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THE NATURE AND TREATMENT OF ACNE.

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A great deal of discussion has taken place respecting the word acne; some have asserted that it is a corruption of the Greek noun "acme," or starting point of manhood and womanhood. According to my own opinion and many others, the word is from the Greek "acne": that is, bloom or efflorescence. Be this as it may, we mean now by acne a disease which is most usually found on the face, shoulders and chest, and which histologically is an abnormal condition of the sebaceous glands, their secretion, and the surrounding cellular tissue. We apply the noun with an adjective when we speak of acne rosacea, and for the purposes of description it is best to retain these names which convey a definite significance, and have been used for so many years.

I should join issue with the description of many of the varieties of acne which are described by all dermatologists, because many are simply the result of a fancy of the author. I allude to such compound words as acne indurata, acne punctata, acne coneformis, etc. Here varieties are commonly found on the same subject, and the retention of their use in our vocabulary is confusing and unscientific. I shall divide the disease into three varieties: 1. Physiological acne; 2. Climacteric acne; 3. Rose acne.

But before proceeding to these varieties, let us glance at the histology and physiology of the sebaceous follicles, which will be found to be intimately associated with the hair sacs. The sebaceous glands are found in every situation of the cutaneous surface, with the exception of the palms

of the hands, the soles of the feet, the last phalanges of the toes and fingers, and the glans penis. They are the only secreting glands which are found on the cutaneous surface, excepting the sweat ducts, and they have their analogue in the mucous glands in the interior of the body. The sebaceous glands are sometimes composed of two or three gland lobules which have an excretory duct, which duct rarely opens immediately upon the surface, but as a rule into the hair follicle. There is an exception in the case of the long hairs, such as we see on the skull, pubis, or axillæ; in these situations the reverse is the case, whilst in the pubescent hairs the small hair follicles open into the wide excretory duct of the gland. The gland sac is always situated in the corium, and never unites with the subcutaneous connective tissue. This is why a molluscum contagiosum tubercle rises so distinctly from the plane of the skin. The interior of the gland lobules is occupied by an amorphous mass of fatty matter, and the debris of numerous cells. The development of the sebaceous glands commences at the third month in man. By remembering this fact we are enabled to grasp the reason that some children are born with a hard, inelastic skin, which constitutes the disease known as Ichthyosis, which is always congenital, and always incurable, because this gland formation is abolished by an inflammation of the skin which attacks the foetus in utero.

The function of the sebaceous glands is to give to the hairs an oleaginous secretion, and to make the skin supple, and also for the purpose of protecting it from external irritation. We see this well exemplified in coal porters and others. The constant contact of dust irritates the sebaceous follicle and their secretion is increased in quantity to such an extent that the faces of these men are quite greasy. The hair sac and the sebaceous gland form together a most ingenious contrivance, but like so many other ingenious contrivances they are put out of order by a multiplicity of causes, and it is to these that I must ask your attention. I am met on the very threshold of my subject with this difficulty: How can I separate lichen from acne? And let me here state that I would not separate them clinically. So intimate is the pathological state that it would be far better if we were to group both these maladies as folliculitis, or in other words inflammation of the follicles of