

The local treatment is to be either soothing or stimulating, according to the indications which are present. In the greater number of cases the latter plan must be adopted. Soothing applications and lotions and bland ointments should be employed where there is a high grade of inflammation. The methods of stimulating are numerous. Sapo viridis pure or diluted may be applied at night, following this with a bland ointment. The pustules should be opened and their contents squeezed out. Hot water cloths applied at night, and followed in the morning with cold douches and frictions are valuable. Sulphur is a very good remedy to apply, and may be prescribed in ointments or lotions, in strength, varying from twenty grains to two drachms to the ounce.

The following lotion recommended by Bulkley is good :

R Sulphuris Loti..... 3 j
 Etheris..... 3 vj
 Alcoholis 5 ijss
 M

Sig. Apply as a lotion.

Sulphuret of potassium may be used as also Vlemminckx's lotion. Where more active stimulation is required biniodide of mercury or corrosive sublimate or protoiodide of mercury or ammoniated mercury can be used.

The surgical treatment is often of greater value, more especially in the indurated and tubercular forms, and care should be taken to cut well into these lesions, passing through the centre, and applying warm cloths so as to induce free hemorrhage. In conjunction with this, the sulphur and mercury ointment mentioned in the "Talk" on Comedo will prove serviceable.

One point which should not be forgotten is to examine male patients for urethral stricture. If such exists bougies should be introduced, or other means employed to enlarge the calibre of the urethra at the part of constriction. In a number of cases the beneficial effects of this treatment will be observed in an amelioration of the skin trouble.

The prognosis of acne depends, in a great degree, upon the cause producing it. It has a tendency to be chronic, and is generally stubborn to all treatment to a greater or less degree. There is a tendency to spontaneous recovery at about the twenty-sixth year; but if the cause of the disease be corrected and appropriate local treatment instituted, success will be pretty fair.

MIGRAINE IN CHILDREN.

At a recent meeting of the Philadelphia County Medical Society, Dr. Wharton Sinkler read a paper on Migraine in Childhood. He said "Migraine is more common in children than is generally realized. Popularly the attacks of 'sick-headache,' which many children have, are attributed to disorder of the stomach from some indiscretion

in diet, and many physicians hold the same view. The fact that migraine is a disease especially likely to begin about the time of puberty has long been recognized, and this point has been insisted upon by Anstie. Many children begin to suffer from characteristic attacks as early as 7 or 8 years of age (Eulenberg speaks of a girl who suffered from excessively severe attacks from her fourth year), and continue to have them until adult life is reached; or, indeed, the attacks may continue all through life. Still, it is most often the case that when migraine begins in early childhood, it becomes more severe at puberty, and ceases by the time full development is attained.

The influence of hereditation is often seen to a marked degree in migraine, and the affection often seems to be directly handed down from one generation to the next. It is transmitted from parent to child, and may follow either the male or female line, descending from father to son, or from mother to daughter. The children who suffer from migraine often belong to neurotic families, and it is common to find among the near relatives instances of other nervous disorders. It is, then, important for us to be on the lookout for migraine in children who belong to families of nervous tendencies. I have now under my care for sick-headache a lad of 14 years, whose mother has violent attacks of neuralgia, and one of his sisters is a well marked example of hysteria. It is a well recognized fact that children who suffer from this disease at and before the time of puberty may, in later life, become the subjects of some of the grave neuroses, such as epilepsy or insanity. The great value of early recognition and cure of the disease is, therefore, apparent.

In addition to the influence of heredity, there are many other causes which may induce migraine in children. The manner in which a child is brought up has much to do with the production of these attacks. Improper food, bad atmosphere, and, above all, an insufficient amount of sleep with overtaxing of the brain, all tend to predispose to or directly bring on migraine. When a child first begins school he often complains of more or less headache. The close air of the school-room, and too little exercise are enough to account for some of these headaches.

In other children, mere mental effort brings on attacks of pain in the head. The same thing holds good of migraine that I have observed in chorea, namely, that it is the studious, ambitious children, who stand at or near the head of their classes, who suffer from both of these affections. In many instances there are ocular defects, which cause eyestrain, and in these cases the attacks of migraine continue to become more and more frequent, in proportion as the eyes are used, until the eye-defect is corrected by glasses. It is not in all cases, however, that the headaches which follow excessive use of the eyes are due to ocular defect. Migraine from eye-strain is not uncommon in children. Dr. de Schweinitz has kindly furnished