The treatment I have here indicated will be generally successful in dealing with ordinary acne, but will fail in a certain proportion of inveterate cases. In these I find nothing so effectual as the application of potash soap in the form of a lotion well rubbed on the skin every night. One ounce of soft soap, one ounce of rectified spirits of wine, and six ounces of rose water will generally be found of sufficient strength. The lotion should be applied with a piece of flannel, and vigorously rubbed on the skin for as long a time as is convenient, the longer the better, short of making the skin really sore. Then the lotion should be washed off, and one of the sulphur lotions applied and allowed to dry on. Sometimes, after the vigorous use of soft soap, sulphur is not easily borne; in that case the following lotion may be used instead:—Prepared calamine powder and oxychloride of bismuth powder two drachms of each, rectified spirits of wine half an ounce, glycerine one drachm, perchloride of mercury three grains, and rose water to eight ounces. The quantity of perchloride of mercury may be increased if necessary. The worst cases of acne will in time yield to the soft soap treatment.

With regard to general treatment of acne no rule can be laid down that shall be applicable to all cases. Any symptoms of dyspepsia or irregular menstruation may point to a rational plan of treatment, but in the absence of any indications of this kind we may hope to succeed by local means alone. It is not uncommon to find that people who suffer from acne are anæmic, or otherwise below the normal standard of health; in all such cases, iron, either alone or combined with arsenic, will be found useful. In severe cases of acne, associated with chronic dyspepsia, the oxide of silver (one grain in a pill) given twice or three times a day is often beneficial. I find empirically that small doses (ten to fifteen minims) of the solution of perchloride of mercury, in combination with the tincture of the perchloride of iron, or with tincture of chinchona, has a very good effect on many obstinate forms of the disease, even where there is not a possibility of syphilitic taint.

In nearly all cases the local treatment of acne must for a long time be more or less continuous, inasmuch as when left to itself the disease is apt to return, but instead of using the remedies every night it will be sufficient if they are applied once or twice a week.

NOTES ON MIGRAINE OF THE EYE.

By DR. X. GALEZOWSKI.

Translated by A. STANFORD MORTON, M.B.

THERE exist a certain number of ocular affections in which no lesions are to be found, and which might lead one to suspect the existence of some serious malady.

Migraine of the eye, or periodic hemiopia, is marked by very characteristic visual derangements, which it is of great importance to recognise, so that they may not be confounded with serious cerebral or other affections. Migraine of the eye is not so rare as one might suppose, and I have collected observations on twenty-one cases of this complaint.

The symptoms which characterise this affection are as follows:—

1. The complaint generally attacks those who have for several years been subject to ordinary migraine; this latter ceases and is replaced by visual nervous symptoms, which, however, may come on without being preceded by any other nervous symptoms.

2. Migraine of the eye is more frequent in females than males, and occurs at all ages, but I have only twice seen it in individuals as young as thirteen or fourteen.

3. The onset of the attack is not always the same. In some cases the ocular migraine is preceded by headache; while in others, and these are more frequent, the visual trouble comes on quite suddenly, and is characterised either by hemiopia or central scotoma.

4. The hemiopia is either monocular or binocular. The former is sometimes lateral, and at other times it occupies the upper half of the visual field. In the binocular form the field of vision is obscured laterally, either in the right or left half of both eyes; the sight is completely lost in the half of the field of vision; nevertheless the acuity of vision remains almost normal. This hemiopia is only temporary, lasting

from twenty to fifty minutes, and then disappearing completely. Sometimes, however, I have seen it pass into complete blindness, lasting for a brief period; or, again, in other cases it is followed by a slight indistinctness of vision for the remainder of the day.

5. Central scotoma is more rarely the chief symptom of the malady, which maintains this form throughout; but three times I have seen it transformed into hemiopia.

6. Flashes of light, and rainbow colours in zigzag forms, generally accompany ocular migraine. These phenomena are perceived by the patient in the obscured part of the visual field, becoming gradually more and more indistinct, and finally disappearing altogether. Three of my patients said they observed thousands of luminous muscæ and silvery spangles darting about in the darkened field of vision.

7. There may be more or less violent attacks of vomiting preceding or accompanying the migraine of the eye, but these are frequently altogether absent.

8. After the disappearance of all the ocular symptoms, giddiness, more or less intense, comes on, and continues some hours or even days.

9. The scintillating hemiopia is almost always followed by a headache, which continues all the rest of the day, either in one half or over the whole of the head.

10. The eyeball is often painful and tender, the patient experiencing a sensation of weight and tension at the back of the orbit, and occasionally the eye is red and watery.

11. Periodic hemiopia generally recurs at long intervals, once or twice a year only; but in certain cases it is more frequent, and may recur as often as once a month, once a week, or even sometimes twice or thrice a week. In these latter cases there supervenes a disturbance of sight and a sort of asthenopia, which is almost permanent, and renders all work impossible.

12. Ocular migraine is often observed in those troubled with dyspepsia, but this last symptom is not constant; when it exists it almost always indicates the presence of gout, which, as Trousseau and Charcot have well demonstrated, often predisposes to migraine.

13. Periodic hemiopia is observed sometimes in pregnant women, but then it is accompanied neither by scintillations nor by headache. On the contrary, in pregnant women one sees cerebral troubles characterised by a sort of aphasia and by encephalopathy, which may continue for half an hour or longer.

14. Analogous cerebral derangements may also be found in migraine of the eye, but they are relatively rarer and of shorter duration than in the preceding case.

15. Ocular migraine does not present any gravity, and disappears of itself under the influence of a tonic strengthening regimen. The sulphate and bromhydrate of quinine have seemed to me speedily to relieve the symptoms. The employment of ferruginous preparations, the cold douche, and avoidance of all exciting aliments, such as coffee, liqueurs, spices, and such like, may also act efficaciously in accelerating the cure of migraine of the eye.

Paris.

CASE OF OBSTRUCTED LABOUR.

By A. B. MUNRO, M.D. & C.M.

LABOUR may be obstructed by various displacements of the uterus, frequently accompanied by faulty position of the child in addition. One of the most common is found especially in multiparous of relaxed habit, constituting "pendulous abdomen," a malposition usually remedied without difficulty by abdominal support in the supine position during the periods of uterine action. But these means may fail entirely, and in the presence of strong uterine effort, serious results must follow if prompt assistance be not rendered. The following is an illustrative case:—

Mrs. R—, aged forty-four, has borne twelve children; confinements of very short duration (seldom more than twenty minutes), and has frequently got up the following day. During thirteenth pregnancy has had indifferent health, slightly jaundiced, and altogether "had a poor time of it." Began to have pains on Oct. 25th, and called in a midwife. On the afternoon of the 27th I was sent for, as "something was wrong." Pains had recurred more or less all the time, and now there was a discharge of matter resembling me-