

this form of acne on the chin has given rise to the term "chin acne," and it produces a great deal of disfigurement, and is a common condition.

I am anxious to enter on the subject of treatment with a reference to the cause, and I should like to enter my protest against the vigorous treatment of this disease generally advocated. Imagine what we do; we rub into the sebaceous follicles a strong sulphur ointment or lotion with a toothbrush sometimes, and as if to irritate a gland in a high state of inflammation, we scrub vigorously these spots with a piece of flannel and soft soap. Do we wonder that under such a line of treatment our patients pass from one consulting room to another. Such vigorous treatment may open out the orifice of the gland and let out the secretion, but sometimes it does more, it penetrates the gland, sets up inflammatory action in its interior and obliterates the gland entirely, with what result? That an area of skin lubricated by that gland becomes dry and scaly. I know of one instance of a gentleman who had simply obstructed sebaceous follicles on his nose, and he rubbed in from his own prescribing a strong sulphur ointment which set up an acute erythema of his nose, obliterating a great many of the sebaceous follicles, and for a long time he had to supply this deficiency by applying grease. I watched the case for twelve months but he made no progress towards improvement. If we think for a moment of the indications for treatment, we shall not commit this error. In the comedones, you will improve the condition of the sebaceous gland by washing the face with good soap and rain water every night. Cold water is the best because it stimulates the gland and makes it contract, and in the morning let the face be gently sponged with a very mild stimulating lotion.

The following recipe is a very excellent one:

R	Hydrarg. perchloridii . . .	gr. ii
	Tinct. Benzoin Co., . . .	℥ii
	Emulsio. Amygdala, ad. . .	℥vi M.

And give the patient internally a medicine with the double acids in infusion of gentian, three times a day, and a claret glass of Pullna water every morning.

The selection of food is of importance. Cut out of the dietary pork and veal, and hashes and stews, pastry, and an excess of sugar. Make your patients eat whole meal bread and good butter three times

a day, and some good sound red wine, and what is most important, plenty of salt. Ask them to stimulate their skin by cold spongings; to sleep in a pure air, and oxygenate their blood by exercising several hours a day in the fresh air.

Where your patients have a family history of scrofula or other signs denoting the malady, let them have in addition to the above remedies cod liver oil.

Where there is a syphilitic tendency mercury must be used, and iodide of potassium forbidden, the latter remedy will induce acne, as will bromide.

The local condition often requires very careful management. Where a sebaceous follicle is suppurating, encourage the pus-forming process by hot applications, and as soon as you are sure it is present let it out, but make a very small opening or you leave scars.

In some acne spots the collection is in a closed follicle, a blind boil as people say, and your remedy here is to puncture where the inflammatory growth is heaped up around a sebaceous follicle.

The following solution used by Sir Erasmus Wilson is most valuable:

R	Sp. vini rect.	3v
	Aeth. sulph.	℥iij
Mix and add—		
	Gum Mastichus	℥xxv.
	Dissolve these two.	

Then add—

Iodinii.	℥ij.
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This must be painted on the papule, and let it remain on, which it will as a thin film, until the scale falls off. It will be necessary in some instances to abolish a sebaceous follicle which is frequently filled with pus. This can be effectually accomplished by touching the mouth with the acid nitrate of mercury of the Pharmacopœia.

I should be sorry to convey the idea that acne is easily cured; far from it. I question whether we ever cure acne in the strict sense of the word. The exciting cause runs on for some years, and you cannot check it. You may safely promise your patients that they will be better in the future, and you can always do them great good by following the lines which I have laid down for treatment. Tell your patients the acne spot is only a danger signal, hung out in a conspicuous place so that we may see it, and that this danger signal must like other such indications be attended to.