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

their colour and distinctness, the position of some being marked only by a purple discoloration of the skin.

A shows the general appearance of the affected limbs. B represents the fully developed spot on the inside of the left thigh; and is of life-size. C and D, also of life-size, exhibit the earliest and the half-formed stage of the eruption respectively.

Having observed the development of the four nodules on the upper and back part of the left thigh, I find that the spots commence as a purple papule, which gradually grows into a nodule about the size of a No. 4 shot. This nodule then appears to shrivel up, with an absolute loss of tissue, thus forming the central depressed pit. As the nodule disappears, it enlarges at its circumference, forming the above-described rings, with the enclosed cicatrix. The ring on the knuckle was so hard, that it almost gave to the touch the impression of cartilage.

Dr. Payne was good enough to give me the benefit of his experience, and examined the case. He submitted to microscopical examination some scrapings of the affected skin, but found only some fatty change in the epidermis. I have done so also several times, scraping especially the parts of the eruption that seemed to be spreading, but with no other result. Dr. Payne suggested that the case was somewhat like one described in the *Transactions of the Clinical Society*, Vol. viii, by Mr. Morrant Baker, as "a rare form of skin-disease", and one reported by Dr. Tilbury Fox, in the same volume, and for which Dr. Fox proposed the name of *Xanthelasmaidea*.

The description of these cases, and the plate which is intended to represent Mr. Morrant Baker's, do not altogether tally with the symptoms of the present case. In those cases, the rash is stated to be buff coloured as well as purple in parts, or becoming buff after a time, as consisting of smooth and flattened tubercles and patches, differing in consistence but little from the healthy skin, as varying in size from a pea to a kidney-bean, accompanied by slight irritation, and occupying the head and body as well as the limbs, and as commencing during the first six weeks of life, in all which circumstances they differ from the conditions of this little girl's disease. Possibly hers is an early stage of the affection described by these observers, though there is no buff pigmentation to be seen in the spots that are fading, and leaving no stain behind, and the well-defined annular form of rash has not been noticed in the cases there described by them.

No local treatment has been employed.

A CASE OF CONGENITAL MULTILOCCULAR CYST OF THE ABDOMINAL WALL.

By A. M. ANDERSON, M.D., Dundee.

A CASE of this kind (described in the local newspapers as "the child with two stomachs") came recently under my observation, presenting several peculiarities, which, I think, call for a brief report of it being placed on record. I had the opportunity of examining the child during life, and also of performing a necropsy.

The child, T. H., was born at Dundee in January 1877, and at its birth it was noticed that there was a large tumour occupying the whole of the right side of the abdomen; there was a second smaller tumour in the groin, exactly in the space where an inguinal hernia presents itself. The child was otherwise well formed and healthy. The mother states that the labour was natural, and during pregnancy her health was good. How the tumour originated I do not know; but, a few weeks after the child's birth, a report appeared in one of the local newspapers, and was extensively circulated in the newspapers of other towns, describing the child as a monstrosity having two stomachs. On this, the case was carefully examined by many members of the medical profes-

sion; but I have found no one confident of having accurately diagnosed the nature of the tumours. The mother, while willing to allow every surgeon to examine the child, would not permit an exploratory puncture to be made. She subsequently took the child to Edinburgh, where he came under the notice of Professor Annandale, to whom I sent a note of the necropsy. In his reply, Mr. Annandale says: "I remember the case quite well, and at the time I diagnosed a tumour of the abdominal wall, and wished to make an exploratory incision, in order to ascertain whether or not it could be removed with safety; but the mother would not stay in the Infirmary."

I was called to see the child about the middle of October 1878. The mother stated that, until a fortnight previous to my visit, the child had thriven wonderfully well; that he had no pain in the tumours, and was stout and healthy, running about freely, and having a good appetite. When I saw him, he was much emaciated; the pulse 120 and very weak. There was no eruption on the skin, the bowels were regular, and there was no vomiting. The tumour was about the size of a large cocoa-nut, and filled the right side of the abdomen from the middle line in front to within an inch and a half of the spine, and from the crest of the ilium to the edge of the ribs and lower end of the sternum. It was intensely inflamed and tender to touch, soft and even on its surface, and presenting no sharp edge at any part. The second tumour was much smaller, about the size of a hen's egg, and situated in the space where an inguinal hernia presents. It had a half-solid doughy feel, exactly such as one finds in a piece of projected omentum. It also was inflamed. What was the nature of these two tumours, what might be their contents, and did they communicate with the abdominal cavity? They were formed in the child at some stage in its embryonic existence; but, from an external examination alone, and without an exploratory incision, it was, I think, almost impossible to feel confident as to the diagnosis.

The treatment in such a case was, of course, limited by the circumstances, and consisted chiefly in the local application of poultices, and endeavours to sustain the child's strength. The local inflammation of the tumours, with the high febrile symptoms, continued till the child died on December 8th, 1878. The stomach and bowels performed their functions without interruption until the end.

On December 11th, I performed a *post mortem* examination. On opening the abdomen, I found the stomach and intestines, with all the other organs, in a normal condition. There was no communication between the abdominal cavity and the tumours, which could be felt distinctly in the abdominal wall. The large tumour was first opened. It proved to be a cyst divided into four separate compartments, each containing thick flocculent pus, with dark brown serum. The whole was surrounded by a thick firm fibroid wall, which was divided from the abdominal cavity by a thin muscular layer and by the peritoneum. The latter was not inflamed, and the muscular fibres of the former were firmly attached to the fibroid wall of the tumour.

I am satisfied that this tumour could not safely be removed by a surgical operation. The second tumour was a single cyst, containing pus and serum. It could be easily removed by a surgical operation.

I wish to add to this report a brief note, in the hope that it will aid any surgeon who may meet with a case similar to that I have reported above.

Diagnosis.—It will be observed that one valuable aid—viz., the exploratory puncture—could not be applied in this case. While the child continued in good health, an accurate diagnosis was not imperative; but, when his life was threatened by inflammation of the tumours, an accurate diagnosis became urgent. I wish to point out that this inflammation of the tumours, without any external exciting cause, may be considered by the surgeon as a valuable aid in their diagnosis. Professor Annandale, in the letter to which I have already referred, says: "Such cysts sometimes inflame and suppurate, and, if the patient live, a natural cure results. The process was probably going on in your patient." I have no doubt it was, and that such process was Nature's effort to eliminate the abnormal element from the body. From the time the inflammation of the tumours began until the child's death, the stomach and bowels continued to perform their functions without interruption, clearly proving they were not involved in the structure of the tumours: a fact which, previous to the inflammatory stage, had been exceedingly doubtful.

If, at any future period, I should meet with a similar case, I would regard a natural process of inflammation in the tumour, which did not interfere with the functions of the abdominal organs, as tolerably conclusive evidence of its cystic nature.

Treatment.—So long as the tumour causes no inconvenience or danger, the question of its removal by a surgical operation may be safely left in abeyance. But when, as in this case, a natural process of inflammation in the tumour threatens to become dangerous to the