The patient was admitted into hospital for the removal of several of the growths, and skin grafts were made on the sites of excision. She also underwent the necessary operation for correction of the talipes.

Attention should be drawn to a case of Ichthyosis hystrix, in many respects corresponding to mine, published by Dr. Philip G. Borrowman, of Crieff, in the June number of the *Scottish Medical and Surgical Journal*. It is illustrated by photographs which show the distribution of the disease very clearly. The two cases may well be studied together.

A FURTHER NOTE ON THE ÆTIOLOGY OF INFANTILE ECZEMA.

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IN the *British Journal of Dermatology* (May to August, 1905), I recorded somewhat fully the details of sixty consecutive cases of infantile eczema, examined with the object of ascertaining something definite as to the ætiology of this well-defined and easily recognised type of eczema.

The results thereby obtained seemed to make it desirable to continue this inquiry in order to see whether any of the results previously obtained would be confirmed or otherwise by extending the number of cases examined. The original series numbered sixty cases; since then forty more have passed through my hands, and the opportunity seems a suitable one for presenting briefly the statistics of these hundred cases of infantile eczema.

The chief points laid stress upon in the former article have, in every particular, been fully supported by the further cases under observation. Briefly, they are as follows:

N.B.—I have defined infantile eczema for the purpose of this inquiry as eczema beginning during the first year of *extra-uterine* life.

I. *Of the Primary Site of the Eruption.*

(1) The primary site of the eruption is almost always on some part of the scalp or face. It always becomes bilateral and is usually symmetrical.

(2) It is usually most severe in or about the region of the primary site.

(3) Other parts, the body and limbs, are frequently affected. This may occur earlier or later. It is usually much less severe in these parts, at any rate until later in the disease.

(4) Certain parts of the face and neck frequently, but not always, remain clear.

II. Of the Age at which the Rash Appears.

(1) It is most common about the third or fourth month of life.

(2) It may appear within the first week.

(3) About four fifths of the cases occur during the first four months of life.

III. Of the Season in which the Rash First Appears.

(1) It is much more prevalent during the colder months than the warmer. Only seven out of one hundred cases began during the summer quarter—June, July, August.

IV. Of the Sex.

(1) There is a preponderance of males affected over females (78 per cent. to 22 per cent.).

(2) This preponderance is greater than can be accounted for by the difference in birth ratio of the two sexes.

V. Of other Children of the same Family Affected.

(1) In most cases the brothers and sisters are not similarly affected, even in large families.

(2) Exceptionally, one or even two other children of the same parents are similarly affected.

VI. Of the Age of the Mother.

(1) There is no clear evidence that the mother's age when the child is born plays any part.

VII. *Of the Relation of Vaccination to the First Appearance of the Eruption.*

(1) There is no evidence of vaccination as an ætiological factor in the causation of infantile eczema.

(2) The number of cases in which the eruption follows vaccination is less than one third of the whole.

(3) The period at which it has followed vaccination is extremely variable, from forty-eight hours up to two, three, six, or even nine months.

(4) Occasionally the *coincidence* is very striking.

VIII. *Of the Relation of First Dentition to the First Appearance of the Eruption.*

(1) There is strong evidence that first dentition has no ætiological connection with infantile eczema.

(2) In over four fifths of the cases first dentition had not begun when the rash first appeared.

(3) The two events occasionally coincide.

IX. *Of the Relationship of Gastro-intestinal Disturbances to the First Appearance of the Eruption.*

(1) Vomiting does not occur in more than a small percentage of cases.

(2) Diarrhœa does not occur in more than a small percentage of cases.

(3) There is not often any complaint as to the child "taking badly" at the time of the eruption.

X. *Of the Nutrition of the Child.*

(1) There is no evidence of rickets in most of the cases.

(2) When present, it is usually after the eruption has lasted a long time.

(3) There is very rarely any wasting at the appearance of the eruption.

XI. *Of Skin-disease, Past or Present, in the Mother.*

(1) In three quarters of the cases there is no evidence of skin-disease, past or present, in the mother.

(2) In only 12 per cent. had the mother suffered from definite eczema.

STATISTICS OF 100 CASES OF INFANTILE ECZEMA.

(a) *Sex.*

Per 100 cases :

Males	78
Females	22
	<hr/>
	100

Note.—From the figures kindly supplied me by the Medical Officer of Health (Dr. Scurfield), the relative percentage of male and female births in this district during the corresponding years is males 50·8, females 49·2.

(b) *Age of Mother at Birth of Child.*

In 100 cases :

Under 25 years of age	33
Over " " "	62
Age not stated	5
	<hr/>
	100

(c) *Position of Child in Family.*

In 100 cases :

Affected child first born	19
" " second born	21
" " third born	24
" " later born	33
Not stated	3
	<hr/>
	100

(d) Evidence of Skin-disease in Parents.

In 100 cases :

Mother has had definite "eczema" . . .	12
„ „ vague "skin-disease" . . .	28
„ „ no skin-disease . . .	60
	<hr/>
	100

In 100 cases :

Father has had definite eczema . . .	3
„ „ not had definite eczema . . .	97
	<hr/>
	100

N.B.—Mother personally examined in each case. Father not examined.

(e) Evidence of Skin-disease, Past or Present, in other Children.

Of 209 other children of these families :

Had definite eczema	10
Never had definite eczema	199
	<hr/>
	209

(f) Age of Child when the Rash First Appeared.

In 100 cases :

Rash first appeared during first month . . .	6	} 80
„ „ second „ . . .	15	
„ „ third „ . . .	30	
„ „ fourth „ . . .	29	
„ „ fifth „ . . .	7	} 19
„ „ sixth month or later . . .	12	
Date not given . . .	1	1
	<hr/>	<hr/>
	100	100

(g) Site on which Eruption First Appeared.

In 100 cases :

On cheeks, forehead, or temples . . .	56	} 96
„ scalp or ears	40	
Elsewhere	4	
	<hr/>	
	100	

(h) *Season of Year when Rash First Appeared.*

In 100 cases :

Months.		Months.	
January . . .	15	September . . .	9
February . . .	9	October . . .	14
March . . .	7	November . . .	10
April . . .	10	December . . .	11
May . . .	7		
June . . .	1	Not stated . . .	1
July . . .	4		—
August . . .	2		100

In 100 cases :

Quarters.	
December, January, February . . .	35
March, April, May . . .	24
June, July, August . . .	7
September, October, November . . .	33
Not stated . . .	1
	—
	100

(i) *Nature of Food at First Appearance of Eruption.*

In the total 100 cases (less one in which there is no statement) there are :

Breast-fed only . . .	57	} 83
Breast-fed chiefly . . .	26	
Bottle-fed entirely . . .	16	
No statement . . .	1	
	—	
	100	

(j) *The Relation to Vaccination.*

In 100 cases :

Vaccination preceded rash . . .	32
„ did not precede rash . . .	68
	—
	100

(Vide note in previous paper.)

(k) Relation of First Dentition to First Appearance of Rash.

In 100 cases :

First dentition preceded rash	. . .	12
„ „ had not begun when	} . .	83
„ „ rash appeared		
Not stated	. . .	5
		<hr/> 100

(l) Gastro-intestinal Disturbances.

In 100 cases :

Vomiting :

Present in		11
Absent in		81
No statement		8
		<hr/> 100

Diarrhœa :

Present in		13
Absent in		81
No statement		6
		<hr/> 100

Nutrition: Rickets :

Present (definitely or doubtfully) in		30
Absent.		58
No statement		12
		<hr/> 100

It is not necessary to repeat the conclusions given fully in my previous article, seeing that the points there laid stress upon have been in every respect confirmed by this further series of cases. I would merely emphasise the striking manner in which the head or face is the part first affected in 96 per cent. of the cases, whereas this is by no means a common primary site of eczema at any other period of life.

Such a uniformity of primary situation at least suggests a diminished local resistance to ordinary external irritants of daily life, or the presence of some local irritant at that point. There is no particular local irritant, whilst the fact that only 7 per cent. of the cases began during the summer quarter seems to support the view that exposure to cold winds may be the common external irritant.

But there is necessarily a good deal more to be ascertained before the eczema can be explained. That, however, is equally true of every case of eczema produced by any irritant. But if we can be satisfied that infantile eczema is precipitated by external irritants, it is at least likely to be of value both for its prevention and treatment.

ROYAL SOCIETY OF MEDICINE.

DERMATOLOGICAL SECTION.

A MEETING of this Section was held at 20, Hanover Square, on Thursday, December 19th, 1907, Dr. T. COLCOTT FOX, Vice-President, in the Chair.

The following cases and specimens were shown :

Mr. G. W. DAWSON showed a *case for diagnosis*. The patient was a young woman, aged 33 years, of healthy appearance, with a peculiar condition of the extremities. It began about six years ago on the palms of the hands and soles of the feet, where it remained limited for nearly two years. Since then it had extended up to the middle of the forearms and legs, being fairly well demarcated from the sound skin. It was of a brownish colour, and the numerous lines which intersected one another, as well as the roughness which was present, gave it the appearance of crocodile leather. There was, however, no appreciable thickening, no evidence of the follicles being involved, and no itching. Besides this condition she had patches of a psoriatic-looking eruption on the patellæ and elbows.

The eruption, which had never been moist and was of a remarkably uniform appearance, did not appear to correspond to any described condition.

Dr. COLCOTT FOX exhibited a robust-looking married woman, aged