

This type of epithelioma is also known as rodent ulcer.

The ulceration at times is so superficial as to resemble squamous eczema, and in this condition it is usually the result of degeneration of old seborrhœic patches, and is seen chiefly upon the faces of old people, especially those of a blond or rufous complexion. A number of such patches may be present, coexisting with *keratosis senilis* of the hands and are virtually degenerative processes rather than truly malignant.

In superficial epithelioma the pain is slight, the general health unimpaired and the neighboring lymphatic glands not enlarged.

The disease may continue for years without causing serious trouble, unless it passes into the next variety, the deep or nodular epithelioma.

*The Deep or Nodular Epithelioma.* This form succeeds the superficial type, or begins as a tubercle or nodule in the skin or subcutaneous



Fig. 43.—Ulcerating Epithelioma (Dr. Ohmann-Dumesnil).

tissue. It is common on the mucous surfaces and is representative of malignant recurrence in scars. The nodules are round, firm, elastic, at first movable, later anchored to the structures below.

The lesion progressively enlarges, the skin covering it becomes purplish and finally breaking down and disclosing a deep excavation with everted edges and irregular floor which secretes an ichorous, ill-smelling fluid.

The ulceration spreads with varying rapidity, destroying the tissues as they are encountered.

The pain is often severe, sharp and lancinating in character.

The lymph glands become involved, metastases occur and the patient succumbs in from one to four years.

*The Papillomatous Epithelioma.* This may arise from one of the preceding, or occur primarily as a warty excrescence from the size of a pea to

that of a hazelnut. It is usually situated at or near a mucous surface, upon the extremities, or the genital organs. It is highly vascular, cauliflower-like, fissured, secretes an offensive fluid and bleeds easily; or the surface may be dry and horny.

The growth ultimately ulcerates and takes on the typical appearance of malignancy.

*Etiology.* The true cause of epithelioma is as yet to be ascertained. Heredity, long-continued circumscribed irritation, or traumatism, appear as predisposing factors in its production. The bacterial origin of



• Fig. 44.—Epithelioma (Rodent Ulcer) (Ohmann-Dumesnil).

cancer, though repeatedly advanced, has never been fully substantiated. The inoculability of mouse-cancer, demonstrated by Jensen, Borrel and others, and the identity of this with malignant disease in man indicate an approaching solution of the problem of the pathogenesis of cancer.

It is a disease of middle and advanced life as a very general rule, though young adults are occasionally the subjects of epithelioma.

The most frequent seats of epithelioma are the face, forehead, lids (especially the lower), cheeks, nose and lips. Any part of the body may, however, be involved.

*Pathology.* In epithelioma there is an abnormal proliferation of the epithelia of the rete, or of the lining of the skin glands. The interpapil-



lary projections from the mucous layer extend downward into the corium and become surrounded by connective tissue, forming alveolar nests. The cells in places undergo cornification and form the so-called epithelial pearls. The epithelial growth is followed by certain inflammatory changes.

*Diagnosis.* Epithelioma is diagnosed from ulcerative syphilitic by the history of the latter, duration, concomitant symptoms of syphilis, undermined edge of ulcer, lack of induration, abundant yellowish or purulent discharge.

From lupus vulgaris by the occurrence of lupus in early life, its slow, painless course, soft base and edges of the ulcers, which are multiple and superficial.

From warts and warty growths the age of the patient and the duration and course of the disease will serve to clear the diagnosis. In the last named instance the diagnosis is scarcely essential as all warty growths, as well as papillomatous epitheliomata, should be removed.

*Treatment.* The internal treatment of epithelioma is valueless, despite the high regard of the laity for "blood purifiers."

The object of local treatment is complete removal of the growth. This may be accomplished by knife, chemical caustics and to some extent by the use of the X-rays. For small, superficial growths situated upon the face, especially in the neighborhood of the eye where scarring is to be minimized or avoided, radiotherapy is, perhaps, the preferable method of treatment. The face, except the affected part, is protected from the action of the rays by covering it with some material impermeable to them, such as lead foil, or the tube is enclosed in a shield. The exposures are made with a tube at a distance of from six inches to a foot and the séances are from five to ten minutes' duration daily. Treatment is discontinued when reaction manifests itself. The tube may be energized from a static machine or an induction coil and should be kept at a moderately low vacuum. The lesion as a rule disappears shortly after the subsidence of the reaction.

Growth of a similar character may also be removed with the dermal curette, followed by an application of acid nitrate of mercury bored in on a tooth-pick or a glass rod. Cocaine anesthesia is sufficient to obtund sensation. Caustic potash may be used without the preliminary curettage. It liquefies the tissue with which it comes in contact and is highly destructive, but possesses the disadvantage of causing atrocious pain over which cocaine appears to exercise but little effect. Electrolysis is preferred by some and is effective in many instances. Its method of employment is similar to that used in the destruction of a naevus (q. v.).

Chemical cauterant pastes are valuable though their employment is attended with considerable pain. Bougard's paste has the following composition:

R	
Farinæ Triticæ,	
Amyli,	āā ʒj
Acid. Arsenios.,	gr. viij.
Hydrarg. Sulphid. Rubri,	
Ammon. Chlorid.,	āā gr. xl.
Hydrarg. Bichlorid.	gr. iv.
Zinci Chlorid. Crystalliz.,	ʒj.
Aquæ Fervidæ,	ʒjss.

The first six substances should be rubbed up together in a mortar. The chloride of zinc is dissolved in water and slowly added with stirring.

The preparation is used as a paste spread on lint and applied to the diseased surface.

Marsden's paste is popular and very effective. It is prepared as follows:

R	
Acid Arsenios.,	ʒj.
Pulv. Acaciæ,	ʒij.
Cocain. Hydrochlorat.,	gr. xx.
M.	

This is made into a paste by adding a small quantity of water to the amount of the powder to be used and is spread upon a piece of lint and applied to the sore after it has been curetted. The paste is allowed to remain on for twenty-four hours and then removed. The eschar separates in a week or ten days and the healthy ulcer remaining, soon cicatrizes. The application of the paste is painful but the addition of cocaine very measurably controls it. There is reaction and swelling for several days after the use of the paste.

Marsden's paste has the advantage, by virtue of the arsenic contained, of possessing a selective effect upon low formed tissue, the normal skin being uninjured by its cauterant action, and for this reason the resultant cicatrix is smaller than the original growth and not unsightly.

Czerny recommends the following formula:

R	
Acid. Arsenios.,	gr. xv.
Alcohol.,	
Aquæ Destil.,	āā ʒijss.
Orthoform.,	gr. xx.

This is painted on daily until a slough forms, which is separated by suppuration. Orthoform while lessening the pain impairs the efficiency of the application.



Other cauterants are pyrogallol, lactic acid, sodium ethylate, resorcin, 'butter' of antimony.

The parenchymatous injection of alcohol and other substances into the growth has been recommended but cannot be endorsed.

Betton Massey, Granger and others have reported satisfactory results from mercuric cataphoresis in growths that have proven recalcitrant to other methods.

The excision of epithelioma with the knife concerns surgery.

*Prognosis.* The prognosis of epithelioma depends upon the variety and individual conduct of the case. In the superficial discoid variety the prognosis, after complete removal, is good. In the deep and papillomatous forms it is not so favorable.

#### EQUINIA.

*Synonyms:* Farcy; Glanders.

*Definition.* Equinia is a rare, specific, communicable disease, conveyed to man from horses and characterized by suppurating and ulcerating lesions of the mucous membrane of the air passages and of the skin, with grave, often fatal, constitutional disturbance.

*Symptoms.* Farcy begins with symptoms of a general infection; the point of inoculation becomes inflamed and a spreading, discharging ulcer forms, or large tumors (farcy "buds") or abscesses develop, which later ulcerate and become phagedenic. The lymphatic glands enlarge and suppurate.

Glanders affects chiefly the nasal mucosa. It becomes swollen, inflamed and secretes a bloody, purulent discharge. This is followed by ulceration and destruction of the osseous tissue. The entire extent of the air passages may be involved. Death commonly results.

There is a form of equinia called *chronic perforating farcy* which exists without acute manifestations of nasal discharge and gangrene but is accompanied by ulceration and runs a chronic course, proving fatal in about fifty per cent. of those attacked.

*Etiology.* The *bacillus mallei* is the specific cause of equinia.

*Treatment.* The treatment is that of a general infection. The lesions should be treated on general surgical principles.

#### ERYSIPELAS.

*Definition.* Erysipelas may be defined as an acute, specific inflammation of the skin and subcutaneous connective tissue, characterized by sharply defined redness, heat, swelling, pain and tenderness, with a tendency to diffuse spreading, accompanied by fever and constitutional disturbance.

*Symptoms.* The disease has an acute onset with malaise, rigor and moderate elevation of temperature.

The local lesion is a bright, shining red or dusky or even violaceous patch, sharply defined against the normal skin. It is somewhat raised,

firm, hard and tender to the touch. In the higher grades of inflammation there are vesicles, pustules or blebs and rarely abscesses with sloughing. There is burning, itching and pain complained of, with a feeling of stiffness and tension. The disease tends to spread peripherally, the older areas clearing up as new regions are invaded. The patches fade out and begin to desquamate in a few days to a week, but the disease, through repeated extensions, may be much prolonged (*erysipelas migrans vel ambulans*).

A mild, recurrent form of erysipelas is noted in which the eruption originates from a breach in the nasal mucosa and appears on the side of the nose and adjacent portions of the cheek. There is often considerable edema and local disturbance but the constitutional symptoms are very mild or altogether lacking.

The face is the most frequent seat of erysipelas but the disease may occur in any region of the body, especially when following a wound or any breach in the integument.

*Etiology.* Erysipelas is due to infection from the *streptococcus erysipelatosus* of Fehleisen. The micro-organism may enter the body through any solution of continuity of the skin or mucous membrane.

Debility, poor nutrition, or any other circumstance that lowers the resistance are predisposing causes of erysipelas. The affection is contagious.

*Diagnosis.* The sudden onset, tense swelling, shining redness and sharp definition of the patches, their method of extension, and the pain, tenderness and constitutional disturbances accompanying the eruption, are usually sufficient evidence to establish a diagnosis of erysipelas.

*Treatment.* A mercurial purge should be given at the outset. Tincture of the chloride of iron may be administered in doses of from ten to twenty drops, every three hours; quinine, five grains, every three hours, is often effective. The bowels should be kept loose with saline cathartics.

Stimulants and concentrated nourishment are indicated.

Locally, ichthyol in solution, or ointment with lanolin twenty-five to fifty per cent. strength, is one of the most reliable remedies. Compresses soaked in hot saturated boric acid solution, solution of bichloride of mercury 1:5000, carbolic acid in solution in alcohol, or in an ointment, are all useful. Limited areas may be painted with tincture of iodine or their peripheries penciled with lunar caustic. In severe cases antistreptococcus serum may be given a trial. Unguentum Cr  d   rubbed into the margins of the patches will sometimes have a marked effect in abridging the course of the eruption.

As the disease is infectious, proper precautions should be taken in disinfection of the premises and articles exposed.

*Prognosis.* Recovery is the rule though fatal terminations are not uncommon in the severe grades of the disease, especially when occurring in feeble, old or debilitated individuals. Cerebral, pulmonary, and cardiac complications are to be feared.

HJB



ERYSIPELOID. (*Rosenbach.*)

This affection was first described by Rosenbach and has received his name.

It resembles the mild form of erysipelas without constitutional symptoms, and is caused by contact with decomposing animal matter. It is seen usually on the hands of butchers, cooks fishdealers and the like, and appears as a red or violaceous zone surrounding a point of infection. The patch spreads peripherally and tends to clear in the centre. It is slower in progress than erysipelas and is not followed by desquamation. Itching and burning are present.

The disease is due to infection with a micro-organism belonging to the *cladothrix* order and is acquired from handling putrid meat or fish.

*Treatment.* Antiseptic ointments of carbolic acid, ammoniate of mercury or of ichthyol, ten to fifteen per cent. are demanded for the relief of the infection.

## ERYTHEMA.

Under the omnibus term erythema are included several groups of cutaneous affections which possess the common characteristic of circumscribed or diffuse redness and which are classified according as they arise from active or passive hyperæmia or congestion of the skin, or from inflammation with exudation. To the former, or hyperæmic, group, belong *erythema simplex* (with its causal appellations), *erythema intertrigo* and *erythema scarlatiniforme*; to the second, or exudative, *erythema nodosum* and *erythema multiforme*.

*Erythema Hyperæmicum.* Hyperæmic or congestive erythemata include the simple erythemata of local distribution due to external irritants, and those of more or less general distribution due to internal causes, such as intestinal toxæmia, systemic diseases, the administration of therapeutic sera and certain drugs.

*Erythema simplex* is produced by contact with external irritants of moderate severity and is characterized by congestive redness appearing in variously shaped and sized, diffuse or circumscribed patches with slight swelling and little or no elevation. Instead of being uniform the redness may be mottled or blotchy. It may be made to disappear on pressure.

Simple erythema may arise from a great variety of causes and the term is qualified by adjectives descriptive of the provocative agent. It may be produced by friction or pressure (*erythema traumaticum*), exposure to the sun's rays (*erythema solare*); to the intense heat (*erythema caloricum*) or cold (*erythema pernio, chilblain*); contact with poisonous plants or chemical irritants (*erythema venenatum*).

*Erythema Intertrigo* is a form of traumatic erythema and occurs where the skin surfaces are in close apposition, as the natal and cruro-scrotal

folds, axillary spaces and beneath pendulous breasts. The skin is reddened, dry, hot and painful, or the surface is covered with a macerated pellicle or is abraded, discharging a small quantity of mucoid fluid with an offensive odor.

*Erythema intertrigo* occurs in infants and young children and in fat people and is usually due to neglect of cleanliness, hot weather and active sweating.



Fig. 45.—Erythema Papulatum (from exposure to cold).

The indications for treatment are to keep the skin surfaces separated and to use desiccating powders, such as talc, lycopodium, together with lotions of boric acid and calamine and lime water.

The condition may be the starting point of an eczema or a spreading dermatitis.

The treatment of simple local erythemata from external irritation consists in the removal of the cause. When the latter is of more than ordinary



intensity, as from heat, cold, traumatism, contact with chemical irritants, a dermatitis may be aroused which has been described under that title.

*Erythema Scarlatiniforme.* Scarlatiniform erythema is a type of simple erythema due to a generally acting cause. It appears abruptly as a red, punctiform rash closely resembling that of scarlet fever, but preserving no rule or regularity as to location of inception. The eruption may occur in patches leaving normal intervening areas of skin.

The eruption is accompanied by some malaise and slight febrile reaction, which is of a transient nature. As a rule desquamation follows which is usually of the furfuraceous type though the peeling may occur in large flakes. If the erythema is exceptionally severe, the hair and nails may be shed.

The affection lasts from a few days to a few weeks, depending upon the intensity and severity of the causal disturbance. Recurrences may take place and in the rare form of the disease, known as *erythema scarlatiniforme recidivans*, they are the rule.

*Etiology.* Erythema scarlatiniforme is due to the presence of a toxine which produces a mild inflammation of the skin. The cause of the toxæmia may be obscure or it may be due to gonorrhœa, rheumatism, typhoid fever, septicæmia, or result from the ingestion of certain drugs, such as copaiba, mercury, belladonna or quinine, or from the injection of one of the therapeutic sera, tuberculin or diphtheria antitoxin.

*Diagnosis.* The diagnosis is made chiefly from the symptom-complex. The eruption closely resembles scarlet fever, but is to be distinguished from it by the absence of serious constitutional symptoms, faucial engorgement and 'strawberry' tongue; from measles, by the absence of catarrhal symptoms, Koplik's spots, and continuous elevation of temperature; from röteln, by the lack of enlargement of the glands of the neck and absence of epidemic occurrence.

*Treatment.* A saline purge should be given at the outset to remove any irritant from the alimentary canal.

Locally a lotion of calamine and lime water may be applied, or a soothing ointment, such as the following:

℞		
	Menthol.,	gr. v.
	Alcohol.,	gtt. xx.
	Hydrogen. Peroxid.,	ʒj.
	Vaselin.,	ʒiij.
	Lanolin. ad.,	ʒj.
	M. Ft. Ung.	

The application of this cooling salve will tend to relieve the congestion in the skin and lessen irritation.

## ERYTHEMA NODOSUM.

*Erythema Nodosum* is classed with the exudations and is manifested by the appearance upon the extensor aspects of the legs and arms of oval or round nodules, at first firm and elastic, later softening and apparently undergoing suppuration, though the latter does not occur. In the early stages the skin over the nodules is a bright-red, but subsequently changes to a dusky-red, even a purplish hue. The lesions are sensitive to the touch and spontaneously painful.

The eruption occurs principally in young subjects, especially young women, and is accompanied by slight constitutional symptoms, fever and joint pains. The latter may be quite severe, simulating acute articular rheumatism.

The disease runs its course in from three to six weeks, the eruption appearing in successive crops. Subsequent attacks are not infrequent.

Spring and autumn seems to exert influence upon the occurrence of the disease.

*Etiology.* Erythema nodosum is due to toxæmia resulting from defective sanitation, infectious disease, malaria or rheumatism.

*Diagnosis.* The diagnosis is based upon the sensitive, oval swellings situated over superficial bones, their comparatively rapid evolution and color effects resembling in appearance those associated with a contusion. Syphilitic nodes are somewhat similar in appearance but are few in number and of much more gradual course.

*Treatment.* Internally iron is generally indicated, the tincture of the chloride being the most desirable preparation. When associated with rheumatism the remedies adapted to the relief of that affection, aspirin, salol, salicylate of soda, should be administered.

The limb should be elevated and kept at rest. Lead and opium wash is serviceable for the relief of pain. The lesions, despite the temptation, should never be incised as pus is never present and absorption invariably takes place.

## ERYTHEMA MULTIFORME.

*Erythema Multiforme* is one of the exudative erythemata and as the name implies may assume many varieties of form. The varieties are not disease entities but refer to the stage at which the disease is encountered.

Erythema multiforme makes its appearance as erythematous spots or papules (*erythema papulosum*) or raised discs or tubercles (*erythema tuberculatum*) which vary in size from that of a lentil to a bean. The papule or tubercle tends to flatten in the centre and spread peripherally, producing ring-shaped lesions (*erythema annulare*), enclosing faintly pigmented areas. A new papule may develop in the centre of the ring and offer on oblique view a play of colors (*erythema iris*). Vesicles and bullæ may form in and about the lesions (*erythema vesiculosum vel bullosum*)



The color at first is a rosy red, changing to a livid or violaceous hue, finally to a yellowish stain, somewhat as in a bruise. The rings increase in size and encounter the periphery of other rings, so that the circular outline becomes lost and wavy lines made up of segments of circles are formed (*erythema gyratum*, *erythema marginatum*). The broken rings slowly fade out, leaving behind a certain amount of pigmentation.

The eruption is symmetrical and shows a predilection for the backs

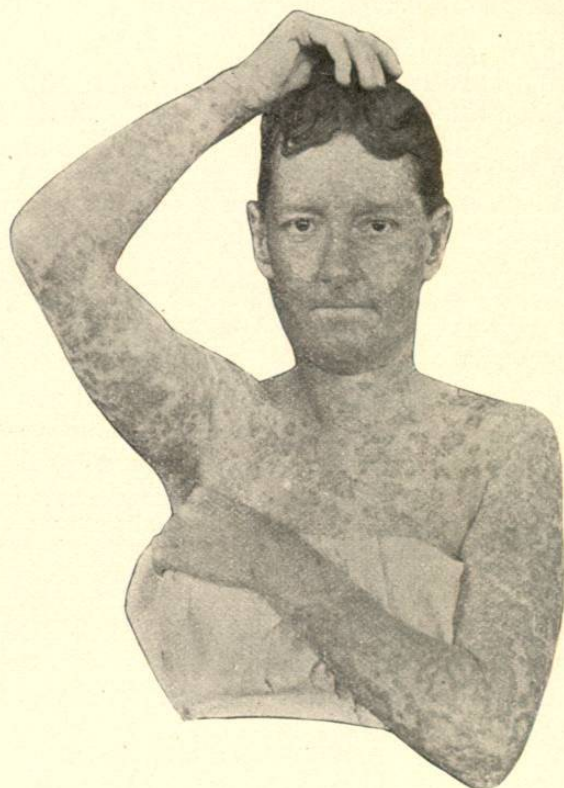


Fig. 46.—Annular Multiform Erythema (Dyer).

of the hands and fingers, insteps and knees. The forearm and legs are less frequently affected; the face and trunk rarely.

The occurrence of the eruption is generally marked by some constitutional disturbances, fever of a moderate degree, gastro-intestinal disorder and articular pains of a rheumatic character.

Erythema multiforme shows a preference for young adults, especially young women, and occurs chiefly in the spring and autumn.

The duration is from two to four weeks, though the occurrence of successive crops may greatly prolong it. It tends to recur at about the same time each year.

*Etiology.* The affection is of toxic origin, arising from numerous classes of intoxications. It is found associated with disorders of the gastro-intestinal tract, rheumatism and grave affections, such as pneumonia, cholera and typhoid fever. It may also follow the injection of therapeutic sera and the ingestion of certain drugs.

*Diagnosis.* The diagnosis is not difficult if the prominent features of the disease are kept in view, namely, multiformity of lesions, distribution, coloration, acute course, constitutional reaction, history of recurrences.

*Treatment.* There are no definite indications for internal treatment. Quinine is recommended and diuretics like acetate and citrate of potash, and the salicylates if rheumatism is present. Constipation should be relieved with a saline purge. Soothing lotions such as that of calamine and lime water, or saturated boric acid solutions, are appropriate for local use.

#### ERYTHEMA INDURATUM.

*Definition.* Erythema induratum (*erythème induré des scrofuleux*—Bazin) is an inflammatory affection characterized by indurated nodules or patches of a livid color occurring upon the lower portions of the arms and legs of scrofulous persons. The nodules are at first subcutaneous but later become ill-defined, adherent to the skin and several may coalesce to form more or less extensive indurations. The nodules or plaques are neither tender nor painful. They may terminate by being slowly absorbed, or undergo superficial ulceration.

The disease is seen principally among young working women who are over-worked, required to be constantly on their feet and whose circulation is poor. It occurs chiefly in winter and is afebrile. It runs an exceedingly chronic course and is peculiarly rebellious to treatment.

*Diagnosis.* The affection resembles erythema nodosum, but lacks constitutional symptoms, is painless, chronic, and at times undergoes ulceration.

Syphilitic gummata are more rapid in evolution, the ulceration is deeper and the gummata disappear under specific treatment.

*Treatment.* Reconstructives and alterative treatment is necessary. Elevation of the limb and rest in bed should be advised. Bandaging and the local use of antiseptics are recommended.

#### ERYTHRASMA.

*Definition and Description.* Erythrasma is the term applied to a parasitic disease of the skin in which the lesions appear as large or small, finely wrinkled, slightly scaly patches of a yellowish-red or brown color, and occur where skin surfaces are in close apposition, as in the axillary, inguinal and cruro-genital regions.

The affection progresses slowly and gives rise to no inflammatory symptoms. It is due to a vegetable parasite, the *microsporon minutissi-*



*mum* which is composed of long, interlacing, jointed mycelial threads and minute, clumped spores. The fungus is about one-third the size of the trichophyton.

*Diagnosis.* Chromophytosis occurs on the trunk and the discolored patches may be scraped off. Ringworm in situations affected by erythrasma is marginate, itching and inflamed; erythrasma presents none of these features.

*Treatment.* The treatment of erythrasma is identical with that of chromophytosis. The discolored patch is scrubbed with green soap and an ointment of ammoniate of mercury, four per cent., rubbed in, or a solution of hyposulphite of soda 5j to 5j is applied. This is usually sufficient to remove the patches.

The disease is slightly contagious and precautions must be taken against reinfection.

#### FIBROMA.

*Synonyms:* Multiple Fibroma; Molluscum Fibroma.

*Definition and Description.* Fibroma is a connective tissue growth presenting one or more sessile or pedunculated, firm or soft, rounded, painless tumors situated in the corium and subcutaneous connective tissue.

The tumors vary in size from a pea to a pear and larger. They may be single but are usually multiple and distributed generally over the surface of the body, with the exception of the palms and soles. The skin covering the tumors is entirely normal in appearance or altered in color. The excretory ducts of the sebaceous glands are enlarged and patulous.

Associated with the tumors are pigment stains and prominences of a violet hue scattered about the surface of the skin.

The tumors, especially those with elongated, attenuated pedicles, may ulcerate and slough off.

The growths show progressive increase in number and size and continue throughout life.

*Pathology.* In structure, when recent, the growths are composed of lax, gelatinous fibrous tissue with a few nerves and bloodvessels; with age of the neoplasm the fibrous tissue becomes denser and firmer. They spring from the corium and subcutaneous connective tissue.

*Diagnosis.* Fibroma is distinguished from lipoma, the latter being non-pedunculated, lobulated and soft. Many fibromata give the "hole in the middle" sensation to the feel. Sebaceous cysts are solid or fluctuant; neuromata are painful and firm.

*Varieties of Fibroma.* Certain special types of fibroma are described.

*Fibroma pendulum* or *diffuse fibroma* presents multiple, large tumors which are attached by a broad base and overhang each other in thick, loose folds. They are not uncommon among the insane and those of a low grade of mentality.

This affection is sometimes inappropriately classed with dermolysis which, as has been indicated, is an infirmity or anomaly rather than a disease.

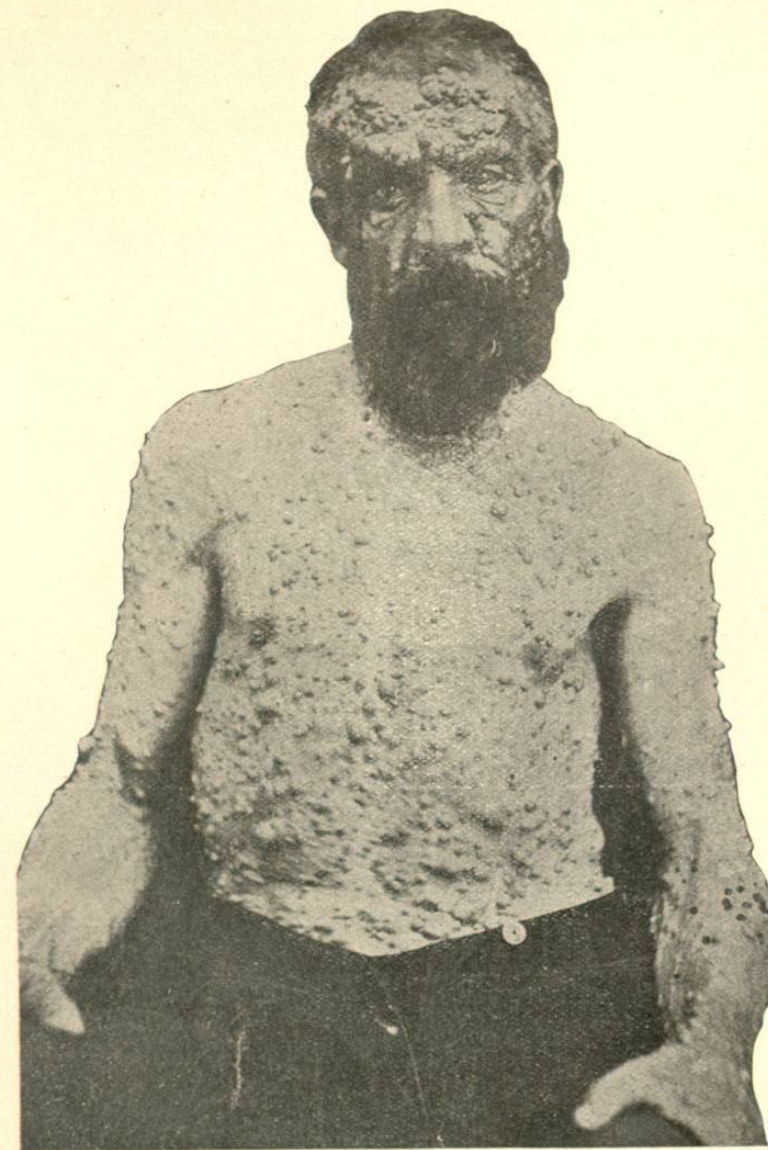


Fig. 47.—Fibroma (Ohmann-Dumesnil).

The Von Recklinghausen type of fibroma is distinguished by the occurrence of freckle-like, coffee-colored pigmentation on and between the nodular growths which latter are composed of fibrous and nerve tissue. The nerve trunks along which the nodules grow show thickening.



Neuro-fibroma is a variety of fibroma which occurs as hard, firm, painful tubercles or tumors of the size of a pin's head, a pea or much larger. They may be single or multiple and are usually subcutaneous, connected with the sheath of the nerve fibres but are sometimes seen in the skin and are movable with it. Several grouped tumors may unite and form a lobulated mass. The skin covering the growths is pale or reddened. Neuro-fibroma is congenital or appears in early life and grows slowly. The growths especially in their later development are very painful and sensitive from inclusion or stretching of nerve fibres. The tumors may undergo calcareous or fatty degeneration and the blood-vessels become enlarged. The growths are largely fibrous in structure but contain both medullated

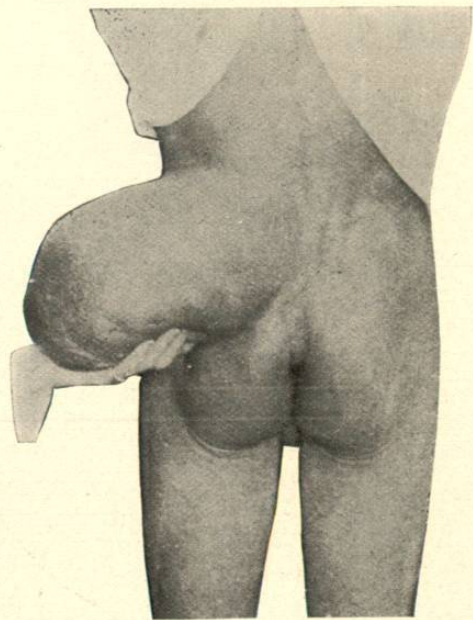


Fig. 48.—Fibrolipoma (W. P. Nicolson).

and non-medullated nerve elements. Neuro-fibroma is very rare and has been observed upon the face, buttocks, shoulders and thighs.

*Etiology.* The etiology of fibroma is obscure. Heredity is responsible in some instances and the subjects of the disease are not infrequently feeble-minded.

*Treatment.* Pedunculated growths may be removed with the knife, ligature or cautery. Hemorrhage during removal is apt to be free. For the smaller growths treatment is inadvisable. Neuro-fibroma has been cured by section of the afferent nerve.

#### FEIGNED ERUPTIONS.

Feigned or artificial eruptions are those lesions which are self-inflicted by hysterical women, malingerers and others for the purpose of deception.

They may be produced by a variety of agents, mechanical or chemical; of the latter cantharides and the corrosive acids are the most frequently employed. When thus occasioned the lesions usually belong to the erythematous, bullous or gangrenous type. They differ from the ordinary affections of the skin in their sharp definition and location upon regions of the body easily accessible to the hands. By these peculiar features they may usually be recognized and their origin detected.



Fig. 49.—Neurofibroma (Dr. F. B. Wynn).

#### FOLLICULITIS DECALVANS.

*Definition and Description.* Folliculitis decalvans is a chronic inflammation of the hair follicles occurring in patches and ending in cicatricial baldness. The disease resembles alopecia areata but differs from it in presenting atrophic changes in the skin, and in the presence of minute red papules or patches of erythema at the edge of the patches or around the individual hairs. Sometimes pustules are observed on the scalp or beard, grouped and transfixed by a hair which comes away with slight traction (*ulerythema sycosiforme*, of Unna).



Microscopically, folliculitis and perifolliculitis are found associated with the presence of pus micro-organisms.

The disease runs an extremely chronic course, lasting for years and terminating in irregular patchy baldness.

*Treatment.* Parasiticides followed by stimulating applications are indicated for the purpose of checking the spread of the disease and encouraging the growth of hair. Epilation of the hairs from the affected patch is recommended.

The disease is obstinate and the results of treatment unsatisfactory.

#### FRAMBÆSIA.

*Synonyms:* Yaws; Pian.



Fig. 50.—Section of Neurofibroma (Wynn).

*Definition.* Frambæsia (from the French, *framboise*, a raspberry), or yaws, is a tropical or semi-tropical disease characterized by papules, tubercles and tumors resembling currants and raspberries, accompanied by a greater or less constitutional disturbance.

*Symptoms.* The disease, after a period of incubation of several weeks, manifests itself as a papule situated upon the genital organs, groin, lip or breast. The papule suppurates and leaves a small, granulating ulcer which sooner or later heals with the production of a small scar. In about a month from the appearance of the original lesion, and shortly preceded by constitutional symptoms of varying severity, a papular rash appears somewhat resembling prickly heat. The papules increase in size, suppurate,

become covered with a crust which, when removed, reveals a small mass of granulations resembling a raspberry and discharging pus of a peculiar, musty odor. Itching is more or less severe. Several neighboring papules may coalesce forming a patch which suppurates, crusts, sometimes fissures and presents the same raspberry or pickled cauliflower aspect as the smaller lesions. The lesions flatten, change color and finally disappear, leaving spots which are dark-colored in the negro, light in white subjects.

The affection is limited to one region of the body or is generalized. It may be arrested at this point or pass into a third stage accompanied by subcutaneous nodules which ulcerate and spread. The disease may attack and produce destructive ulceration of the upper air passages, bones and muscles.

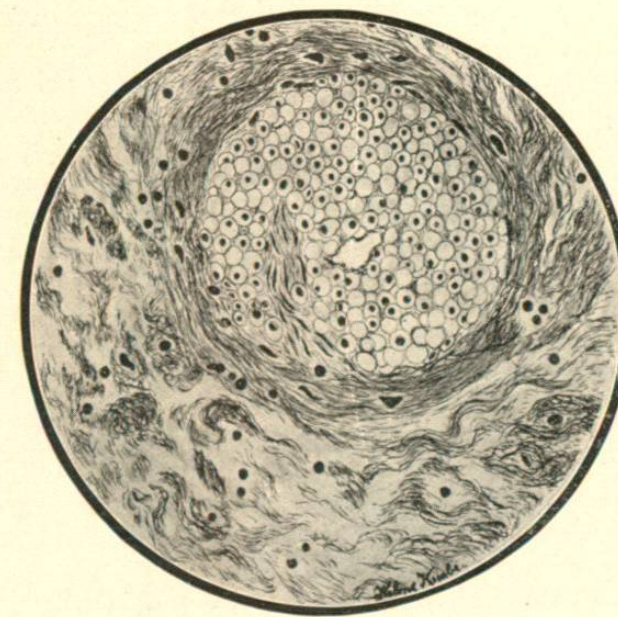


Fig. 51.—Section of Neurofibroma (Wynn).

Frambæsia runs its course in from two to four months and, if untreated, especially when occurring in debilitated and anæmic individuals, may last much longer.

It is rarely fatal. One attack confers immunity, as a rule.

*Etiology.* Frambæsia is limited to the tropics and affects chiefly young negroes. It is probably due to a specific micro-organism and is conveyed by inoculation.

The resemblance of yaws to syphilis is very great and it was for a long time regarded as being identical with it. The burden of the evidence is against this supposition, although Castellani has found spirochæta in the ulcerative lesions.