papules and erythematous patches were plainly visible. Since that date the patient has gradually improved, and at the present time is apparently cured. The child complained of very few subjective symptoms. The affected parts were tender to the touch, but there was no complaint of itchiness. The patient was given the same internal treatment as in Case I. Externally, calamine lotion was applied for a time, but latterly a weak ammoniated mercury ointment has been used.

I believed this case to be erythema bullosum on account of the acute course of the disease, the symmetry of the eruption, and the presence of erythematous and circinate lesions on the palms of the hands.

CASE IV.—This was a patient of Dr. John Hunter, to whom I am indebted for these notes, and for an invitation to examine the case. The patient was a boy, ten years of age. Like the preceding case, vaccination had been performed about a month previous to the appearance of the rash. When I examined the patient the eruption was roughly symmetrical and was very extensive, covering at least one half the body. The arms and legs were nearly covered with vesicles, blebs and pigmented areas. The great majority of the lesions were grouped, and the concentric arrangement was well marked. In some of the groups three or four concentric rings of bullæ could be made out. The pigmented areas remaining after the lesions had healed also showed the concentric arrangement, and reminded me of a target. The patient completely recovered six weeks after the appearance of the eruption. There was a slight elevation of temperature during the early stages of the disease. Dr. Hunter diagnosed the case as erythema bullosum, and I believe that the diagnosis was correct.