

days after the application of the second plaster there was an outbreak of typical eczema on the face and genitals.

*Case 3.* A woman sustained an injury on the back of the right arm. A fortnight before she came to hospital, the sore had dried up, and presented a scaly appearance. A doctor painted it with linimentum iodi under the impression that it was a ringworm. She was advised to repeat the application for three successive days. On attending at hospital the wound was found to be septic; the face was covered with an impetiginous eczema, and the shoulders, breasts, trunk, buttocks, and legs were covered with vesicopustules. There was a space over the dorsal vertebræ free from disease.

*Case 4.* A woman rubbed some liniment on her left arm for rheumatism. The liniment produced a blister. As this was healing there was a sudden outbreak of a symmetrical papular eruption along the front of both thighs and legs.

*Case 5.* A young woman, while suffering from an impetiginous eruption of the scalp, developed a papulo-vesicular eczema on the outer surface of both arms.

*Case 6.* A man, suffering from an eczematous eruption over the right knee joint, applied starch and boracic poultices at the suggestion of a friend. Unfortunately, he was not careful to cover the poultice completely with gutta-percha tissue, so it became very dry and adhered to the skin. In forcibly removing it he did further damage to an already inflamed skin, and the following day he had a typical outbreak of papulo-vesicular eczema on the forearms, sides of neck and face.

Such cases might be multiplied indefinitely, and I am confident that if you will ransack your memories you will all be able to recall similar occurrences in your own practices. I do not know in what terms modern pathology would describe or explain these phenomena, but I am of opinion that our forefathers had more than an inkling of the truth, when they spoke of a humoral and neural pathology, and I consider that these cases can be explained by the assumption that we have to do with an absorption of morbid products into the blood or lymph stream, and the determination of an outbreak at some other part of the body through the influence of the nervous system. That the nervous system is a factor in the localization of these secondary outbreaks is, I think, proved by the constancy with which the secondary eruption is symmetrical in distribution; and by the fact that clinical experience enables us to fortell the site at which these secondary rashes are likely to occur.

There is a certain attractiveness about these speculations, but I am essentially a practical man, and with your kind permission I pro-