SYMMETRICALLY GROUPED COMEDONES.

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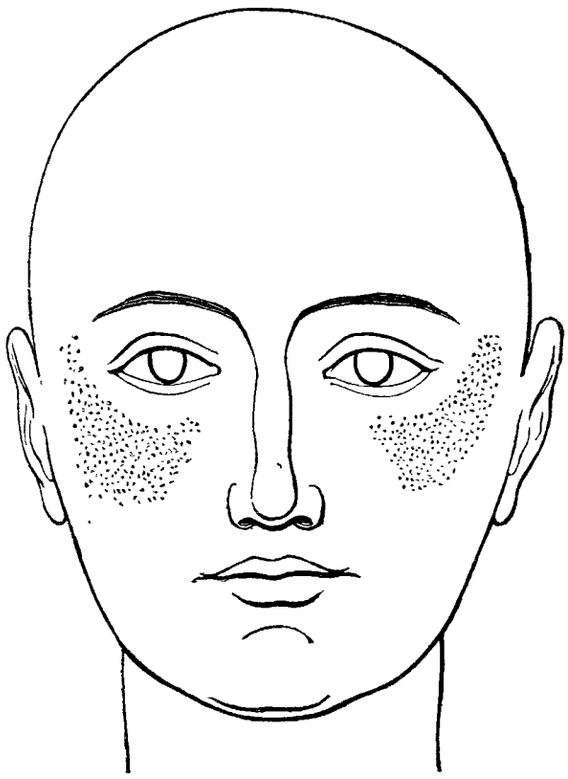
DR. THIN'S interesting communication on "Grouped Comedones" in adults, in THE LANCET of Oct. 13th, recalled to my mind a case that occurred in my practice.

A lady, aged about thirty-five years, who had previously been treated by me for acne rosacea and atonic dyspepsia, came in June, 1886, with a precisely similar condition to that described by Dr. Thin, limited to the cheeks as in the accompanying diagram. The comedones were very minute,

FIG. 1.

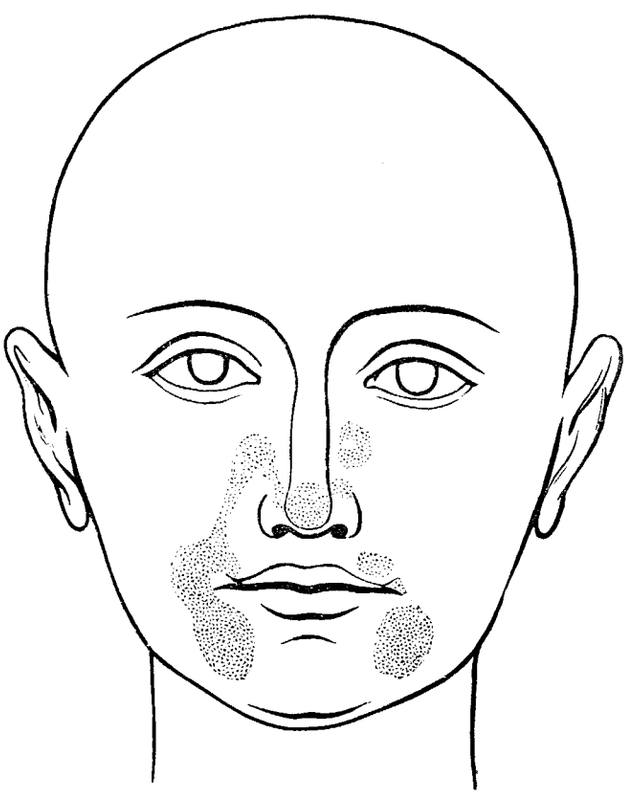


closely set, giving a dirty appearance to the skin, and she stated that the affection had been present about a fortnight, dating from one morning, when she noticed that her cheeks were rough and slightly swollen, which a day or two later acquired the dirty aspect. (Fig. 1.) The affection was soon cured with a similar treatment, but somewhat milder than that recommended by Dr. Thin; the part was rubbed every night with a piece of moist flannel and "mouilla" soap, a liquid glycerine soap less irritating than soft soap.

In comparing the diagram of this case with that of Dr. Thin's, one cannot but notice the similar distribution on the cheeks and the symmetry of the affection in both. I am inclined to lay much more stress on this symmetry than Dr. Thin appears to do, for, though it is not absolute in all parts, it is sufficiently striking, and points to an internal origin; and, if this be so, it places these cases in a different category *quâ* etiology from the cases of grouped comedones in children which I described four years ago. In children, there is strong reason to believe that the comedones are of local origin, probably bacterial, and possibly to be ascribed to the dirty caps or similar sources of infection, or, at all events, due to a local irritant. Although Dr. Thin has met with three cases, I cannot help thinking that the affection of "symmetrically grouped comedones" is a rare one, as it is too striking to be overlooked; and, in addition to the one mentioned, I am sure I have only seen one other case, a boy ten years old, in the East London Hospital for Children, suffering from general tuberculosis, who had a group on each cheek immediately in front of the ear. On the other hand, irregularly grouped comedones in children are now fairly common, and, as mentioned in my work on "Diseases of the Skin," I have once seen a similar condition on the abdomen of an old man

Since the above was written another case has come under my notice—a lady, aged thirty-one, who suffered at times from dyspepsia, of which the prominent symptoms were flatulence and flushing after meals. Her first attack of this unpleasant affection was when she was abroad in the spring, when her digestion was upset by the foreign mode of living. After her general health had improved, she got rid of the comedones, but in August last they appeared, under similar circumstances, as badly as ever. The distribution is delineated in Fig. 2, and this, I think, throws some light on the distribution in the lower part of the face in Dr. Thin's case, in which the two small groups are imperfect developments of the larger groups round the mouth in my case; and, although in neither his case nor mine is the symmetry exact, the difference is not greater than it is in a large number of admittedly symmetrical affections. Now, the areas of the cheek

FIG. 2.



patches, both in Dr. Thin's and my Fig. 1, correspond to a frequent distribution of various skin eruptions—e.g., lupus erythematosus, many cases of eczema, &c. This localisation depends, doubtless, on an anatomical arrangement, probably of the vascular distribution under some nerve domain. I do not mean to imply that the disease is of nerve origin, but that the distribution is determined by a definite vascular area. The causes of this curious outbreak of comedones cannot be certainly determined until more facts are recorded, but my cases suggest that digestive derangements play an important part in the etiology.

The cases of two brothers, recorded by Mr. Verrall in THE LANCET of Oct. 20th, are an additional fact in favour of local contagion in "comedones in children."

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A CASE OF SPORADIC SCARLET FEVER, ORIGINATING *DE NOVO*.

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CASES of scarlet fever are so extremely rare in India that the publication of the following case may be of interest, especially in connexion with the much-disputed point of its etiology. Chevers, in his last work ("A Commentary on the Diseases of India"), writes: "I never saw any form of scarlatina in Lower Bengal, or any disease which could be fairly mistaken for it; neither has any medical man with whom I have discussed the subject met with a genuine and