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springs from a single lesion. In the former, the lesions are circularly arranged without being in contact; while in the latter, the peripheral border forms a continuous line of less decided elevation. It is, moreover, much less slow in its course. In the unusual event of a papulo-tubercular or tubercular lesion of late syphilis, following a centrifugal enlargement, as in the earlier papular syphiloderm, and as is represented in the already-mentioned plate of the atlas of Kaposi (see also Plate xxxi.), there can be no doubt that the lesions depend upon the same trophic influence, and that their anatomical differences are such only as those indicated in the clinical terms papule and tubercle. The later lesion would be appropriately denominated syphiloderma tuberculatum circinatum.

ACNE ATROPHICA OR LUPOID ACNE.

BY

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THE eruption to which attention is here called is one which not infrequently passes unrecognized, and one which has received very little mention in works upon diseases of the skin. Cases of it are, however, by no means rare, the following three striking examples being all observed in private practice within a period of about two years; while a number of others have presented themselves before and since. The importance of a correct diagnosis of this eruption can hardly be overestimated, as it is most commonly mistaken for one of the lesions of syphilis; it is also peculiarly rebellious to any but a rightly directed treatment. The characteristics of the eruption can be best judged from a brief report of the cases:—

CASE I.—Mr. Charles —, aged forty-five, a spare, rather nervous gentleman, stated that he had always enjoyed good health, with the exception of what he designated bilious headaches. He had six healthy children, all living, and with no eruptions. He presented no physical signs of disease, and his bodily functions appeared to be perfectly performed; the bowels acted freely; there were no stomach symptoms, except that very rich food disagreed; the tongue was slightly coated and pale; the pulse 66; sleep good and refreshing.

About ten years previous to his first visit, March 23, 1880, the eruption had first appeared upon the forehead, just below the margin of the scalp, and since that time he had never been free from some lesions, generally about a dozen or so points existing at the same time upon some portion of the face and neck. The character of the eruption had remained the

same from first to last, and the earlier lesions resembled those then present and active; while much of the forehead, the temples, the sides of the neck, and, to a slight extent, the cheeks were the seat of scars of previously existing points of disease—scores or even hundreds in number. These cicatrices were all of the same character—depressed, sharply cut, all about a quarter of an inch in diameter, and inclined to be circular; the older ones were paler than the skin; more recent ones were more or less stained.

The eruption which was then present and in active condition consisted of between one and two dozen red, slightly hard, inflammatory masses, one quarter of an inch or less in diameter, some of them presenting crusted summits, others pustular, and others yet apparently solid. These were all elevated a little, and had a moderately inflammatory halo; they were somewhat tender on pressure, and were apt to give annoyance by itching, and some presented torn summits. They were scattered principally on the forehead and temples, but some few existed in the scalp and side-whiskers.

He was given a little alkali with a bitter infusion, and a calamine and zinc lotion, for a week, and, when next seen, the lesions and the scars were so strongly suggestive of syphilis, that another careful study of the case was made. Absolutely no corroborative history could be obtained; but he was nevertheless placed upon a mixed treatment of mercury and iodide of potassium, combined with iron and bark. This was continued for six weeks and in increasing strength, but not only with no beneficial effect, but with a considerable aggravation of the eruption.

He was then placed upon a mixture containing acetate of potassium, tincture of nux vomica, and dock root, with the local employment of an ointment of bismuth and a little white precipitate. The change in the eruption under this course of treatment was most marked and satisfactory; the lesions lost their inflammatory element, and began to disappear. In a few weeks, there were left only the scars, similar to those previously formed, and, when seen a year afterwards, it was recorded that the eruption had remained absent from all portions, and that only cicatrices were visible.

CASE II.—Mr. William —, aged forty-eight, applied to me December 31, 1881, for the treatment of an eruption affecting mainly the nose and left cheek. He was in apparently good health, bowels regular, digestion good, tongue clean, pulse 66. Eighteen years previous to his visit he had had a similar eruption upon the forehead, along the margin of the hair, and upon the temples, which had left scars similar to those recently formed: about the same time he had had points of eruption between the shoulders. These former lesions seemed to have ceased to appear for some time, and the eruption for which he came began first to develop during the previous summer.

When first seen, the nose was generally reddened, and on the right side near the extremity, and also on the left cheek, were several red, inflamed points, moderately pustular and crusted; upon the left temple there were also several similar pustules, and a few on the back between the shoulders. Along the upper portion of the forehead were a number of depressed, roundish cicatrices, a quarter to a third of an inch in diameter, and others similar on the left temple; there were also some upon the nose, and one large one in the centre near the tip. All these scars had

formed from inflamed points, similar to those present, which came and went slowly.

He was placed upon the same internal medicine as the former cases, and locally was given a lotion of sulphuret of potassium, zinc, and rose-water. One month later, it was recorded that most of the eruption had disappeared, although he had been a little irregular with the medicine. Two weeks later, no inflammatory elements were present, and the scars were becoming pale. Two weeks later still, it was noted that there had been a return of the eruption in the shape of a single, small, inflamed point on the right side of the tip of the nose which was crusted, and exhibited a hole when this was removed; there was also a small lump on the left side of the nose, but none on the forehead or elsewhere.

CASE III.—William T. —, aged twenty-seven, had had an eruption of acne on various portions of the face for a number of years, but it had not caused permanent scars until the past three or four years, when the character of the eruption changed somewhat. His general health was reported as good, with a slight tendency to constipation, and a pale and lightly coated tongue.

The principal location of the eruption in this case was the forehead which was covered with inflamed and indurated points, many of them ulcerated and many scratched. Between them were many small, roundish, depressed scars, suggesting syphilis or small-pox: the lesions present and the cicatrices resembled exactly those described in the two preceding cases.

REMARKS.—Although I have not made any microscopical studies in these cases, to demonstrate that the lesions were connected with the sebaceous glands, I have no hesitancy in regarding the eruption under consideration an acne, because of the clinical features presented, the history of the cases, and the ease with which the condition yields to ordinary acne treatment. I do not, however, place these cases in the same group as those instances of acne simplex in young persons, where there is often more or less scarring in connection with the ordinary inflammatory pustules of this and acne indurata; in these instances the scarring results from the direct destruction of tissue by the suppurative process.

In the cases under consideration the conditions seem to be different. This form of eruption is commonly seen in more advanced life; the process is a very chronic one, the grade of inflammatory action is a very low one, and the production of cicatricial tissue seems to be rather the result of altered nutrition and absorptive action than from the severity of the inflammation.

Whether the process is allied to lupus, I cannot state; it has sometimes been spoken of as follicular lupus, but I doubt the propriety of classing it as such, inasmuch as the line of treatment required is so radically different from that called for in this latter disease; no true lupus nodules are ever seen. Certainly it has no relation to syphilis, although the lesions and the scars suggest it most forcibly.

The eruption seems to be more common in men than women, although I have observed it a number of times in females.