gentlest character; strong ointments or lotions are not appropriate. The applications should be of an antiseptic character. There is no better one, especially in the first instance, than an extremely weak sulphur ointment—five grains of precipitated sulphur to one ounce of benzoated lard. When the discharge stage begins it is necessary to consider what particular factor it is that has converted the simple, patchy, dry form into an acute condition. That is one of the greatest problems connected with the subject. Every practitioner has his own views on this particular point. The probable answer to the question is that it is a complex factor or several factors which produce the change from the simple seborrheic condition to the acute eczema in the infant. One of the first causes always alleged is that the child is improperly fed, but I have seen eczemas commence and become extremely severe, and go through their other phases, and relapse, though the child has been fed in every way properly, when it has been taking its mother's milk and the mother is in good health. Therefore, that particular factor at that time need not necessarily be the cause of this sudden change. It is possible that there is something inherent in the skin itself which causes the change, but what that is is an unknown x, something which is added to the original condition which converts it from a quiet stage into an acute discharging one. But a little later, as the child gets older, there are factors which unquestionably have an influence. The first of these is vaccination. We are constantly asked what is the relation between vaccination and the eczema of infants. Now, the usual rule with vaccination officers is that they are not to vaccinate a child who has eczema. What is the reason of that rule which, I believe, is one of the regulations of the Local Government Board? The chief reason is that the vaccination will not take if there is a discharging surface. So that in the acute condition vaccination is not appropriate, simply because the vaccination will not take. In some rare instances the acute stage is shortened and moderated by it, and the eczema dries up and disappears, apparently under the direct influence of the vaccination. On the other hand, if vaccination is done when there are only circular scaly patches of the seborrheic type and nothing acute, the vaccination as it comes to its height with the fever which is produced will rouse these patches into a state of violent inflammation. This rarely occurs, but it does occur, and it ought to be recognized at its true value. Not only will vaccination do it, but other zymotic diseases will. It is not at all an uncommon thing for a child with scaly, dry patches, to have them suddenly aroused into an activity by an attack of measles. I