—is the simplest remedy. Magnesia is sometimes given, but it must not be repeated, as lime water is. The eruption is thickest and reddest about the buttocks, but it is *not* desirable to adopt *repressive measures*. Keep the parts perfectly clean, and dry the skin with simple *starch* powder (no preparations of zinc are required here) and plentifully soothe the skin with vaseline.

There is a point with respect to red-gum that, as far as my experience goes, is one to bear in mind: chills to the skin, and in this case they apply to the mother as well as the infant. When we consider the immense importance of the cutaneous transpiration in lying-in women, and the peculiar blood state existing at that time, I think we may infer that any check to perspiration from "chill," might sensibly affect the milk secretion, and, through that, the infant, though the mother would not suffer it. I have but recently pointed out to you how carefully the infant should be guarded from "chills," as infallibly followed by mischief as a physical blow, would be. Carelessness in bathing, ignorance in clothing the infant, especially the ever objectionable robe, are frequent causes of "rashes" of a more or less unaccountable (?) character.

Pemphigus is another infantile skin affection, marked by the presence of a number of little yellow blisters or bullæ in various parts of the body—notably the creases of the neck, arms, thighs—and also the head. They do not appear to cause the infant much distress, and the "rash" passes off in eight or ten days. The great point is to leave these little vesicles *alone*; dust them with *starch* powder, and when they break the skin will heal rapidly. It is unnecessary and unwise to *prick* them, as you are apt to make "sores" of them.

There are times, however, when this eruption becomes serious from the number and size of the bullæ, and the feverish symptoms that accompany them. The infant must be placed under medical care. It is a consideration of this unfavourable development that leads me to advise the simplest measures to begin with, and the avoidance of *all* medication.

Eczema is a vesicular eruption of the skin, and in its infantile form generally attacks the scalp, causing the familiar scald-head of infants, and if this were all I had to tell you on the subject, I should scarcely have mentioned it; but there are certain interesting points about eczema in infants that we cannot well over-look in practical Midwifery Nursing, and for that reason we will enter into the matter somewhat fully.

The first point to bear in mind is that eczema, unlike the skin diseases we have so recently discussed, is a *contracted*, rather than a constitutional disease, and hence the healthiest and best cared for infant, may suffer from it if exposed to its influence. The remarks I am about to make are perhaps more applicable to practice amongst the working and lower middle classes, where the children are more crowded together, and under conditions the reverse of salubrious, than to the better-off portion of the community, and hence may be more serviceable to my sister workers in Midwifery, than to Midwifery Nurses, though I trust they will not be without profit to both.

What is eczema? and how do we recognise it in its incipient stages? a matter of much practical importance if we are to treat the disease with a fair prospect of success. The course of the eruption is something on these lines—we first notice a little yellow pustule, surrounded by a small but fiery nimbus, that itches and burns like a miniature volcano, in a short time the vesicle ripens and bursts, discharging an acrid fluid, we may compare to lava, that scalds and excoriates the surrounding tissues, forming an irritating and disfiguring "scab." When the vesicles are so numerous as to become confluent with the characteristic "tettering," the surgeons call it "impetigo." In infants and young children, the disease most frequently attacks the corners of the mouth, the chin, nostrils, ears, and sometimes the head.

Now, how does all this affect our baby? In this wise; an infant "catches" eczema from some member of the family, generally the "*ex*-baby," who is more with the mother and the *new* baby than the other children; and the channel of infection is the common, but (in this instance) by no means commendable practice of kissing, and we all know how reckless our working classes are in this matter. As far as my experience goes I have never seen eczema in a baby unless there was eczema in the house, and, as a consequence, the baby suffers from it, hence it long ago occurred to me that the best way to protect my little patient was to attack the disease where I found it, eczema being one of the things we can *cure* if we take it in time. Suppose then that, in visiting our patient, we find the "*ex*-baby" suffering from a sore mouth and chin showing the "tettering," characteristic of the disease, and so distressing to maternal eyes. Carefully examining the little face we detect here and there those fateful pustules I have just described to you—the volcanoes we intend to render extinct,

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