

ACNE AND ACNE ROSACEA.

Clinical Lecture delivered at the Medical Department of the University of the City of New York.

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ACNE—ACNE ROSACEA—CAUSES—TREATMENT FOR ACUTE AND CHRONIC STAGES.

GENTLEMEN,—The first patient whom I present to-day is one who has an eruption upon the face. It is an eruption with which you are all more or less familiar, because it is not by any means unfrequent or uncommon. The question is, from what form of skin disease is this man suffering? He has had it continuously for about two years, but for about every alternate week these little points which you see get larger. In the first place, there is a general redness of the surface. In addition, you will notice a large number of elevations; some of these are red and solid, others are mounted by little yellowish points; and here is one which is rather soft, but at the same time you do not see any yellowish point at its summit. When this soft elevation is punctured, it is, as you see, filled with pus.

On the face of this second patient there is an eruption which is very similar in appearance to the one just described, yet the eruption in these two cases differ from each other considerably. The eruption upon this woman's face is of two years standing. Her general health is very good. The first is a case of pure *acne*; the second is a case of *acne rosacea*.

ACNE ROSACEA.

Acne rosacea is a skin affection which is always located upon the face: it is never found elsewhere, and it usually commences in the following manner; at the very beginning it will be found that there are present little reddish *rosy* spots; sometimes these little spots are accompanied by slight circumscribed infiltration of the surrounding skin. These spots are almost invariably situated upon the summit and sides of the nose, and extend from the nose to the cheeks. The small reddish spots, *guttæ* as they are sometimes called, last for a few days, perhaps for a week, and then disappear, to return in the course of a few weeks. As time goes on, for the disease is exceedingly chronic, the number of these spots increases, and they remain upon the skin longer than at first, but as they disappear they are apt to leave a slight thickening of the skin. After a time, the new spots which appear are seen before the older ones have disappeared, so that at the end of one year, perhaps, you will find a pretty uniformly diffused redness, with a slight amount of thickening of the skin. This redness disappears in a measure under pressure, but returns as soon as the pressure is removed. The color, however, does not disappear as rapidly as in acute congestion.

In addition to the redness of the surface, we now find that the veins upon the side of the nose are increased in size. When the disease has lasted for some time, the veins become prominent, especially about the alæ of the nose. When it has had a duration of perhaps three or four years—in some cases it occurs much sooner—the thickness of the skin covering the nose, the enlargement of the veins, and the redness are very much greater than in health, and the same changes, to a less extent, are manifest upon the cheeks.

The skin of the nose may perhaps be increased in thickness three, four, or five times, thus giving the organ a very uncomely appearance. Formerly this caution was regarded as the opprobrium of skin diseases, because it was one of the most difficult to relieve. But as we have gained a better knowledge of its causes we are, in many instances, able to remedy the cause upon which it depends, and then by appropriate local treatment to diminish very decidedly the amount of the lesion.

CAUSE OF ACNE ROSACEA.

First, with regard to causes. The disease rarely occurs in young persons; it occurs most frequently between the ages of thirty-five and forty-five years. In men it depends most frequently upon some derangement of the digestive function. This derangement of the digestive function may be the result of functional or organic disease of the stomach and liver. You are all aware that habitual indulgence in the use of alcohol produces this rosaceous condition of the skin of the nose. That is not due so much to direct congestion of the face produced by the liquor, as to dyspepsia and congestion of the liver, which, by reflex action, disturbs the circulation of the face, and thus tends to produce congestion. Any cause whatever which is capable of congesting the face acts as a predisposing cause of *acne rosacea*. The face may be kept almost constantly congested by following certain occupations. It has become proverbial that cooks are more subject to *rosacea* than any other class of persons. Next to them come blacksmiths and forgers of metals. You all know that a full meal will produce more or less temporary congestion of the face. As digestion goes on and the stomach becomes empty, this congestion passes away. Now, if these causes of congestion are in constant operation—if, for example, a man lives too high and habitually drinks too much alcohol, and thus keeps his face in a constant state of congestion—the *rosaceous* condition is apt to develop.

In women, however, there is another class of causes which, in a majority of cases, operates in the production of *rosacea*. In them, the *rosaceous* condition is not so often due to derangement of the digestive function as to derangement of the uterine function. Certainly