

Locally, mild applications are indicated in the hyperæmic stage. The lotio alba (*vide Acne*), liquor carbonis detergens, and liquor plumbi subacetatis are serviceable in this condition. Tincture of green soap is effective in clearing the surface of comedones and scales. More stimulating applications are reserved for the later stages and are such as the following: Resorcin, ten per cent. in collodion; salicylic acid, six per cent. in collodion; ten per cent. ointment of pyrogallie acid; creosote in oil or ointment.

Scarification followed by iodoform rubbed in, or strong salicylic acid paste, is sometimes successful. The galvano-cautery with the subsequent use of pure ichthyol will often yield good results.

The Finsen light and X-rays have been reported as of great use in lupus erythematosus but are not as effective as in lupus vulgaris. The high frequency current is warmly advocated by some observers.

Prognosis. The prognosis of lupus erythematosus is uncertain. Many cases yield to treatment but the characteristic of the disease is extreme obstinacy. Spontaneous recovery with ineradicable scarring may take place. Many patients succumb to tuberculosis, and it is essentially a grave disease, especially in the disseminated form.

Lupus scars may be the starting point of malignant growth.

LUPUS VULGARIS.

Definition. Lupus vulgaris is a chronic neoplastic affection of the skin due to the presence of the tubercle bacillus and characterized by one or more reddish brown tubercles or infiltrated patches which end in ulceration, with scarring or absorption.

Symptoms. The common seat of lupus vulgaris is the face, especially the nose and cheek. The disease begins in childhood as a dark-red or brown, deep-seated macule, papule or tubercle of a softer texture than the normal skin. New bordering lesions develop by means of which aggregated tubercles or infiltrated plaques are formed which, in the former case, after attaining the size of a pea, or larger, remain stationary. The lesion after a time breaks down and ulcerates, forming a shallow, soft-bordered, reddish-brown ulcer which is more or less crusted over and which heals with a varying amount of scarring. The individual lesions are smooth, semi-transparent papules or tubercles composed of soft tissue like apple butter.

The patches of lupus often display the different stages of the disease, brownish-red papule or tubercle, shallow ulcer, cicatrization and new lesions surrounding it.

The patches may be single or multiple, are irregular in outline and distinctly raised above the surface.

Coalescence of adjacent disease areas or new developments in the clear interspaces produce lesions of considerable extent. They spread by a gyrate, raised, apple-butter-colored border, show central depression, atrophy and scarring (*lupus serpiginosus*); or the patches may become inflamed, oede-

matous and on subsiding leave hypertrophic cicatrices (*lupus hypertrophicus, lupus sclerosus*); or, again, the ulcerated foci may become the seat of unevenly crusted, warty outgrowths (*lupus verrucosus, lupus papillomatous*).

When the nose and adjoining surfaces are attacked ulceration and absorption produce cicatricial contraction with narrowing of the nostrils and beak-like deformity. The ears are also much diminished in bulk. The mucous membranes of the nose and conjunctiva are involved, less frequently the vagina and rectum.

On mucous surfaces the tubercles give place to fungating, papillary growths which tend to form patches. The lymph glands are not as a rule affected, and constitutional symptoms are generally lacking. Erysipelas occasionally attacks the lupous patches and may prove curative. Epithe-



Fig. 70.—Lupus Vulgaris (Unna).

lioma not infrequently develops upon a scar of inveterate lupus and is apt under these conditions to run a rapidly malignant course.

Etiology. Lupus vulgaris begins in childhood and is more common in the female sex. It is due to the invasion of the skin by the tubercle bacillus, the strumous diathesis favoring its occurrence. It is not nearly so common in the United States as in Europe, and is rare in the South.

Pathology. Lupus vulgaris is a neoplasm of the granuloma type and consists of a small-cell infiltration which begins in the deep part of the corium and from thence gradually invades all the remaining skin structures (Crocker). Tubercle bacilli are found in the lesions.

Diagnosis. From gummatous or tertiary serpiginous syphilide, lupus vulgaris is diagnosed by its slow growth and course, apple-butter-like tubercles, and its inception in childhood; from lupus erythematosus by the

absence in that affection of tubercles and ulceration; and from epithelioma by its occurrence in young subjects, the character of the ulceration, its history and course.

Treatment. Attention to the general health, hygiene, exercise and nutritious food are the general indications for treatment. Tonics, cod liver oil and syrups of the iodide of iron are beneficial.

Externally, the object of treatment is extirpation of the disease by some means, surgical or chemical. The surface may be thoroughly curetted and then a ten to twenty-five per cent. ointment of pyrogallol applied. This causes very free suppuration and may remove the lupous tissue. Scarification with a spud, the use of the Paquelin cautery under cocaine anæsthesia or preliminary obtunding of sensation with pure carbolic acid, are serviceable procedures.

Excision of the skin followed by grafts to the raw surface, carbolic acid introduced into the skin by punctures with a steel needle, are among the plans of treatment occasionally giving good results.

Chemical caustics, such as lunar caustic bored into the tubercles, or pastes of arsenious acid, resorcin, salicylic acid or chloride of zinc, may be of service.

White recommends the application of bichloride solution, one grain to the ounce.

Unna paints the surface with carbolic acid for several days, then introduces the points of little sticks soaked in the following solution:

℞		
	Hydrag. Bichlorid.,	gr. xv.
	Acid. Salicyl.,	ʒiiss.
	Ether. Sulphuric.,	ʒvj.
	Ol. Olivarum ad,	ʒij.
	M.	

The ends of the sticks are then cut off and left in the tubercles. The surface is covered with mercury-carbolic plaster-muslin for two days. The plaster and points are then removed and the openings filled with the following powder:

℞		
	Hydrarg. Bichlorid.,	gr. jss.
	Magnes. Carbonat.,	ʒiiss.
	Acid. Salicyl.,	ʒj.-gr. xv.
	Cocain. Hydrochlorat.,	gr. viiss.
	M.	

The tubercle or patch is then covered again with the plaster muslin for two days and thereafter with pyrogallol ointment.

Antitubercle serum, except for demonstrating by local reaction the nature of the disease, has proven of uncertain value.

The treatment of lupus vulgaris has been considerably simplified by the work of the late Nils Finsen, of Copenhagen, in phototherapy. This method seems to find its special field of usefulness in lupus and the results of treatment though tardy show a larger percentage of cure than by other methods now in vogue. The X-rays are also very efficacious and perhaps more prompt in their effects than the light treatment but the permanency of the cure by this agency is still *sub judice*.

Prognosis. The prognosis of lupus vulgaris is uncertain. Recurrences after any form of treatment are frequent. General tuberculosis is rarely a sequel. The scars of lupus are often extensive, disfiguring and quite ineradicable.

LYMPHANGIOMA CIRCUMSCRIPTUM.

Definition. Lymphangioma circumscriptum is a rare disease consisting of closely aggregated, dilated or neoplastic lymph vessels resembling vesicles.

Symptoms. The lesions resemble frog spawn and occur in patches of one-half to three-quarters of an inch in diameter, or larger. Scattered lesions hover about the patch.

The affection is usually limited in its appearance to one region of the body, the common positions being the neck, shoulders or sides of the trunk. The mucous membranes may also be affected.

The lesions are deep-seated, pin-head to hemp-seed sized, thick-walled vesicles, pale or pink in color and when punctured emit a clear and colorless or pinkish fluid.

The newer lesions show in their substance vascular tufts or lines, the older are covered with thickened, opaque skin and are warty-looking.

The disease is slow and chronic in its course, beginning in childhood and progressing with age. It gives rise to no subjective symptoms.

The essential pathologic lesion is a dilatation and overgrowth of the lymph vessels.

Treatment. Caustics and electrolysis are the means recommended for removal of the lesions. They are, however, very prone to recur.

LYMPHANGIOMA TUBEROSUM MULTIPLEX (*Kaposi*).

Synonym: Benign cystic epithelioma.

Description. The lesions of this affection consist of small, pearly, closely-set, smooth, brownish or red, elevated tubercles of the size of a pea or smaller. They are firm and elastic and present a tracery of dilated vessels upon their summits.

The disease begins in childhood or early youth upon the neck or trunk

and gradually multiplies in the number and size of the lesions, showing no tendency to involution or ulceration. Milia are found scattered about among the lesions.

The disease is characterized by the formation of small cysts containing colloid material and is regarded as epitheliomatous in nature and is described by some authors under the title of benign cystic epithelioma. It is extremely rare.

Treatment. The lesions should be removed with the curette, followed by thorough cauterization with acid nitrate of mercury.

MILIARIA.

Synonyms: Prickly Heat; Lichen Tropicus.

Definition. Miliaria is an acute, inflammatory affection presenting



Fig. 71.—Lymphangioma Circumscriptum (Unna).

crowded, pin-head sized, bright-red papules and vesicles, accompanied by intense burning and itching, and occurring during hot weather.

Symptoms. The eruption appears suddenly during hot, sultry weather, upon the covered parts of the body, the arms, neck, back, chest and abdomen, and consists of closely aggregated, small, red, acuminate papules and papulo-vesicles with an occasional pustule. The lesions, though thickly set, especially about the lower portion of the abdomen and flexures of the joints, remain discrete and show no disposition to coalescence or to exudation. Excoriations and blood-crusts testify to the severity of the itching.

Etiology and Pathology. Miliaria is an inflammation in and around

the sweat glands and is observed chiefly among babies, fat individuals who perspire freely, alcoholics and neurotics, and indicates improper clothing or a lowered tone. One attack predisposes to another.

Diagnosis. Miliaria resembles papular eczema but its sudden occurrence, course and duration serve to identify it.

Treatment. Alkaline diuretics are recommended, and in adults the bowels should be kept open with saline laxatives. The clothing should be light and well ventilated and chilling of the surface guarded against by wearing thin, woolen undergarments. Alcohol is interdicted and moderation in eating enjoined.

Alkaline and bran baths followed by dusting-powders of talc, lycopodium, starch or oxide of zinc, are very serviceable. Calamine and zinc oxide lotion is cooling and grateful to the patient. A weak solution of liquor carbonis detergens is beneficial for the relief of itching. Carbolic acid, one dram to one ounce of glycerine, and eight ounces of rose water, is also of value in relieving the burning and itching accompanying the eruption.

A non-inflammatory form of miliaria is called *sudamina*, or *miliaria crystallina*, and consists of an obstruction to the sweat glands which prevents the escape of the secretion. The fluid forces up the horny layer into minute, closely crowded, discrete vesicles with a clear contents. The lesions disappear in a few days by absorption, leaving a slight scaliness. This eruption occurs upon the front of the trunk and may appear suddenly as a concomitant of fever.

The lesions give rise to no symptoms and require no treatment.

Strofulus, the "red gum" of infants, is a sweat rash caused by too heavy clothing and appears upon the side of the infant which presses against the mother in nursing.

Substitution of lighter apparel for the cumbersome wrappings in which inexperienced mothers so often envelope their babies will be followed by a prompt disappearance of the rash.

MILIUM.

Synonyms: Grutum; Aene Albida.

Definition and Description. Milium (*milium*, a millet seed) is a small, pearly-white, round or oval, sebaceous tumor situated just beneath the epidermis. The lesions are seen chiefly about the orbit and malar prominence, penis, scrotum and labia minora, especially in blonds. The tumors are from the size of a pin-head to a squirrel-shot or larger, rounded, whitish, superficially situated and slightly elevated above the surface. They frequently begin in early childhood, progress slowly and after a certain length of time tend to remain stationary. In favored localities they may attain the size of a pea and appear as firm, white, movable masses just beneath the skin.

These bodies when situated about the lids are termed *chalazion*.

Occasionally they undergo calcareous degeneration and constitute the so-called cutaneous calculi. Miliun frequently coexists with acne and may follow pemphigus, erysipelas or occur upon the scars left by former destructive disease.

Miliun gives rise to no subjective symptoms.

The tumor is situated in the sebaceous gland, the secretion from which, from closure of its excretory duct, fails to gain an exit and remains as a hardened mass just beneath the epidermis.

Treatment. The epidermis should be incised and the seed-like mass

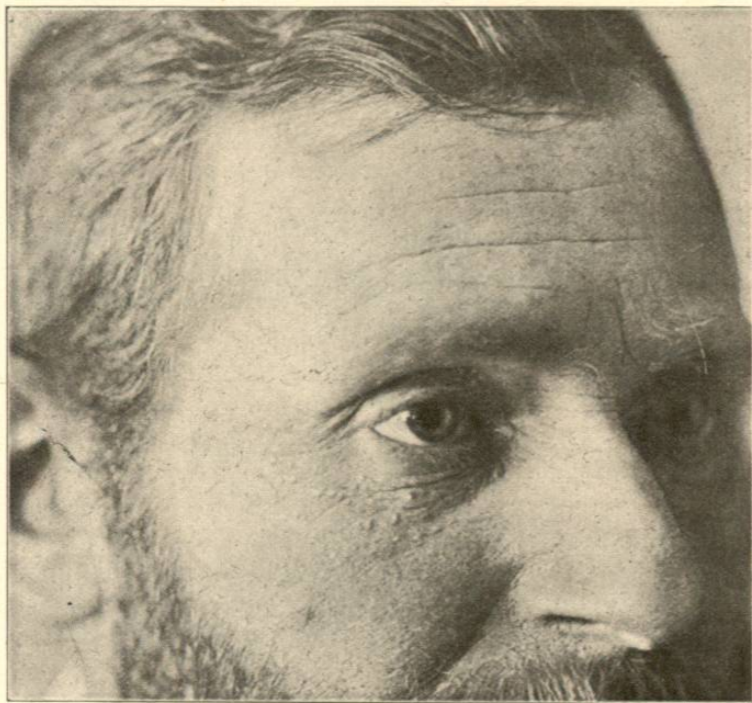


Fig. 72.—Miliun (Ohmann-Dumesnil).

turned out. A special instrument, the milium needle, has been devised for this purpose. After dislodging the mass, the cavity may be touched with carbolic acid.

Hardaway advises electrolysis. When the milia are very small and numerous, they may be got rid of by exfoliating the skin with a fifty per cent. resorcin paste or a strong salicylic acid solution in collodion.

MOLLUSCUM CONTAGIOSUM.

Definition and Description. Molluscum contagiosum is a contagious disease of the skin presenting one or several, rounded, discrete, white or

pinkish tumors, which are pin-head to pea-sized, waxy and show a central depression or opening from which a tough, cheesy material may be pressed out. They occur principally on the faces of children; the genital organs, breast and scalp are less frequently the seat of mollusca. A favorite position is about the lips.

The lesions grow slowly up to a certain size when they remain stationary or become inflamed, break down and finally heal with little or no scarring. When the affection occurs in adults there is usually a history of exposure to the disease in a child.

Etiology. Childhood and poor hygiene are the predisposing causes. It



Fig. 73.—Molluscum Contagiosum (Unna).

is not infrequent in orphan asylums and institutions of a similar character. Molluscum is undoubtedly mildly contagious though efforts at direct inoculation have usually failed.

Diagnosis. The small, flattened, white, waxy tumor with a central depression often exposing the end of its cheesy contents and situated about the face, especially the lips, is quite characteristic of molluscum contagiosum.

Pathology. Molluscum is a hyperplasia of the rete. The so-called molluscum corpuscles, large, rounded or ovoid, fatty-looking, sometimes

encapsulated bodies, are epithelial degenerations in which the cells of the rete have been metamorphosed into keratin.

Treatment. The best method is removal of the lesions with the curette. The cavity should be touched with tincture of iodine or carbolic acid to prevent recurrence. A small curette may be introduced into the central opening and the walls of the growth scraped away, thus preserving the external covering and minimizing the chance of scarring.

MORBILLI.

Synonym: Measles; Rubeola.

Definition. Measles is an acute, contagious and infectious disease characterized by a maculo-papular rash appearing on or before the fourth day upon certain portions of the body.

Symptoms. Measles begins with symptoms of coryza, mucous nasal discharge, lachrymation, photophobia, cough, frequently of a croupy character. The fauces are hyperæmic, the tongue dusky-red and coated, and there is more or less fever. The patient is dull, apathetic and drowsy. Upon the mucous membrane of the mouth there are often to be seen bluish-white spots with a reddened base, known as "Koplik's spots" which precede the general eruption.

After this prodromal stage, which lasts about four days, there appears an eruption on the face, forehead, neck, and behind the angle of the jaws and ears. The eruption consists of small, red macules or grouped, dusky papules surrounded by an erythematous area. The papules are firm but not shotty. The eruption spreads rapidly to the trunk and extremities. The lesions are frequently arranged in a curvilinear manner with interspaces of normal skin, this arrangement occurring chiefly on the front of the thorax. The eruption reaches its maximum on the second or third day and then begins to fade and is followed by a varying amount of branny desquamation. Yellowish-brown macules remain for some time after the rash has disappeared. The eruption varies much in intensity and may be copious or scanty or, in very severe cases, hemorrhagic.

Diagnosis. The slow onset, catarrhal symptoms and the occurrence of a rash about the fourth day are highly suggestive of measles. Koplik's spots, if seen, are distinctive.

Scarlatina, with which measles is most apt to be confused, is sudden in onset, the rash appearing in twenty-four hours, occurs on the trunk, spreads rapidly, is punctiform and the face is not specially involved. The "strawberry tongue" and early vomiting will assist in the differentiation.

The diagnosis of measles from röheln is at times difficult though in the latter affection the onset is as a rule, abrupt, the eruption more scanty and of a paler hue, the constitutional symptoms less severe and the post-cervical and occipital glands are nearly always tumefied.

MORPHŒA.

Synonym: Addison's Keloid.

Definition and Description. Morphœa is an affection of the skin presenting round or oval, irregularly-shaped patches of infiltration occurring on a level with the skin or slightly depressed beneath it. The patches are white or pink, waxy and surrounded by a zone of lilac color in which are to be seen numerous venules. The patches are more or less circumscribed and often present a smooth, polished surface and when grasped between the fingers have the feel of leather or of bacon rind let into the skin.

Morphœa occurs chiefly in adults and is seen upon the lower extremities, trunk, mammary gland and less often upon the face. The patches are sometimes disposed along the line of distribution of cutaneous nerves. They are not usually symmetrical. Subjective symptoms of itching, tingling or numbness may or may not be noted. The lesion is of slow progress and after attaining a certain dimension tends to remain stationary for months or years, then undergoing spontaneous disappearance or atrophy with deformity. New patches may develop at any time.

The disease is rare and is seen principally in neurotic women. It is probably a tropho-neurosis and is closely allied to scleroderma, being regarded by some writers as a circumscribed form of that affection.

Diagnosis. Morphœa is distinguished from leucoderma by the lack of infiltration in the latter affection and the circumjacent heaping-up of pigment characteristic of leucoderma.

Keloid presents firm, elevated tumors with corded, crab-like lateral processes.

The white patches of leprosy are anæsthetic and there are associated symptoms of the disease.

Treatment. The treatment of morphœa is unsatisfactory. Internally, attention to the general health is required. Iron tonics, quinine and cod liver oil are usually indicated.

Locally galvanism, mercurial inunctions applied to the patches, friction and massage may prove beneficial. Some cases have been reported as cured by X-ray treatment.

MYCETOMA.

Synonyms: Podelcoma; Fungous Foot of India.

Definition and Description. Mycetoma is a slowly progressing disease characterized by local induration of some part of the foot, hand, serotum or shoulder. The indurated area becomes studded with small abscesses which discharge pus and granular masses, black, like poppy seed or fish roe, or white and cheesy.

The progress of the disease is slow and after some years' duration the feet become greatly swollen, distorted and riddled with sinuses.

There are three varieties of mycetoma described, the *pale*, the *black*

and the *red*, the last named being very rare. These varieties are so called from the character of the granular material discharged from the sinuses, the pale color of one of the forms being alleged to be due to the presence of the *actinomyces*, the black to the mould fungus.

The disease is endemic in certain parts of India and is not unknown in this country. It rarely occurs before puberty, is more common in women than in men and in those who are in the habit of going bare-footed.

Treatment. Curetting and the application of caustics to the discharging sinuses are recommended. If this fails, amputation becomes necessary.

MYCOSIS FUNGOIDES.

Synonym: Granuloma Fungoides.

Definition. Mycosis fungoides is a chronic, progressive, generally fatal disease presenting a stage of erythema succeeded by a more or less diffuse infiltration with the formation of soft, red tumors which break down and ulcerate.

Symptoms. The disease begins with simple eczematous, urticarial or psoriasiform patches which are at first sharply defined, round or circinate and intensely pruriginous. The patches disappear and reappear in the same place or elsewhere. The erythematous patch is sometimes annular with a central macule like a bull's eye (Jackson).

The patches after a time tend to coalesce and become sharply outlined, raised, red, shining, infiltrated and papulated.

This is the second stage and may last for months or years before the advent of the third stage, which is characterized by the formation upon the patches or the sound skin of irregular, lobulated, oval or hemispherical, sharply defined tumors of a white, reddish or bluish color.

These tumors are firm, fleshy, sometimes pedunculated, or are soft, elastic and covered with tense, glazed skin. They are at first limited to the trunk, later they may appear in any region of the body, even upon the mucous membranes. The face when involved takes on a leproid appearance. The tumors disappear spontaneously and are followed by others; or they fungate, break down and ulcerate. When in this condition the tumors resemble the cut half of a tomato. Itching and pain disappear or are greatly relieved with the advent of the tumor stage.

The general health remains unaffected for a long time but finally yields to the disease and the patient dies of marasmus or intercurrent disease such as diarrhoea or pneumonia.

Etiology. The exact cause of mycosis fungoides is not known. It is regarded by some observers as an infectious disease. Most of the cases reported have been in men over forty years of age.

Pathology. The essential nature of the disease has not been ascertained. It is classed by some among the infective granulomata; others regard it as a form of sarcoma.

Diagnosis. The diagnosis of mycosis fungoides in the premycosic stage

can scarcely be made with certainty. Eczema, erythema multiforme, psoriasis and ringworm have been confused with it in the early stages. There are no clear-cut distinctions but the persistency, sharp definition of the patches, their capricious appearing and disappearing, their general distribution, coupled with intense itching, when taken together, will arouse a suspicion of the disease.

In the tumor stage, mycosis fungoides may resemble tubercular leprosy but lacks the concomitant symptoms; and also multiple generalized sarcoma with the difference that sarcoma has no stage antecedent to the formation of the tumors.

Treatment. Köbner claims to have cured a case with hypodermic injections of arsenic. Bazin's patient recovered after an attack of erysipelas. Crocker recommends salicin in the premycosic stage.

There is no curative treatment.

Antipruritics are used in the early stages. Surgical intervention is not promising. The relief of itching and disappearance of the tumors have been recorded from the use of the X-rays.

Prognosis. The average duration of life is two to four years. Death, while sometimes delayed, is practically certain.

MYOMA.

Definition. Myoma is a rare, benign new growth composed of smooth muscle fibres and fibrous tissue.

Varieties. Two varieties are described, the *simple*, or *lioma*, and the *dartoic*.

In the simple variety the growths are single or multiple, varying in size from a pea to an orange, pink, red or normal in color and are painful. When multiple, they are grouped; when single, either sessile or pedunculated, they attain their greatest development.

The *dartoic* type is usually single and is situated on the scrotum, labia majora or about the nipple.

Myomata grow very slowly, requiring eight or ten years to attain the maximum size and tend to recur after removal. The affection is rare and is seen in individuals between the ages of twenty-five and sixty.

If a fibrous element predominates in the structure of the neoplasm it is termed a *fibro-myoma*, if notably vascular, *angio-myoma*, and if lymphatic, *lymph-angicma*.

Diagnosis. The diagnosis of myoma without the aid of the microscope is very difficult.

Treatment. Surgical removal is the only effective treatment.

NÆVUS PIGMENTOSUS.

Synonym: Mole.

Definition. Nævus pigmentosus or mole is a benign hyperpigmentation occurring as one or more macules or patches and usually accompanied with a hairy growth and some hypertrophy.

Varieties. Moles are usually rounded in outline and vary in color from a light brown to dark, even black. They may be flat and smooth, presenting only excess pigmentation resembling a freckle (*nævus spilus*); or showing an excess of pigment with rough, uneven, papillomatous surface (*nævus verrucosus*); or they may be soft, flabby and contain fat and connective tissue (*nævus lipomatodes*). Long, coarse, crisp or furry lanugo hairs frequently grow from the surface of a *nævus* (*nævus pilus*).

Description. Moles are most common upon the face, neck and back but may occur in any region of the body singly or in great numbers. They sometimes follow the course of a cutaneous nerve. This form is called

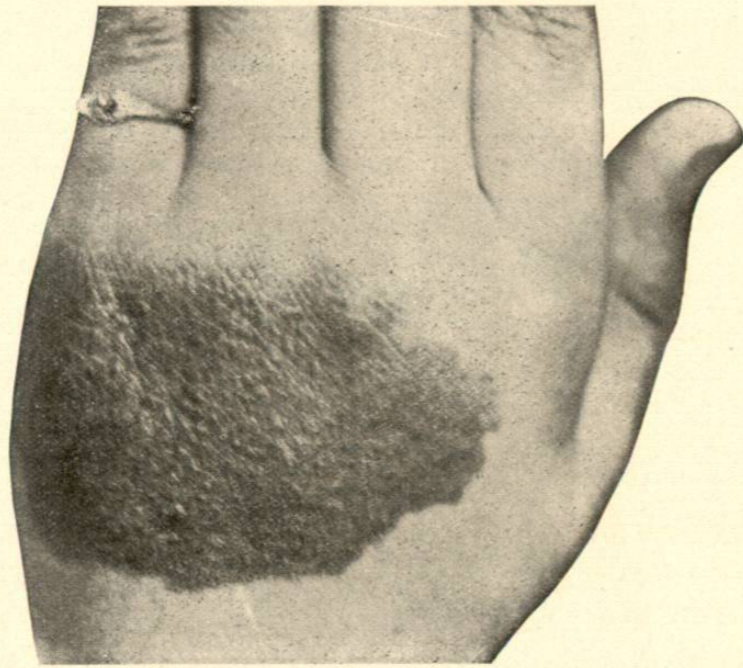


Fig. 74.—Nævus Pigmentosus.

nævus unius lateris and is regarded by some as a variety of *ichthyosis hystrix*.

Moles are congenital in origin or begin shortly after birth and grow slowly with the growth of the individual or remain stationary. The hair which springs from many moles is usually darker, crisper and coarser than elsewhere, but is sometimes thick and furry like that of an animal.

Nævi are permanent growths and never spontaneously disappear. They give trouble by causing disfigurement and are occasionally the seat of malignant degeneration, especially when subjected to irritation.

An hereditary tendency to the formation of moles is frequently exhibited, and beyond this, nothing is known of their etiology. Nerve disturbances are, with uncertainty, advanced as a cause.

Diagnosis. Moles differ from warts in being congenital, permanent and hairy. A freckle is not attended with hypertrophy or a growth of hair.

Treatment. A *nævus* may be excised with a knife or, if prominent, tied off with a ligature. Electrolysis is an excellent method of removal and if skillfully performed leaves but little scarring. The needle attached to the negative pole of a galvanic battery using four to five cells is passed under the mole in several directions so as to surround it. Multiple puncture

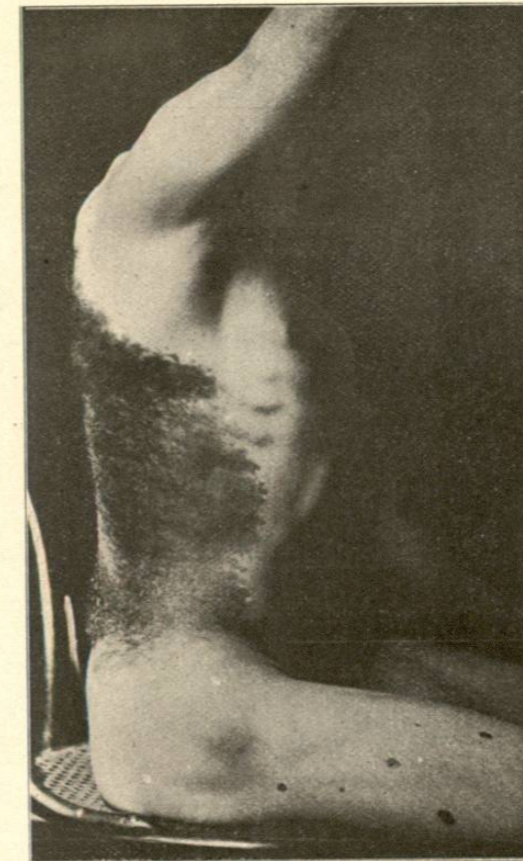


Fig. 75.—Nævus Pigmentosus with Furry Hair.

with the electric needle, using several in a bunch and introducing them at right angles to the surface, is also a good method but slower than the preceding.

The hairs should be removed before the mole is attacked.

Small moles may be successfully removed by sparking with a pointed vacuum electrode of a high frequency current, the electrode being held one-quarter of an inch from the target and sparked until the mole swells and becomes translucent. It will soon shrivel into a crust and fall off.

Glacial acetic acid, or a strong solution of chloride of zinc, may be employed to destroy a mole, but each has the disadvantage of causing larger scars than the electric method.

NÆVUS VASCULARIS.

Synonyms: Port Wine Stain; Birth Mark.

Definition. Nævus vascularis is a congenital condition characterized by an overgrowth of blood vessels in the skin.

Description and Varieties. Vascular nævus is first observed as a lesion resembling a flea bite, appearing shortly after birth, and is seen to be made up of a collection of dilated capillaries. The capillaries increase in number, radiate out from a common centre like a spider's web (*nævus araneus*) and form a patch of varying size and color, but which pales on pressure. This is the simple capillary nævus, port wine stain, or *nævus flammeus*. It is most common in infants and young children and may



Fig. 76.—Nævus Vascularis (Angioma Caverosum).

disappear, leaving a delicate atrophic spot or it may increase in size and finally become stationary. The color is deepened on coughing, sneezing or exertion and tends to become purplish or cyanotic.

Telangiectasis is an acquired form of nævus vascularis. It appears as red streaks of arborescent lines on the faces of florid old people, or as small, bright-red, globular projections on the trunk, scrotum or labia of elderly individuals.

When large, the surface of vascular nævus is smooth and even, or rough and studded with small, erectile tumors or tubercles and occasionally pigmented moles.

With enlargement of the veins of the corium, large, red or purplish erectile, pulsating tumors with uneven lobulated surfaces are formed. They project markedly above the surface, enlarge and may at times attain great dimensions. This type of nævus is called *angioma cavernosum* and is seen chiefly upon the face, back, nates, pudenda and lower extremities and the mucous membrane of the lips and tongue.

Etiology. Nævus vascularis begins at birth, increases in size, remains stationary or disappears. It is more common in women than men. Unna believes vascular nævi to be due to intermittent pressure at certain points on the fetus during intrauterine life.

Pathology. The new growth is situated in the papillary and upper corial layers and consists in a proliferation and hypertrophy of the venous and arterial vessels, with a variable amount of connective growth in and around the adventitia.

Treatment. Small, "spider" nævi frequently disappear or may be induced to do so by the persistent use of contractile collodion. If this fail, electrolysis will usually prove effective. The needle is introduced into the central vessel, the correct insertion being signaled by the appearance of racing air bubbles in the lumen of the vessel. Telangiectases and small red projections may be removed in the same manner.

Port wine stains when large and ill-defined are more difficult to remove. Electropuncture with three or four needles introduced perpendicularly and at close intervals may be essayed. This plan may ultimately succeed but requires many repetitions of the operation.

Vaccine virus has been used on the nævus in order to substitute a scar for the blemish but is uncertain in action and not without risk of producing a more unsightly condition than that which it was designed to relieve.

Freshly prepared sodium ethylate may be applied to a small portion of the nævus at a sitting, allowing the resultant crust to fall off and repeating the manœuvre at intervals.

Fuming nitric acid, or acid nitrate of mercury, may be introduced by dipping a needle into the chemical and puncturing the growth, or punctures may be made with a fine red hot, platinum point attached to a galvanocautery.

The X-rays and Finsen light have their advocates who claim measurably good results from the use of these agencies.

The physician must be guided in the selection of appropriate treatment by the size of the growth and the size and character of the scar likely to be produced as a result of treatment.

The treatment of cavernous nævi falls within the province of the general surgeon.

CEDEMA NEONATORUM.

Definition. CEdema neonatorum is a rare disease closely resembling another affection of the newly born, sclerema, and occurs in weak and ill-nourished infants.

Symptoms. CEdema neonatorum begins within a few days after birth and appears upon the back of the legs, spreading to other parts, or upon the face, back, genitals and hands. The skin is pallid or of a livid, mottled hue, cold, hard, and pits on firm pressure. The patient's condition is one of

great enfeeblement, the pulse weak and the temperature subnormal. In mild cases recovery may take place, but death from collapse, diarrhœa or pneumonia is the usual termination.

Etiology. The disease occurs in feeble infants who are premature or have been exposed to bad hygienic surroundings or to cold.

Diagnosis. Œdema neonatorum was long regarded as a form of sclerema neonatorum but is now considered a distinct affection. Œdema affects the dependent parts, is less generalized and the skin is not so hard, stiff and armor-like as in sclerema.

Treatment. The infant should be placed in an incubator or, lacking this, enveloped in cotton wool or kept in a continuous bath. The surface of the body should be gently rubbed with warm oil or camphorated alcohol. Food and stimulants, if the baby is unable to nurse, may be given by the stomach tube.

ONYCHAUSIS.

Synonyms: Hypertrophy of the Nail; Onychogryphosis.

Description. Onychausis may occur in any or all of the dimensions of the nail and is associated with changes in color, shape and consistence. If the tendency is to forward growth, the condition is known as *onychogryphosis*. The nail becomes twisted laterally, curved and thickened, and bears some resemblance to the claw of an animal. Lateral hypertrophy may cause the nail fold to overgrow the edge of the nail, producing inflammation and suppuration (*paronychia*).

This condition is usually limited to the great toe and is not always due to hypertrophy of the nail itself but may occur with a normal nail when the fold is fleshy and subject to pressure. The hypertrophied nail is rugous, dark-brown or blackish and lustrous, with horny *detritus* under the free border. The toe-nails are most frequently involved but the finger-nail may also be affected.

In long standing cases of fibroid phthisis, the finger nails may become heavy, markedly thickened, convex and recurved, coexisting with enlargement of the terminal phalanx.

Ill-fitting shoes and lack of proper care of the feet are cited among the causes of hypertrophy of the toe-nails.

Ringworm, eczema, psoriasis and other skin affections may cause disease of the matrix or horny layer with subsequent distortion and hypertrophy of the nails. At times no cause is discoverable.

Treatment. The affected nail may be excised, avulsed and the matrix thoroughly cauterized. Liquor potassæ may be painted on daily and the softened surface scraped off until the nail has become thinned. Salicylic acid in alcohol may be used in the same manner. Shoemaker recommends the oleate of tin or copper. When the finger nails are concerned, rubber finger cots may be worn, and when several finger nails are involved it is advisable to employ contrasting methods of treatment.

Ingrowing nails should be treated by inserting a pledget of cotton between the edge of the nail and the fold, or by cutting a triangle from the middle of the free border of the nail. If the complaint prove rebellious the thickened tissue may be transfixed with a knife and removed, thus permitting the nail to project over the fold.

ONYCHIA. ONYCHITIS.

Description. Onychia is the term applied to acute inflammation of the nail bed and matrix. The affection is usually limited to one nail. The end of the finger or toe becomes inflamed, the nail is lifted from its bed, loosened, and suppuration occurs beneath it, the nail being finally shed, leaving a spongy, raw surface. Ulceration may occur along with suppuration and when this takes place in strumous children it is said to be due to direct infection with the tubercle bacillus (*onychia maligna*). The inflammation may extend to the last phalanx of the finger, producing a whitlow, or to the whole length of the finger involving the lymphatics.

There is a *dry* or *non-suppurating* form of onychia which is usually associated with syphilis in which the nail becomes thick, brittle, with raised, flaring, free border. Unless treated it finally separates and falls off.

The pain of onychia varies. It is not marked in the simple variety but may be very severe in onychia maligna.

Etiology. Onychia results from traumatism or local or general diseases such as tuberculosis and syphilis, eczema, psoriasis and parasitic affections.

Treatment. The treatment of onychia is that of the underlying cause. A resorcin paste, ten to twenty per cent., may be applied, or the nail may be painted with tincture of iodine, in the absence of any discoverable cause for the inflammation. Jackson advises liquor aluminis acetatis. In severe cases the part should be cocainized, the nail avulsed and the wound treated antiseptically.

PAGET'S DISEASE.

Synonyms: Dermatitis Papillaris Maligna.

Definition. Paget's disease is a malignant affection, usually of the nipple, beginning as an eczematoid dermatitis.

Symptoms. The disease begins as a red patch on or around one nipple of the female breast. The patch becomes infiltrated, the surface, raw, red, granular, and secretes a yellow, sticky fluid. The margins of the patch are sharply defined, somewhat elevated, and the area involved is distinctly indurated, like a coin felt through cloth.

Itching and burning are usually present in a marked degree.

After a length of time, varying from two to twenty years, the entire surface of the breast and axilla may become involved, the deeper lying tissues implicated, the nipple retracted and indurated and an appreciable tumor appears in the substance of the breast. The subsequent course of the disease is that of mammary carcinoma.