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ON ACNE SCROFULOSORUM IN INFANTS.*

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I DESIRE to bring to your notice a somewhat uncommon papulopustular or acneiform eruption I have met with in infants. My attention was attracted to it more than fifteen years ago, and I have from time to time observed examples in the intervening years, but not more than about ten cases. I shall not weary you by reciting the detached notes of all these examples, but will pick out one or two in order to illustrate the difficulty which I have experienced in coming to a conclusion as to the nature of the affection. Moreover, there is a remarkable similarity in them all, and when once an example has been studied there is little difficulty in recognizing the eruption thereafter.

CAROLINE F., aged $7\frac{3}{4}$ months, came under my care at the Bell Street Dispensary on February 17, 1883. The mother had never suffered from any eruptions. Of her eight children, six were living, the first having died of bronchitis at 2 years and 3 months of age. The seventh child was said to have had an eruption similar to that of Caroline, and she died, aged 5 months, of bronchitis and croup. There was a miscarriage between the sixth and seventh child. The father was reported healthy. Caroline was the eighth child. She had "thrush go through her" at 6 to 8 weeks of age, and when

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I saw her had snuffles, some conjunctivitis, and rather a harsh voice. She was fairly well-nourished. Vaccination performed at four months took well, and was followed by an eruption which appeared about one week after. When I saw the child the eruption, depicted by the late Mr. Hurst in the drawing I pass round, had existed probably about two months. It was said to have appeared first over the arms and hands, then on the legs, and then on the thighs and gluteal region, and to have come out in successive crops. Old ones died away and new ones appeared. When I saw her the eruption was disseminated over the buttocks to the small of the back, and over the thighs and legs, mostly on their extensor aspect, and also over the extensor surface of the forearms. There were a few on the flexor aspect, and one or two just above the elbow.

The eruption consisted of indolent, isolated, dull-red, shining, flattish papules, in size from a large pin's-head to a small split-pea. Many had a yellowish-white appearance about the summit, as if about to pustulate. The whitish colour was apparently due to the distention of the mouth of a follicle with *débris*. The appearance closely simulated that of a drying varioloid or pustular syphilide. With a magnifying glass the papules were seen to be primarily conical, and in the process of involution to flatten down. When the follicular plug fell out, as sometimes happened, a curious crater-like appearance resulted. There was but little itching. The child was rather gross and flabby, and looking back on the case I suspect she had adenoids. There were, however, no glandular enlargements nor scrofulo-tuberculous gummata.

ISABELLA H., aged 9 months, was sent to me by my colleague, Dr. Leslie Ogilvie, and I made the following notes in 1885 :—

She is the fourth child. The first died in the hospital of tuberculous meningitis, aged 20 months. The second and third are living and healthy. Isabella and the second and third “had thrush go through and come out on the bottom.” She has had chronic snuffles since four months old. Physiognomy fairly good, except perhaps the bridge of nose rather sunken; no cranial bone changes; spleen not enlarged; complexion anæmic and transparent; no head sweats or rickety changes, but won't keep bed-clothes on and can't sit up properly. Geographical rings on the tongue. Mother's father died of consumption.

The eruption has been out about three months, and has not varied in appearance. There are—

(1) Little miliary conoidal papules, mostly in obvious relation to follicles, which have a central plug of *débris*. The papules are the size of small acne.

(2) Similar lesions with slight central pustulation, leaving some pigmentation and very faint scars, if any.

(3) Crateriform lesions forming by the occasional shelling out of the central plug.

(4) Papules of similar size somewhat flattened down, and without any obvious central plug.

(5) Still more flattened papules with shining surface and somewhat irregular border, strongly reminding one of lichen planus.

The older lesions are more violaceous than the younger. They are all very indolent. The eruption is disseminated somewhat sparsely over the extensor aspects of the arms, forearms, thighs and legs, the sides of the face, the scalp to a very slight extent, but thickly over the buttocks and small of the back. I was informed that the lesions came first at the bottom of the back, then on the arms, and finally on the legs.

This child continued under my care for some time, and I noted that all the lesions were developed round a follicle, that they appeared as more or less obtusely conical inflammatory papules, and acquired almost invariably some degree of apical pustulation, which was not enough to form a crust. The papulo-pustule dried up, the central plug fell out, leaving a crater, and then the lesion flattened down, became more violaceous, and left a faint stain, or scar, or pit. I witnessed subsequently a subacute outburst of the eruption.

In my Report of the Department for Diseases of the Skin at the Westminster Hospital for 1886 (*Westminster Hospital Reports*, vol. iii. 1888), I recorded the following case:—

HAROLD W., *æt.* 2, was brought with a miliary papular and acneiform eruption developed about the follicles over the whole of the legs and thighs, but mostly situated on the extensor aspects. The dull red or livid papules are miliary in size, mostly inclined to be acuminate, but some crateriform; many passing on to an acneiform stage, and often leaving little scars. As they decline, many papules flatten down and look remarkably like lichen planus, but

have not the same abrupt angular contour. In this otherwise well-marked case there are two variations from the usual condition—firstly, there is no eruption on the arms; and secondly, there are a number of indolent circumscribed violaceous phlegmons, the size of half a walnut, on the legs, also one on each arm. There is no history of syphilis, nor anything of moment to be ascertained about the family.

I remarked that “it is no doubt difficult to realize this eruption from a description alone, but the affection is a well-marked one, rather rare, always presenting similar features, distributed in moderate profusion on the limbs, mostly on the extensor aspects, indolent and chronic, and occurring in the first two or three years of life. I have naturally closely examined into its syphilitic causation, but I am very doubtful about it. It dies away in a few weeks or months under general tonic treatment, by cod-liver oil, &c., but whether spontaneously or owing to the remedies I cannot say.”

On March 3rd, 1888, ARTHUR L., aged one year and seven months, was brought to me at the Paddington Green Children's Hospital. There were four children in this family all alive. No mishaps or still-births. Arthur had suffered from abscesses since ten months of age. They formed in the groin, on the flexor aspect of the right wrist, above the back of the left elbow, and on the head. There was a geographical tongue, and the spleen was palpable below the umbilical level. The mother thought the child “had the thrush go through him,” but was rather hazy on this point.

When I saw the child there were marks of an old sore at the corner of the mouth and the peculiar follicular eruption. There were a few lesions about the left elbow, slightly pustular or crateriform. They were thickly disseminated over the backs of the feet, and over the legs below the knee. Here they were rounded, flattened, in size from a pin's-head to a quarter of a pea, violaceous, follicular, with a central crater or opening. They were especially copious up the backs of the legs. On April 22nd, 1888, the child had severe double otitis. There was no cranial bossing or rickets of the bones, but the spleen still extended half way down to the umbilical level.

I will also bring to your notice the case of ARTHUR P., aged one year and eight months, who was brought to me at the Westminster Hospital on November 28th, 1888. There was the character-

istic papulo-pustular eruption seated about the follicles of the extensor aspects of the upper and lower extremities. The upper extremities were the least involved. The conical shape of the early papules could be traced, and to some extent the flattening down in the involution stage. The papulo-pustular or acneiform character was well-marked, and its follicular localization. There was nothing in the family or personal history of this child which threw any light on the nature of the affection.

Lastly I will mention the case of a baby seen in my private practice, which I believe should be placed with the other cases. The boy was said to be a splendid baby at birth, but at three months of age he became languid, restless, out of sorts, and developed snuffles. At five months old the eruption under consideration developed. When the child was brought to me at eight months of age he was pallid and had a flattened bridge to his nose. The body and limbs were dotted over sparsely with a miliary papular eruption, closely simulating lichen planus, smooth, shining, pale red or pink, flattened, rising abruptly from the skin, not umbilicate, rounded in outline, or more or less angular. One or two papules were acuminate, and a few crateriform and evidently follicular. There were a few on the face. The large flexures were free. There was nothing to be gleaned from the family history. One year later, when I saw the child, the eruption had disappeared, but a dactylitis had developed.

I regret that I have not made any histological or bacteriological observations.

REMARKS.

The eruption is, then, an indolent, small papulo-pustular or acneiform one met with in infants, disseminated for the most part sparsely, and without grouping, and unaccompanied by any marked subjective symptoms. It affects the limbs particularly, and especially their external aspects, the lower extremities mostly, and notably the buttocks and the regions immediately above. The lesions appear successively or by a subacute outbreak. The papules are inflammatory, seated about a hair-follicle, and acuminate in the early stage. They mostly develop a slight crown of pus, which dries up and often shells out with a central follicular plug, leaving a crater. The papules in involution become flattened and more irregular in outline, simulating lichen planus, and they tend to leave stains or faint scars.

What is the nature of this affection? My first impression was in favour of its syphilitic nature, and I used to treat the children with mercury, but without any benefit. I do not, however, believe that the affection is syphilitic, because the syphilitic history in these cases is always very problematical, the eruption does not respond to anti-syphilitic remedies, and because I have never seen it arise in the course of any undoubted case of hereditary syphilis, notwithstanding that an acneiform eruption is well known in acquired syphilis. I then fell back on the vague "scrofulous" theory, and now generally administer cod-liver oil and iron. During this treatment the eruption usually disappears. The subjects of this affection are not typically healthy; they are often gross in habit, flabby, with chronic catarrh of mucous membranes, and have a history of "thrush going through," and so on. In my experience it is the exception to find any strong family history of tuberculosis or any personal history of marked scrofulo-tuberculous lesions, like gummata or bone disease. However, in two of the cases to-day recited scrofulo-tuberculous gummata were present, and in a third strumous dactylitis. I now look on the eruption as one not due directly to tuberculosis, but as occurring in certain infants with poor nutrition, who are prone to tuberculous infection, which may have already occurred. In such children it is very likely that a pyogenic organism finds a favourable soil in the follicles.

I am inclined to include this affection with one met with in older children and adults, which I have long known under the term *Acne scrofulosorum*. We have had several good examples exhibited in late years at the Dermatological Society of London. One cannot fail to be impressed with the close similarity of the eruption itself, its distribution on the extensor aspect of the limbs, and its occurrence in subjects who may be called "scrofulous," or who suffer from evident tuberculous lesions.

Dr. Radcliffe-Crocker described three such cases in children aged 3, 5, and 10 years respectively, to the International Dermatological Congress, held in Vienna in 1892. I think Bazin was the first to note the affection in his "Leçons sur la Scrofule," under the term *Acné scrofuleuse*.

He recorded a case of a boy of 17 years who had enlarged and suppurating submaxillary glands in childhood. The whole body was

covered with little red pustules, acuminate, from the head of a pin to a millet-grain in size, disseminated and discrete, or confluent, in little groups. He said it was very rare, that its seat was the sebaceous system, that it was unaccompanied by itching, and that it did not leave cicatrices or pigment stains.

In searching for other records I have been very unsuccessful, though the eruption must be known. I cannot, however, find any description under the term *Acne scrofulosorum*, and I cannot trace any reference under *Lichen scrofulosorum*, *Acne cachecticorum*, *Scrofulides*, &c. It is possible, however, that Kaposi includes it in the following description ("Pathologie et Traitement des Maladies de la Peau," second French edition (Besnier and Doyon, vol. I., 1891, p. 742):—"Acne cachecticorum (Hebra) shows itself in individuals considerably enfeebled, marasmic, or in scrofulous subjects, and, consequently, often associated with *lichen scrofulosorum*; scanty on the face, it occupies especially the trunk and lower extremities. It consists in the production of papules and pustules of the volume of a pin-head to that of a lentil, flat, soft, of a livid red, which closely resemble syphilitic efflorescences. But they are distinguished chiefly by the absence of the hard infiltration which characterizes syphilides, and by the fact that they never give rise to specific ulcerations, but at the most to superficial and flabby projections of tissues infiltrated by hæmorrhage." In Bulkley's "Treatise on Acne" I cannot trace any description of *Acne scrofulosorum*, but in the extensive bibliography appended I find a reference to a case recorded by Aubert in the "Annales de Derm. et de Syph.," Paris, first series, vol. X., 1879-80, entitled *Acne indurée généralisée sur un enfant*, &c. I have been unable to refer to Waldenström in the "Upsala Läkare Förh.," 1877-8, on *Phlegmone et acne granulosa S. scrophulosorum*. Lastly, Dühring ("Practical Treatise on Diseases of the Skin") gives a description of a small pustular scrofuloderm, which does not quite tally with the cases of which I have experience.

The differential diagnosis of the eruption to which I call attention is not difficult, except as regards the acneiform syphilide. It is easily distinguished from the various small pustular eruptions of a more acute character, and of acneiform or sycosiform aspect, such, for instance, as the *Urticaria pustulosa* of children (Varitella - and *Vaccinia-prurigo* of Hutchinson).

Its indolence and distribution will so serve to prevent any confusion between it and *Urticaria papulosa* in the absence of wheals, though in both the declining papules may simulate those of *Lichen planus*.

I have never met with a similar acneiform eruption in hereditary syphilis, but in adults, especially if bearing scrofulo-tuberculous lesions, the diagnosis is often one of much nicety.

Note.—I was interested to observe in the Museum a portrait executed some years ago by direction of Mr. Morratt Baker, and now in the collection of St. Bartholomew's Hospital, entitled "A Peculiar Form of Lichen in a Child." The eruption was evidently *Acne scrofulosorum*.

DISCUSSION.

Dr. ALLAN JAMIESON had seen several of these cases, and had published two cases in the *British Journal of Dermatology*,* under the title *Impetigo varioliformis*. In these two patients the crateriform appearance of the lesions was well marked, and there were scars remaining after healing. He had noticed that the eruption was distinctly infective, a fact which favoured the parasitic view of origin. He referred to a plate in the Sydenham Society's "Atlas,"† entitled, "*Molluscum Contagiosum*," but evidently an example of the disease described by Dr. Fox.

The PRESIDENT was much interested in this paper. He had recognized the affection for some time, and had called attention to it at the meeting of the Dermatological Congress in Vienna.‡ He had also termed it *Acne scrofulosorum*. He agreed with Dr. Fox that the subjects of the eruption were strumous children. He had met with no evidence of contagiousness. With regard to distribution he would emphasize the fact that the buttocks and thighs were generally the seat of most copious eruption. The disease was rare, and was met with seldom at skin clinics, but more frequently at Children's Hospitals.

Dr. WALLACE BEATTY (Dublin) also remarked that the disease was very rare. He had recently seen a case in Dublin, which exactly tallied with Dr. Fox's description. Here, among other evidences of scrofula, there were corneal ulcers. A peculiarity of the case was that the scars of former lesions took on a keloid growth.

Dr. DOCKERELL thought it a pity to extend the term "*Acne*" to this condition. It undoubtedly occurred in tubercular people, and it would be more correct to call it a papular affection of tubercular origin.

* *British Journal of Dermatology*, Vol. VI., 1894, p. 294.

† "Sydenham Society Atlas," Plate XLVI.

‡ Transactions of the Second International Dermatological Congress, Vienna, 1892, p. 510.