eczema of a chronic nature, with discharge, and have been equally well pleased with the results. In one case especially, that of an old man with several obstinate patches of eczema over the shin bone, this combination of treatments acted like a charm.

In acute eczema, as you have seen, the line of treatment I would advocate is that of rest and soothing applications. But chronic eczema requires a different course of procedure. For the sclerosed and thickened patches of eczema to which our forefathers used to apply liquor epispasticus, I have found that there is nothing like solid carbon dioxide snow. I shall quote two cases to illustrate the point.

A middle-aged lady had a persistent verrucose and lichenified eczema of the back of the right hand. It had resisted all the remedies which had been tried, ung. picis liquidum, ung. hydrarg. nitratis dilutum, and salicylic plasters among others, but it yielded to four applications of solid CO₂, and the resulting skin was soft, smooth and pliable. Another lady had two chronic patches of psoriasiform eczema over the knee-caps, which were intensely pruriginous. The pruritus disappeared, and the sclerosed tissues melted down after two applictions of CO₂ of a minute's duration each. In patches of eczema which have undergone lichenification, you will find CO₂ invaluable alike for subduing the itching and bringing about the resolution of the patch.

It has this specially to commend it, viz., it is infinitely cheaper and more easily procurable than radium, which was recently extoled so highly for this purpose by an eminent dermatologist. It is not always necessary to make a prolonged application of CO₂.

Sometimes merely rubbing the patch over for 10-20 seconds with the cone of snow will suffice; but in this you must be guided by the individual case.

Dermatology was practically an unstudied department of medicine when the first edition of the "British Pharmacopæia" was issued, and in subsequent editions I do not consider that much has been done to elaborate suitable formulæ for the treatment of skin diseases. As a result, dermatologists have had to work out their own. I am an advocate of simplicity in pharmacy. I do not consider anything is to be gained by the poly-pharmacy to which some dermatologists are addicted. To me it savors of drawing the bow at a venture, and shooting in the dark. I ask only for simple remedies; but I stipulate that they shall be properly applied.

There is one ointment in the "British Pharmacopœia" which I have found very valuable, and which I do not think is as generally used as it ought to be. I refer to the Unguentum resinæ. Combined with