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A CASE OF CONGENITAL ADENOMA SEBACEUM,

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THE following case appears to me peculiarly suitable for publication in a journal exclusively devoted to dermatology, as its rarity and curious nature, rather than its practical importance, give it any interest it may possess; and such interest must be more appreciable to the dermatological expert, into whose hands such a journal is likely to fall, than to the general medical public.

Gertrude T., æt. 25, married, consulted me at the skin out-patient department of the Middlesex Hospital, on November 1st, 1888, for "indigestion" and a disfiguring affection of the skin of the face.

Her general history then taken ran as follows: "Her father and mother are alive and well. She has never been laid up since early childhood, when she had only ordinary children's ailments, measles and whooping cough. She was married at the age of twenty, but has never been pregnant, a fact of which she can give no explanation, as her home is a happy one and her marital relations satisfactory, her husband being a lusty labourer who had five children by a former wife. Her menstrual periods have always been regular, but accompanied by pain, and the amount 'seen' is very scanty. Her five brothers and sisters, all of whom died in infancy, had no skin affection

like hers; nor has any relative, as far as she has been able to ascertain. Her chief complaint is pain after food, especially solids, accompanied by flatulence, with flushing and smarting of the face. The bowels are stated to be habitually constipated, acting only every two or three days, and the motions are hard. The appetite is poor, the tongue small, red, with prominent papillæ projecting through a thin fur. She admits to taking hot, strong tea in large quantities both at and between meals, and thinks it does not agree with her. Occasionally she has a glass of ale to dinner."

The history as regards the skin affection was obtained with considerable difficulty, as the statements of the patient and of her mother, who accompanied her—and neither was particularly bright intellectually—were often at variance. Nevertheless, it appears certain that "something" was noticed wrong with the skin all over the body in earliest infancy, especially upon the face. There is, however, no assurance that the condition over the trunk and limbs was similar to that on the face; indeed, the probability is that it was of a different nature, as the patient states decidedly that she remembers the palms of the hands being affected, and that they recovered at about the age of twelve years, when the face was getting worse. Since the age of sixteen the disease has been gradually but certainly diminishing spontaneously, the forehead, which was then severely affected, having recovered at the age of nineteen. She has at no time noticed black-heads (*comedones*), or other appearances suggestive of acne, either on the face or back, and she has never had a scurfy head.

The patient was noted as being: "an undersized but well-nourished brunette, whose intelligence is decidedly below par; her answers to questions are hesitating and unreliable. Her hair is copious and dark brown, her irides deeply pigmented, her nails well formed, but her teeth are small and many of them carious. The skin, where unaffected by disease, is fairly fine and supple."

The condition of the digestive organs has been already alluded to. It may here be mentioned that subsequent examination revealed the existence of slight gastric tenderness and possibly of dilatation. The organs of generation were not examined. The face presented an appearance with which I was totally unfamiliar, and which may be thus described:—"The disease is distributed with rough symmetry

over the upper and lower eyelids; the base, crest, tip, sides and angles of the nose; the naso-labial folds; the cheeks, as far outwards as a vertical line one inch outside the external angle of the orbit; the under surface of the lower lip, the genio-labial folds and the chin. The upper lip—with the exception of the mæsial groove—and the angles of the mouth are almost free. The scalp, neck and ears are absolutely unaffected. There are a few indeterminate lesions—presumably remains of previous disease—in the superciliary and interciliary regions. The conjunctival, nasal and buccal mucous membranes are healthy. The eruption, which the patient says is painful in cold weather, consists of indolent, firm, whitish, or yellowish, sago-grain-like, solid papules or little tumours, imbedded in the skin at different depths, or projecting from it, and varying in size from that of a pin's point to a small pea. Below the level of the mouth the smallest lesions are found and they are paler, more pointed and refract light more brilliantly than those situated elsewhere. The largest lesions are present at the angles of the nose, in the naso-labial folds, and on the adjacent parts of the cheeks; some are flat-topped, others rounded with a broad base, a few, especially around the angles of the nose, are acuminate, warty-looking and comparatively pedunculated. Although thickly crowded together these lesions have all a distinct boundary line and appear never to coalesce to form composite patches. There is no solution of epidermis, or anything suggestive of excretory duct over any of them, but when pricked with a needle, white matter can be easily expressed from them, which is recognisable under the microscope as inspissated sebum.

"Intimately intermingled with these lesions and transgressing their limits in every direction, especially over the cheeks towards the ears, are innumerable minute capillary dilatations and stellate telangiectases, and a little capillary network forms a circular boundary line to many of the larger sebaceous projections, while dilated vessels course over some of them, and capillaries become so intimately incorporated with others as to give them an uniform diffuse, bright pink, red-currant-jelly-like colour. Of the telangiectases some project above the general skin surface, others do not; some empty completely on pressure, others do so partially, others not at all.

"There is in addition a diffuse hyperæmic blush of the forehead, cheeks, nose and chin which forms a sort of background to all the

appearances described, and which the patient says varies according to the digestive conditions. In the interscapular region there are numerous nævoid telangiectases similar to, although larger than those noted on the face, but without comedones or other concomitant evidence of sebaceous disease. Behind the left ear there is a yellowish flat wart, the size of a threepenny piece, which itches a good deal, and is probably congenital.

"Over the posterior aspect of the upper arms and outer sides of the thighs there is some piling up of epidermis round lanugo hairs, constituting a mild degree of *Keratosis* (*vel* ichthyosis) *pilaris*, probably congenital, and the remains of the condition noticed in early infancy. A routine examination of the nervous and urinary systems revealed no abnormality."

It was at once recognised that there were two elements, probably dissociated one from the other, in the case: (1) a familiar, often transitory or easily curable, erythematous form of "rosacea," and (2) an unfamiliar and apparently permanent, neoplastic condition of sebaceous glands, allied perhaps more closely to "milium" than to anything else. The case was accordingly labelled "rosacea with peculiar milium." It is rather curious to note that but for the commoner, and in this case trifling rosacea, the patient would not have come under observation.

The treatment recommended included the substitution of milk or milk and soda water, for tea and beer, both of which were absolutely interdicted; abstention from soups or other hot liquids, and correction of some obvious errors of diet; the administration of a laxative magnesia draught every morning before breakfast, and of a simple mixture containing alkalies, rhubarb and gentian, thrice daily, quarter of an hour before food; and the employment of a weak sulphur and calamine lotion every night at bedtime.

Under these measures the patient rapidly improved, and on December 6th, 1888, there is a note to the effect that "the rosacea element is now quite gone." At this time the admirable water-colour drawing was made by Mr. Burgess, from which the accompanying chromolithograph is taken, a replica of which is in the collection of the Royal College of Surgeons.

She was shown at a meeting of the Dermatological Society, on January 9th, 1889, but no member present had seen a similar case, or

was in a position to throw additional light upon it. Two visitors, however—Dr. Feibes of Aix-la-Chapelle, and Mr. Finch Noyes of Melbourne, to whom I am glad here to express my obligations—recognised it as corresponding to some models in the Museum of the Saint Louis Hospital in Paris, an observation the accuracy of which I had an opportunity of confirming to the full during the Congress held there in the month of August, 1889.

A crescentic portion of skin, measuring half an inch in length, and one-eighth of an inch in breadth at its widest part, was excised from the left angle of the nose on March 21st, 1889, and at once immersed in rectified alcohol. About six weeks afterwards my brother, Mr. Andrew Pringle, kindly cut, stained and mounted several sections, and I am also indebted to him for the accompanying photo-micrographs of one of them, taken by limelight with a 70 mm. Zeiss apochromatic, an one inch Zeiss ordinary objective, special orthochromatic plates being used with suitable "screens." The method of staining employed was Ehrlich's with hæmatoxylin, acid rubin and orange.

Photograph No. 1 shows a general view of the section under a low power, and all the main points may be identified in it. Photographs 2, 3, and 4 show component parts of No. 1 under a power of 30 diameters.

Microscopical Appearances.—The superficial layers of epithelium along the whole section are rather thin, but otherwise normal; they are nowhere detached from the rete, which latter, however, shows excessive and irregular involution, dipping deeply down into the subjacent derma, to give rise to an appearance of great "papillation," although, as will afterwards be seen, playing a merely passive part in the process. At the right end of the section is an immensely exaggerated papilla (photo. 2), bounded on the left by a deep fossa which under a high power is recognisable as an empty hair sheath with its sebaceous accessories opening into its base, and with portions of the root-sheaths still remaining attached. (Unfortunately it was impossible to get the base of the follicle into the photograph.) At other points along the upper surface of the section (photo. 3), rudimentary hairs are present. The chief pathological changes are found in the corium; its upper papillary layer is enormously hypertrophied, but there is no evidence of inflammation or cellular infiltration. The warty, irregular aspect of the skin is due in part to

this change, and the pedunculated growth already referred to, is almost entirely made up of this hypertrophied connective tissue. But it is in the deeper layers that the essential lesions lie. They consist of an enormous increase in number and complexity of the sebaceous glands, recalling at the first glance the general appearances of sections of the acquired condition of sebaceous rhinophyma. Many of those in the section are in obvious connection with hair follicles by ducts, some of which are imperfect, while other sebaceous masses (photo. 4), lie quite below the normal level of the bases of the hair follicles, abutting upon, and even lying among, the fibres of portions of voluntary muscle removed. The number and position of these masses render it inconceivable that they can all be in connection with hair elements. Evidence of the activity of these glands is found in the fact that sebum can be seen in many of them, thus confirming the clinical observation that the contents were sebaceous. The gland epithelium is everywhere well formed, the acini at no spot exhibiting retrogressive changes, but the small cell accumulation, of clearly epithelial type, round many of the masses is, on the contrary, highly suggestive of continuing formative activity. The vascular abnormalities undoubtedly present were unfortunately not demonstrable, owing to the necessarily small size of the portion excised, which was purposely taken from a specially sebaceous region.

No morbid change could be observed about any of the rare sweat glands present in the sections.

Treatment.—It was difficult to persuade the patient to submit to any experimental method of treatment, as she had become accustomed to and did not feel the disfigurement. It was found that attempts to scoop, gouge or bore out the little tumours with instruments suitable for such purposes in cases of lupus, were painful and unsatisfactory, the growths being more firmly and deeply fixed in the skin than was anticipated. Superficial scarification was also tried, but it caused considerable bleeding and involved the loss of a day's work. Electrolysis was not employed, as it seemed to me only applicable to the smallest growths.

Progress.—During the year which has elapsed since the patient first came under observation, decided spontaneous improvement has occurred. Many of the sebaceous tumours have disappeared from the cheeks and bridge of the nose, their former sites being indicated

by slightly depressed, white, atrophic scars, which will probably in time fill up and become imperceptible, following the course of the lesions formerly present on the forehead. Even the telangiectases are less numerous. She has had no return of the rosacea, nor of dyspepsia.

Remarks.—It appears probable that minor degrees of a condition similar to that just described are not extremely rare, but the fact remains that only two similar cases have been actually recorded, although five have been observed at the Saint Louis Hospital in Paris, and modelled for its museum by Monsieur Baretta. Of all five I am happy to be able to give some account.

The two published cases we owe to my friend Dr. Balzer. They are labelled simply "Adénomes Sébacés," and the models are numbered 1044, 1069.*

Observation I.†—Contains a very full and admirable description of the eruption in a single woman aged twenty-one, which might be almost literally applied to my case. The points of difference presented by Dr. Balzer's case are mainly the following: (*a*) There was a dubious history of the affection being hereditary. (*b*) The eruption was first noticed at the age of eleven years, when menstruation began. (*c*) The eruption was much more copious and extensive than in Gertrude T., and involved, in addition to the parts affected in her, the forehead, scalp, back of the neck, and ears. (*d*) The patient had other sebaceous disorders — acne and seborrhœa sicca. (*e*) The vascular lesions constituted a very unimportant feature in the case; "the colour of the tumours is that of the surrounding skin, indeed the majority appear to be but slightly vascular, a few only present small venous ramifications (*arborisations*)." (*f*) The little tumours were thickly studded with tiny sebaceous cysts which showed themselves as numerous small, white points like milium. (*g*) They were easily scooped out with a curette. (*h*) At a few spots some of the neoplasms appeared to originate from, or to involve sweat-glands, although no positive assertion could be made on the point; but if the sweat-gland affection were present, it was obviously secondary.

* Catalogue des Moulages coloriés du Musée de l'hôpital Saint Louis, par le Docteur H. Feulard. Paris, 1889.

† Balzer et Ménétrier, Etude sur un cas d'adénomes sébacés de la face et du cuir chévelu. Archives de Physiologie, 30 September, 1885, No. 7. Paris.

Observation II.* of Dr. Balzer is that of a married woman, aged thirty-two, in whom the condition was said always to have existed. The case in other respects accorded almost completely with Dr. Balzer's previous one, except that the scalp was unaffected, and there were no other sebaceous complications—a fact possibly partially explained by the more advanced age of the patient. In this case, however, there was no evidence of implication of sweat-glands.

In both these papers Dr. Balzer discusses very fully and ably the morbid histology of the disease. Accompanying the first are excellent lithographs of microscopical drawings showing, in addition to the changes manifest in my case, the multiple small cysts, which were present to the number of twenty-five to thirty, or more, in each section of the growths of the face. These were also present in his second case. Dr. Balzer contends that they were the result of premature sebaceous evolution of the cells, while the larger cysts, present in small numbers, were the result of retention and dilatation, like ordinary sebaceous cysts.

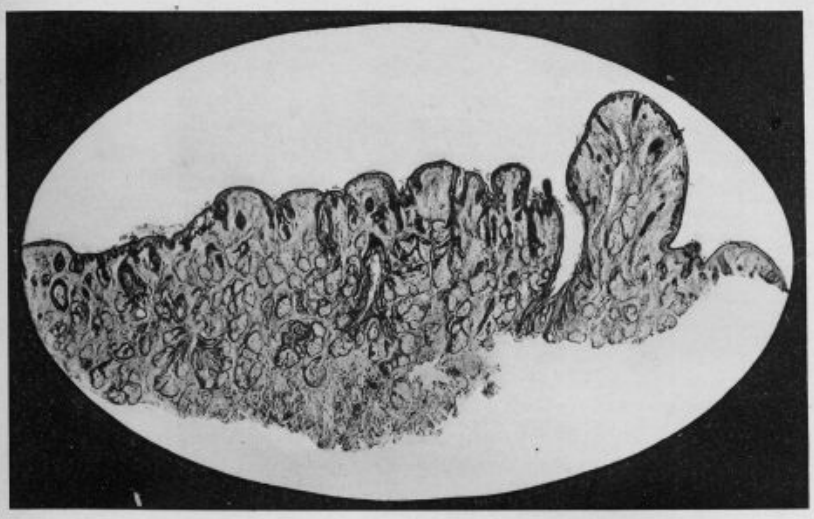
It is interesting to note that no such formations existed in my specimens, nor in those cases subsequently to be narrated, although all the predisposing or potential conditions for such cystic degenerative and retentive changes appear to have been present.

Dr. Chambard,† reviewing the first case, prefers to consider the tumours as a "metatypical tubular epithelioma," using the substantive in a purely histological sense. I admit that I am in complete sympathy with Dr. Balzer, who, relying upon their general clinical characters, their multiplicity, their tendency to become pedunculated, their evident benignity, their complete encapsulation in a sheath of fully formed connective tissue, and their mode of evolution analogous to that of the glandular tissue from which they arise, prefers to call these growths *adenomata*, in preference to the ambiguous and often misleading term epithelioma, which—in England at all events—seems unlikely ever to be accepted in the sense applied to it by most German, and some few French authorities, however distinguished.

I owe the permission to make use of the two following, hitherto unpublished, cases to the extreme kindness and courtesy of Dr. Vidal.

* Balzer et Grandhomme, Archives de Physiologie, 15 Juillet, 1886. No. 5.
† Annales de Dermatologie et de Syphiligraphie, 1886, page 437.

DR. PRINGLE'S CASE OF



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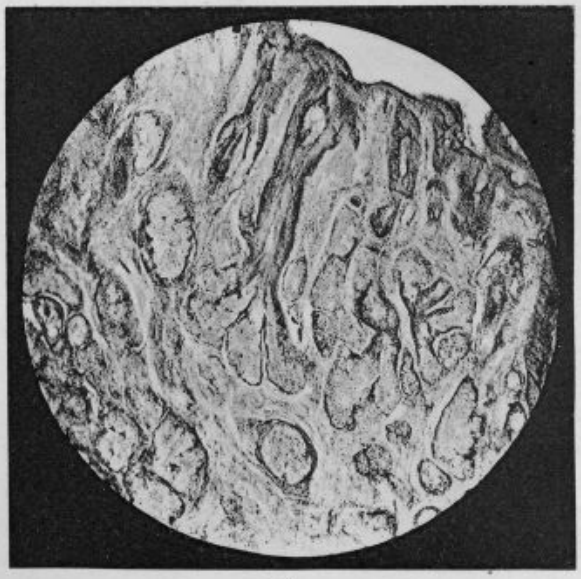
PHOTOGRAPHED BY ANDREW PRINGLE, ESQ.

CONGENITAL ADENOMA SEBACEUM.



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Observation III.—*Sebaceous, miliary adenomata with telangiectasis, said to have originated at the age of five years, but probably of congenital origin.* Saint Louis Hospital Museum, Model No. 1169. The notes are by Dr. Brocq, and are here literally transcribed. "Blanche S., a girl aged fifteen, came to Dr. Vidal's Clinique at Saint Louis Hospital in March, 1886. There are present on the forehead, besides some small isolated comedones and a few discrete acne pustules, very numerous, little rounded prominences, of a pale yellow colour, upon which a beginning of telangiectasis can be noted when looked at with care. At the base of the nose there are two or three little disseminated pustules of acne simplex. Over the crest and tip of the nose, over its sides and over the cheeks there are present a great number of irregular prominences, forming on the skin small elevations of a whitish, yellowish, or brownish tint, which have, to a slight degree, the aspect of grains of semolina closely packed together. These irregularly formed groups, of rather yellowish colour, are traversed by vascular ramifications of a bright red hue. The lesions, which are confluent in the naso-labial groove, form a mulberry-like group there. They become less and less numerous as one traces them away from this groove, and stop completely at the root of the nose. Towards the cheeks the lesions are disseminated, discrete, and form quite little tumours the size of a pin's head, and a certain number of them are very vascular and bright red. The elements are of very variable size, the smallest being faintly yellowish, punctiform, with flat tops and glistening. Outside the alae of the nose and at their outer edge these prominences are confluent and have a mulberry-like appearance. The majority are very vascular, and it is at these points that the telangiectasis is most pronounced. A considerable number of these little tumours occupy the upper lip, where they are most abundant in the median line; most of them are the size of a pin's head and yellowish in colour; many of them are seen to be telangiectatic."

"On the chin groups of these little confluent tumours are present, very vascular and red towards the central region; towards the sides their colour is yellowish, their volume is that of a small pin's head, and they have flattened and shiny summits. The orifices of the sebaceous glands on the lobes of the ears are very marked and dilated. The forehead and nose are pretty frequently the seats of acne pustules. There is some dry seborrhœa of the scalp with acne disseminated over

the shoulders and back. The affection is probably congenital, although the girl and her mother assert that the first signs of it were only seen at the age of five years."

"It was found impossible to persuade the patient to undergo the little operation necessary for the histological examination."

The identity of the nature of this case with my own is obvious from the foregoing description.

Observation IV.—*Congenital telangiectatic sebaceous adenoma.* The model, No. 1170 in the Catalogue, is in the Saint Louis Hospital Museum, in the case appropriated to Nævi,* and bears the label *Vascular and Papillary Nævi.* "Charles C., aged eighteen and a half years, entered the Hospital Salle Devergie, No. 35, on June 1st, 1886, under the care of Dr. Vidal."

"At birth there had been noticed below the lower lip, in the hollow of the chin, round the alae nasi, in the naso-labial grooves, and in the central portion of the upper lip below the septum of the nose, little groups composed of small pedunculated prominences, some pea-shaped, others acuminate, analogous to fleshy buds (*bourgeons charnus*). Around these groups other little elevations of the same sort were observed, but isolated, much smaller and irregularly distributed. Since then these growths had gradually increased in volume and number, but at a very slow pace."

Present Condition.—"The congenital cutaneous lesions are arranged in groups made up of small buds, glistening and smooth, bright red in colour, the dimensions of which vary from a pin's head to a big millet-seed. The excrescences are full (*pleins*), very vascular and erectile. They are united in racemose groups. Small, extremely delicate vascular dilatations are seen on those at the periphery, which are the flattest and most voluminous. On puncture, which is very painful, a small quantity of blood escapes, the flow of which is

* The word *nævus* is here employed in the sense extended to it on the Continent. Thus, Lesser in Ziemssen's "Handbook of Diseases of the Skin," p. 438, defines nævi as "those congenital alterations of the skin in which is present in the first place a circumscribed augmentation of pigment, but in which other parts of the skin, the corium, the papillary body, the corneous layer, may also be hypertrophied," etc. The writer does not consider that this conception of the word is a convenient one, at all events, for clinical purposes, but its adoption in the present instance was unavoidable.—J. J. P.

arrested with some difficulty. Beneath the left lower eyelid there is a triangular patch which appears to be formed by the coalescence of several of these flat excrescences. It is very vascular, and becomes flattened and pale upon pressure with the finger. The upper lip is occupied by a large number of these prominences, which are acuminate, very small and of a violet red colour. In the fold of the chin there is a mulberry-shaped mass, the size of a twenty centime piece, composed of an aggregation of little papillomatous tumours, which are vascular and, for the most part, pedunculated. Round about on the chin these nævi are less pronounced; they project but are not pedunculated; they are red, vascular and diminish in size under pressure with the finger. Under the chin the little tumours are very small, confluent towards the centre, discrete and disseminated at the sides and intermingled with telangiectatic points. On the nose there are a certain number of these elevations, and besides, a great quantity of the tiny, little, telangiectatic arborisations which disappear under digital pressure. They have a mulberry-like aspect, and are most abundant towards its tip. A few of these little vascular prominences, more scattered and much smaller, can be discovered along the lower jaw and at the root of the neck; they seem to arise from the interior of the hair follicles. There are also a few, of still smaller size, disseminated over the cheeks. On the forehead these little discrete tumours are pretty numerous, and one of them has attained the size of a hemp seed; it is red and a little pigmented. These regions are also the seat of freckles."

"At the back of the neck numerous warty prominences can be observed, some being sessile, others pedunculated; they are *warty nævi*. At the root of the neck there are two tumours on the right side which are pendulous, collapsed, and more than one centimeter in length (*acrochordon*). At the sides and back of the neck there are several of these acrochordons, pedunculated, withered, wrinkled, measuring from eight to ten millimeters in length. On the back there is a small number of flat and whitish warty nævi. The patient refused to allow the removal of any of the little tumours of the face."

Although the foregoing description does not tally closely with that given of my own case, there can be no doubt after a careful study of the model that this case was undoubtedly of the same nature as that of Gertrude T., but with a marked preponderance of the telangiectatic

element, towards the description of which Dr. Vidal has mainly concentrated his attention.

My friend Dr. Hallopeau has also had the great kindness to furnish me with the following unpublished notes of his case, designated "*Sebaceous, miliary, telangiectatic adenomata*," of which the model in Saint Louis Hospital Museum is numbered 1291.

Observation V.—"V. N., male, age 20, a slater, was admitted to Salle Bichat, on October 4th, 1887. According to his own statement his disease started about the age of twelve years by the appearance on the left side of the chin of prominences like those which are now present round his nose. A year afterwards similar prominences manifested themselves in the left naso-genian groove, and soon afterwards in the right naso-genian groove, and on both sides of the chin."

"On admission there are present on both sides of the face, in the grooves separating the cheeks from the nose and upper lip, and symmetrically arranged, tracts of prominences the size of hemp seeds, obtuse, firm, full, of pinkish colour, coherent (*i.e.* closely aggregated) and a few similar lesions are seen sparsely scattered over the sides of the nose. On the chin prominences of the same sort are present, but they are smaller and miliary. There is no pruritus."

"On the parts originally invaded there is now present a violet-hued patch, cicatricial in appearance, partly projecting beyond, partly depressed below the surface, the lesions having undergone a retrograde evolution. The patient presents several nævi on the forehead, scalp, and behind on the root of the neck, and there are pendulous (fibroma) mollusca, divided in two groups. No histological examination was made. After four sittings of scarification of the lesions on the right side of the face, they distinctly subsided."

The same patient came under the charge of Dr. Merklen in the following year, 1888, and another model was made of his condition, which had undergone some alteration. It is numbered 1384 in the catalogue and named as before. I am indebted to the courtesy of Dr. Merklen for the following reflections on the case:—"The model of Dr. Hallopeau and mine were taken from the same patient at a year's interval. Dr. Hallopeau had made the diagnosis of *adenoma* and had removed with the curette, or by scarifications, a certain number of the little tumours which had recurred. The patient left the hospital while under treatment and I only followed the case for a

few days in the following year. It is interesting to tell you in passing that, like many patients who present rather extensive nævi, he was of very limited intelligence, and of mobile temper, which accounts for his refusing to remain in any hospital service. However that may be, the difference of opinion between Dr. Hallopeau and myself turned upon this, that the patient was well aware that he had always had some little spots and projections, but affirmed that their development and multiplication were recent. There remained, therefore, some doubt as to the congenital origin of the affection, but, let me repeat, the patient was not one of those whose declarations appear clear and sincere."

My own case appears then, as far as I have been able to ascertain, to be the sixth observed.

As I have previously implied, there was no practical possibility of mistaking the case for any familiar condition. The diseases from which, for conscience sake and for the benefit of my students, the differential diagnosis was discussed, were:—acne, milium, colloid degeneration, xanthoma, lupus, follicular lupus, and tubercular dermatosyphilis; but the reiteration of the numerous points of difference here would be supererogatory, except perhaps in the case of colloid milium, of which I have never seen an example, and to which there seems to be some slight degree of resemblance.

The cases of *Hydradenoma*, first described by Drs. Darier and Jacquet,* and subsequently by Dr. Török† under the title of *Syringocystadenoma*, represent an apparently analogous condition of sweat-glands which, when localised upon the face (as in a most interesting case recently shown at the Dermatological Society, and shortly, I hope, to be published by its exhibitor Dr. Perry), so closely resembles Adenoma Sebaceum in its naked eye appearances that a microscopic examination is necessary to settle the diagnosis. Bearing in mind the observation of Dr. Balzer as to the involvement of sweat-glands in his first case, it is possible that cases may occur in which both sebaceous and sweat systems are simultaneously and perhaps even co-extensively implicated.

From a study of the foregoing facts the following conclusions may, I think, be legitimately formulated:—

* Annales de Dermatologie et de Syphiligraphie, 1887, No. VIII. p. 317.

† Monatshefte für Praktische Dermatologie, Band VIII. p. 116, 1889.

1. A number of cases may be grouped together under the name of Adenoma Sebaceum, first proposed for them by Dr. Balzer.

2. In all the essential element is an hypertrophy of sebaceous glands.

3. The seat of election of the disease is the face, and especially those parts of it where the sebaceous glands are normally present in greatest abundance.

4. The condition is always either congenital or observed in early life.

5. It is frequently aggravated at the commencement of puberty, or the patient's attention to it may be aroused at that age when "le désir de plaire" is naturally nascent in the mind.

6. It may be associated with other sebaceous disorders prone to develop at that period, but such association is by no means constant or essential.

7. There is always a certain amount of concomitant vascular hypertrophy or telangiectasis, but the amount present varies within very wide limits, being in certain cases so inconspicuous as to attract no attention, whilst in others it constitutes the main feature of the disease.

8. Telangiectases often coexist in regions other than those affected by the sebaceous changes, and to this clinical type the additional epithet "telangiectatic" may reasonably be applied.

9. Other degenerative or "nævoid" conditions of skin are often also present (warts, true nævi, molluscum fibrosum, pigment changes, etc.), the association being so frequent as to suggest their possible dependence upon a common cause.

10. The subjects of the disease appear to be generally intellectually below par; all those cases hitherto observed have been in members of the lower orders.

11. Apparently females are more frequently affected than males.

12. The disease is absolutely benign, and unattended by subjective symptoms unless complicated by other affections.

13. Its tendency is to increase up to, and remain stationary after, puberty; or to disappear slowly, leaving shallow, atrophic scars which ultimately fill up.

14. It can be removed by operative procedures, but may afterwards recur *in loco*.