carbo-hydrates, besides those already named, are credited with the power of setting up acne of the pustular type. Among these, the commonest are malt liquor and sugar, especially when their ingestion does not follow out-door exercise. With regard to the malt liquors, there is of course another possible explanation of the occurrence of acne. It is the introduction of sulphur and its compounds. There are at least three methods by which sulphur may be introduced into beer. The hops are dried whilst exposed to the fumes of nascent sulphurous acid; barrels are washed with calcium sulphide to freshen them, and the best beer-making waters, as those of Burton, are rich in the same salt. As we have to deal with two contributory causes of acne pustulosa, seborrhoea as a predisposing and scurf as an exciting cause, the question arises, Shall we attack these (a) in their chronological order, (b) together, or (c) in reverse order? The practical rule appears to be to destroy the dandruff first, then see to the seborrhoea. Acne punctata may be removed by means of an ammonia soap which I devised ten years ago for the purpose. Its composition is as follows:—From ten to thirty minims of liquor ammoniac (according to age), one drachm of ether, one ounce of soft soap. To be kept air tight. First foment a small portion of the skin with very hot water, then apply the soap firmly with the ball of the thumb, as if cleaning off varnish from an old oil painting, and very quickly wash away all vestiges of soap. Great care must be taken in using this soap on sensitive parts or on delicate skins, else pretty severe erythema may be set up. Careful dieting, total abstinence from every form of alcohol, sharp out-door exercise, hot bath, Turkish or electric baths, assist matters. Systematic lung hygiene—i.e., enforced expiration followed by prolonged pernasal inspiration, brisk towellings, general effleurage or skin rolling, sedulous avoidance of excitement, of ices, and of cold beverages, no sea bathing, and the exceptional use of the cold bath, soft woollen clothing, &c., and the employment of sulphur or arsenic as internal remedies according to indications—these are the main outlines of treatment, to be modified by the special exigencies of individual cases.

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TWO INSTRUCTIVE CLINICAL CASES.

By JAMES OLIVER, M.D., F.R.S. EDIN.

CASE 1. *Intra-uterine pregnancy; delivery normal.*—Jane L—, aged thirty-seven, and married fifteen years, has had seven children and no miscarriages. The last child was born in April, 1887. It was suckled for twenty months. The patient became “unwell” for the first time after this confinement, when the infant was twelve months old, April, 1888. From April, 1888, until November, 1888, menstruation recurred regularly every month, and was of the usual amount. She was not, however, “unwell” in December, and, thinking it was probable she might be pregnant, she weaned the child. The catamenial discharge appeared again towards the end of January, 1889, and continued for the usual number of days (five). Towards the end of February she was again unwell, and this hæmorrhagic discharge continued during the whole of March and the first fortnight of April, ceasing occasionally for two or even three days. The patient was seen by me on Aug. 1st, and stated that she had not been unwell since the 14th of April. She further stated that she had felt the movements of the child on April 22nd (Easter Monday), and that she had continued to feel the movements until a month ago (some time in July). Eight days before I saw her (about July 24th) the patient began to experience pain in the left side and in the back, coming to the front like “labour pains,” and thinking labour had actually begun she sent for her doctor. On Dec. 30th, 1889, the patient was delivered without the slightest trouble apparently of a full time and living child, a boy. In this case, if we allow 275 days for the duration of pregnancy, the patient must have conceived about March 30th, and yet the catamenial discharge, with the exception of two days, continued during the whole of March and the first fourteen days of April. Besides, quickening was felt on Easter Monday (April 22nd), and, as the woman was already the mother of seven children, this announcement demanded consideration. Taking all the facts and physical signs into consideration, I advised watch-

ing; this was done, and the result was a full-time and living child on Dec. 30th.

CASE 2. *Extra uterine pregnancy; delivery by abdominal section.*—Clara M—, aged thirty-seven, and married sixteen years, has had five children and one doubtful miscarriage. The last child was born twelve years ago. The doubtful miscarriage is supposed to have taken place in April, 1889. The history given in regard to this occurrence is that the patient had not been unwell for eight weeks; thereafter a hæmorrhagic discharge appeared, and continued for seven weeks, ceasing altogether on May 4th. Prior to this amenorrhœal menstruation had recurred regularly every month. About May 26th there was discharge of blood for two days. From May 28th till Christmas the patient was the subject of complete amenorrhœa again. On Christmas Day the catamenial discharge reappeared, and continued for eight weeks. The hæmorrhage ceased about Feb. 7th, and thereafter the patient was not unwell again until April 24th, when the discharge appeared, and continued for six days. The patient began to feel movements in October, and these were felt as plainly as they had ever been felt during any of the previous pregnancies, and they were felt continually until two days before Christmas, since which time they have not been felt at all. As the uterus slightly enlarged was felt closely incorporated with a swelling on the left side of the pelvis, and which swelling extended to above the umbilicus, it was decided to open the abdominal cavity. On May 1st the abdominal cavity was opened, and a full time foetus (dead, but not decomposed) was found in a thick sac located in the left broad ligament. The left Fallopian tube and uterus were both well defined; the left ovary, however, could not be detected. In this case the foetal movements were distinctly felt by the patient in October, and from that time they were continuously felt until two days before Christmas. The child removed by abdominal section appeared to be a full time child, and it is quite probable, considering the contents of the sac in which the foetus lay, as well as the character of the inner wall of the cavity and the appearance of the placenta, that the child had died soon after Christmas. This being so, what was the probable date of conception? Here, again, if we allow 275 days for the duration of pregnancy, and calculate back from Dec. 30th, say, which by chance happens to be the day on which Case 1. was normally delivered (see above), conception probably took place about March 30th, and this date corresponds somewhat closely with the amenorrhœa of eight weeks prior to the hæmorrhage which occurred in March and April, and which, it is stated, ceased about May 4th. The miscarriage, therefore, which it is supposed took place in April was most probably not a miscarriage, but an intercurrent hæmorrhage dependent upon the presence of a developing ovum in the left broad ligament. This patient had never experienced any pain like labour, although she had complained more or less of pain in the lower abdomen ever since May.

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Clinical Notes : MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CLUBBING OF FINGERS AND TOES.

By ANGEL MONEY, M.D., F.R.C.P.

Is venous congestion the chief cause of clubbing of the fingers, toes, nose, ear-lobules, lower end of the spinal cord, and the most distal extremities of the circulation? Text-books are silent on the relationship between clubbing and cyanosis in congenital heart disease. An average statement is: “Clubbing of the fingers and toes is very characteristic” of morbus cœruleus.

A female child, aged ten months, died with acute paralytic dilatation of a congenitally diseased heart. It was exceedingly blue at all times, and had been so from one day after birth. Screaming notably increased the blueness, perhaps partly because screaming and kicking increased the poverty of the oxyhæmoglobin. But to the point at issue. No trace of clubbing, and cyanosis of ten months' duration. Necropsy revealed entire absence of the ventricular septum.