head is usually spared, of which exemption the patient often takes advantage by borrowing from these regions to supply the deficiency in others. When complete the vertex is glabrous, but for a few widely scattered sprigs, which have escaped the general devastation. The skin is shining, polished and appears stretched. The hair of the axillary, pubic and anal regions, as well as that of the lower two-thirds of the legs, may also be thinned or lost in great part.

Premature baldness (alopecia prematura), that occurring among young adults, is idiopathic or the result of disease. In the former instance the thinning process takes place at the vertex or temples, in the latter situation manifesting itself in lateral recessions with the preservation of a central peninsula. This type of baldness is sometimes a family trait, but it is believed by Crocker, G. T. Elliot and others, that a majority of cases of apparently causeless baldness are, in reality, due to an undiscovered seborrhœa or seborrhœic eczema.

Premature baldness as a result of disease (alopecia prematura symptomatrica, alopecia pityroides of Pincus) may be due to inflammatory, suppurative affections, parasitic diseases, traumatism or seborrhœa, the last named being by far the most frequent cause of premature baldness. In alopecia due to seborrhœa, or seborrhœic eczema (*alopecia seborrhœica*), the scalp is the seat of the dry (dandruff) or oily form, or both combined. The hair is greasy, damp, and clings together; the scalp is covered more or less uniformly with fine, loosely attached scales or masses of unctuous, yellowish squamous accumulations. The loss of hair may occur first at the temporal or coronal regions, and is gradual and progressive. Seborrhœa often antedates the fall of hair by several years, and may be disproportionate in severity to the degree of alopecia.

Alopecia seborrhœica may make its appearance at an early adult age,

and is common in both sexes, the male predominating. This type of baldness has been proved experimentally to be contagious, and several microorganisms have been alleged to be the specific cause but none of them has been positively established as such. Too frequent ablutions of the scalp, the wearing of unventilated headgear, gout and dissipation are offered as additional contributing causes.

Treatment. The treatment of congenital baldness is superfluous; the condition rights itself, or does not do so, and in either instance is not affected by treatment. Senile baldness is in itself beyond relief, but its advent may be long deferred by proper prophylactic measures of systematic hygiene and disinfection of the scalp.

Idiopathic premature baldness, unless it be ascertained that idiopathic is a misnomer, and the causative factor eliminated, is likewise unaffected by treatment.

In the treatment of *alopecia seborrhœica* considerable time and attention to detail are required to secure satisfactory results. The scalp should be shampooed with the tincture of green soap or a good tar soap, once a fortnight, and a stimulating lotion, in the absence of much irritation, applied once or twice daily. Resorcin is of great value in this condition, as is also bichloride of mercury. Precipitated sulphur, salicylic acid and hyposulphite of soda are also of value. These remedies may be used alone but are usually combined in the form of lotions such as the following:

℞		
	Hydrarg. Bichlorid.,	gr. j-ij.
	Resorcin,	ʒj-ij.
	Tinct. Cantharidis,	ʒij.
	Alcohol,	ʒj.
	Aquæ Rosæ ad,	ʒiij.
	M. Sig. Apply to scalp with a pipette.	

Resorcin may be used in proportion of one dram to three ounces of bay rum, as a simple but effective lotion. It should not be used for too long a time continuously, as it tends to stain the hair.

A solution of hyposulphite of soda ʒj to rose water ʒiij is serviceable, especially when dandruff is abundant.

Ointments are sometimes useful when lotions fail to accomplish the desired results, and the patient does not make too strenuous a protest against their employment. The following combination is recommended:

℞		
	Sulphur. Precip.,	ʒj.
	Pilocarpin. Hydrochlorat.,	gr. ij.
	Ung. Aq. Rosæ ad,	ʒj.
	M. et ft. ung. Sig. Apply at night.	

The hair should be parted in parallel rows, and the ointment applied to the scalp thus exposed. The scalp may be washed every three or four days.

Lassar's method is more or less used. It is as follows: The scalp is shampooed with tar soap and dried and a solution of bichloride of mercury 1:2000 applied; this is followed by a solution of beta-naphthol five per cent in alcohol. An oil of the following composition is then rubbed in:

℞		
	Acid Salicyl.,	ʒss.
	Tinct. Benzoin,	gtt. xl.
	Neat's foot Oil ad,	ʒiij.

These manœuvres are to be repeated every night for two or three months. There are few patients who are willing to carry out the irksome details.

Tar is serviceable, but somewhat objectionable on account of its odor.

The oil of cade is the preparation of choice.

Massage and static electricity are both beneficial, especially when the scalp is drawn and tense and the nutrition impaired.

Further particulars of the treatment of alopecia, seborrhœa and seborrhœic eezema, to avoid repetition, will be given under these heads.

Prognosis. The prognosis of senile and idiopathic baldness is bad; that of alopecia seborrhœica favorable, provided the cause is removed. The patient may be given a reasonable assurance that the complaint can be stayed with proper treatment, though the hair lost may not be restored.

ALOPECIA AREATA.

Synonyms: Alopecia Circumscripta, Àrea Celsi.

Definition. Alopecia areata vel circumscripta is a localized loss of hair, occurring in round or oval patches, and without apparent disease of the skin.

Description. It differs from the other forms of alopecia in its abrupt onset and sharp circumscription. The patch is usually completely denuded of hair, and the skin quite white or pink and smooth. The scalp is the usual seat of the disease, though the eyebrows, beard, axillary and pubic hair may be involved. Occasionally the alopecia is universal and complete.

Etiology. Alopecia areata occurs in both sexes indifferently, and from childhood to old age. It is sometimes contagious, and may be hereditary. The contagious variety is rarely observed in this country. The affection is by some regarded as a tropho-neurosis, and by others as parasitic. It appears likely that there are two forms, the neurotic and the parasitic, the latter being contagious.

Symptoms. The disease begins abruptly as a rule. The patient

notices that in using the brush a tuft of hair comes away. The patch is at first single, and may gradually grow larger, or several small patches may appear simultaneously, either widely separated, or close enough together to merge into each other by extension.

Course and Duration. The disease is essentially chronic. Its duration is at least a year, and possibly longer. The hair may return to the bald patches, and again fall off, or it may appear in an old patch, while a new one is forming. The reappearance of hair, even though temporary, is a favorable sign.

Treatment. The remedies selected for the treatment of *alopecia areata* are those suitable for the relief of any coexisting constitutional disturbance, and locally, stimulating applications to the patches themselves. Tonics and alteratives are often required. The glabrous areas may be painted with irritating and stimulating applications for the double pur-



Fig. 13.—Alopecia Areata.

pose of a parasiticide and a counter-irritant to cause a determination of blood at that point, with consequent improvement of nutrition. The application should be adjusted to the resistance of the skin, the milder remedies being suitable to children. Tincture of iodine may be painted on the patch or patches until desquamation occurs. Vesicating solutions of bichloride of mercury in alcohol (gr. $\text{ii}\frac{1}{2}$ - v), five to twenty per cent. solutions of trikresol, pure carbolic acid, pyrogallol or chrysarobin in alcohol solution of increasing strength—may all be ventured during the long course of treatment.

Favorable results have been reported from the use of the X-rays and the Finsen light. The former has often been observed to cause a loss of hair from superficial dermatitis, to be followed by a return of the hair in much more vigorous growth. As the disease is self-limited, the result of treatment is sometimes indeterminate, but the prompt results which often take place from the use of the foregoing remedies appear to render persistence worth while.

Prognosis. The prognosis is almost invariably favorable. There is

in the great bulk of cases a complete restoration of the loss of hair. Relapses are not uncommon. In exceptional instances of wide spread alopecia the loss of hair is permanent and the disfigurement caused by the absence of this decorative appendage of the skin is decidedly conspicuous.

ANHIDROSIS.

Definition. Anhidrosis is a functional affection of the sweat glands characterized by a diminution or absence of the secretion. It is localized or general. It occurs in febrile states and is a forerunner of stroke. It is characteristic of certain diseases of the skin, as ichthyosis, and patches of inveterate squamous eczema and psoriasis show absence of sweating. Rarely, the sweat function seems entirely in abeyance, which condition while not fatal entails considerable suffering upon the patient.

Treatment. When due to congenital defect of the coil glands no treatment is available. When symptomatic, restoration of the activity of the glands should be induced by the administration of diaphoretics, such as phenacetine, pilocarpine, together with hot baths, and the free imbibition of water.

ANTHRAX.

Synonyms: Charbon, Malignant pustule.

Definition. Anthrax is a constitutional, specific affection with cutaneous lesions resembling a carbuncle.

Etiology. Anthrax is due to inoculation with virus derived from animals suffering from splenic fever and occurs chiefly among butchers, wool-sorters, tanners and the like.

The specific cause of the disease is in the anthrax bacillus.

Symptoms. The disease begins at the point of inoculation as a lesion resembling the bite of an insect. It rapidly becomes bullous or vesicular, and the lesion dries and shows a central area of necrosis, surrounded by a dark-red, densely infiltrated skin. The lymphatic channels and the nearest lymph glands are quickly involved, and constitutional symptoms of a general infection, with chill, deep-seated pains and febrile reaction, ensue.

Death occurs in about thirty-three per cent. of the cases.

The face, hands and arms are the usual seat of the affection.

Diagnosis. Anthrax is to be distinguished from carbuncle and infected wounds by the early occurrence of tissue necrosis, and the rapidity and gravity of the constitutional disturbance.

Treatment. Surgical removal or destruction of the lesion with caustic potash or the actual cautery should be practised if possible before the supervention of systemic infection. Free incision in and around the lesion has been recommended.

Antitoxics such as alcohol, quinine, the saucylates and supportive measures constitute the internal treatment.

ATROPHIA CUTIS.

Definition. Atrophy of the skin is any diminution of the gross structure of the skin or essential degeneration of its component parts. It may be idiopathic or symptomatic, circumscribed or diffused.

Description. General atrophy of the skin occurs physiologically in old age, from the absorption of fat and increase in yellow connective tissue. The skin becomes velvety, soft, thinned and wrinkled with prominent veins, and frequently shows slightly-raised, scaly or warty patches. Diffuse idiopathic atrophy of the skin is a rare affection, accompanied by

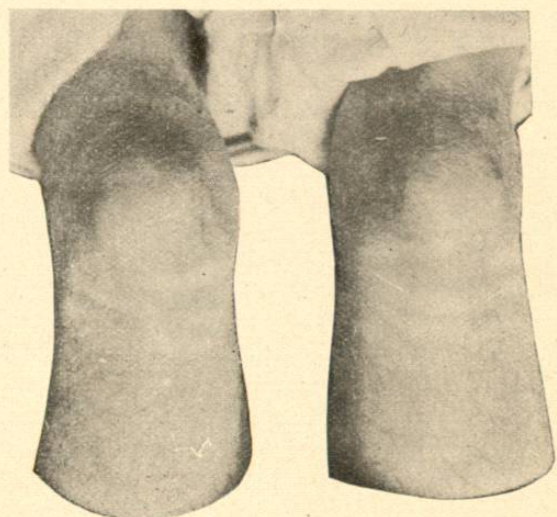


Fig. 14.—Striæ Atrophicæ (Ohmann-Dumesnil).

gradual discoloration and darkening of the skin in patches, which undergo atrophic changes, resulting in contraction and impairment of motion.

Striæ et maculæ atrophicæ. Atrophic lines and spots may be idiopathic appearing as smooth, glistening, lustrous streaks or bands of thinned skin from one-eighth of an inch to one inch in width, and one to several inches in length, or as slightly depressed, scar-like spots from a pin-head to a finger-nail in size. They are generally found upon the trunk, hips and thighs of young subjects. These appearances may be symptomatic, as illustrated by the lines (*liniæ albicantes*) which occur in the skin as a result of pressure from tumors, the pregnant uterus or deposit of fat. They are not, however, genuine atrophies, but the effects of over-distension.

Injuries and diseases of the nerves may be followed by cutaneous atrophy. In the condition known as "glossy skin," the extremities, especially the fingers, become smooth, pinkish or red, with appreciable thinning of the skin giving it a glazed, varnished look.

There is more or less pain of a neuralgic character associated with it and a tendency to fissuring causes the affection to simulate chilblain. Regenerative changes in the nerve tissue tend to cause its spontaneous disappearance.

Cutaneous atrophy is observed to occur as the result of some diseases of the skin, as syphilis, leprosy, morphea and scleroderma.

Treatment. The treatment of atrophy of the skin is unsatisfactory. Electricity offers some prospect of benefit.

ATROPHIA PILORUM PROPRIA.

Definition and Description. Atrophy of the hair occurs as a symptom, or without assignable cause. It takes place in the course of certain constitutional diseases, as a consequence of seborrhœa and the invasion of the hair shaft by micro-organisms.

In the symptomatic form the hair becomes dry, lustreless, hay-like and easily breaks. When atrophy occurs primarily, the hair shaft splits at the end, or divides along its length and is brittle (*fragilitas crinium*).

In another variety of atrophy (*trichorrexis nodosa*) the hair shows nodular, somewhat glistening thickenings, at which it breaks, leaving brush-like stumps.

Both of these varieties are rare, the latter occurring chiefly in the beard and moustache.

Treatment. Repeated shaving, and the application of lotions of a stimulating and antiseptic nature, have occasionally been followed by good result. Depilation with the X-ray has been recommended for *fragilitas crinium* and *trichorrexis nodosa*.

Prognosis. The prognosis of atrophy of the hair depends largely upon the curability of the disease causing it. The prognosis of the idiopathic form is unfavorable.

ATROPHIA UNGUIUM.

Description. When affected with atrophy the nails become lustreless, striated, reedy, brittle, sometimes pitted, like orange peel. The process may be limited to one nail, or several of both fingers and toes are affected.

The condition is congenital or acquired, the former being of very rare occurrence. If congenital, the nail or nails are thin and distorted, or entirely lacking. If symptomatic, it is thinned, raised from its bed, brittle and friable. Wasting diseases, such as tuberculosis, tabes dorsalis, gout, rheumatism and syphilis may be responsible for unguinal atrophy. Eczema and psoriasis not uncommonly attack the nail and produce atrophic degenerative changes. Arrested growth of a nail is sometimes observed after fracture of one of the long bones of the extremities.

The substance of the nail is sometimes invaded by the fungi of ring-

worm or favus, which may lead to partial or complete disintegration. This condition is termed *onychomycosis*.

Treatment. The treatment of unguis atrophy depends upon the cause. The underlying disease demands appropriate treatment. If due to syphilis, it tends to clear up under specific treatment along with other symptoms of the disease.

Onychomycosis requires the use of mercurial preparations employed as ointments or finger baths. Sodium hyposulphite 5j to ʒj of water has been recommended. Anointing the finger with a two per cent. ointment of salicylic acid, and covering it with a bandage or a finger cot is sometimes of service. The nails should be scraped thin or softened with liquor potassæ or acetic acid before making these applications.

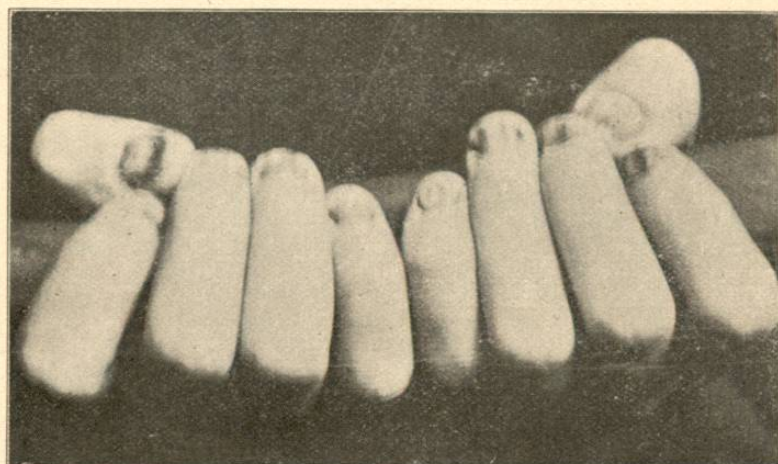


Fig. 15.—Atrophia Unguium (Unna).

Prognosis. The results of treatment are tardy, but owing to the disfigurement of unguis atrophy patients of the better class are usually willing to persist in the treatment. By persistence a fairly good result may often be secured.

BROMIDROSIS.

Definition and Description. Bromidrosis is a functional disorder of the sweat glands characterized by a modification of the normal odor, with or without an increase in the secretion of sweat. The odor is frequently extremely fetid and penetrating, rendering the patient obnoxious to himself and his associates. It is not the odor of stale perspiration but approaches the cadaveric. Instead of being offensive it may resemble the scent of flowers or of fruit.

Bromidrosis is usually limited to the feet, axillary spaces and anogenital region. A certain degree of hyperidrosis is commonly associated with it.

The bacillus fetidus has been found in the sweat of bromidrosis, and is regarded as the provoking cause. Functional disorders of the nervous system probably contribute in its causation.

Treatment. The treatment of bromidrosis consists in cleanliness and the use of absorbent, deodorizing powders and astringent lotions.

If hyperidrosis be a conspicuous feature it should be treated in the manner recommended under that subject. When there is a nerve element, salicylate of soda, in five grain doses three times a day, has been recommended.

CALLOSITAS.

Definition. A callosity is a circumscribed, superficial thickening of the epidermis and is usually situated upon the hands and feet, and arises from long-continued pressure or friction.

Description. Callosities are found upon yielding tissues rather than over bony prominences. On the hands they are occasioned by the use of tools or other implements; on the feet they are due to ill-fitting shoes, excessive walking or the continuously erect posture. Thickening may occur without mechanical irritation, as in eczema and psoriasis.

Symptoms. The subjective symptoms of callosity are absent, unless the thickening is sufficient to produce pressure upon the sensitive structures beneath when sensations of heat and burning are complained of with some pain and discomfort in walking, especially during warm weather.

Treatment. The treatment of callosity is immediately effective, but recurrences are inevitable unless the cause is permanently removed. The calloused areas should be softened with hot water and the surfaces pared with a sharp knife or razor. Liquor potassæ or salicylic acid in saturated solution in collodion will, if painted on for several days in succession, accomplish the same result.

A good plan is to lay a perforated strip of chamois skin along the callosity and attach it to the skin with thin strips of adhesive plaster. This offers a cushion for the yielding tissue upon which the callosity is situated and may cause it to disappear.

Changing the form of shoe will often relieve the annoying condition.

Callosity of the palm is often physiological and desirable and needs no treatment.

CANITIES.

Synonyms: Grayness or Blanching of the Hair; Hoariness.

Description. The hair normally begins to turn gray in middle life. The change may take place much earlier under the influence of heredity or decided nutritional disturbance. It appears gradually, a hair here and there, in the temporal or parietal regions, losing its pigment, and progresses until all the hair of the head and also of the beard and moustache and eyebrows is blanched. The process may be much more rapid, even