Physiognomy and Disease.

Henry James Ley.
Physiognomy and Disease.
The recognition of disease in the expression of the face was first expounded by Sir C. Bell in his "Anatomy and Philosophy of Expression as Connected with the Fine Arts."

It is a fact of everyday occurrence that we are, almost without reflection on our part, impressed favourably or unfavourably, with the temper and talents of others by the expression of their countenance. (1)

Sir C. Bell says: — There is no emotion in the mind of man which has not its appropriate signs: and the muscles supplied by the fortió dura, the four muscles of expression, corrugator supercilii, triangularis orbitalis, depressor alæ nasi, nasalis labii superioris — together with the anterior portions of the occitipito-frontalis can have no other use assigned to them, than, to serve as the organs of language. (2)

(1) Reid's Times and Gazette, 1867 Vol II 1 12 iy 1867
(2) Lavater's Essays on Physiognomy —
In all acute and chronic diseases of vital organs, an air, a gait, a manner, a cast, a colour, a turn, an expression, speak a silent language so significant that at the first glance the physiognomist may be intuitively led to the conclusion that he has to do with an acute or chronic cerebral, pulmonary, cardiac hepatic, renal or uterine disease.

As the face is the index of the mind, so, also, it is of healthy bodily function; of diathesis; of idiosyncrasy and chronic disease. In some cases easy to read, as in the changes wrought by nices and pernicious habits; in others the changes are so subtle that no words can convey them and only by long practice and careful observation can they be recognized.

Hippocrates (2) gives a perfect word picture of the physiognomy of approaching dissolution:—"A sharp nose; hollow eyes; fallen temples; cold, contracted ears, with the lobes inverted; the skin about the
forehead hard, stretched and dry; the colour of the whole face pale, or black and livid, or like lead. The so called "Facies Hippocratica" (1)

In some cases, for instance, when there is pus in one of the Serous Cavities, the expression is very characteristic, yet, to put it into words is impossible or very unsatisfactory.

Sir J. Y. Simpson (2) in his lectures on Pelvic Cellulitis mentions how Sir Ashton Cooper was called on one occasion to see a patient in the country, and when he went into the room and looked at the patient he at once put the question to the Medical Attendant: "Where is the matter?" It had not before been suspected that suppuration had occurred, but on more careful examination, the facial diagnosis, so promptly made, was fully confirmed, for under the pectoral muscle a large abscess was discovered.

Sir J. Simpson goes on to say: "It is difficult, I say, to describe in so many words the expression of countenance assumed by patients who are suffering:

(1) Clifton's Hippocrates
(2) Med. Times & Gazette
July 16, 1859
from collections of jokes in any part of the body; but once learned it is of great value."

Lavater, again, says: — "There is a correspondence between the external and internal man; the visible superficialities, and the invisible contents." (1)

This correspondence between the external and internal man, and the fact, that certain signs were always accompanied by certain internal qualities; and that, in an examination of the physical appearance of a number of individuals, well-marked groups could be formed, led writers to speak of temperaments.

Dr. J. Hutchinson in his "Pedigree of Disease" says: — "There can be no question whatever as to the reality of the differences between individuals, nor any doubt as to the importance of the recognition of these differences by the medical practitioner." (2)

Galen imagined a balanced temperament, the thoroughly tempered individual, who should be in his bodily constitution ex-

(1) Lavater's (2) The Pedigree of Disease

Essays on Phthisiology
Actly midway between Shininess and Stiffness; between Softness and Hardness; between hot and cold. In his mental constitution he exhibits the exact mean between rashness & timidity; between slughishness and precipitancy; between the sweetness of pity and the bitterness of hatred. Such an one is brave, affectionate at home, and abroad discreet. To these essentials are added of necessity, Temperance in eating and drinking, perfection of digestion and assimilation of food, physical and psycbical energies without a flaw, the best powers of feeling, the best powers of movement, a clear skin, a good breath. He is neither given to too much sleep nor too wakeful, is midway between slumber and quickness of comphexion; between baldness and hairiness. When a child he has reddish rather than black hair, in adult life the reverse.

Dr. W. M. Ord remarks: "That physician does well who carries with him a mental picture of some such perfect human animal, and who marks on the diagram..." (1) Quains Dictionary of Medicine
with his patient before him, the lines of original
short coming, of development, of want, of injury,
of degeneration, so as to arrive at some
clear sight of the outcome or resultant of all
in the perfect organisation and reactions of
that patient" (1)

Dr. Laycock: "No man or woman, considered
pathologically, is perfect" (2)

The temperaments are useful in the same
way as Galen's Ἔυκρίτος or balanced tem-
perament is. As objects of comparison.
Many of the temperaments of the older Wri-
ters were simply diathesis and would not
conform to Dr. Laycock's definition of them.
"Fundamental modes of vital activity peculiar
to individuals"

Everyone acknowledges the importance of
taking the patient's individuality into
account in the treatment of his disease.
The difficulty is that no one conforms
exactly to any of the temperaments, but
at the same time most people partake
more or less of the characteristics of one

(1) Dr. Hotel in Quain's Dictionary. (2) Laycock, Pathology of Some
modalities. 1862. 
or the other.

In classifying the temperaments, complexion is an important point.

"Everyone will agree that there are differences mentally, morally, and physically, between the very dark complexioned and the very fair."

Whether there are certain diseases which favour the fair or the dark is disputed; certainly the melancholic and bilious are more often dark.

Dr. J. Hutchinson remarks, that it would be better to classify individuals ethnologically as Celtic, Scandinavian, Roman or English &c. for different races have well defined and distinct characteristics and in many cases tendencies to certain diseases.

To return to the complexion: — There is, I believe, not much difference constitutionally in the lower animals, between the light and dark members. Darwin says that black sheep can eat with impunity a certain species of Hypericum which is poisonous to white ones.
Dark horses, I believe, are more delicate than others. A marked difference between the colour of the hair and eyes, e.g., black hair and blue eyes indicates delicacy. (1)

Again, if the hair is very coarse or unusually fine, we may expect departures in other tissues.

The complexion or colour of the skin differs as it is exposed or not to heat, light and contact with the external atmosphere. Persons living indoors get pallid and of a delicate complexion, although healthy. (2) Now, there are two primary sources of tint in the face:—

Namely, the colour of the blood as it is seen through the capillaries and the colour of the epidermis or the cells of the perte mucosum; but the one may modify the other. When the epidermis is coloured as in the dark races, the colour of the blood in the capillaries is very much hidden although not wholly.

Pallor of the face may be due to two classes of causes: (1) Those which act

(1) J. Hutchinson, Practice of disease (2) Prof. Laycock
upon the capillaries of the face, so as to prevent the entrance of the blood; and (2) those which change the color and constitution of the blood. But in either case, pigmentation of the skin may conceal the pallor, more or less."

"It is said the dark complexioned being mercurial treatment well and require larger doses than those who are fair; and also that the dark don't bear tonics as well and need the use of purgatives more than the fair." (2)

Galen established four temperaments. These have been abridged by recent writers to three only: the Sanguine, the Dorsen, and the Lymphatic. (3)

The Sanguine Temperament. These are of a bright and ruddy complexion, strong and salient muscles, a relatively large chest and a relatively small head. The play of their senses, the determinations of their will, the responses of their 11 Prof. Laycock (2) J. Hutchinson (3) Quain's Diet
muscles to impulses are energetic and well directed. Arterial blood abounds in them, their veins are small. The functions of their bodies are rapidly and easily performed. The functions of their minds show a similar vivacity. Rapid thought, quick imagination, brilliant courage, are associated with want of depth and persistence, with elastic forgetfulness even of strong impressions. In illness such people inflame rapidly, develop diseases in a complete and regular way and desert often with well marked crisis. They are especially liable to gout, acute inflammations and acute hemorrhage. They are men who dominate their fellows.

The Nervous Temperament - The skin is dark, dull, earthy or sallow and is hot and prunent to the touch, instead of being warm and moist. The cranium is large in proportion to the face; the muscles sparse and not well defined; the chest narrow; the circulation languid with preponderance of the venous system. The face has the linea-

(11) Uranus Dictionary.
ments of energy and intensity of thought and feeling; the movements are hasty, abrupt, often violent, in alternation with languor. The affections are violent and persistent, the sexual passions unusually strong. Sensations are intense, far in excess of exciting causes. The mental powers are large and capable of persistent exercise. The bodily organization favours venous congestion and haemorrhage, neuralgia, hepatic and intestinal obstructions and the mental lunacies. Nevertheless these people are often found to endure long fatigue, irritation and exposure better than the sanguine. They are the people who teach or lead their fellows.

The Sanguine Temperament — a heavy ill-proportioned ungainly form of body, large joints, bulky head, large hands, broad flat feet, light or reddish hair, a sallow or jaundiced complexion, accompany a general slowness and languor of bodily function. The muscles are often large, but their movements are awkward or inacurately directed; the chest and
Heart are inadequate in bulk to the rest of the body. With this there may often be combined much mental firmness, solidity and constancy—a good judgment of a poor energy. The power of resistance to acute diseases is inferior; the tendency to chronic diseases, particularly of strumous and asthenic kinds is pronounced.

In some individuals there is a certain character of the constitution which tends to the repeated expression of some form of ill health, to which the name of diathesis has been given; this is often hereditary and at other times acquired. These individuals often have well marked physiognomies indicating their peculiar diathesis. For example:—The gouty, often of a sanguine temperament, corpulent and full blooded; but others who suffer from the disease and might more properly be said to have the gouty diathesis are of a nervous temperament and are thin and pokey in frame and are said to be more subject to the pi-
regular and asthenic forms of the disease.
With these latter the disease is more often hereditary and not so often acquired."

Again: — in the Strümon's diathesis, Sir William Savory speaks of two chief forms of the diathesis: — In the first, distinguished as the Sanguineous or Serous, there is a general want of muscular development; for although the figure may be sometimes plump and full, the limbs are soft and flabby; the skin is fair and thin, showing the blue veins beneath it; the features are very delicate; often a brilliantly transparent, jetty colour of the cheeks contrasting strongly and strikingly with the surrounding pallor; the eyes grey or blue are large and humid, with sluggish pupils, sheltered by long, silken lashes; hair fine, blond, auburn or red; teeth white and often brittle; there is frequently a fulness of the upper lip and alae nasi; the ends of the fingers are commonly broad, with con-
ker nails bent over their extremities; they often possess, too, considerable beauty. In this variety, with the same delicacy, the skin and eyes are sometimes dark.

(1) Lucas's Dictionary  (2) Walsham's Theory & Practice of Surgery
In the second, distinguished as the phlegmatic or melancholic, the skin, pulse or dark, is thick, muddy and often harsh, the general aspect dull and heavy, hair dark and coarse, the mind is often but not always, slow and sluggish. Children especially in whom the diathesis is strongly marked are often distinguished by the narrow and prominent chest, the taut and prominent abdomen, and the paste-like complexion; the limbs are wasted; the circulation languid; chillblains are common on the extremities; the mucous membranes particularly, and above all of them the digestive, are liable to morbid action; the breath is often sour and fetid; the tongue is furred and the papilla found the apex red and prominent.

The older writers described under temperament forms, which are now classed as diatheses; for instance, the melancholic in which the frame is firmer and stiffer than in the sanguine; dark complexion, black hair and slow circulation; the nervous

111 Henry: Drury: of Wapping
Waltham - 1856
system is less easily moved; the disposition is grave and meditative.
and again: — The blions, black curling
hair, dark eyes, a swarthy and at the
same time muddy complexion, a thick, rough
hairy skin and a strong pulse.

Idiosyncrasy, i.e. Congenital peculiarity.
Physiognomy here seems helpless, although there
must be physical differences in the individuals
who possess them; and, if they could be
recognized, many patients would escape
unpleasant experiences.
One patient will take a fever badly, another
escape, and yet another mildly in the same
epidemic. Yet there is nothing in their
configuration to show it, or rather that
we can recognize.

11)
The facial muscles, all except the two
which move the lower jaw, may be said to be
muscles of expression. They arise from some
point of bone, and are inserted in the move-
able integuments of the face, and the in-
finite variety of facial expression is thus
given to the human face.

11) M. Duchenne de Boulogne says:—The frontal muscle expresses attention, the orbicularis reflection; the corrugator gnavi; the pyramidalis nasi, sadness; the zygomatic major joy; the zygomatic minor, grief; if bitter tears are shed there is always a contraction of the levator alae nasi et labii superioris; the transversus nasi expresses disdain; and the buccinator, irony; the triangularis labiorum is the muscle of sadness and also of aggression; the levator menti expresses disdain and doubt; the platysma terror and anger; the quadratus menti is the complementary muscle for irony and aggression; the dilator nar- rim is the complementary muscle of violent passion; the masseter expresses anger and rage; the palpebralis, con-
tentment and grief; the orbicularis inferior benevolence and gladness, the concentric fibres of the same muscle, aggressive and bad passions.

(1) Med. Times and Gazette
Dr. Theodor Polderit says: — "Although verbal languages are diverse and ever changing, mimic language has remained the same at all times and in all places. The expression of terror, anger, delight are the same in the face of the American red-skin and in that of the accomplished European; in the face of the master and of the servant; of the old man and the child; and that they have never varied in kind is shown by a study of the statues and monuments of antiquity. This mimic language is so distinct and intelligible that even the infant will recognise the expression of sorrow or anger in the mother's face; and that animals, such as the dog and elephant will read the temper of their master by the expression of his face. Everyone speaks and understands this silent language, but it is learnt empirically, without resort to its grammar."

The effects of disease on the Physiognomy, as before remarked, are very difficult to describe. Corfe says: — "Language whether oral or
written is defective to describe expressions in features and he remarks that it has often been a source of regret that one neither possesses the art nor the aid of a painter so as to transmit to canvas pictorial representations of the various acute attacks.

In other cases the effects are very obvious as in Bell's paralysis, trophathmic goitre &c &c.

The physiognomy and diseases of near relatives, as well as of parents, will give collateral evidences of the constitutional tendencies and diseases of the patient. The children of old men are often strumous and tendencies to diseases are often hereditary.

Corse says: - The intimate communication of the 5th, 7th and sympathetic nerves through the media of the ciliary, optic and meckel's ganglia would lead us to expect that the eye should exhibit in its altered appearance the derange-

(1) Corse Med. Journ. 2 July. 2/67 p. 127
(2) Prof. Laycock
ment of internal structures. This silent and instructive index of the whole man may be bright or dull, heavy or clear, half shut or unnaturally opened, sunken or protruded, fixed or oscillating, straight or distorted, staring or twinkling, fiery or lethargic, anxious or distressed; again, it may be wet, or dry; the pupil may be minutely contracted or widely dilated, insensible to or intolerant of light; oscillating or otherwise or unequal in their sizes.

So mention some cases of changes in the physiognomy: — Alcoholic beverages taken to excess leave well-marked changes on the countenance, and even the form in which they are taken can be told: for instance, whether beer, spirits or wine; beer drinkers tending to the accumulation of adipose tissue and the development of acne rosacea; spirit drinkers to a withered hectic appearance; and wine drinkers to a purplish melancholic face.
Occupations leave their stamp on the phisopognomy and may indirectly lead to the diagnosis of diseases caused by certain callings.

Residence in tropical countries also has the same effect.

Of all diseases bringing about physiognomic changes, nervous diseases are the chief.

Dr. John Conolly, was the first to show, by means of photographs the different forms of insanity—Religious, Melancholic, Suicidal, Melancholy, Melancholic Passion, and manic are all depicted and are unmistakable one from the other. Among the peculiarities of the melancholic face, the drawing down of the angles of the mouth is constant; and the corrugation of the eye-brows, their tracition especially toward the nose is almost general. In maniacal excitement, the angles of the mouth are usually elevated, and the eye-brows assume a different character.

He goes on to say:—The accidents of life, and the
reactions upon them of the individual mind, may reasonably be expected to leave, in general, some traces there. It is not primarily the history of the individual alone that is carved on the senescent face; but the relations of physiognomy sometimes extend far into antecedent years and lie among the virtues and faults of a well or ill-distinguished ancestry.

Dr. Juke on General Paralysis says:—Even in a very early stage there is a marked look of indifference, frequently accompanied with drooping of the upper and infiltration of the lower eye lids. There is a heavy senescent expression about the mouth, a boyish appearance of face, the partially paralysed muscles no longer showing the lines belonging to care, sorrow, ambition or remorse. At an early period after the accession of physical symptoms in paralytic insanity—a peculiar carriage of the head forms a very prominent feature. It is no longer unconsciously balanced upon the shoulders, as in health; the patient seems

11 Dr. John Conolly 12 Journal of Mental Science 1/60
To support it by a voluntary effort and there is much rigidity of the neck induced which is very characteristic of the disease.

The ordinary expression of the passions and emotions is legible enough in every face; its exaggeration in those whose reason is beginning to remit its control and whose verdicts are just beginning to wander away from the truthful recognition of things, so that hope is hardly indulged or despondency is overshadowing the thoughts often escapes that early detection which is so much to be desired.

Inherited Syphilis. Dr. Bulloch(2) writing of the symptoms of inherited syphilis says: "For instance there is none more striking than the physiognomy of the infant. The physiognomy of disease generally is a subject well worth study; everyone must recall instances in which he has diagnosed from the face alone, cases of gonorrhea, syphilis, chorea, and other affections; and in no disease is the facies more characteristic than in inherited syphilis."
"Trousseau has given of this, as of so many other diseases, a most graphic description. He describes the complexion as of a bistre tint; and there is a striking look of premature old age about these infants; the skin, too, is shrivelled, the body emaciated, and often there is a peculiar smell about the patient, for which we know of no better comparison than that of a damp vault."

"There is a physiognomy by which the children and young people, that have simple enlargement of the tonsils may usually be known at once. Together with a general appearance of feeble health, they have a peculiar shape of the mouth and jaws. The jaws are narrow; so that the teeth are crowded and look disproportionately large. The aperture of the mouth is small, habitually slightly open; the edges of the lips thick, but not protruding. The lower lip rather invaginated; the angles of the mouth a little raised; the front of the mouth is almost uniformly convex; the lower lip scarcely recedes towards the chin, but pro-

(1) P' Buckley, New York, 1874
(2) R. James Paget, Feb 24, 1870, Times and Gazette
feet with a broad convexity, as if its middle part were slightly pushed forward by the tip of the tongue. The general expression is that of a gradual narrowing and a smooth uniform rounding of the lower part of the face, which makes it look small and featureless."

Prof. Virchow has described the peculiar physiognomy ofcretinism and explained it by the premature ossification of the bones at the base of the skull."

Rasal-adenoid growths of naso-pharynx, the appearance of the patient is diagnostic; he has a vacuous appearance, with a half opened mouth. He is more or less deaf and usually from that reason is generally pronouncingly stupid, being unable to hear conversation or learn lessons like other boys.

Differential Diagnosis of Mongolism and Cretinism in Infancy. In a paper in the "Sarset" jan. 28, 1900 Dr. Sutherland says:—Under the term Cretinoid have been

Sir James Paget. 
included various forms of imbecility in infants which until recent years were not clearly differentiated. Children of the Cretinoid type are eithercretins or Mongolian imbeciles. Cretinism or infantile myxœdema is rare in this country. Mongolism is a form of congenital imbecility much more common but to which comparatively little attention has been directed. It was so named by Dr Langdon Down from certain facial appearances which at first sight suggest a Chinese origin. This form of imbecility is well known to those engaged in asylum practice. But it is during the early months of life that diagnosis is called for and that treatment must be adopted if their fragile lives are to be prolonged. Owing to the similarities between Cretinism and Mongolism which are at first sight very striking, confusion is apt to arise.

In both the physical and mental development is delayed, the vital powers are low, the temperature is sub-normal, and sensitiveness to cold is marked.
The following facial alterations occur:

viz., depressed bridge of the nose, small palpebral fissure, and protruding tongue. The abdomen is large, an umbilical hernia is often present, and there is a marked tendency to constipation. The fontanelle is late in closing; the teeth are late in appearing, are poorly developed, and decay rapidly; speech is much delayed and is replaced by peculiar, grunting, animal-like noises, while snoring is very pronounced. There is great muscular debility without any definite paralysis. If a typical case of Mongolism is contrasted with one of Cretinism, the differences are great and should render the distinction easy, as is shown in the following Table.

<table>
<thead>
<tr>
<th>Cretinism</th>
<th>Mongolism</th>
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<tbody>
<tr>
<td>Characteristic features seldom present before the 6 months</td>
<td>Present at birth</td>
</tr>
<tr>
<td>(1) Present</td>
<td>(2) Smiling, grimacing infants, shy but observant</td>
</tr>
<tr>
<td>(2) Dull, impassive infants</td>
<td>(3) Tending to notice of anything, lack of imitative, active more expressionless, of a low animal type</td>
</tr>
<tr>
<td>&quot;toad-like&quot; absence of active movements</td>
<td>Mentis present</td>
</tr>
</tbody>
</table>
Cretinism

3. Skin, swollen, dry
4. Scalp, fatty deposits
5. No characteristic skull changes
6. The palpebral fissure appears small from swelling of eye-lids; epi-
canthus not present.
7. The tongue is very large, swollen and protruding.
8. The lips are stuck, immobile, and crinkled.
9. Congenital heart disease rare
10. Relative size of fingers normal
11. Thyroid gland absent or atrophied
12. Insult benefit from thyroid gland treatment

Mongolism

3. The changes absent.
4. The skull flattened antero-posteriorly, brachy-
cephalic.
5. The palpebral fissure is small and obliquely placed, without swelling of lids; epi-
canthus marked.
6. The tongue is large, often protruding but not swollen.
7. The lips are mobile, pursed up and curled on movement or crying.
8. Common
9. Little finger short and curved thumb short
10. Thyroid gland normal
11. No benefit
A well marked cases these differences will usually allow of an exact diagnosis being made; but not infrequently cases in which the symptoms are not pronounced may be seen, and many of these may be absent. Then the Special Mongolian Characteristics on which stress should be laid are the active movements of the face and limbs as contrasted with the lethargic state and expressionless face of the cretin. A careful investigation as to anatomical defects and changes will usually reveal the presence of some of these which are sufficiently characteristic. The final test is the effect of the thyroid treatment."

Acronegaly. The face is elongated and deformed from the increased size of the facial bones, especially the upper and lower jaw; the latter being the most obvious, from its projection forwards and increased vertical depth at the chin. The super ciliary ridges are also more prominent, producing a frowning aspect; the soft parts are more bulky, especially in
The lower lip; but the nose, ears, and eyelids are all noticeably thick and heavy looking. The general effect of the appearance is that of a dull, heavy, coarse featured person. (1)

Osteopetrosis. Hyperostosis of the facial and cranial bones is the distinguishing feature of this disease. Large bosses of bone, often symmetrical, are developed from the bones of the face and cranium which steadily increase in size and produce the most hideous deformity. (2)

With the above might be quoted all the tumours and diseases of skin which bring about physiognomical changes.

But to return to the changes caused by the action of the facial muscles:

Dr. John Turner (Essex County Asylum) observes, "It is a significant fact that the muscles of the upper part of the face display asymmetrical action much more frequently than do the muscles of the lower part—viz., in the proportion of 3:4 to 1. He adds that he has been impressed, while observing

(1) Tredthian, System of Surgery. (2) James, Surgery.
The faces of the female insane by the fre-
guency with which the muscles of expres-
sion of the lower part of the face are called
into play under emotional states, which
would in the same result in expression more
confined to the muscles of the upper parts,
or to paraphrase Warner's remarks, their
expressions are more animal-like, less
mental— to take the occipito-frontalis,
it is the largest and most powerful mus-
cle of the upper part of the face, and
although described in books of anatomy as
one muscle or at most of a right and
left half, yet we must further subdivide it
into at least an inner and outer di-
vision for each side, each of these divi-
sions being capable of contracting by
themselves, and frequently doing so.
It is important also to note that the
inner or median division of the muscle
is more concerned in the production of
the physical signs of the higher (more
idealized) forms of expression; whilst
the outer halves when they contract alone
produce no definite form of expression.
but give to the face an inane aspect, frequently seen in dementia. Asymmetry of action is more frequently seen in this muscle (alone or in combination with the corrugator supercilii) than in any other of the muscles of expression. And Dr. Turner thinks that by carefully studying the symptoms of paralysis of movement, together with the pathological appearances of the brain in suitable cases, we shall ultimately be enabled to identify the site or sites in the cortex whose integrity is necessary for the proper accomplishment of those physical changes which accompany these emotions, and which are eventually expressed at the periphery in the form of muscle contraction."

Ch. "Père in Des signes Physiques des Hallucinations," endeavors to show that "with the various hallucinations there may be special expressions which may become organically fixed and may thus serve as aid to diagnosis; and that in some cases there are special wrinkles formed about the

(1) Dr. T. Psychological Medicine
Dr. Hack curve K 408 - 9
eyes, the mouth and nose, in direct relation with the habit of mind induced by chronic hallucinations. In at least one case he found that when the hallucinations were on only one side, the wrinkles were also one-sided.

Referring to these statements Dr. Turner observes: "It seems to one highly likely that these one-sided wrinkles to which Féré refers have no other relation to the one-sided hallucinations than exists in the fact that whilst disorders of some of the higher centres in one half the brain may produce hallucinations of the senses, it also produces paralysis of certain movements accompanying certain emotional states."

Myxedema—Sir William Gull in a paper in Clin. Soc. Trans. Vol VII 1873 thus describes the physiognomy in this disease:—Features become broad and flattened; the eyes appear widely separated; the lips large and thick, and the folds of connective tissue about the eyes become loose and baggy; while under
The jaws and about the neck, the skin becomes thickened and lies in folds. The hair comes out; the hands become broad; the skin dry and harsh, not sweating; the temperature becomes subnormal. The complexion generally is sallow, bearing in some cases a jaundiced aspect, but with the alteration in complexion there is almost always a bright patch of red due to capillary congestion over the malar bones.

The physiognomy of fatigue is of great importance to the physician and the following description and contrast very instructive. Dr. Francis Warner says (11)

<table>
<thead>
<tr>
<th>Fatigue or Exhaustion</th>
<th>Signs of Joy</th>
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<tbody>
<tr>
<td>There is little facial action.</td>
<td>Much facial action</td>
</tr>
<tr>
<td>Pace long and drooped.</td>
<td>Pace tending to roundness</td>
</tr>
<tr>
<td>Angles of mouth or line of mouth curved downward.</td>
<td>Angles of mouth curved upwards, or drawn upwards and outwards.</td>
</tr>
<tr>
<td>Orbicularis muscle of eye-lids lax.</td>
<td>Orbicularis muscle of eye-lids in strong tone</td>
</tr>
<tr>
<td>Pace pale.</td>
<td>Pace red or even congested</td>
</tr>
</tbody>
</table>

(11) Dr. Andrew Turck's 'Psychological Medicine'
Facial Expression -
Fatigue or exhaustion
Eyes wander, face
being motionless
Impassive and not
easily stimulated to
action.

Laughter or signs of joy-
Face looks straight at his
friends.
Expression easily in-
creased by a word
Said -

The following case is of interest from a
Physiological point of view -
Progressive Facial Hemiatrophy.
Gratschoff (Priska de Karesalskiapets - Hand-
hinger) July 1901
A woman aged 19 when eight years
old was confined to bed for many weeks
with intense headache. The headache
continued almost incessantly until her
fourteenth year when it suddenly ceased.
At fifteen she had severe pain in the
left side and Scoliosis followed.
After the first illness two brown streaks
appeared on the right side of the
forehead, reaching from the inner canthus
to the roots of the hair; there were also depressions in the frontal and parietal bones of similar breadth and length.

During the last eight years the right side of her face had grown more slowly than the left; there was an additional brown mark about 2-3 cm broad covering the right malar eminence. The right side of the nose was smaller, the eye-brows more over-hanging; the skull lower and the chin higher than on the left side. The right side of the tongue was smaller than the left, the uvula inclined to the right; the teeth were irregular in arrangement. Taste and sensibility were not impaired. (1)

When the special senses are affected the physiognomy is changed. Nowhere is this more plainly seen than in Amaurosis.

C. J. T. Streetfield says "There is one symptom of Amaurotic blindness, affecting both eyes, which is noteworthy, as constituting, prima facie, a general distinction between it and the other cases of blindness not of nervou

(1) Med. Review, 1890
(2) Lancet, Dec.
origin: the gait and general aspect of the patient are peculiar—he is hesitating and hopeless looking. He no more tries to see objects: he holds up his head; the eyes are open and turned upwards: he feels his way with his feet, and his hands are extended before him; he does not look towards you, or at anything in particular—

It would be possible to multiply examples of the importance of physiognomy in the diagnosis of disease, indefinitely.

"Tarata," says "Woe be to that physician who without consulting me every particular case he shall treat: physiognomical sentiment should tie himself down to treat every disease according to its specific class, without once thinking, to modify his prescription in conformity to the peculiar symptoms which he observes in his patient."