Treatment. Curative means consist in improvement of hygiene, good food and tonics.

Locally, sulphur ointment and mild antiseptics are beneficial. The severer types of the disease are amenable to treatment with the iodides and mercury.

FURUNCULUS.

Synonyms: Furuncle; Boil.

Definition. Furunculus, or boil, is a deep-seated, acute, circumscribed inflammation of a sweat or sebaceous gland, or a hair follicle, which terminates in suppuration and the extrusion of a central plug of necrotic tissue.

Symptoms. A boil begins as a sensitive, painful, red papule, less often a small, lax pustule. In one or two days induration is felt; the lesion increases in size and projects above the surface as a rounded, conical or acuminate nodule of the size of a cherry, or larger. It is exceedingly tender and painful and the surrounding skin is hyperæmic, hard and swollen. The lesion at this stage may subside and undergo resolution, constituting what is known as a "blind" boil, but more frequently suppuration or "pointing" occurs. The skin covering the boil becomes tense and of a dusky-red, a central pustule appears or the epidermis is raised up in a flabby bulla. This soon ruptures, the disc of exfoliated skin separates raggedly and reveals a raw area with a mass of white, pulpy material occupying the centre, the *core*. Pus in varying amount escapes around the core, which in a few days is thrown off or can be removed and healing begins promptly. A smooth, depressed scar is left.

Constitutional symptoms are usually in evidence, consisting of slight fever with its concomitants.

Locally there is a feeling of heat and tension with pain and tenderness, which disappear with the separation of the core.

Boils are either single or multiple. New lesions spring up from direct infection of neighboring glands or follicles, or the infection is conveyed through the lymphatics.

When occurring in a series and extending over a considerable length of time, the condition is termed *furunculosis.*

The usual seats of boils are the face, neck, back, buttocks and thigh.

Etiology. Single boils may result from local irritation which affords an atrium for the entrance of micro-organisms. When multiple or recurrent there is generally some underlying constitutional cause such as lithæmia, tuberculosis, nephritis, diabetes or anæmia.

Furuncles are prone to occur during convalescence from eruptive fevers, especially small-pox, and in infants suffering from gastro-intestinal diseases.

Boils are frequently associated with eczema and scabies and are common in early life and in those engaged in certain occupations, such as tar and paraffin workers.

Boils are due to specific micro-organisms entering the skin glands or hair follicles. The exciting cause is usually the *staphylococcus pyogenes aureus.* Poor health, uncleanliness, and the itching eruptions, favor the production of furuncles.

A variety of boil affecting the sweat glands is termed by Pollitzer *hydradenitis suppurativa destruens* and receives a brief description under that head.

Diagnosis. The appearance and course of a furuncle leave no doubt as to the diagnosis.

Pathology. The pathologic process is that of a dense infiltration around the infected gland. Thrombosis of the nutrient vessels produces the central necrosis.

Treatment. If discovered early an attempt may be made to abort the boil. Tincture of iodine, or a strong solution of silver nitrate, may be painted on, or carbolic acid, a few drops, injected with a hypodermic syringe into the centre of the lesion. Unna advises mercury-carbolic plaster-mull, and Heitzmann an ointment of salicylic acid, fifteen grains to the ounce. Other applications are spirit of camphor, saturated solution of boric acid applied with hot compresses; ichthyol in twenty-five per cent. ointment or in collodion.

If efforts at aborting the process fail, as they are more than apt to do, the lesion should be incised and the pus evacuated, and the subsequent treatment carried out on surgical principles. Thorough antiseptic cleanliness is required to prevent the occurrence of other boils. The region in the vicinity of the boils should be disinfected with alcohol or a solution of bichloride or of carbolic acid. The use of poultices is to be condemned, as warmth and moisture prepare the soil for the growth of micro-organisms. These objections are in a measure invalidated by the addition of an antiseptic, like carbolic or boric acid, in the preparation of the cataplasm.

Furunculosis requires constitutional treatment of the causative condition. Iron and quinine are serviceable, as is also arsenic in the form of Fowler's solution, five drops, three times a day. The mineral acids are useful. Calcium sulphide sometimes produces good effects and should be given in doses of one-fourth grain every two hours. Brewer's yeast has been recommended by Brocq and others, and is administered in tablespoonful doses three times a day. The dried preparation may be employed and is given dissolved in peppermint water. The bowels should be kept open and exercise in the fresh air advised.

Prognosis. Single boils are readily amenable to treatment. Furunculosis is relieved when the underlying cause is discovered and removed, otherwise it may prove very refractory.

HERPES SIMPLEX.

Synonyms: Fever Blister; Cold Sore.

Definition. Herpes simplex is an acute, inflammatory affection accompanied by clusters of small vesicles, seated upon an inflammatory base and limited to certain regions of the body.

Varieties. Herpes simplex occurs in two clinical varieties, *herpes facialis* and *herpes progenitalis* (*preputialis*).

Herpes facialis (*herpes febrilis, herpes labialis*) is commonly seen upon the vermilion border of the lip or wings of the nose as two or more pin-head sized vesicles filled with a clear fluid. In twelve hours or less the vesicles coalesce to form a small bulla, the contents of which is milky. The bulla dessicates or ruptures and forms a yellow or brown crust which soon falls off, leaving the skin temporarily reddened. Itching and burning are present to a variable extent.

Herpes facialis is always acute and very prone to recur. It is a frequent accompaniment of acute diseases, as pneumonia, meningitis, coryza, various febrile affections, and occurs as a consequence of digestive disorders and menstruation. It is regarded as a mild tropho-neurosis.

Herpes progenitalis resembles the facial variety but is situated upon the sulcus and glans penis in men, the labia in women. There is rarely more than one group of vesicles. The lesions are the size of a pin-head with very delicate walls and spring from an erythematous base. They soon rupture and crust. The affection is more common among men with long foreskins than in the circumcised. Burning and itching may precede and accompany the eruption, and if the irritation be marked the inguinal glands become tumefied. The eruption runs its course in a week or ten days and shows a marked disposition to recur.

Herpes progenitalis often causes much alarm from its situation and fancied resemblance to a venereal ulcer. Its characteristic features admit of no doubt of the diagnosis, but it must be borne in mind that the ruptured lesion of genital herpes offers an avenue favorable to venereal infection.

Treatment. In herpes facialis before the vesicles rupture an effort to cut short the eruption may be made by painting the surface with collodion, or covering it with moist bicarbonate of soda, or by making frequent applications of spirit of camphor. Later, simple protective ointments, such as boric acid or the oxide of zinc, are to be used.

Herpes progenitalis is treated with strict cleanliness and the use of drying powders such as subnitrate of bismuth or boric acid. A solution of resorcin, ten grains to the ounce of alcohol, may be swabbed over the surface in the interval to prevent recurrence. Circumcision is frequently indicated.

HERPES ZOSTER.

Synonyms: Zona; Shingles (Italian, *cingula*, a girdle).

Definition. Herpes zoster is an acute, inflammatory disease of the skin manifested by the appearance of clusters of vesicles seated upon an erythematous base and arranged along the course of one or more adjacent cutaneous nerves.

Symptoms. Pain and hyperæsthesia commonly precede the attack and there may be slight fever. A patch of erythema then appears upon which papules form which rapidly become converted into vesicles, grouped, rather firm, pin-head to split pea sized, and containing clear fluid. They are disposed in clusters of from two or three to a dozen, and may remain discrete or coalesce, form bullæ, dry and crust.

The lesions occur along definite nerve tracts, the groups as a rule

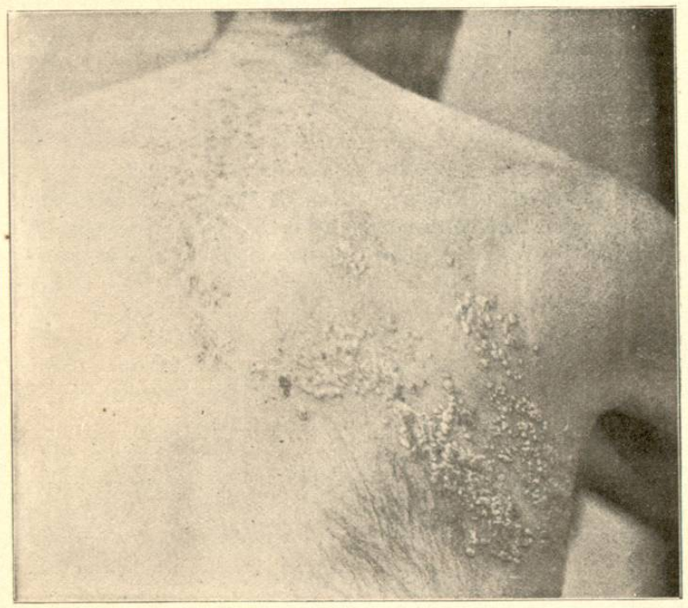

Fig. 52.—Herpes Zoster (Ohmann-Dumesnil).

lying nearest the nerve centre being the best formed. One crop of vesicles follows another for a week or two, when the eruption disappears leaving a certain amount of pigmentation or scarring, dependent upon its severity. The affection is as a rule unilateral and may be situated upon any part of the body but is most common upon the thorax, abdomen and supra-orbital regions. It is rare on the arms and legs.

The hyperæsthesia preceding the eruption is sometimes extreme and neuralgic pain, especially in the aged, may persist for a long time after the subsidence of the eruption.

Unusual and severe complications are occasionally observed and con-

sist in keratitis with ulceration of the cornea, or iritis with the ophthalmic type of herpes zoster. In other localities ulceration and gangrene may occur.

One attack of herpes zoster is usually protective except in a class of affections termed *zosteroids* which stand mid-way between herpes zoster and herpes simplex and are generally recurrent and more or less limited to one nerve area.

Etiology. Herpes zoster is by some regarded as an acute, infectious disease. Exposure to cold; traumatism and certain drugs, as arsenic; malaria; tuberculosis; locomotor ataxia; meningitis; and in fact any disease or agent which is capable of producing a neuritis may be classed as a cause of herpes zoster.

Pathology. There is usually found associated with the eruption an interstitial neuritis of the posterior spinal ganglion or of the nerve proceeding from it. The neuritis may occur anywhere along the course of the nerve from its origin in the cord to its periphery. Hemorrhage, inflammation and degenerative changes have also been noted. The affection may be due to reflex disturbances arising from uterine and gastro-intestinal disorders; the lesions being produced by a process of degeneration of the epithelial cells. The cells lose their prickles, become vacuolated, compressed, swollen and degenerated. There is an exudation of leucocytes into the papillæ, which find their way into the epithelium through the degenerated epithelial cells (Malcolm Morris).

Diagnosis. The diagnosis of herpes zoster is not difficult. The prodromal pain and tenderness, the grouped vesicles, their peculiar distribution and unilateral arrangement render identification easy.

Treatment. The chief indication is the relief of pain, for which anodynes, such as phenacetine, antipyrine or even morphine may be required. Tonics, quinine, iron and strychnine are usually indicated. Phosphide of zinc in the form of a pill containing one-sixth of a grain, given three times a day, seems especially beneficial. Galvanism aids in securing sedation. Counter-irritation applied in the form of dry cups to the roots and trunk of the nerves concerned is often of signal service.

Locally, the vesicles should be protected to prevent infection. Dusting powders of zinc oxide and bismuth, with a small quantity of cocaine, orthoform or morphine are useful. The clusters may be painted over with ichthyol in collodion, 1 to 10, before rupture has occurred. Later the patches may be covered with zinc oxide ointment spread on strips of lint and secured in position with rubber adhesive plaster.

HYDRADENITIS SUPPURATIVA DESTRUENS.

Definition. Hydradenitis suppurativa destruens was described by S. Pollitzer under this title and has been briefly alluded to in connection with furuncle. It is an inflammation of the sweat glands and peri-glandular structure and is characterized by the appearance of deep-seated, painless, shotty nodules which soften, enlarge and approach the surface, then undergo suppuration in the form of central pustulation. Rupture takes place at one or more points and is accompanied by the discharge of a small quantity of pus and tissue debris. Healing of the lesion is followed by a somewhat persistent pigmentation or a small, pitted scar.

The nodules are seated upon the face, neck, trunk and extremities and upon the hairy regions of the body, axillary spaces, scrotum and labia.

The lesions are single or occur in groups, each lesion running its course in two or three weeks, to be followed by others, thus prolonging the affection for months or years.

Etiology.. The etiology is obscure though it is probably due to a microorganism. Hyperidrosis may have a causative influence, together with some irritant or toxic principle in the sweat. Most of the cases observed have been among young adults. The disease is not common.

Pathology. The process is an inflammation ending in suppuration and destruction of the sweat gland.

Diagnosis. The disease resembles acne and furuncle but it never begins in a sebaceous gland and does not show comedones. It is smaller than a boil, less painful and more persistent and does not present a definite core.

Treatment. Attention to the general health, incision of the nodules and antiseptic management constitute the indications for treatment.

Prognosis. Recovery eventually takes place with more or less scarring.

HYDROA VACCINIFORME.

Definition. Hydroa vacciniforme is a rare disease of the skin occurring during the summer months upon the exposed parts of the body and generally seen in young boys. It has been described by Jonathan Hutchinson under the name of *hydroa æstivale*, and by Unna as *hydroa puerorum.*

Symptoms. The disease begins as single or grouped spots of erythema from which spring large vesicles or bullæ containing a clear fluid which soon becomes opalescent. The bullæ sink in the centre, dry and form a crust which falls off and leaves a pit-like scar. The bullæ and scars resemble those of vaccination.

The eruption occurs chiefly upon the legs of young boys beginning with the first summer of life and continuing to appear each successive summer up to the age of puberty when the tendency to the eruption declines. Fresh outcroppings of lesions follow each other at close intervals, in this manner prolonging the eruptive act. The eruption has occasionally been observed in winter.

The subjective symptoms consist in slight burning and itching, or they may be absent altogether.

Treatment. Protection from the sun of the favored localities and the

use of simple, antiseptic and protective applications constitute the proper treatment. The bullæ should be punctured and the crusts removed before making the applications.

HYDROCYSTOMA.

Definition and Description. Hydrocystoma is the term applied to a disease of the sweat glands manifested in pin-head sized, whitish or bluish-white, permanent vesicles resembling boiled sago grains and occurring upon the face. The lesions are non-inflammatory, give rise to no subjective symptoms and are commonly seen upon the faces of middle-aged people, especially women, and those who are engaged in such occupations as cooks, laundresses and the like, where their duties require manual labor in hot rooms. The seats of predilection for the eruption are the upper parts of the face, about the orbits, nose, cheeks, lips and chin. The lesions are tense, glistening vesicles showing little tendency to rupture. The contents resembles normal sweat. The fluid is slightly acid and contains a granular material. The lesion is a genuine cyst and not a mere mechanical dilatation of the coil duct.

Hydrocystoma is distinguished from sudamina, eczema and dysidrosis by the absence of subjective symptoms, permanency of the vesicles and their characteristic location.

Treatment. The minute cysts may be ruptured and an adhesive inflammation induced by swabbing out the cavity with pure carbolic acid, or destruction may be accomplished with the electric needle.

HYPERÆSTHESIA CUTIS.

Hyperæsthesia is a functional disturbance characterized by local or general increase in the sensibility of the skin. It is associated with functional and organic nervous diseases, hysteria, neurasthenia, tetanus, locomotor ataxia and is more or less common during states of hyperpyrexia. The pain is aroused by external stimuli and may be mild or severe, burning, pricking or electric in character. At times the sensitiveness is so great that currents of air passing over the body may elicit acute pain. It is temporary as a rule, though it may be more or less constant.

Treatment. The treatment is that of the underlying cause.

HYPERIDROSIS.

Synonym: Excessive Sweating.

Definition. Hyperidrosis is a functional disturbance of the sweat glands accompanied by an excessive secretion of sweat.

Varieties. Hyperidrosis may be circumscribed or general. When generalized, it is physiological, accompanying physical exercise, or is symptomatic of hysteria, tuberculosis, morphine addiction, debility and other general disorders. It may be unilateral. When circumscribed, it occurs

chiefly in the palms, soles and in regions where skin contact is close and warm, as the axillæ and genitals. It has been observed to occur along the area of distribution of a nerve.

Symptoms. When occurring upon the palms the hands are moist and clammy, the skin pink and sodden and beads of sweat cluster upon the palps of the fingers. The secretion at times is so great as to drip from the hands, though the amount of excess secretion is subject to considerable variation and may be comparatively slight. In the plantar type the skin of the soles becomes thinned, pink and macerated and pain is complained of on walking or prolonged standing. Fissuring between the toes is common and may give much discomfort. To hyperidrosis of the soles, bromidrosis is often superadded.

Hyperidrosis is usually chronic and subject to exacerbations.

Etiology. The affection is probably due to defective innervation. It is sometimes congenital and may be hereditary. The circumscribed forms are due to disturbance of the vaso-motor system.

Treatment. In the generalized form, when pathological, tonics are required to improve the general health and increase the nerve tone. Belladonna is sometimes useful and atropine may be given hypodermically in doses of one one-hundredth of a grain, to be increased to one-eightieth (Morris). Quinine and the mineral acids are serviceable. Crocker recommends sulphur two drams three times daily.

Locally, in the circumscribed forms, belladonna ointment, dusting powders of boric acid, salicylic acid and starch are beneficial. The application of hot water on a sponge pressed to the part will check axillary and genital sweating for several hours.

Hebra advises for *hyperidrosis palmæ et plantæ* the application of diachylon ointment on strips of lint. This is to be used continuously for eight days changing the dressings twice daily. He avers that the affection rarely fails to yield to this plan. An alcoholic solution of formalin, from one to twenty per cent., painted over the palms and soles twice daily is exceedingly beneficial. Cracks in the skin should be covered with zinc oxide ointment before making the application to avoid smarting. This remedy may be applied to the axillæ also.

Neebe's plan of immersing the palms or soles in chemically pure hydrochloric acid for ten minutes daily is sometimes effective. The patient's face should be protected from the fumes of the acid by holding a wet towel to the nose and mouth.

A five per cent. solution of permanganate of potash appears at times to have some influence upon checking the sweat secretion.

Galvanism and faradism are both serviceable and cases of inveterate hyperidrosis have been alleged to have been cured under the use of the X-rays. The last named method should be reserved as a *dernier resort* and then employed only in selected regions.

Prognosis. The disorder is prone to prove rebellious to treatment, palliation being usually the most that can be accomplished.

HYPERTRICHOSIS.

Synonyms: Hirsuties; Superfluous Hair; Hypertrichiasis.

Definition. Hypertrichosis is an excessive growth of hair. It may appear as an over-growth upon normally hairy regions or occur upon non-hairy parts of the body or upon the face of women. It may be excessive over the general surface of the body or limited to particular regions. In women, an abnormal growth may manifest itself upon the extremities and genital organs, when in the latter instance instead of assuming the fan-shape common in women it ascends as a band to the umbilicus. It may also appear about the nipples, the sternum, chin, lips and cheeks. When

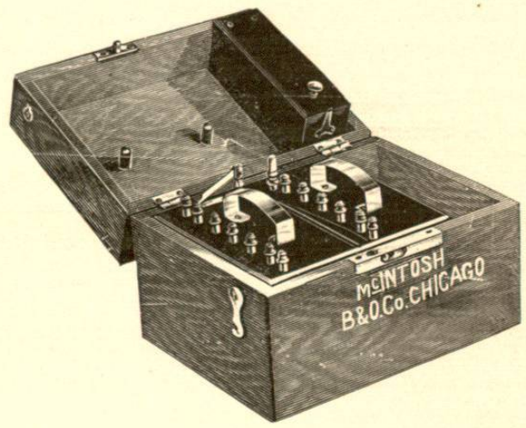

Fig. 53.—Galvanic Battery.

the growth is universal and attains unusual length, as in the case of the Mexican woman, Julia Pastrana, and the hairy family of Mandalay, it constitutes one of the stigmata of degeneracy. It is also observed among the insane of both sexes and in women suffering from major hysteria and is coterminous with these affections. Many more or less normal women at or after the menopause display a tendency to the development of superfluous hairs upon the chin as do younger women who suffer from ovarian or uterine disease. It may, however, appear without apparent cause, especially in brunette women.

Excessive growth of hair in unusual situations is occasionally observed as a familial trait.

Over stimulation, long-continued, local irritation may determine an excessive growth of hair.

The essential cause of hypertrichosis is not at all clear. It is probably an evidence of a neuropathic tendency and is not uncommonly associated with disturbances in the sexual zone.

Treatment. General hypertrichosis is not amenable to treatment. When circumscribed, electrolysis offers the only reliable means of relief. This method is applicable only to a limited number of cases and should be restricted to those patients in whom the hairs are coarse, pigmented and not too numerous. It is not advisable under other circumstances. The object of this form of treatment is the destruction of the hair papilla and is carried out as follows: the patient is placed in a semi-recumbent position and the field of operation disinfected with alcohol or a solution of bichloride. Four to ten (even more) cells of a galvanic battery are thrown into the circuit and a fine steel needle, secured in a suitable holder and connected with the negative pole of the battery, is carefully inserted along the shaft of the hair and cautiously pushed in until resistance is encountered. The patient is then instructed to place the palm of the hand against a wet sponge attached to the positive pole of the battery. The hair is then grasped with a pair of epilating forceps and held lightly. Bubbles of gas begin to be evolved at the point of the needle and in a few seconds the hair is loosened

Fig. 54.—Needle Holder.

and can be removed with gentle traction. The patient then removes her hand, breaking the current. The pain of the operation is trifling. A small wheal forms at the seat of the puncture after the removal of the hair. If a milliampèremeter is used, from one-fourth to one milliampère is sufficient. With practice, the operator becomes expert at finding the bottom of the hair follicle and the angle of insertion of the hair. Caution should be taken against removing hairs situated too close together as vesiculation and crusting may cause scars. With reasonable skill and not too strong a current the risk of scarring is slight. About thirty to forty hairs may be removed at one sitting of an hour's duration. The operation must be repeated as often as recurrences take place. The treatment is exceedingly tedious and much time and patience are demanded to secure anything like a satisfactory result.

The X-rays are worthy of a trial in such cases as are not appropriate to electrolysis, that is, those in which there is an abundant growth of down interspersed with coarse, pigmented hairs. The method will undoubtedly cause the hairs to fall, but unless there be an actual destruction of the hair papillæ, or at least of its hair producing function, the growth will return and perhaps more vigorously than before. To produce this effect is a

matter for individual judgment and temerity. Unless the operator be well versed in radiotherapy it is scarcely advisable that he attempt to remove hairs by this method, lest in straining at a gnat he swallow a camel.

When other methods fail, palliation may be achieved by epilation, shaving or the use of a depilatory. Boetger's paste, which is made by passing sulphuretted hydrogen gas through quick lime forming the sulphhydrate of calcium, is a useful depilatory and does not seem to injure the skin. There seems but little justification for the notion that epilation or the use of depilatories stimulate the growth of hair.

ICHTHYOSIS.

Synonyms: Xerodermia, Fishskin Disease.

Definition. Ichthyosis is an hereditary or congenital, cutaneous anomaly; characterized by dryness, roughness and scaliness of the skin with a tendency to papillary outgrowth. It is essentially chronic, developes in the first year of life and is aggravated by cold weather.

Varieties. There are three forms of ichthyosis described.

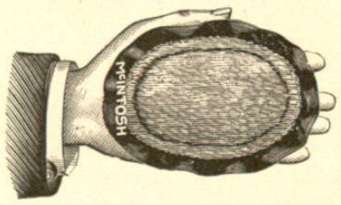

Fig. 55.—Sponge Electrode.

Xerosis, or xerodermia, is the variety most frequently seen and consists of a moderate dryness and scaliness of the skin, accompanied by a furfuraceous desquamation. This condition is more marked in the winter and tends to disappear in summer and is most conspicuous upon the extensor aspects of the extremities. The sweat secretion is much diminished in amount and about the hair follicles, especially over the knee and elbow joints, there is a heaping up of horny material yielding a granular feel, *keratosis pilaris*.

Ichthyosis Simplex. This variety is more marked and severe than the foregoing and exhibits scaliness over the entire body, except the flexures of the joints. The scales are ordinarily thin but may be thicker and vary in color from white to green or very dark (ichthyosis nigricans). The palms and soles show some thickening and deepening of the natural lines. The scales are attached by their centers with loose edges or by one edge, the other being free. In severe forms, the skin of the extremities divides into reticulated plates resembling the skin of a fish or the carapace of a turtle. The sweat and sebaceous secretion are deficient and subcutaneous

fat is diminished in amount. Papillary hyperplasias may appear about the knee and elbow joints. The appendages of the skin are involved, the hair being dry and lustreless, the nails brittle.

The disease being non-inflammatory, the subjective symptoms are inconspicuous. There is a variable amount of itching, and owing to the weakened resistance offered by the horny layer the subject of ichthyosis is sensitive to cold, the skin cracks readily and he is especially vulnerable to dermatitis and eczema.

Ichthyosis Hystrix is a curious affection characterized by circumscribed papillary hypertrophy with horny summits which eventuate in prominent, verrucous masses bearing some resemblance to the shell of a mollusc or the outer bark of an oak tree. The patches at times present spiny projections like the quills of a porcupine. The patches are widespread over the surface of the body, but as a rule are linear in arrange-

Fig. 56.—Epilating Set.

ment, unilateral and affect the arm, neck, axilla or umbilicus. The distribution sometimes corresponds to that of the cutaneous nerves, longitudinal on the limbs and transverse on the trunk, but Unna explains this distribution on the assumption that the patches of eruption favor in situation the embryonal lines of fissure. The affection is also called *nævus unius lateris* and *papilloma lineare*.

The course of ichthyosis in its several varieties is essentially chronic. It begins in infancy, tends to become stationary about middle life, and then continues throughout the life time of the individual. It does not affect the general health.

Ichthyosis is an hereditary affection, the transmission frequently falling upon one sex in the family; beyond this factor the etiology is not known. In rare instances the disease is acquired.

A congenital analogue of ichthyosis is described which affects the fetus, and in its gravest form causes death within the uterus or shortly after birth. The condition is called harlequin fetus or *hyperkeratosis congenita*. The skin is tense, dry and separated into polygonal plates by deep

fissures. Owing to the tenseness and inelasticity of the skin, the mouth and eyes cannot be closed. In the milder form the skin has a glazed, varnished appearance as though too tight for the tissue beneath, and in feel resembles the case of a sausage.

Pathology. The pathologic process consists in an increased formation of epithelial cells in the horny and mucous layers. The cells are abnormally adherent, increasing tension and producing separation into scales and plates. The papillary layer of the corium is frequently involved, its vessels being dilated and the papillæ hypertrophied. Stenosis of the ducts of the sebaceous and sweat glands is present and the fat of the skin is quantitatively diminished.

Diagnosis. The diagnosis of ichthyosis is readily established by the dry, harsh condition of the skin, the presence of scaliness or of polygonal plates, and the absence of all signs of inflammation.

Treatment. Thyroid extract has occasionally proven beneficial, and alteratives like cod liver oil, may bring about some amelioration of the condition. Pilocarpin, the use of which is suggested by its diaphoretic effect, can have but a temporary influence and is not devoid of risk.

Fig. 57.—Epilating Forceps.

Locally, unctuous applications are indicated to relieve the scaliness and increase the pliancy of the skin. Bockhart claims to have cured a case of ichthyosis by the long-continued use of sulphur ointment.

Baths followed by inunctions with lanolin, vaselin or glycerine and rose water will serve to render the skin less harsh and scaly.

When the disease is more marked than in the simple form the scales may be removed with vigorous frictioning with green soap, followed by a bland ointment. This plan should be pursued with persistence.

The patches of ichthyosis hystrix may be removed with strong salicylic acid applications, curetting or electrolysis.

IMPETIGO CONTAGIOSA.

Under the term impetigo contagiosa which was bestowed by Tilbury Fox are included several clinical types that present certain individual features but are too closely united etiologically and therapeutically to warrant separate description. The differences chiefly concern the morphology and location of the lesions and the precise variety of the pus germ provocative of the disease.

Definition. Impetigo contagiosa is an acute, inflammatory, contagious

affection of the skin characterized by the formation of superficial, flattened, discrete, vesico-pustules which dry and form thin, yellowish or brownish, loosely attached crusts.

The disease is common especially among the children of the poor, but being contagious it respects neither age nor social position. It is one of the

Fig. 58.—Ichthyosis (Ohmann-Dumesnil).

perils of the barber's shop on account of its ready transmission through the medium of razor and shaving brush.

The favored seats of the eruption are the face, especially the region of the mouth and nose, the back and front of the neck and the fingers.

Symptoms. Impetigo contagiosa appears as an erythematous spot which becomes vesicular and rapidly pustular. The lesion, small at first, enlarges peripherally until it attains the size of a dime or larger, and if

two or more lesions are contiguous they coalesce. There is a slight inflammatory areola. The lesions flatten, tend to become depressed in the centre and soon dry into honey-yellow crusts which are thin, curled up and so slightly adherent as to present the appearance of having been stuck on the skin. When neglected, from admixture with dirt, the crusts become brown, even black, and thick.

When the crusts are removed, the skin beneath is merely reddened or moist and sometimes covered with a honey-like material. The neighboring lymph glands are enlarged and occasionally suppurate.

The eruption varies much in extent, consisting of a few discrete lesions or a large portion of the face may be crusted over.

Fig. 59.—Nævus Unius Lateris.

The subjective symptoms are slight. There is a variable amount of itching and some tenderness.

Aberrant Types of Impetigo Contagiosa. Aberrant types of impetigo are described which probably owe their differences to the nature of the provocative micro-organism. In some of these anomalous forms the lesions, to the number of thirty or forty, appear scattered over the surface of the body at wide intervals. They show no preference for the fingers and face but occur principally upon the extremities. The lesions undergo the same changes as those of the typical form, or instead of being flattened and centrally depressed, they are plump or flaccid, sometimes as large as a walnut, of a pemphigoid character and exhibit very little tendency to suppuration. This variety is called *impetigo contagiosa bullosa* and is

doubtless mistaken at times for, or miscalled, *pemphigus contagiosus.* It usually occurs in infants and is sometimes fatal.

The impetiginous eruption may assume an annular form, drying in the centre and extending in a serpiginous manner by the periphery and closely resembling ringworm (*impetigo circinata*).

Fig. 60.—Ichthyosis Nigricans (Ohmann-Dumesnil).

In the variety known as *impetigo simplex*, and described by Duhring, Bockhart and others, the lesions are small, primarily pustular, rounded or hemispherical, thick-walled and show no tendency to umbilication or coalesence. They appear to be but slightly contagious and are frequently productive of folliculitis and boils.

Etiology. Impetigo contagiosa is contagious and both auto- and hetero-inoculable. It is due to one or more of the pyogenic micro-organisms, most commonly the *staphylococcus pyogenes aureus.* The *streptococcus* is also held to be the exciting cause.

Impetigo contagiosa is seen principally among children and ill-nourished, strumous infants, but adults are by no means exempt. In men the disease is usually acquired from unclean shaving.

Pathology. The lesions of impetigo are superficially situated and the amount of exudation is disproportionate to the degree of inflammation.

Diagnosis. Impetigo contagiosa is to be distinguished from eczema, ecthyma, varicella and pemphigus, to all of which it bears a fleeting resem-

Fig. 61 a.—Impetigo Contagiosa (Unna).

blance. The salient features of impetigo contagiosa are the superficial character of the lesions, their peculiar situation, comparatively brief course, inoculability, slight development of inflammatory base, thin, wafer-like crusts, absence of marked constitutional symptoms and the ease with which cure can be effected.

Treatment. The disease responds very readily to treatment. After the crusts have been removed an ointment of ammoniate of mercury, ten to thirty grains to the ounce of cold cream, well rubbed into the lesions will effect a prompt cure. A solution of bichloride of mercury, 1 to 1000, will accomplish the same result.

In the bullous form in infants accompanied by considerable denudation, the treatment is that of a simple burn. Bearing in mind the contagious character of the affection, prophylactic measures should be taken against its spread.

Prognosis. Impetigo contagiosa in the great majority of cases tends to spontaneous cure in from ten to thirty days.

IMPETIGO HERPETIFORMIS.

Definition and Description. Impetigo herpetiformis is an exceedingly rare disease described by Kaposi and scarcely observed outside of Vienna. It begins as a few isolated groups of pustules whose contents changes from opaque to greenish. The lesions make their appearance first in the groin, about the umbilicus, breast or axillary space and after a few days dry into brownish crusts. New lesions appear around the original groups and, drying, add to the already existing crust. In this manner wide surfaces may be covered with crusts, the skin beneath being red, sometimes moist but

Fig. 61 b.—Impetigo Contagiosa.
Figs. 60 and 61 represent brother and sister (Unna).

never ulcerating. The mucous membranes may be the seat of a similar eruption.

Constitutional symptoms are present and consist in more or less continuous fever of a septic character, which is augmented by the appearance of fresh pustules.

The disease runs its course in a few weeks or months and is almost invariably fatal, death ensuing from marasmus or exhaustion.

Impetigo herpetiformis appears in the great majority of reported cases to be limited to pregnant women.

Treatment is unavailing. Supportive measures, baths and protective applications are the principal therapeutic indications.