ing are intolerable. The urticaria has brought on a state of increased sensibility of the mucous membrane of the throat, stomach, and intestines; a sort of confluent catarrh of the alimentary canal.

Treatment must be twofold—(1) The diet must be regulated. Milk is the best food. This man had better use prescription No. 3. If his bowels are costive I shall order some laxative—some sulphur with molasses, or put up with confection of orange, or given in wafers. (2) As a local application for the throat I would advise iodine, or, better, nitrate of silver. The brush by which this latter salt is applied must be so arranged that it can be touched to both of the nares separately. We must insist upon it that our patient give up his habit of constantly hawking and spitting.

[The man has now been under treatment three weeks. He has made very marked improvement in that time. His dyspepsia is all gone, and there has been no eruption of hives since you last saw him. The catarrh is gradually getting well.]

NOTES OF A CLINICAL LECTURE ON ACNE.

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When the face is covered with pimples, some of which are red, some contain pus, and others show only black points in their centres—all kinds being present, and all slow in progress,—it is commonly agreed to call the condition acne. If the spots are angry and suppurate quickly, it is acne pustulosa; if they are small, very florid, and not prone to suppurate, it is acne rosacea; if there is great thickening about them, and again little tendency to suppurate, it is acne tuberculata; if there are numerous black points to be seen, it is acne punctata; lastly, if no one of these features be in excess of the others, it is common acne—acne vulgaris. Now, let us first understand clearly that these various adjectives do not denote different diseases, but merely different conditions of the same disease, which may be frequently met with in one and the same case. Next, we will observe that all forms of acne are inflammations of sebaceous follicles. I have already said that, when a follicle inflames, three results ensue—a thickening of its gland tissue, deposit and congestion of the cellular tissue around it, and accumulation of its secretion in its interior. Now, we have in acne all shades of variety as to these three results. Everyone is familiar with the little black dots so frequent in the skin of the face of those who have rather coarse complexions. In degree they may perhaps be found in the skins of most persons, especially about the nose. If you squeeze them, little black-headed "maggots" are ejected. These maggots, or grubs, are not living, but consist of half-dried sebaceous matter, which had accumulated in the cavity of the gland, and which has been moulded into the pellet form in passing through the constricted opening. The black head is the end of the pellet which, having been long exposed at the mouth of the duct, has gathered soot.

It is not always that the end of the pellet gets blackened; sometimes, and especially in young persons, the mouth of the follicle is closed by a delicate membrane, and then the secretion collected beneath it is seen under its transparent covering, and remains quite white. In infants this distension of closed follcles constitute what used to be known as strophulus albidus; in adults it is more frequently seen on the eyelids than on other parts.

Sometimes the interior of the follicle suppurates, and, after removal of the pellet, pus escapes. This constitutes pustular acne.

It is a peculiar feature of the condition known as acne, that at one and the same time, in the same patient, you will find the follicles in all stages of disease, some simply distended and free from material irritation, others congested also, others suppurating. In this it differs much from lichen.

Acne is emphatically a disease of coarse skin; or rather, perhaps, we ought to say that the term "coarse skin" usually applies to integument in which the sebaceous follicles are larger than ordinary, and have gaping mouths. This causes the skin to look rough and pitted. It is a state of skin the tendency to which is often hereditary, and it is thus often seen in several members of the same family.

Acne spots cause more annoyance on the face than elsewhere, and hence an exaggerated impression as to their great relative frequency on this part. Although there is no doubt that the face and shoulders are their usual sites, yet, if you will examine the general surface of acne patients, you will very frequently find the spots, in smaller numbers, on the trunk and upper arms also.

Having asserted that all persons of coarse skin are liable to have their sebaceous follicles take on occasionally the acne inflammation, we may suitably ask what are the causes which induce the more severe forms of the disease. For clinical purposes we may recognise acne chiefly in two forms—first, the acne of young persons; and, second, the acne of those past middle life. It is in young persons that we meet chiefly with the pustular punctate, and vulgaris types, whilst in the elderly we encounter the acne rosacea and tuberculata. Respecting the acne of the young, there is a very widespread opinion that it is usually the result of sexual disturbance. I have no doubt that this belief is well founded to some extent, but we must beware of exaggerating it. The eruption is chiefly met with in young celibates,