

epidermal hemorrhagic spots and effusions are mere indications, it might, we conceive, be removed entirely from the group of cutaneous diseases. We feel the more surprised at Dr. Neligan having retained it, creating at the same time a special order for it, from the fact of his having excluded small pox, measles and scarlatina from the exanthemata, because, "to consider them still as diseases of the skin, is directly opposed to the advanced position of modern pathology, and can only tend to diffuse incorrect ideas as to their essential nature" (p. 24.) Moreover, the objection which he offers to the admission of "the frambesia or yaws of South America and of the Coast of Africa, the radesyge of the North of Europe, and the pellagra of Italy and of Austria," into the catalogue of skin diseases, applies with equal force to the disease called purpura, viz: that they are constitutional affections, of which the eruption is a concomitant symptom, and as regards the peculiar affection, is but secondary, and more or less unimportant."

"The order CANCRODES contains those diseases of the skin in which many of the features resemble cancerous affections. It contains two genera: LUPUS, KELOIDS."

The establishment of the remaining order was rendered necessary by the facts which modern microscopical investigation into the pathology of skin diseases has brought to light. The term dermatophytæ originated with Dr. Hughes Bennett, "It includes those diseases of the skin which depend on, or are characterized by the presence of parasitic plants. It contains two genera: PORRIGO, SYCOSIS."

Having now examined, as fully as our space permits, the very important subject of classification, we shall pass on to the review of some of the individual diseases. Two opinions, as to the essential character of Erysipelas, have, for some time, divided the medical world. One class of writers contend strongly for it being considered a *sthenic* disease; whilst the other class assert as strongly, that it is an *asthenic* affection.—This difference has led to the recommendation of treatment of the most opposite and contradictory character. The question, then: which is the correct idea? becomes an important one. We cannot agree with Dr. Neligan that, because the opposite plans of treatment have been attended with success, constitutional treatment must, of necessity, be "of little importance." We are rather more inclined to regard constitutional treatment, as of great importance, and to refer the difference of opinion and success of treatment to other causes. It will be found, on enquiry, that the great majority of practitioners in the present day, do not follow out a routine plan of treatment in this disease; that, although they may find a certain class of remedies more frequently indicated, from the effects of local modifying causes on the disease, they nevertheless, are occasionally obliged to have recourse to other and opposite kinds of treatment; which