reasons compression, the most efficient on any other part of the surface, could not be maintained for a sufficient length of time to give it effect.

For the greater part of the last week, the stomach retained all food and medicine administered, and the elements of blood were given in profusion—beef-tea, with its fibrinous dregs, calves-feet gelatin, albumen of egg, and salt—together with citrate of iron, aromatic spirits of ammonia, and occasionally wine. Tannin was given in enema; but neither lead, tannin, nor gallic acid, were administered by the stomach, that their chemical action might not deprive the child of any of the elements of his food—on which my last hope rested.

That the bleeding was not referrible to the hæmorrhagic diathesis is shown by the ordinary healing of the first incisions. Neither did there exist any evidence of scorbutus; towards the end, the blood discharged became pale and serous; but for several of the earlier days—during which the styptics were assiduously applied—it retained its usual colour, the pulse was good, and the lips and gums were florid. There was no saltus or pulsation, but a gentle and continuous flow, as from the mouths of numerous capillaries.

I am desirous that the case should be put on record, as I have never met with, nor can I remember, a similar instance of protracted bleeding from incisions so trivial and frequently practised; or of a superficial hæmorrhage resisting the means that, in this case, were used for its suppression.

Lectures

ON THE

STRUCTURE, FUNCTIONS, AND DISEASES OF THE SKIN.

DELIVERED AT THE BELFAST GENERAL HOSPITAL DURING THE SESSIONS, 1851-2 TO 1855-6 INCLUSIVE.

BY

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LECTURE I (*concluded*).

I MIGHT now proceed, with some claims upon your attention, to the proper discussion of the subject of the course; but it is a usual and not unprofitable custom, before breaking ground, to revert to the steps which have been taken to elucidate the subject by the worthies of past time. In accordance with this time-honoured custom, I shall occupy the remainder of this lecture with a brief retrospect of the literature of my subject, especially noticing those epochs in history which mark decisive advances towards its present state of maturity.

Prior to the time of Hippocrates, we have nothing on record of a decisive nature touching the treatment of disease among the early inhabitants of the world. The allusions in the writings of the Old Testament respecting the manners of the Egyptians and neighbouring nations, and the traditional lore connected with the ancient history of India and China, give us the most meagre evidence on the subject; and all we can learn induces us to believe that ablutions and regimen, and a few simple medications, were the agents chiefly employed in the cure of cutaneous as well as other diseases.

We are compelled, then, to come down to the period of "the father of physic", who lived, it is recorded, some time about three hundred years before Christ; and whose works have been, by a wonderful providence, handed down through the long lapse of two thousand years. This extraordinary man wrote medical observations derived from his practice, chiefly in the temples, which were then the only hospitals for the sick, upon a great variety of diseases, and, among others, those of the skin. He considered carefully their nature, their relations to age and season, and to internal diseases, and divided them into two classes—first, those

purely local, or independent; and, second, those which may be considered, agreeably to his humoral pathology, the depositories of disease. This classification is both practical and pathological, and to the present day, in the management of cutaneous diseases, we act in a great measure upon the broad grounds of distinction which he then laid down.

Celsus, who lived in the year 30 of the present era, gave a good description of the commoner forms, and his advice, though alleged not to be derived from actual practice, is of the most judicious kind. Galen, one hundred and twenty years after, perpetuated the views of Hippocrates, but notices more particularly the diseases of the skin peculiar to or frequently associated in regions. In the year 550, Ætius, one of the minor Grecian authors, especially notices the cutaneous diseases of children; and Paulus Ægineta makes several judicious remarks upon the nature and treatment of these diseases. Soon after this, both the Grecian and the Roman name retire for a time from the stage; and, for a period of three hundred years, the darkness of the mental world was not broken by a single light. The Arabian authors now appear upon the scene, and one of them, Rhazes, first makes mention and gives a full description of the measles and small-pox—diseases which, as you know, have since spread over, and continue to infest, the whole civilised world. Avicenna, who lived about the year 1000, described the carbuncle of the plague; and Avenzoar, in 1179, was the first to notice and record a description of the *acarus scabiei*. Though the numbers of the Arabian authors were few, yet they appear to have been intelligent observers, and advised several valuable additional medicines, and especially, for the treatment of cutaneous diseases, sulphureous mineral waters and baths.

We come now to the period technically called "the middle ages", which are distinguished in the history of cutaneous literature by the appearance of two new epidemics—I mean lepra and syphilis. The former, originally from Egypt, raged throughout the whole of Europe, and has disappeared only since the commencement of the seventeenth century, by retiring to the tropics, where it still continues. Remains of the leper hospitals, which were erected in vast numbers for the isolation of patients afflicted with this disease, are still visible in many parts of the continent. The latter appeared about the middle of the fifteenth century. Its origin is unknown; but it is certain that it assumed the character of a most virulent epidemic during that and the succeeding century. Fallopius, Fernelius, Forestus, Schenck, and Astruc, have all published largely upon the early appearance of this disease; while Hunter, Petit, Alibert, Duvergie, Carmichael, Ricord, with others, have well nigh exhausted this highly interesting subject.

The first mention of varicella, or chicken-pox, is made about this time by Vidus; and affections of the scalp, of the sebaceous gland, and of the pigmentary functions and hair-follicles, are very minutely described by Senertus, of France. In 1610, an attempt at a classification of diseases of the skin, based on their appearances, was made by Joannes Riolanus. His three classes were, pustules, deformities, and tubercles. From this to the time of Turner, one hundred years later, we meet with no systematic work, though there were abundance of writers, who contented themselves with recording rare cases, as adjuncts to their other works. Turner, in 1714, turned the previous knowledge to good account, in his very practical and excellently descriptive work. Plenck, a German, published, in 1776, what may be deemed the first regularly classified and systematic work. He employs fourteen divisions, which form the basis of Willan's and other later classifications. Lorry, in the following year, brought out a most philosophical work on cutaneous diseases, in which broad and judicious views and principles are laid down, and the causes, prognoses, and all their relations, are elaborately, and at the same time practically, set forth. On the other hand, his classification is meagre, and he is deficient in particular descriptions. Twenty-one years after, a great step was taken by Willan, of London. His classification, though evidently based upon that of Plenck, avoids that author's

errors to a great degree, by taking the appearances of the different eruptions at their maturity as its standard, instead of the appearances viewed indiscriminately. His work is unrivalled for his era in the excellence and conciseness of his descriptions, and the sound judgment of his advices; but the general relations and therapeutics of the diseases have not been sufficiently attended to. Bateman, in 1813, completed this author's works, and published, in addition, an excellent atlas of delineations, which are nearly equal to any that have appeared since. Willan's views and classifications, as dressed out by Bateman, spread in a few years all over Europe, and were much admired—a high compliment to the author, the more to be appreciated when we remember that, at this very period, all Europe was in arms against his native land. In 1814, John Wilson slightly improved upon Willan's classification. In 1824, Plumbe published a practical work, full, however, of judicious reflections, in which he gives a brief therapeutical classification. At the same time, Alibert, of the French school, published the result of his clinical experience at the great hospital for cutaneous diseases in Paris: a work distinguished more for its fine graphic descriptions and practical remarks than for its classification, which, though modified in a second edition, is by no means improved, there being no fixed character as the basis of his comparison. Cazenave and Schedel followed, but adopted Willan's classification. The chief value of their work rests upon their elaborate descriptions of the syphilitic eruptions, and their clinical experience of arsenic, cantharides, and the iodides. Dendy, about the same time, published, in London, his work on the cutaneous diseases of children, and adopted a classification altogether therapeutical. A few years afterwards, we meet with a more important work than had yet appeared from the Parisian school; I mean that of Rayer, decidedly the most elaborate and finished work of his time. In the descriptions, the relations of diseases, the causes, and the treatment, there seems to be nothing overlooked. His classification is an improvement upon Willan. In short, it is a work indispensable to any one who desires a thorough acquaintance with the phenomena of cutaneous diseases. From this date to the present time, the most important works on this subject that have issued from the press are those by Greene, Hunt, Erasmus Wilson, Erichsen, Thomson, and Burgess. Greene's is a good practical work, with sound general views—with a tendency, however, to over-estimate the influence of local remedies. Hunt's work is also eminently practical, and is chiefly valuable for the views it sets forth of the manner of treating the chronic diseases by the internal use of arsenic. Erichsen's is an excellent monograph on diseases of the scalp. He places the diagnosis and treatment in a clear light. Thomson's is valuable for his practical remarks and concise descriptions, and for the introduction of some new remedies, especially hydrocyanic acid and the iodide of iron. Burgess, a translator of Cazenave and a pupil of Biett, chiefly describes their practice and novelties in his work on the cutaneous diseases of the exposed surfaces.

The last works I shall notice are the treatises of Erasmus Wilson (1842) and J. Moore Neligan (1852). The former is, in my opinion, one of the best practical works we have in any language. The classification is strictly anatomical, differing, therefore, from that of Willan in a few particulars. It is not so full or elaborate as the work of Rayer; but this is more than counterbalanced by the valuable observations and description of the microscopic structure of the skin; by the accuracy of his physiological information, which is brought up to the very year of publication; and by the plain, simple, and concise directions for the management of each separate disease. Dr. Neligan is well known as the chief Irish dermatologist of the present day; and his treatise, taken in connexion with the admirable chromo-lithographed delineations in his atlas (lately published), takes rank amongst our best authorities. The descriptions are characteristic and clear, and the reader, whether practitioner or student, cannot fail with great facility to make the subject his own.

Reviews and Notices.

ON MECHANICAL SUPPORT TO THE RECTUM FOR THE TREATMENT OF PROLAPSUS AND HÆMORRHOIDS. By J. E. RIADORE, M.D., F.R.C.S., etc. London: 1856.

THE lower extremity of the alimentary canal is obnoxious to a long train of diseases, which are so varied, and of such importance to the general economy, that they cannot be ignored by the general practitioner; and though they are often considered the province of the *special*, we cannot believe that they will long remain so. The personal experience of the author will tend to lessen confidence in those who still profess to cure hæmorrhoids, etc. Having been for years a sufferer, and having personally submitted to the systems so vaunted by their respective champions, he states here his own views concisely. The preliminary chapter, in which the author glances at the variety of the diseases to which the rectum is liable, and at the cause of these evils, is worthy the careful consideration of every practitioner.

In Chapter I, the author very wisely affirms, "that hæmorrhoids are a deviation from health"; and so far from the hæmorrhage having a healthy tendency, the "debility induced exposes the patients to some functional or organic disease, to which their systems are most prone, and to which they succumb more or less quickly. Hæmorrhoids are primarily very generally the effect of torpid functions of the alimentary canal, inducing local congestion in the venous system. They sometimes depend on diseased liver; but, I believe, seldom, if ever, upon plethora." To this belief our experience also leads us.

"Hæmorrhoids are never to be regarded as healthy, or dependant upon plethora, and therefore safe in warding off worse evils, which is a serious if not fatal fallacy; for it leads to their being neglected at an early stage, when they may be successfully managed, and worse evils really prevented."

Again, at page 8, the author dwells on the importance of removing the cause, without which all surgical efforts at removal must fail. In this chapter of observations on the disease, the author notices its periodical character, and he considers that many of the so called cures are published before time has been allowed for the return of the disease.

Chapter II is occupied with the consideration of the surgical cures, especially the plans of treatment, by the ligature and excision. The author decides against them; and he considers the fatal list has been greatly augmented by the want of necessary preparation previous to the operation. In these cases such preparation is urgently needed; and for the safety of our patients, it is imperatively demanded. In this chapter, too, we find a remark so rational and so important, that although it is a plan much more frequently adopted than formerly, it cannot be too much insisted on—it is the plan of "producing one slightly relaxed, but free and satisfactory relief at night just before going to bed, the only period at which a hæmorrhoidal patient should ever have the bowels relieved, if possible, and more especially if the hæmorrhoids be accompanied by a prolapsus of the rectum." (p. 26.) In the remainder of this chapter are practical remarks on treatment, which will repay perusal.

At page 32, the author proposes in certain cases an "emetic of ipecacuanha *thirty grains*, and *two grains* of tartar emetic." The italics are the author's. This is, indeed, heroic, and double that which we should ourselves advise.

Chapter III is devoted to an outline of the author's own sufferings, and of the three several operations performed. They proved useless, inasmuch as the disease returned. The author, however, decides in favour of the ligature, but only as the lesser of two evils.

Chapter IV treats of the various mechanical supports for the rectum. The author mentions four chiefly. The first