On the first of July she competed in some foot races, and came back in a week's time almost as bad as ever. Persistent treatment was followed for three months when there was no return of the pustules, and applications of ichthyol every fourth night reduced the erythema.

Case 4.—Mr. F. H., forty-seven years of age, married, business man, said his habits were good; only very occasionally partaking of alcoholic stimulants. He gave a history of an attack of herpes zoster some years ago, and some erythematous rash upon the chest which he could not very well describe. He had never had any constitutional diseases of any kind and had quite recently undergone a thorough physical examination at the hands of his family physician who had referred the case. He pronounced him sound and well. The condition started seven or eight months ago; and as he remarked himself the erythema and pustules or pimples had always been on the centre of his face. There were several large ones on the middle of the forehead, between the eyebrows, a large one on the bridge of the nose an inch from the tip, and on the cheeks alongside the nose. There had never been any on the chin, which was bearded. The rosacea simplex was quite pronounced on the middle of the face. There had been some slight constipation for a year or two, and some little insomnia for which the patient had been in the habit of taking seven and one half grains of veronal twice a week. Schamberg says of veronal dermatitis; "I have observed eruptions closely resembling the rashes of scarlet fever and measles. The scarlatinoid rash was accompanied by fever." Whether veronal had anything to do with producing the condition in this patient it would scarcely be possible to assert positively. However, the patient promised to discontinue its use as he thought he could get along very well without it. He did stop it, underwent treatment as outlined below, and returned in two weeks' time without a pustule, and only a slight erythema present in spots for which he is still continuing treatment at the present time.

There are two essentials in the management of the treatment of a case of rosacea pustulosa. The first is the cessation of habits of living which have brought about the condition. The second is the combination of intelligent internal with external treatment. These two essentials must ever be kept in mind to assure success. There is positively very little use in administering drugs and rubbing in ointments or applying lotions, or even treating with the X-rays, if the patient does not guard against all excesses and environments which keep alive the underlying