

more or less all through their lives. As I say, in spite of all the schemes which have been suggested, I know of nothing that will ensure non-recurrence. But if we are very careful in the matter of treatment we can reduce the number of those incurable cases to a very small percentage. Accuracy of treatment in early life I believe to be the key of a great deal of the success in future. Individuals may be saved from becoming eczematous subjects in later life if sufficient care with regard to the conditions in infancy and in childhood be observed.

In the more chronic forms of eczema in infancy, when it is not expedient to be constantly giving calomel, small doses of grey powder given as an alterative every night for a time seem to modify the process. I do not think that there is any use in giving very young children alkalies, or in attempting to give them so-called specific treatment. Indeed, I know of no drug which can be called specific for the disease, therefore I think I should treat it on general principles, as I have indicated, rather than attempt a course of arsenic.

ECZEMA IN CHILDHOOD.

Now we will pass on to a little later in life—that is to say, to a child of four, five, or six years of age. Such a child may not have had eczema as an infant. At such an age the disease is also generally of the seborrheic type. It usually begins with the formation of circular or oval patches of a rough and scaly character upon the cheeks or forehead. These patches are usually passed by as being of no consequence. But here, again, I would urge that they are of great importance, and that they should be treated. They are easier to treat when they are quiescent than when they are acute, and a relapse is much less likely if the original scaly condition be treated at the beginning. At this age the question occurs whether a child who is liable to repeated attacks of eczema of this character should go away to school, or whether such child should go to the seaside for the benefit of the general health. First, with regard to going away to school, I think children who have a tendency to this disease are far better treated at home; they are generally under the care of their mother, and are more likely to get well under these circumstances than if they were under the care of strangers. I have seen disastrous results from children with a distinct tendency to relapses of eczema going to school. With regard to the question of benefiting the general health by going to live at the seaside so as to get rid of the tendency, perhaps the patient has passed through the acute attack, but the parents have had experience of so many attacks in the past that they will ask the medical attendant if the