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ACNE VULGARIS ET COMEDONES

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Acne and comedones are very often associated. They both appear most frequently upon the seborrhoeic skin in patients about the age of puberty, and tend to disappear spontaneously before the thirtieth year. Comedones or blackheads are oblong yellowish masses of inspissated sebum plugging the ducts of sebaceous glands. At the mouths of the follicles their exposed extremities become more or less deeply pigmented and appear as pin-point to pin-head sized, yellowish, brown or black dots just at the surface of the skin. Comedones are found most frequently in great or small number upon the face, and also commonly upon the neck, shoulders, back and breast. They remain in the skin unchanged for an indefinite time, but usually sooner or later, like foreign bodies, they set up an inflammation of the follicles in which they are situated. Acne is characterized by an eruption of papules, tubercles and small and large pustules arising from inflamed skin follicles. The lesions are usually about pea size, but vary considerably. Their color is bright or dark red. Their favorite location is the face, though they are often seen upon the neck, shoulders and trunk as far down as the costal margin. The individual lesions usually run their course in ten to fourteen days. The papules either become absorbed or suppurate, rupture and discharge their contents, a mixture of pus and sebaceous material sometimes tinged with blood. But new lesions continue to appear from time to time, so that the course of the disease is essentially chronic and extends over months or years. Slightly elevated papules with a central black comedo plug are often designated acne punctata; those with purulent contents, acne pustulosa; large, hard, painful nodes, acne indurata,—these, when they suppurate, form nut-sized, projecting, fluctuating, dusky-red

tumors, though sometimes the softened tubercle may be at first little elevated and covered with apparently normal skin. An eruption of mixed type is designated acne vulgaris. Acne artificialis is an acne-like eruption caused by the external application of tar or the administration of certain drugs, as bromids and iodids. Resolving acne lesions nearly always leave more or less brownish pigmentation for a short time, and occasionally permanent cicatricial depressions. The scars of acne indurata are often conspicuous. As a rule subjective symptoms are not complained of, although large furuncle-like nodes, especially those which occur on the back, are sometimes quite painful. **DIAGNOSIS:** The distribution of acne, the presence of comedones, and the association of lesions in all stages of development usually make the diagnosis easy. The *pustular syphilid* has a more general distribution, its individual lesions are of longer duration, often more coppery red and more uniformly developed, and there are generally other signs of syphilis. **TREATMENT:** General treatment alone rarely cures acne, but measures designed to correct existing disorders such as indigestion, constipation, anemia, etc., should not be omitted. The essential part of the local treatment is the incision of all the pustules, deep or superficial, and the daily expression of the comedones, which is best undertaken after the skin has been steamed or washed vigorously with soap and hot water. The patient may be taught the use of the comedo extractor and acne lancet. The most useful application is a lotion containing in four ounces a drachm each of zinc sulphate and potassium sulphid. It will cause a mild desquamation of the skin after a few days, when its use should be temporarily suspended.