it very often produces a depressing effect, which, I believe, materially interrupts the necessary process of local repair. This is not to be wondered at when there is nausea for a day or more, with headache and febrile excitement, and inability to take food for a longer period. The circumstances under which I should sanction its employment must indeed be rare.

I am in the habit of attributing much of the success of my extraction cases to the after-treatment, of which I can only notice a few points. The operation in itself has a lowering and reducing effect; and the indication is, to supply, to support, and to restore. Besides this, under ordinary conditions, an accustomed supply is needed for accustomed waste and nutrition; and we most certainly make a step in the wrong direction when we cut off the supplies. Wholesale food, given in a state of system capable of assimilating it, will not produce diseased action. Starvation is no safeguard against inflammation, while it frequently retards the needed reparation. An old person fed on slops is almost sure to have his digestive powers impaired. From the first, then, I allow the usual diet, at the usual times, but in careful moderation. I do not absolutely prohibit accustomed stimulants. In this case, a full diet and the ordinary quantity of brandy were taken. I avoid as much as possible long confinement to bed, in order to prevent the enfeebling effect. I insist on the couch and easy chair as soon as possible. Then there is nothing I am more particular about than keeping the eye quiet; for the more it is disturbed, the more will it be irritated. I do not take off the court plaster I apply after the operation for four or five days, except it be uncomfortable, when I renew it; and I rarely ever open the eye under a week. The highest attainable result is to be got only by this.

My case ended well. The right eye healed rapidly, without pain or even uneasiness; and sight was restored. In the left, irritation ensued, and was kept up by a minute prolapse of the iris. When my patient left England, three weeks after I operated, there was yet some intolerance to light and redness of this eye; but he could read large type. I was sure that only time was wanted to make it as good as the other.

ON IMPETIGO CONTAGIOSA, OR PORRIGO.

By W. TILBURY FOX, M.D. Lond., Physician to the Farringdon General Dispensary.

[Continued from page 469.]

Nature of the Disease. This part of the subject is replete with difficulty; and great care must be exercised in sifting and interpreting the evidence, for any hasty assumption must inevitably do much mischief. We have to deal with a disease which is eminently contagious. Now, it has been observed, that an eruption of the kind under notice is observed after vaccination. The unbalanced state of system produced by the action of the vaccine virus is favourable, no doubt, to the occurrence of any disease to which there is a predisposition, or which is waiting to show itself. Moreover, the vaccination may be the means of introducing specific poison into the system. Hence we have several interesting questions suggesting themselves for discussion.

I. The contagious property of the disease: What is its nature?

II. What, if any, are the relations between impetigo contagiosa and the eruptions secondary to vaccination?

III. Does vaccination give rise to impetigo contagiosa? If so, by what means—by the introduction of a special poison, or by modifying existing disease?

These are questions well worth consideration.

I. Of the contagious character of the disease there can be no shadow of doubt; facts are very decisive upon the point. It has possibly been noted by others than myself, that most dermatologists admit, in a hesitating way, the likelihood of the existence of a contagious form of impetigo, especially in children; but, so far as we are taught, there is no decided opinion in the affirmative expressed in books. Of course, it is only in hospital and dispensary practice that the proper evidence is likely to be obtained. My attention was first decidedly drawn to the point by the case of a little boy who had contracted (unmistakably) the disease from the bite of a playmate affected with the disease. The mother of the child scratched her neck with the steel of her bonnet; and the wound, coming into contact with a spot on the forehead of the child when lying on its mother's neck, received some of the purulent discharge, and a well marked spot of impetigo contagiosa was developed. It has also been a matter of constant remark with me, how very frequently the disease extended from one to several members of the same family by pure contact—from children to mothers, from playmate to playmate, etc. So distinctly and clearly is this the fact, that the testimony of parents and others is spontaneously offered; and, making all due allowance from whims and fancies, there still remains a decided and irresistible amount of evidence in favour of the opinion which these folk hold.

From the uncertainty of the above, an appeal was at once made to the certainty of the experiments of inoculation upon the arms of myself and others. I took some of the viscid contents of the pustuloid, and introduced it to a scratched surface on the anterior aspect of the forearm of a woman. Within twelve hours, the edges of the scratches were red, slightly swollen, and itchy. The next day, a slight blush was seen; the centre of the little patch looked elevated into a little red point; and in forty-eight hours it presented the appearance of a little yellowish head. On the third and fourth days, a well marked areola was present. Desiccation now commenced; the centre, before depressed, puckered together; and a little oozing took place from beneath one edge. The size of the spot was one between those of sixpence and a shilling. The parts around felt hot and stiff. The future progress of the inoculation is that of the disease itself. Either healing occurs, or an oscillation takes place between suppuration and scabbing, or the surface ulcerates superficially. I desire to call attention to the very important fact of having most carefully examined the contents of the pustuloid bleb which has afforded the matter used in the inoculation, and affirm most positively the absence of any element whatsoever of a vegetable parasite. The inoculated disease is positively not due to the transplantation of a fungus, but of a fluid possessed of special properties. One very important conclusion flows from the facts mentioned, and it is this; that *impetigo contagiosa* is in no sense parasitic. This is one great step gained on the negative side of the question.

II. The second question, expressed in general terms, embraces the alliances and similitudes of the disease. Its contagious quality separates it in one respect, by a very broad line, from ordinary pustular and vesicular affections, such as ecthyma and pemphigus. Can it be ranked at all among the acute specific diseases? Scarcely so; but actual observation would certainly seem to show that some, at

least, of the examples of "anomalous forms of vaccinia", belong to impetigo contagiosa. My attention was called by Dr. Harley, during a conversation, to some cases published by him in the *Medical Times and Gazette* for August 1863, which he styled "Bastard Vaccinia", with a query. Briefly stated, they are as follows.

A child, aged 2 years and 3 months, vaccinated January 9th, on February 9th was brought to Dr. Harley, covered on its face and neck by a number of vesicles, which, at first glance, appeared exactly like vaccination-vesicles. The report was, that the vaccination took well; but, about three days after it was done, several "spots" appeared behind the left ear, and others on the face during the course of the next few days. Nothing is said as to the quality of the matter. Behind the left ear there was a large sore, caused by the coalescence of the vesicles; and round its lower margin the discharge had dried and formed a thick yellowish scab. On the left arm were three large erythematous-looking spots, with red bases, and covered by dense yellow crusts. These were the original vaccination-vesicles. There were three smaller vesicles, in a less advanced stage, at the tip of the shoulder; and on the neck were several having the exact appearance of vaccine vesicles on the eighth day. In some, the pit in the centre was quite visible; in others, not so well marked. On the head were a few vesicles, and on the surface about twenty, with all the appearances presented by the true vaccine vesicles from its earliest to its latest stage. The disease lasted about a month.

The second case occurred about three weeks after vaccination. The inoculation with some of the discharge reproduced the disease; but the pustule was very much more advanced in its different stages.

The third case was quite independent of any vaccination.

I believe that these and like instances give us the clue to the nature of impetigo contagiosa. Certainly the resemblances of the two classes of cases are most decided. Vaccinia is a very regular disease as to time and intimate changes; its periods of incubation, eruption, pustulation, maturation, and desiccation, are marked by most certain limits of known and expected occurrence; but the cases quoted of so-called "bastard vaccinia" are peculiar in several particulars. In them, the disease is made up of successive crops of eruption; the changes are more rapid, and irregular in point of time, and cannot in all cases be immediately connected with the introduction of the vaccine virus into the system. The great resemblance is the umbilication in the two instances. I saw, not long since, a case of true impetigo contagiosa, in which there were eleven umbilicated small bullæ over the knee, with spots of impetigo contagiosa on other parts of the body; the former bearing an exact resemblance to some instances of vaccinia, yet totally unconnected therewith. In these instances of so-called bastard vaccinia, it seems very strange that vaccination should take "well", as people have it, and then be followed by a profuse eruption of vaccinia just afterwards. It will be noticed that, in one of Dr. Harley's cases, inoculation was comparatively much more advanced in its developmental stages than vaccinia—a state of things which tallies most completely with that of the inoculation of impetigo contagiosa.

We have logically arrived at thus much: that the disease is not parasitic; and that it bears great resemblance to, if it be not identical with, so-called bastard vaccinia, meaning by that term the eruptions consequent upon vaccination.

[To be continued.]

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THE ARMY, NAVY, AND INDIAN MEDICAL SERVICES.

AMONGST all the subjects of importance which must be brought before the present session of Parliament, none will be of more consequence to the medical body, as well as to the community, than the present disorganised state of the militant medical services.

It may be worth while to examine a little into the causes of the widely spread discontent which undoubtedly exists in the public mind with regard to the position of the members of these services. Unfortunately, in our country, the army and navy services have been looked upon too much as an appanage of the aristocracy; and jealousies on the part of the higher authorities and of the other departments have tended to prevent the aspirant after distinction in the medical branches from attaining the objects of a laudable ambition. In no department has zeal been rewarded by more gain to the public, and in none has less credit been given to the authors of so much good. The most important improvements in the "domestic" management of armies and fleets have been, if adopted at all, adopted tardily and without acknowledgment. The most valuable suggestions have been disregarded, and the claims of their authors to the honorary distinctions often lavished upon the combatant departments were for very many years contemptuously ignored.

The pressure of public opinion, or, to speak more correctly, of the opinion of a few men possessing at once parliamentary influence and ideas in advance of their time, at length compelled the authorities at the head of the public offices, always obstructive, to yield to the medical department those distinctions which they now share, in very small proportion, with the favourites of the War Office and the Horse Guards. An impetus was given to the enforcement of regulations to prevent disease, by the sad events of the Russian war of 1854-6. An improved system was introduced, by which the surgeons were authorised to inaugurate plans for retaining the health of troops; and the advantages of this system were made manifest in the last China war, when the sickness and mortality were kept down to the average of home stations. Above all, the Medical Warrants of October 1858 for the army, and of May 1859 for the navy, published by Royal command (which, no doubt, placed the various branches of the military and naval medical services in a much higher position as regards rank and other advantages than formerly), spread general satisfaction in those bodies, and in-