

goes on I am more and more impressed with the idea that debility plays a very large share in the development of many cutaneous lesions. I am also more and more impressed with their connection with and dependence upon disorders and derangements of the gastro-intestinal tract, and those of the liver and kidneys. Allow me here to speak very strongly in regard to the value of repeated tests of the urine in connection with the management of diseases of the skin, both in order to understand the conditions present and to direct the proper treatment; for I have constantly found urinary derangements associated with those of the skin. I do not refer to the grosser troubles of albuminuria or glycosuria, but to alterations in the daily quantity of the urine, in its acidity and specific gravity, and to the presence of uric acid, urates, oxalates, phosphates, etc., which indicate greater or less assimilative and dis-assimilative disorders.

5. The nomenclature and classification of diseases of the skin have always been a "Bête noire" to the general profession, and it must be acknowledged that in times past very much confusion has arisen by the various alterations in and additions to them which have been made by different writers. It is not necessary, however, for the general practitioner to compass the entire field of dermatology in order to succeed fairly well in the ordinary routine of practice in this line which may be presented to him. While upon the list of skin affections which may possibly be presented to the specialist in the course of one or more years, no less than one hundred different names of diseases appear, a large majority of these are either rare or insignificant conditions, and three quarters of the cases presented would appear under a dozen or so names; moreover, most of the dermatological cases ordinarily seen are included in half a dozen affections; so that, if the general practitioner will become familiar with a few of the most common affections of the skin, and become skilled in their management, he will make a long step in advance.

In looking over the analysis of a large number of skin cases it is seen that eczema, in its different forms, covers no less than 33 per cent.; acne comes next, with from 10 to 25 per cent.; syphilis follows, with 10 per cent.; the animal parasitic diseases form 6 or 7 per cent.; the vegetable parasitic diseases give 4 or 5 per cent.; psoriasis about 4 per cent.; urticaria about 3 per cent., etc. Thus the seven forms of disease mentioned cover from 70 to 80 per cent. of the entire number presented to the specialist for treatment; probably the proportion coming under the care of the general practitioner would be even larger, as the statistics referred to contain many rare and also many comparatively insignificant skin disorders which come to the specialist for relief. Time does not allow me to go further in this direction, nor could we, indeed, speak of all the diseases in the brief space allotted to a paper.

I will now endeavour to give a few practical points in regard to the eruptions mentioned, and perhaps some others, hoping to be able to make some suggestions which may be of service to those present.

6. Eczema. As already stated, eczema forms about one-third of all the cases presenting themselves to the specialist for treatment, and it is more than probable that it would form about one-half of the cases which would come under the ordinary care of the family physician, for very many of the mild cases never reach the specialist. To understand fully the management of eczema, therefore, represents a very large share of the skill required by the general practitioner in the management of diseases of the skin; moreover, the principles of treatment applicable to eczema will also be