

itching which caused Mr. Hutchinson to write a paper on what he called *Prurigo Astivalis*, or *Prurigo Adolescentium*. The prominent features of this condition were a collection of abortive pustules occurring by preference on the face and upper extremities, and commencing usually at the age of puberty. Are not these tendencies exactly what we find in acne? I should have liked the words *Pruriginous acne* better. Be that as it may, we have to recognize a form of acne which does itch a great deal. I am anxious to impress this fact, because it has been disputed whether acne does ever itch.

I will now enter into the subject of those constitutional conditions which modify the progress of acne, and in the first instance I should select *scrofula* as the most common and pronounced of these influences. It is a peculiarity in all *scrofulous* manifestations that the process of inflammation is slow, and as a consequence not associated with very high constitutional disturbance. We often meet with large collections of pus in the *scrofulous* which are almost painless, and which are not attended by any elevation of temperature. We see this in the abscesses about lymphatic glands, and it is for this reason that we use the terms "cold abscess." *Scrofula* is, again, a diathesis, which as a rule is developed during the period of life when the tissues are the most active, that is to say, in the period of growth. We speak of *senile scrofula*, a well marked series of manifestations, which we meet with in advanced life. We owe Sir James Paget a tribute of gratitude for having been the first to isolate these conditions. Now, do we not find in patients with a skin which is thick and greasy (two conditions essential for the production of acne), and who have a *scrofulous* tendency, the most pronounced case of what is known as *acne tuberosa*; in such cases we shall find masses of slowly progressive inflamed tissue around the sebaceous follicles, inflammation which is edious in its progress and most obstinate to treat, and we shall find this state most commonly at that period of life when we most frequently meet with acne, that is from 14 to 25. But we shall also find later on in life some cases which are precisely the same, only they are not so general in their distribution.

Syphilis lends its characteristic colour and progress to acne, and it is most important in any case

of skin disease to remember this fact. The constitutional forms of skin disease, when crossed with syphilis, form a group which are more difficult to diagnose and treat than any other condition of the cutaneous surface. Acne is in no way an exception; frequently you will meet with an acne patient who has contracted syphilis, and in addition to the usual course of the disease, you will be baffled by a stain which is left behind when the acute local disturbance has passed away. I have a gentleman under my care at the present time who has copper-colored staining of the skin which has existed now for two years. I have some notes bearing upon the question of the influence of inherited syphilis upon the course of physiological acne, and I am disposed to believe that the influence of the disease in this form has a most important influence upon the progress of many cases of acne.

You are doubtless aware that a disease has been described as *lupoid acne*, or *sebaceous acne*, and I have seen several cases where the sebaceous follicles have been raised above the surface of the skin; these follicles have occurred in patches which have spread from their centres, and sometimes attained great size and caused much disfigurement. The persistence of this form of eruption, the manner in which it advances, and the rough follicular surface of the mass (it looks like the under surface of a nutmeg grater), stamp it at once as a new growth invading the sebaceous follicles, and being a very near relation of *lupus erythematosus* and *acne rosacea*.

But by far the majority of cases of acne are not associated with either of these diatheses. I have stated before, and I must again repeat, that three factors are essential to the production of acne:

- I. A thickness and greasiness of the skin.
- II. Activity in the sebaceous and hair follicles.
- III. An abnormal state of the glandular secretions.

The thickness and greasiness of the skin indicate that we have a large development of the sebaceous glands. We find these conditions in the greater number of cases in those with dark, sallow skins, but there are some fair haired people with thick greasy skins. Mr. Hutchinson has in his work on the *Pedigree of Disease*, a work which came as a revelation to me, a paragraph on acne as a revealing symptom, and in answer to the question, What