of both hands, for which it was responsible, and where the skin was covered with huge blisters, and almost running into gangrene. A year or two ago, I had the opportunity of seeing a typical case, in the person of an old lady, to whose sprained arm a non-professional nurse had applied a weak solution of tincture of arnica contrary to my advice. A true erysipelas started from the point of application, and slowly spread over the whole body, causing much irritation and discomfort and depression, and greatly retarding her recovery from what would otherwise have proved a comparatively trifling injury. Phillips (*Materia Medica and Therapeutics*) tells us that if we use a watery solution, we are safe from the effects of the irritating ingredient which alcohol extracts; but the experiments of Garrod (*Materia Medica*, article Arnica) seem to me to have given a death-blow to the pretensions of arnica as an aid to the absorption of effused blood; and my advice to you is, to let this drug take its rightful place among those substances of extinct reputation, which still continue to sleep peacefully in the *Pharmacopœia*.

Before leaving this branch of our subject, let me remind you how certain skin-affections are caused by certain special substances, in domestic and commercial use, and how the soda-irritated hand of the washerwoman may stand as a type for many others. It would hardly have seemed necessary, however, to refer to this at all, were it not for the interesting fact, that workers in quinine manufactories appear to be subject to a very acute eczema of the hands, arms, and face, beginning with vesicles, running on to the formation of broad red patches, covered with thick scales, and occasionally presenting the variety of pustules, and even bullæ.

MM. Bergeron et Proust, in a valuable paper—*Des Eruptions Quiniques*—communicated to the *Annales d'Hygiène Publique* for May 1876, have given several cases of this nature; have shown how liable persons are to relapses who have once suffered from one seizure of this nature; and how even newly born infants have been attacked in consequence of the quinine emanations brought to the house by their parents.

The same authors tell us, that professional peelers of bitter oranges suffer occasionally from the same form of annoyances.

[To be continued.]

THE EFFECTS OF THE CONTAGIOUS DISEASES ACT AT WINDSOR.

By A. B. R. MYERS, M.R.C.S.Eng., Surgeon, Coldstream Guards.

It has been the occasional custom of some of my colleagues and myself to send to the medical journals short reports of the relative amount of venereal disease in the Battalions of Guards in London and Windsor; and in my last one (*vide BRITISH MEDICAL JOURNAL*, November 1874), which extended over some years, I was able, after eliminating all sources of error in my power, to show—in my opinion, conclusively—that there had been a very great diminution of this disease in the protected district of Windsor.

With the sanction of the Surgeon-Major of my regiment, I recur to this subject, thinking this to be a fitting time for so doing.

It might easily be inferred that, in battalions moving to and fro every six months between a protected and an unprotected district, within easy reach of one another, the Act could scarcely be proved of much avail in the former; but if, on the contrary, it can be shown that the Act does decidedly diminish disease there, how much greater must be its benefits in more permanent garrisons!

I have always maintained that, though our statistics are limited, and liable by too great generalisation to incorrect deductions, the effect of this Act at Windsor is so invariable and so great, that our records are most valuable in proof of its benefit to the troops; and I believe that, if the most determined opponent were to visit the sick of a battalion of Guards after some months' residence in London, and again after a similar period in Windsor, his opinions would undergo a considerable change.

The first battalion of the Coldstream Guards was stationed in London in 1877 and for the first half of 1878, the second half of the year being passed in Windsor; and its admissions for venereal disease were, as the following table shows.

	1877.	1878.
Average strength	London, 813 ..	London and Windsor .. 877
Admissions for primary syphilis ..	139 ..	{ London, 6 months, 75 } 100
		{ Windsor, 6 months, 25 }
Ratio per 1,000	170 ..	114
Admissions for gonorrhœa	102 ..	{ London, 6 months, 45 } 75
		{ Windsor, 6 months, 30 }
Ratio per 1,000	125 ..	86

This table shows, therefore, a decided diminution of disease in 1878,

comparing it with 1877, and a reduction by two-thirds of primary syphilis and one-third of gonorrhœa in Windsor during the second period of 1878. This, however, is not a fair analysis of the two periods of 1878, and, to make it one, I will now deduct diseases contracted out of the Windsor district during the second period (1878).

Period.	Station.	Syph. prim.	Gonorrhœa.
January to July ..	London	75 ..	45 ..
	In district ..	10 ..	23 ..
July to December..	Windsor	Out of do. .. 15 ..	Out of do. .. 7 ..

Therefore, the true reduction in Windsor, as affected by the Act, is: for primary syphilis, from 75 to 10 admissions; and for gonorrhœa, from 45 to 23.

When it is considered how easily prostitutes can be harboured within easy reach of Windsor, and thus escape examination, it may be a source of surprise how such a reduction in disease can be effected; but the soldier of irregular habits has at least his regular haunts, and, consequently, the women with whom he associates are well known to the police; and, as a result of the Act, their number has been greatly reduced there. I am strongly of opinion that, if the Act could be brought into force in London, in such a way only as to apply to the prostitutes frequenting the public-houses in the neighbourhood of each barracks, we should soon see a very great diminution of venereal disease amongst the troops quartered there.

A RARE FORM OF SKIN-DISEASE.

By WYNDHAM COTTLE, M.A., M.B.Oxon., F.R.C.S.Eng.,
M.R.C.P.L.,

Senior Assistant-Surgeon to the Hospital for Diseases of the Skin, Blackfriars.

THE following case is so unusual, that it seems to me not unworthy of report.

On October 14th, 1878, a little girl, E. M., two-and-a-half years of age, was brought to me. She was born at full time, was vaccinated when six months old, and, up to June last, had been free from illness and disease, being an exceptionally robust child. Both her parents are alive and in good health, and she has five brothers and sisters, who are healthy and well developed, and have suffered from no unusual ailment, and are free from any disease of the skin. There is no history of syphilis in the family, nor any evidence of the existence of any such taint.

When the child came under my notice, she was well nourished, and her general health excellent. The unaffected parts of the skin were normal, with the exception that the lower extremities were somewhat unusually "mottled" or marbled. The mottling disappeared on pressure, and there was no appreciable pigmentation.

On the front of each upper arm there existed an almost circular spot, about three-quarters of an inch in diameter, the circumference of which was a hard ring, fibrous to the touch, elevated above the surrounding skin about the twentieth of an inch, and about the sixteenth of an inch in breadth. The interior of this ring was occupied by a pitted cicatricial tissue, studded with small depressions like the cut peel of lemon, and with a well-marked pit in the centre. The whole spot was of a reddish-purple hue, and darker than the surrounding skin, the central pit being most deeply coloured. There were neither scales nor crusts, nor could I perceive any yellow staining.

A similar spot existed at the base of the right thumb on the palmar surface, and another on the knuckle of the first finger of the right hand. There was a like spot on the outer aspect, and two on the back of the right thigh, one on the inside of the right leg, just below the knee, and another on the posterior surface of the leg. One such spot existed on the inside of the left thigh, while there was only one on the outside of the left leg.

The head, body, and feet were not affected. The spots on the insides of the thighs were most completely marked, being about an inch in diameter, while on the back of the left thigh, four dark-coloured nodules had recently developed.

The order of the appearance of the rash was, first, on the upper arms, then on the right hand, and afterwards on the lower extremities. From the time when these spots were first perceived, and subsequently, the child had remained in her usual excellent health, neither was any irritation nor inconvenience experienced.

There had been no liver derangement, and the action of the child's bowels was regular and natural.

Since the little girl came under my observation, the spots on the arms and hand have begun to fade, though the mother tells me that such was not previously the case, for the existing maculæ were increasing in size, and fresh ones appearing. When I saw the child a few days ago, the older spots on the lower extremities were also losing