Comment.—Of particular interest in this case is the recent appearance of multiple lupus vulgaris lesions in scars that had been present for twelve years, only those scars which resulted from the road accident being affected. A scar on one finger following an accident with a printing machine when she was 16 years old shows tattooing from inclusion of black ink, but no lupus. Neither has lupus appeared in the surgical scar on the neck.

It seems likely that there has been a recent dissemination of tubercle bacilli by the blood stream in a subject whose resistance is good; and a proliferative reaction has only taken place at favourable sites on the skin, namely those scars that probably contain some silica inclusions. Kettle (1932, J. Path. Bact., 35, 395) demonstrated that in mice the tissue reaction to silica suspensions injected subcutaneously was distinct from the reactions provoked by ' inert ' dusts, and that the silica reaction favoured the accumulation or multiplication of tubercle bacilli, after living bacilli had been injected into the circulation.

In this case a changing reaction to tuberculosis is suggested by the transient hilar gland enlargement and erythema nodosum. The sarcoid reaction in the lymph gland close to the lupus reaction in the skin is also of interest.

Dr. Sommerville: In Dr. Sweet's case there is no doubt about the crystalline material in the section and I thought there was some evidence, no matter how slight, of some highly refractile material in Dr. Wells' section. I think that this type of lesion, which is of the lupoid rather than the sarcoid type, is a specific tissue response occurring in a peculiar subject probably of the tuberculous type.

Hidradenitis Suppurativa (Apocrine Acne).—Dr. W. N. Goldsmith.

W. H., a man aged 28, admitted to hospital on 1. xi. 49, under Professor Hamilton Fairley.

History.—He was born in England, went to India at the age of 3, and remained there until August 1948 when he returned to England. While abroad he had severe enteric fever in 1935 and pneumonia in 1937.

In 1936 a perineal abscess formed, which ruptured spontaneously and healed, and one month later a similar abscess formed on the right side of the scrotum. Treatment in hospital in India was not effective, and lesions continued to recur. Later they spread on to the inside of the thighs, in 1942 to the buttocks, and in 1945 to the axillae.

The usual evolution is for a lesion to form pus, drain spontaneously, and, instead of completely healing, to track under the skin and break out at a distance as a similar lesion.

Since the beginning of this year he has been treated at various hospitals with sulphonamides, penicillin, zinc peroxide and calciferol. The tentative diagnosis was acne conglobata.

General condition.—He feels well; no constitutional disturbance, except when sepsis becomes excessive and he gets some fever. Walking is somewhat impeded. Weight: 12 st. 7 lb.; lost 11 lb. since last May. Appetite good.

On examination.—Carious teeth; some enlargement of axillary and inguinal glands; no enlargement of liver or spleen; no signs of amyloid degeneration.

Skin.—Right axilla: Healed lesions with some scarring, contraction and comedo formation. Left axilla: Similar, but some of the lesions are active.

Buttocks, perineum and inner, upper aspects of thighs: Large areas of indurated, scarred, bluish skin. The area is riddled with sinus discharging green, creamy pus, and pressure on any one part causes pus to ooze at a distance.

Investigations.—Blood-count: R.B.C. 3,890,000; Hb. 80%; C.I. 1·03; W.B.C. 12,200. (Polys. 67%; lymphos. 25; monos. 4; eosinophils 4%.)

Faeces: Semi-formed, normal colour. No pathogenic ova or protozoa, and no cellular exudate.

Urine: No sugar or albumin. Deposit normal.
W.R. negative.


Mycological investigation.—No fungus seen in smear or grown after ten days' incubation.

Since admission, purulent discharge has increased in association with fever, rising nightly to 99.6°-100.4° F. Treatment resumed with penicillin and sulphonamide, with much improvement.

Comment.—Points in favour of the diagnosis are the distribution, chronicity and perhaps the co-existence of acne over the scapular region.

Special points of interest are the very slight constitutional disturbance and painlessness.

Hidradenitis suppurativa is similar to other acnes in that it is a suppurative condition of the hair follicles, very chronic, producing in some cases a lot of pus, but with remarkably little local or constitutional disturbance. It is the distribution and the histological appearances that make us associate it with the apocrine glands and distinguish it from acne vulgaris and acne conglobata. The bacteriology appears to be as negative in this as in the other two kinds of acne.

I am fairly convinced that the endocrines play a considerable role in acne vulgaris; in acne conglobata it is not quite so clear, but the disease mainly affects adult males. Finally, in this apocrine acne there does not seem to be any endocrine upset and the sex incidence is about equal.

Mr. Naunton Morgan has suggested that the best plan will be to lay open the sinuses, region by region, and allow them to heal up from the bottom.

I have never seen such an extensive case. When the condition is limited to the axillae we usually treat it with x-rays; I do not think this man has ever had x-rays. Should we resort to surgery alone, x-rays alone, or a combination of the two?
Dr. L. Forman: At the meetings of March and December 1947 I showed a case at this Section with the diagnosis of acne conglobata. He showed similar, but much more extensive involvement of axillae, peri-anal skin and buttocks, with ramifying abscesses healing with epithelial bridges. He had received x-ray therapy and was operated on on two occasions but relapsed and remained in hospital for long periods. Besides the offensive smell he developed a severe anaemia and loss of weight and it was feared that he would develop amyloid disease. An implant of 300 mg. of stilboestrol led to definite improvement.

Dr. Dowling: The case about which Dr. Forman has spoken ultimately came under my care, having relapsed completely. The very severe acne, however, has again been brought under control by stilboestrol 5 mg. daily.

The President: There is a close relationship between this apocrine acne, acne vulgaris and acne conglobata, but they are not identical. This man has mild acne vulgaris over the scapular region.

Dr. Dowling: Is there not a series of cases comprising acne conglobata, hidradenitis axillaris of the type now under discussion, severe cystic acne of the face and neck, and perifolliculitis abscedens et suffodiens capitis having in common the tendency to develop abscesses, sinuses, tunnels, scars, etc., and perhaps linked by some common aetiological factor?

Parapsoriasis.—Dr. Clara M. Warren.

J. D. —, a girl, aged 16.

The mother first noticed pink patches on the trunk when the girl was 7. They were more pronounced in the winter months, and did not improve after tonsillecctomy. When I first saw her in 1945 there were brownish papules scattered over the abdomen, back and chest. They did not fade completely on pressure and appeared to be a form of pigmented urticaria. Dermographism could be elicited. Her general health and development were normal. Some improvement occurred after general ultraviolet light therapy.

I did not see her again until 1948. She then showed thickened erythematous areas over the trunk, with smaller discrete patches resembling pityriasis rosea. The plaques showed some brownish staining, but there were no isolated pigmented urticaria papules. There was some evidence of ulceration with scab formation, but no pruritus.

Now there are extensive areas of telangiectasia and brownish pigmentation, affecting abdomen, chest and back, and extending symmetrically down to the thighs. Papular urticaria has been present on the thighs and legs. The dryness of the skin has developed within the last few weeks. Monthly periods have been present for six months. Section of a recent lesion does not show mast cells.

Blood count normal.

Comment. — I considered the diagnosis of parapsoriasis and following Dr. Barber's suggestion that cases responded to calciferol I tried it for four or five months, but it had no effect on the lesions. I think many members thought of the diagnosis of parapsoriasis and also of some form of reticulosis.

The President: It was parapsoriasis which first suggested itself to me. Some of the lesions did seem infiltrated.

Keloid Associated with Acne in a Young Girl.—Dr. D. L. Rees for Dr. H. J. Wallace.

Miss P. R. —, aged 27. In November 1945 she was treated for moderately severe cystic acne involving the face, chest and shoulders, first with routine local therapy and later with superficial x-rays (5 doses of 100 r).

At that time small, firm lesions were scattered over the shoulders and chest which were thought to be inspissated sebaceous cysts perhaps with keloid change. The acne improved, but in January 1946 two biopsies of the nodules on each shoulder showed them to be fibromata, and they continued to increase in size. The biopsy scars rapidly became keloidal, showing that a "keloidal tendency" was present.