

classical rosaceous area. This is the middle third of the face, so divided by two perpendicular lines. Thus, as a matter of fact, rosacea pustulosa selects as its particular stamping ground the middle of the forehead between the eyebrows, the nose, the adjacent parts of the cheeks, in the naso-labial folds, the upper lip, and the chin. Once begun, or established in either of these regions, it may spread outwards and come to involve either, or both, lateral thirds of the face, as was seen in one of the selected cases reported below. This middle area of selection is well outlined by Stelwagon who describes it as "a long oval with the chin and middle forehead as the end boundaries and the malar bones as the side boundaries—beyond which rosacea seldom extends to any great degree."

Generally rosacea pustulosa is more often seen in women from twenty to twenty-five years onwards; and derangements of the alimentary canal, particularly constipation, are most likely to be present in all cases. On this account George H. Fox considers "dyspepsia blossoms" more appropriate as a nickname. In women, again, some functional or organic uterine disorder, such as menorrhagia, dysmenorrhœa, or irregular menstruation, may be the exciting cause of rosacea. In others heart and circulatory disorders have been considered at fault; nervous, as frequent emotional attacks. Whatever the constitutional derangement present—and there is always sure to be one or more—it should be diligently searched for, as it is essential to ascertain this in order to success in treatment. There seems to be no difference of opinion amongst dermatologists but that constitutional treatment should go hand in hand with local applications. Hurry, over-exertion, hanging around grate fires, stoves, radiators, as well as coming in contact with steam and hot vapours as in cooking, are all contributing factors in the production of the affection.

In the rosacea pustulosa stage of the affection, rosacea as a whole, marked capillary dilatation and enlargement as well as hyperthropic tissue growth is not generally seen; but there are hyperemia, sometimes deep and of a venous hue, papules, nodules, and very pronounced pustules, generally larger than the lesions of acne vulgaris. In some cases there have been observed an oily seborrhea around the nose, but this is not generally the rule.

Typical cases of rosacea pustulosa present very few difficulties in diagnosis when the erythema, pustules, and oval-of-selection area are borne in mind. Some cases from their position, extending outwards from the sides of the nose to the malar eminences, have been mistaken for the "bat's wing" configuration of lupus erythematosus; whilst others, in the naso-labial folds, may simulate syphilis