

The treatment of the various forms of acne / by George H. Rohé.

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Rohé, George H. 1851-1899.

Publication/Creation

[Place of publication not identified] : [publisher not identified], [1883]

Persistent URL

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THE TREATMENT
OF THE
Various Forms of Acne.

BY GEORGE H. ROHÉ, M. D.

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During the period of puberty many of the organs of the body take on a new development. The sebaceous glands of the skin participate in this growth, and as a consequence, a greater or less degree of functional disturbance of these organs is likely to result. The most common form of this functional disturbance consists in an alteration in character and quantity of the sebaceous secretion. The sebum secreted is thicker and is not so readily extruded from the gland-ducts. These latter become filled with little plugs of the secretion which distend the ducts, and thus produce small papules, with sometimes a slight depression of the summit, which is colored black or brown. This little spot of color is the mouth of the duct filled with the secretion, and the discoloration depends upon the deposit of dirt—dust, carbon, etc., which has adhered to the end of the greasy plug.

This is the first stage, in the vast majority of instances, of the disease known as acne. The French writers term it *acne sebacée*; while in the English and German literatures it is known as *comedo* (plural *comedones*). In this stage, acne is a purely functional affection; if we remove the accumulation of sebum in the glands and gland-ducts and change—by appropriate treatment—the altered char-

acter of the secretion, the parts resume their normal condition and the disease is at an end. If, on the other hand, inappropriate or no treatment be adopted the disease goes on to the next stage, that of congestive or inflammatory acne. Here, we find, in addition to the merely functional disturbance of the glands, a structural lesion—inflammation, with its consequences, pus-formation and hyperplasia of connective-tissue.

Let us follow the evolution of an acne papule from its stage of comedo. The walls of the gland-duct and the immediately surrounding connective tissue become compressed, disturbance of the circulation and nutrition within a limited area take place, and inflammation follows. At this stage the papule is bright-red and painful, usually still showing the black point of the comedo at its summit. The inflammation may now subside and resolution occur, but usually the process goes on to pus-formation. A little drop of pus appears in the centre of the papule, which, if evacuated, is found to surround the plug of inspissated sebum, the original cause of the trouble.

If the disease is allowed to go on without appropriate treatment that form of acne known as the indurated or tubercular acne results. Considerable new-formation of connective tissue (inflammatory hyperplasia) takes place, and those unsightly physiognomies which we not unfrequently meet in young men and women, between the ages of 18 and 25 result. It is hardly necessary to describe the condition I mean. Dark-red blotches with firm brownish nodules from a split pea to a small bean in size, with angry-looking pustules scattered here and there over the face, the latter being particularly numerous on the forehead and cheeks. I treated a case of this sort only a few weeks ago. The patient was a young artist about 24 years old, who first consulted me nearly a year ago. Directions were given him but he failed to carry them out, and neglected to continue the treatment. About three months since his face became so unsightly that he was ashamed to be seen in public. He consulted me again, but I refused to prescribe for him unless he promised to faithfully carry out the

treatment until he was entirely well. This he promised, and performed, and in two weeks his condition was markedly improved, and at the end of two months he was discharged well.

In the books on dermatology will be found described a disease under the name of *acne rosacea*, *vulgo* toper's nose, toddy blossom, etc. It differs in its clinical features, its etiology and its treatment from the condition just described. Its subjects are usually individuals above the age of 30, further, individuals who indulge to excess in wines or strong liquors—beer drinkers more rarely have it. It also sometimes occurs in young people of defective cutaneous circulation, in whom it never gets so marked, however, as in the first class of cases.

Acne rosacea begins as a consequence of frequently recurring flushing of the face. The brandy drinker, speaking generally, has a hyperemia of a portion of the face every time he takes a drink. The vessels gradually become permanently enlarged,—perhaps increased in number, and in consequence of the local increase in nutritive material, some connective-tissue hypertrophy takes place. The increased circulatory activity of the part is accompanied by numerous stases of blood in minute areas, which eventuate in small abscesses—the *acne-pustules* accompanying the area of vascular injection. In mild degrees of *acne rosacea*, the process stops at the formation of diffused red patches. In cases of a more active type, *acne pustules* will be found scattered over the red base, upon which also may be noticed tortuous, dilated blood vessels. In the most exaggerated condition, we find the nose much enlarged, lobulated, brown or bluish red in color, and disfiguring the patient very much.

Errors in diet, excessive indulgence in or abstinence from sexual pleasures, masturbation, constipation, dyspepsia, eating particular articles of food, such as butter and cheese, have all been accused as causes of common *acne*. In very many individuals neither of these conditions, nor even a number of them combined being present produce the disease; in others, the disease appears in the absence of these various supposed causes.

The proof of the internal causation of acne not having been furnished, shall we then turn over to the other side and say the causes of the disease are altogether external? By no means. An epigrammatic professor of New England, tersely gave the causes of acne in the following proposition: "The country girl washes her face with soap, and does not have acne; the city girl abstains from the use of soap and does." Like all epigrams, this is only partly true. In the majority of cases of ordinary acne the abstention from soap is doubtless the immediate cause of the disease. In other cases, however, this can not be accused of being the cause. In some young women an eruption of acne occurs during each menstrual period. In these cases, no comedo can be found generally, and I know no variety of the disease so unsatisfactory to treat. Not knowing to what the inflammatory papules are due, one does not know what to do for them.

Some women have an eruption of acne papules during pregnancy, which disappear after the pregnancy terminates. The relation between cause and effect has not been satisfactorily explained. The ingestion of various drugs, iodide or bromide of potassium, is frequently followed by acne; the disease disappears on the discontinuance of the remedy.

Workmen in tar and petroleum, or their products, not unfrequently suffer severely from painful acneiform eruptions. Cleanliness, and, if possible cessation of exposure to the irritant vapors give relief.

If the development of acne is such as I have attempted to sketch, then a simple method of treatment directed to the organs at fault and not to others in another part of the body will be appropriate. I have not found it necessary, usually, to give any internal treatment whatever in cases of acne. Neither have I ever been able to see much benefit from a rigid restriction of the patient to a particular sort of diet. I allow him to eat anything that does not disagree with his stomach. I encourage, rather than the reverse, the eating of articles containing fat, as butter, fat meats, and even in some cases prescribe cod liver oil, where the nutrition is below the standard. In

fact, in a class of cases of acne occurring in strumous or tubercular subjects this is necessary. Where the condition of the stomach or bowels seem to demand it, a mild laxative—mercurial or saline—is probably an aid. Tincture of chloride of iron is always indicated when the congestion is considerable, or where there is much pus-formation.

Within the last two years, two remedies have been highly lauded for internal administration in acne. One is sulphide of calcium (or more properly sulphurated lime) in doses of $\frac{1}{10}$ — $\frac{1}{4}$ grain. I have never used it and merely call attention to the merits claimed for it by others. The other remedy is fluid extract of ergot. I have used it several times with the reverse of a good effect. It is given in half-dram doses twice a day. With little experience with it, I should consider it, theoretically, especially applicable in those cases of what may be termed menstrual acne, although even here I have failed to obtain good results from it. The search for a successful treatment of this form of the disease is a good field for experiment.

The local treatment of acne is by far the most important, and in the majority of cases suffices for the cure of the affection.

The indications for the treatment are:—1st, to remove the accumulation of sebum; 2d, to remove the products of inflammation; and 3d, to restore the normal functional activity of the parts.

The first indication is best met by expressing the plugs of sebum daily, by means of a watch key. Select a key with a smooth, broad base and wide opening, and placing it directly over the black apex of the papule, press the key down squarely upon the skin. A little pressure will force the plug of sebum out of the gland duct. This should be done every night. Immediately after, the face should be washed with warm water and soap, allowing the lather to remain on all night. In the morning the soap is washed off, and the face is dusted with oxide of zinc, calamine or simple chalk or starch powder. In simple cases, with a moderately thin epidermis this is all that is necessary, and in three or four weeks the acne is cured. In other

cases where the epidermis is thick, a so-called coarse skin—the treatment should be a little more active. Here the following mixture should be painted on with a camel's hair brush, after the expression of the sebum plugs, and allowed to remain on all night. It was first recommended by Zeissl, and is certainly a valuable combination:—
 ℞—Sulphur lot., potass. carb., alcohol, glycerine, aa ʒj. In the morning, after washing the face, one of the above powders, or a little oxide of zinc ointment should be applied.

After a few days of this treatment, the skin becomes slightly reddened and scaly, and in some cases an uncomfortable sensation of tension or burning occurs. Then the sulphur application should be discontinued for a few days until the irritation has subsided, when the same course should be recommenced.

If there are many inflammatory papules or pustules, an incision or puncture with a fine, sharp bistoury gives great relief and hastens the involution of the lesions. After the puncture the flow of blood should be promoted by a hot water douche. A basin is filled with water as hot as can be borne, and a large, soft sponge dipped into it and pressed to the face. This should be continued five minutes or so, and is best done at night before retiring. It is an especially valuable adjuvant to the treatment, if the pus-formation is free.

In cases of indurated acne, the tubercles should be freely scarified and after the bleeding has ceased, mercurial ointment applied on bits of cloth or leather, and allowed to remain on all night. The tubercles may also be painted with a strong alcoholic solution of carbolic acid (one part to three or four of alcohol) this being repeated every 2 or 3 days.

The menstrual acne of young women can not, in my experience be treated with much satisfaction. After the period has passed the eruption usually subsides. The disappearance of the redness of the skin can be hastened by a lotion of corrosive sublimate, 1 gr. to ʒj of cologne water.

This simple treatment is effective in the majority of cases of

acne. In my experience it has never failed. In some cases more severe local measures, such as frictions with sand, scraping with the curette, or the application of irritants or caustics may be necessary, but I have never met such cases. In certain cases the plan I have recommended may be too irritating; in these the use of a very mild soap, Sarg's glycerine soap, or Pear's transparent soap,—or a weak alkaline lotion may be used. Such cases will however, be very rare.

In the treatment of acne rosacea, the use of wine or spirits, if these are the causes of the disease, must be forbidden. In those cases where the rosaceous patches are due to deficient nutrition, the patient must be placed under better conditions. Locally, in the patches of diffused redness, the application of the alcoholic solution of carbolic acid above recommended (one part to 3 or 4 of alcohol) will generally give most satisfaction. Where there are tortuous and dilated veins in the skin, they must be slit up with a fine knife and a pointed pencil of nitrate of silver drawn through them to cause obliteration of their calibre. Where the connective tissue is much increased, a plastic operation is sometimes necessary to restore a respectable shape to the distorted nose. When pustules are present they should be opened with a bistoury, and the pus evacuated.

In mild cases of rosacea, a wash of corrosive sublimate, 1 gr. to $\bar{3}$ j of diluted alcohol, is sometimes all that is necessary.

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