

The presentation of the child was footling, its back being applied to the back of the parent, and the face coming down under the pubis; and this complication, while it increased the chances of the parent, rendered the case of the child the more hopeless, from the necessary compression the funis met with from the head in the narrow brim.

The placenta followed the child in ten minutes, the uterus contracting strongly; and the patient, though much exhausted, rallied well and made quite an average recovery.

South Natick, Mass.

G. J. TOWNSEND.

THE CONTAGIOUSNESS OF PRURIGO.

[Communicated for the Boston Medical and Surgical Journal.]

BY THOMAS F. BARTON, M.D.

My attention has been called, in a late number of the Journal, to the apparent contagiousness of prurigo. Although the subject may seem to be a trivial one, yet I think that in dignity it falls not far below many topics which among physicians have elicited much spirited discussion.

That there is a papular eruption, under certain circumstances contagious, which in ordinary diagnosis would be considered prurigo, I am quite fully convinced. When an individual affected with the disease comes from a distant place, and several persons on sleeping with him successively take the same disease, and these in turn in a like way (apparently) communicate it to a third party, not only in their own vicinity, but on removing to a new locality, it is well to inquire whether the affection is contagious or not. I have seen several instances in the past year where the disease seemed to be spread by contagion. That it will break out in a family and attack all the members successively, would appear to be no great evidence of its contagiousness; the cause, whatever it may be, would seem to be a general one, equally affecting all who come within the sphere of its action.

Among the many cases of prurigo which I have seen, I have not been able, in any way, to note any peculiarities which would help establish a differential diagnosis between the ordinary form of the affection and that which is apparently communicable from one person to another. In the apparently contagious cases which I have observed, the disease seemed to be entirely papular, at no time taking on a vesicular or a pustular character. If there was any discharge it was a sanguineous one, nor did I notice this unless the cuticle had been abraded by the nails. The pimples were flattish, neither minute nor acuminate, as in scabies. There were no signs of acari to the unassisted eye; and should they have been found to exist, and should they be necessary to constitute a case of scabies, it would show that this latter disease is not confined to an eruption

of a vesicular, nor even of a pustular character, which would destroy the ordinary definition of the affection.

Willan would seem to have held the notion that there was a papular eruption, which in certain of its forms, or under certain circumstances, was contagious, when he advanced the singular opinion that prurigo might sometimes be converted into contagious scabies.

While I am quite well satisfied that, in the cases alluded to, the disease was communicated from one person to another, I am equally satisfied that it is not strongly contagious. Nor is it unphilosophical, or contrary to experience, to consider a disease occasionally and feebly contagious. This may be affirmed of scarlatina, since but a small part of those exposed to its poison take the affection. And what may be said of scarlatina in this respect, may with no impropriety be said of some minor diseases. It may be well to state that the treatment which is almost a specific in scabies, wholly failed to cure the cases to which reference is here made.

If we admit the contagiousness of the affection, and are certain that it is not scabies, it will be left us to discover those peculiarities in it which will enable us to distinguish it from the ordinary non-contagious papular diseases. To those who have made dermatology a particular study, we must look to be enlightened upon this subject.

Jefferson, Me., Oct. 25, 1855.

CASE OF INTERMITTENT FEVER.

BY W. A. PECK, M.D., BERWICK, PA.

MARY W——, a hale German girl of 18 years, had an attack of uncomplicated remittent fever, which readily yielded to the usual remedies. A week's convalescence was succeeded by a retarding quotidian intermittent. These she continued to have, presenting nothing at all remarkable, until the fifth paroxysm, when I was called in to witness its singularity. I found her shaking her right side, arm and leg most valorously, while the left side and limbs presented their usual appearance. The right side was extremely cold, with *cutis anserina*; small, quick and accelerated pulse, with the other usual phenomena of the ague. The median line very *accurately* defined the extent of the morbid action. There was, however, a shading off of the coldness of the right, to the natural warmth of the left side.

The skin of the left side presented its usual temperature and moisture; the pulse was much fuller than on the right side. The involuntary muscles and sensation of both sides were unaffected. There was slight tenderness in the right hypochondrium and in the epigastrium, which was the only accompanying symptom discoverable, worthy of note. The chill lasted about two hours, when it was regularly succeeded by the hot stage. The right side went