

The unobstructed, as well as the sudoriparous glands are more than normally active, giving rise to a hyperidrosis oleosa which is generally a characteristic feature of this disease. The skin in these cases is usually anæmic and more adherent than normal to the subcutaneous tissue. Another symptom which I have noticed in many cases is the facility by which an inflammatory œdema may be produced by slight irritation, such as an unsuccessful attempt at the removal of a comedo.

If the comedo is not removed a folliculitis or peri-folliculitis is apt to be set up, giving rise to papules, nodules, and pustules, which together with comedones are the characteristic lesions of this disease. The form of the lesion depends, to a certain extent, upon the structure of the comedones as well as the thickness of the skin. When the hyperkeratosis of the epidermis is very marked the inflammation is frequently deeply seated and extends beyond the gland, producing a hard, purplish, red papule or nodule, which quickly suppurates, but rarely ruptures. This is the type of the disease known as acne indurata. This form frequently gives rise to cicatrices and upon these keloid growths sometimes appear. The terms acne punctata, acne simplex, acne pustulosa, are applied to the more superficial forms and are useful to designate clinical varieties of the disease. Acne punctata is used when comedones are visible in the centres of the papules and pustules, whilst acne simplex is applied to the disease when the comedones are invisible to the naked eye. When the lesions of either form are as large as small peas and the inflammation more marked, then the name acne pustulosa is used.

The cause of the inflammation in acne vulgaris is not definitely settled. The majority of dermatologists believe it is due to pus germs. This view is supported by the fact that staphylococci are always found in the suppurative stage. Unna is of the opinion that a special form of a bacillus, which he has invariably found at the inner end of the comedo, is the cause both of the inflammation and the suppuration. All investigators agree that the desmodex folliculorum, which is frequently found in comedones, takes no part in the etiology of the disease.

The foregoing description of the disease limits the field of acne vulgaris to a folliculitis or peri-folliculitis following a hyperkeratosis of the epidermis and comedones, and therefore would not apply to such diseases as iodine acne, bromine acne, acne cachecticorum, acne varioliformis.

*Treatment.*—The treatment of acne vulgaris requires both local and general measures. Local remedies should be directed towards the removal of comedones, to reduce the hyperkeratosis of the epidermis by hastening cornification, and to disinfect the skin;