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ETIOLOGY OF ACNE.

SIR.—Dr. Wray, in his letter in your impression of the 1st instant with reference to the paper on Acne, recently read before the Cambridge Medical Society by Dr. Stowers, a notice of which appeared in the JOURNAL of the 24th ultimo, states that nearly all the forms of acne are due to sexual derangement; that all who have acne pustulosa are masturbators, and that masturbation is the sole cause of it. He further adds that this fact is not generally known to the profession. Now, it would certainly be most interesting to know the grounds upon which these statements are founded.

That sexual derangements and the nervous system act and react upon each other, no one would dream of denying. That nervous influences are a most powerful, and in many cases a rapid and direct, cause of cutaneous manifestations, is a proposition which daily observation serves to verify. Lichen planus may be taken as a notable example. But the mode in which pathological nerve-action is brought about, and the determining cause of the particular kind of effect resulting from that action in any given case, are problems which we have yet to solve. Presumably, it is in the direction of the trophic nerve-centres that our investigations must be directed. Masturbation is productive of many grievous nervous disorders, but I have not as yet heard or read any evidence which would induce me to include acne among the direct effects of the practice. That there is some connection between nervous influence and acne is probable, from the symmetrical distribution of the eruption which we so frequently notice, e.g., in the temporal and post-auricular districts, and along and below the margin of the lower jaw. But this fact would not further the masturbation theory any more than would the case of herpes.

If for a moment, while considering merely the remote (presumed) cause and the (assumed) effect as seen on the skin, and for the present disregarding the connecting links which lie below the range of observation, we found very many instances of acne presented by those who own to the practice of masturbation, our discovery would not justify the induction that therefore masturbation is the cause of acne. We find the latter without the former, and the former practised without the latter ever appearing.

Many cases have occurred to me of young persons suffering from different forms of acne, not only denying the practice, but having no earthly reason for stating in confidence what might be untrue; on the other hand, most of the instances of acknowledgments of the practice, during long periods—and these, by the way, in girls—which I am acquainted with, have been in those with fair and delicate skins free from any blemish. Nevertheless, the two classes may overlap. I can hardly suppose that Dr. Wray, at the time he wrote, had in contemplation the idea that the profession generally do not inquire into the subject of masturbation. That some may be remiss on this point, on the score of delicacy, is possible, but I should be slow to believe that the accusation can be of general application.

My own observation is, that acne (especially acne indurata and pustulosa) is found chiefly in those with thick pasty skin, who in normal health perspire profusely; that those who are freckled are free from acne; that it occurs from the fourteenth to the thirtieth year, and that the younger looking the patient, the longer it lasts; that marriage does not seem to have any influence over it; that when it appears in scrofulous families, it is rather the non-scorfulous members who present it; that it seems to be associated (in men) with an absence of moustachios and beard; that it is frequently hereditary, and appears in all the children at about the same age; that constipation in those prone to it intensifies the annoyance, as does over-feeding on non-sustaining diet, apart altogether from any constipation; that generous diet, and the free but not excessive consumption of light wines, tend to lessen it; that in many of those who, to a slight extent, constantly present it, any exhaustion, loss of sleep, and above all unaccustomed late hours, are often on the following day followed by a crop of acne vulgaris somewhat resembling that caused by the continued use of the iodide and bromide of potassium, and this too in the absence of these drugs; that it is very common indeed in England, but comparatively rarely seen in the Irish population; that it can be quickly influenced by specific and immediate applications, more slowly by general and indirect treatment; and that, on the whole, it is a very unpleasant, annoying, and frequently a very painful cause of discomfort.—I am, sir, yours, etc.

40, Brook Street, W., July 10th, 1882.

BERNARD O'CONNOR.

SIR.—*After* the letter of Mr. Startin's in your last impression, giving his valuable opinion upon the cause of acne, not only in the male but also in the female, I wish to remark that a prolonged and extensive practice places me in a position to assign a very large percentage of—I think I might say all—cases of varicocele of the spermatic cord, occurring at or about puberty, to the same cause—masturbation.—I am, sir, faithfully yours,

J. F. HOWARD, M.R.C.S.E.

THE WOLVERHAMPTON CASE.

SIR.—This case illustrates forcibly how an important element in an inquiry may be completely overlooked; it also teaches an important lesson, viz., that it is highly dangerous to vaccinate a child who is the subject of hereditary disease, by which we may presume that syphilis is meant. It is well known to those who have had much experience of vaccination that in such cases, if sufficient time has not been allowed to pass for the hereditary disease to be completely cured before vaccination, that the vaccination, though itself running a natural course, yet invariably causes the hereditary disease to break out with increased and generally fatal virulence. No such child should be vaccinated until it has been, at the very least, twelve months free from any trace of syphilis. Though two official experts were engaged in this case, this important point was never referred to, and the probability remains that, if the vaccination had been postponed, the child might be alive now, and might have eventually recovered. There may well be antivaccinators, when we find Government inquiries conducted in this purely perfunctory manner.—Yours truly,

EWING WHITTLE, M.D., M.R.I.A.

Liverpool, June 28th, 1882.

POCKET CLINICAL THERMOMETER.

SIR.—A thoroughly reliable pocket clinical thermometer seems to be an impossibility. All get out of order, and then register temperatures absurdly contradictory of the patient's general condition. Can any of your readers point out a maker who can supply one good for some years' work, or tell me of one which has been for some years in good working order? Also of the best kind of physician's pocket-case, holding tests and test-tubes, as well as a thermometer, specific gravity apparatus, etc. This information will oblige an

OLD MEMBER.

DISEASES OF CHILDREN.

A MEMBER.—Assuming that it is an English work that is required, the translation of Vogel's *Diseases of Children* might meet the wants of our correspondent; or *Diseases of Infancy and Childhood*, by Dr. Lewis Smith.

SIR.—In answer to your correspondent, "A Junior Member", I can strongly recommend *The Management of Children in Health and Disease*, by Howard Barrett, published by Routledge.—Yours faithfully,

HEYWOOD SMITH.

18, Harley Street, Cavendish Square, W., July 8th, 1882.

SIR.—Your correspondent "Junior Member" may safely place in any mother's hands Dr. Braidwood's little book on the *Domestic Management of Children*, published by Messrs. Smith and Elder.—Yours sincerely,

J. V.

ERRATUM.—In the JOURNAL of July 8th, page 70, column 2, line 13, for "but educated in Glasgow," read "not educated in Glasgow."

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Contents.

CLINICAL LECTURE on CASES SHOWING the UTILITY of a LAMINATED PLASTER SPLINT. By FURNEAUX JORDAN, F.R.C.S., Surgeon to the Queen's Hospital; Professor of Surgery, Queen's College, Birmingham; Consulting Surgeon to the Women's, the Skin and Lock, and the West Bromwich Hospitals (with Woodcuts) 81

NERVE SECTION in the TREATMENT of NEURALGIA. By WILLIAM CADGE, F.R.C.S., Surgeon to the Norfolk and Norwich Hospital 83

CASE of STRUMOUS DISEASE of the KIDNEY in RELATION to NEPHRECTOMY. By HENRY F. A. GOODRIDGE, M.D., F.R.C.P., Senior Physician to the Royal United Hospital, Bath 85

REMARKS on POISONS as USED by the MEDICAL PROFESSION and ABUSED by the PUBLIC. By BLACKALL MARSACK, M.R.C.S. 86
On the USE of BELLADONNA in CERTAIN CASES of HERNIA. By W. SMITH PATTEN 87
ABSTRACT of LECTURES on the ANATOMY, PHYSIOLOGY, and ZOOLOGY of the EDENTATA. Delivered at the Royal College of Surgeons of England. By W. H. FLOWER, LL.D., F.R.S., Hunterian Professor of Comparative Anatomy. Lecture VIII. 88

SURGICAL MEMORANDA. Compound Comminuted Fracture of the Skull: Puncture of the Brain and Protrusion of the Cerebral Substance: Recovery. By J. W. OLPHERTS, L.R.C.P.Ed. 89

PATHOLOGICAL MEMORANDA. Dilatation of the Stomach and Stricture of the Pylorus. By T. L. WALFORD, M.R.C.S. 90

THERAPEUTIC MEMORANDA. Position in the Treatment of Diseases. By C. R. ILLINGWORTH, M.B.—Subcutaneous Injection in Puerperal Convulsions. By R. M. BOWSTEAD, M.D. 90

HOSPITAL REPORTS.

UNIVERSITY COLLEGE HOSPITAL. Remarkable Case of widespread Venous Thrombosis, Three Months after Parturition: Recovery (Dr. Bastian) 90

REPORTS OF SOCIETIES.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT. Some of the Newer Operative Procedures in Abdominal Surgery 91

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM. Treasurer's Report.—Miner's Nystagmus.—Homonymous Hemianopia. Movements of Eyelids and Eyes.—Micrococcin Eye-ball.—Acute Glaucoma caused by Atropine and cured by Eserine, etc. 92

REVIEWS & NOTICES.

BUTLIN (H. T., F.R.C.S.) Sarcoma and Carcinoma: their Pathology, Diagnosis, and Treatment 93

BURDETT (H. C., F.S.S.) Hospitals and the State: Hospital Income, Expenditure, and Nursing 94
ROSS (J., M.D., M.R.C.P.) A Treatise on the Diseases of the Nervous System 95

NEW INVENTIONS.

New Iron-Wire Splints with Sliding Bars (with Woodcuts).—An Improved Ophthalmoscope for Refraction and other Purposes (with Woodcuts).—Drainage-Tube for Empyema (with Woodcut) 95

LEADING ARTICLES.

THE GENERAL MEDICAL COUNCIL 97
RECENT RESEARCHES ON BACTERIA. IV. MALIGNANT ÖDEMA 98

MEDICAL DUTIES OF THE METROPOLITAN BOARD OF WORKS 99

THE WEEK. Miscellaneous.—Unqualified Practitioners and Certificates of Vaccination.—Militia Surgeons.—Bradford Medico-Chirurgical Society.—The Bombardment of Alexandria.—Dr. Ripton.—Medical Fever Risks.—Laudanum to Infants.—Animal Vaccine.—Esophagostomy.—Gastrostomy.—Hampstead Heath.—Cholera and Quarantine.—Dr. F. W. Barry.—Sir Erasmus Wilson.—HOSPITAL Death Certificates—A Good Example.—Death under Ether 100

THE WEEK. SCOTLAND 104

THE WEEK. IRELAND 105

GENERAL COUNCIL of MEDICAL EDUCATION and REGISTRATION.

SESSION 1882. 105

ASSOCIATION for the ADVANCEMENT of MEDICINE by RESEARCH 109
ROYAL COLLEGE of SURGEONS of ENGLAND ib.

ASSOCIATION INTELLIGENCE.

COMMITTEE of COUNCIL. NOTICE OF QUARTERLY MEETINGS.—BRITISH MEDICAL ASSOCIATION: FIFTIETH ANNUAL MEETING.—BRANCH MEETINGS TO BE HELD.—SOUTH-EASTERN BRANCH: ANNUAL MEETING.—GLASGOW and WEST of SCOTLAND BRANCH: MEETING.—BATH and BRISTOL BRANCH: ANNUAL MEETING.—SOUTH-WESTERN BRANCH: ANNUAL MEETING.—LANCASHIRE and CHESHIRE BRANCH: ANNUAL MEETING .. 109

CORRESPONDENCE

MEDICO-PARLIAMENTARY 117

HOSPITAL and DISPENSARY MANAGEMENT .. ib.

PUBLIC HEALTH & POOR-LAW MEDICAL SERVICES .. 118

OBITUARY .. 119

MEDICAL NEWS .. ib.

OPERATION DAYS and HOURS of ATTENDANCE AT THE LONDON HOSPITALS .. 121

LETTERS, NOTES, and ANSWERS TO CORRESPONDENTS. Vesico-Vaginal Fistula.—Carrier Pigeons.—Tea and Tariffs.—Etiology of Acne.—The Wolverhampton Case.—Pocket Clinical Thermometer.—Diseases of Children, etc. .. ib.

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