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NÆVUS ACNEIFORMIS UNILATERALIS.

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THE case, of which the photograph is appended, is one of those shown during the sittings of the recent Congress of Dermatology in London. On account of the interest excited among the members when I had the opportunity of demonstrating the patient, and on account of its great rarity, I venture to bring it before the readers of this Journal.

The patient is 24 years of age, has always been in good health, does not show any signs of a nervous constitution, and is married. Her mother died of consumption, but her father and brothers are in good health, and there is no evidence of any syphilitic taint in the family history. The affection has existed from birth, and is strictly limited to the left side of the body, occupying a considerable area of the thorax, neck, abdomen, and the arm to the second phalanges, the point at which the sebaceous glands cease. It follows closely in its distribution the courses of the cutaneous nerves. This can be readily noted on the neck, where it occupies the distribution of the small occipital nerve, and can also be observed on the arm, on the chest, and on the abdomen.

The lesions consist of oval spots, which have coalesced, on the chest, back, and upper part of the arm, so as to form one large patch, on which there are numerous flat scars bounded by raised patches of skin. This large area is dotted over with large, simple, and double comedones, and these are also to be observed on the small oval spots. Occasional small ulcers are also to be seen resulting from the destruction of tissue following folliculitis and perifolliculitis round the comedones. Microscopic examination has clearly proved that we have to deal with true comedones in the case, as, in addition to the histological structure, the micro-organisms described as characteristic of comedones have been seen.

These acneiform lesions are caused, in my opinion, by a disturbance of the nutrition of the epidermis, by which undue keratinisation

is brought about. This keratinisation is the result of the improper development of the cells in the rete Malpighii, and is probably under the direct influence of trophic nerves. The affection described may therefore be placed in the same category as other nervous lesions of the skin, such as hemiatrophia facialis; glossy skin (liodermia neurotica); nævus unius lateris; unilateral papilloma; and especially herpes zoster.

In herpes zoster we know that in many cases the spinal cord is visibly affected, and that the vesicular lesions are the direct results of the spinal lesions. In the affection described we see the same method of progression of the lesions as in herpes zoster, the affection is strictly limited to one side of the body, and it follows the distribution of the spinal nerves; all these considerations tend to show that the case must be classified with the affections which depend on disturbances of the nervous system, and especially with inflammatory lesions of the ganglia on the posterior roots of spinal nerves.

The evidence is therefore very strong for considering this affection a tropho-neurosis. I have called it a "nævus," as I understand by that term a benign, slowly-developing new formation in the skin, which is embryonic in origin, and frequently hereditary.

In the case described the disease is congenital, slowly-developing, showing itself in spots along the course of cutaneous nerves, and having the microscopic structure of acne, so that the name "nævus acneiformis unilateralis" is a correct one for this very strange disease.