

Attachment I

Archives, Derm. and Syph. 33 (1022) (1930)

AN ACNEFORM DERMATERGOSIS

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Consistent
Eczema from
Atlanta

It is only within comparatively recent times that the dermatologist has interested himself in dermatoses associated with or caused by the daily work. With the advent of a more clearly defined appraisal of the words eczema and dermatitis and the more general use of the patch test, dermatologists have necessarily inquired more and more deeply into the innumerable chemical contacts that occur in the day by day lives of their patients. As well as being conversant with dermatology, the dermatologist must have a working knowledge of the manufacture and content of the many new and old compounds that are handled and applied by large numbers of persons. Hence, more and more dermatologists are becoming industrially minded, and it is dawning on them that the solution of some of their industrial difficulties may aid them in a clearer conception of the dermatoses that are encountered in their every-day practice.

Dermatargoses of the acneform type occurring in persons working with chemicals have been repeatedly reported in Europe and discussed as industrial "chlor-acne."¹ This term "chlor-acne" was first used by Herzschneider² in 1899 to describe an eruption composed of comedones and small sebaceous pustules that occurred on the arms and faces of workers manufacturing chlorine gas electrolytically, using carbon electrodes. It was natural to assume that the chlorine was the causative agent. Bettman³ had observed in March 1897 two patients whose skins were diffusely pigmented, dark, rough and dry, in whom were observed small tenacious comedones associated with numerous small follicular abscesses. Subsequently he reported twenty-one additional cases with similar symptoms in workmen who were engaged in cleaning out an acid tower used in the manufacture of hydrochloric acid. At no time did these men come in contact with free chlorine, but numerous loose

Read at the Fifty-Eighth Annual Meeting of the American Dermatological Association, Inc., White Sulphur Springs, W. Va., May 2, 1935.

1. White, Prosser: The Dermatargoses, ed. 4, New York, Paul B. Hoeber, Inc., 1934.

2. Herzschneider: München. med. Wchmschr. 46:278, 1899.

3. Bettman: Deutsche med. Wchmschr. 27:437, 1901.

Of the twenty-four men working in the manufacture of chlorinated di-phenyl within the period from the late summer of 1932 to October, 1933, twenty-three were reported to have had an acneform eruption on the face and body. Of the twenty-three, sixteen were examined. These men presented eruptions of acneform character similar in type and distribution to that in the case referred to but varying in severity (table). In many patients numerous small sebaceous abscesses developed, particularly around the collar line, which exuded heavy, tenacious pus.

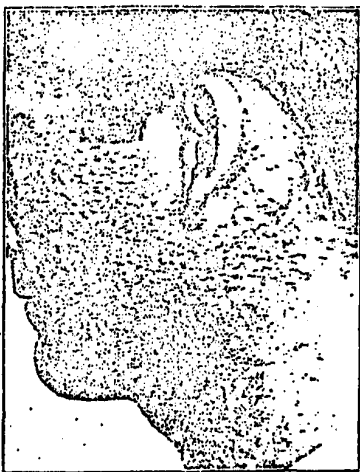


Fig. 2.—Characteristic appearance and location of an acneform eruption.

and the remaining ulcers were indolent, leaving in their wake much scarring. In two of the cases particularly, many large abscesses developed on the neck and back.

Until very recent times di-phenyl and chlorinated di-phenyl were only laboratory curiosities, and their commercial manufacture was unknown. In the experimental stage of manufacture the apparatus was necessarily crude, and experimenters and workers were exposed for long periods to fumes and dusts containing much chlorine, both free and combined. In the early experiments, as well as in the early manufacture in large