

liar erythematous surface remained. I am not absolutely positive, though I lean to the opinion of its contagious character, and I have been struck with the features in which it resembled the exanthemata, namely, in the critical fever and definite period of duration. My friend Dr. F. P. Foster, who saw some of the cases, suggested to me that perhaps it was a modified varicella.

The clinical description of this disease seems as follows: isolated vesicles sparsely scattered appear upon the face, head, arms, body and legs; they are at first surrounded by slight erythema, which, when they become enlarged and flat, disappears. This large, flat vesicle soon becomes a thin, yellow-colored, elevated crust, which may remain of its original size; or if perchance several vesicles are developed close together may coalesce and form a patch. In the course of a few days the crusts dry and fall off, and then we have the typical erythematous surface. The exceptions to this course have been alluded to above. The disease may manifest itself by one crop of vesicles or by successive crops, each crop lasting, in an uncomplicated case, about ten or twelve days. It occurs mostly among the poorer classes; and of the cases seen by me some were dirty and ill cared for, others were scrupulously clean. The diagnostic features are—the *isolation of the vesicles, their peculiar course, the appearance of the crusts, the erythematous surface and the limited duration of the whole eruption.*

The diseases with which the one under consideration might be confounded are—eczema impetiginodes, scabies in its pustular form, pemphigus and varicella. I have already called attention to the differences between it and eczema. As to scabies, it is so rarely wholly pustular, it has its well-marked sites of election, and generally is attended with papules and very often with the diagnostic acarian furrow and its peculiar itching, that I think no one can possibly confound the two diseases. In pemphigus the bullæ are prominent and the initial lesion is never by a vesiculo-pustule, and its contents, at least early in its history, are not so purulent in character, and the crusts are wholly different. In varicella the pustules rapidly desiccate and show no tendency to enlarge and cover so great an area as the crusts of impetigo contagiosa usually do; besides this, the crusts of varicella are more conical and of a dark color, and under them we find more loss of tissue. Thus, gentlemen, I think we are warranted in accepting this disease,

as claimed by Dr. Fox, as one *sui generis*, and if we are not willing to wholly acquiesce to its truly contagious character, we must admit that it has its peculiar lesion which runs a peculiar course.

As to treatment, in the cases in which I observed a febrile movement I, from routine, gave quinine, and I think it did some good; but I am certain that topical treatment aborted the development of the vesicles. When I prescribed for the first case, I could not recall to mind the ointment so strongly recommended by Dr. Fox, so I ordered the application of benzoated zinc ointment, and it answered my purpose admirably. It caused the crusts to fall rapidly and the erythema to disappear likewise, and when applied to vesicles just commencing, and to others more fully developed, it caused them to rapidly wither, and this is certainly a very great desideratum, as it relieves the patient and renders others less liable to contagion; for although we have suggested that perhaps there was an exanthematic element in the case, under which circumstance contagion would be only an epiphenomenon, we certainly must admit that the pus of this disease, when planted upon a healthy integument, produces similar changes to those produced upon the integument of the person who furnished it.\*

New York, May 15, 1872.

#### A CASE OF RECURRENT VARIOLA AFTER A SHORT INTERVAL.

By M. E. WEBB, M.D., Boston.

W. H. P., of East Boston, aged 7 months, was vaccinated when 6 months old, but the operation was unsuccessful. On Tuesday, the 12th of March, the child was taken sick, becoming very fretful and presenting some febrile symptoms. A female physician was in attendance, who treated the child for a common cold. On Thursday following, an eruption appeared, which was pronounced chickenpox.

Dr. Crane, of East Boston, saw the case on Friday for the first time, and pronounced the disease variola discreta. He reported it as such to the Board of Health, and Dr. S. A. Green, City Physician, saw it on the

\* Since writing the above, I find that Dr. Moritz Kohn, of Vienna, admits the existence of the disease, and that he states that he has discovered a parasite in it. I carefully examined the recent pus from a pustule of one of my cases as well as a small portion of dried crusts, but was unable, even with the aid of high powers, to find any appearance of a fungus. The whole field was occupied by pus corpuscles, granular debris and epithelial scales in various stages of development.

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16th, and confirmed the diagnosis. This child undoubtedly received the contagion from its sister, 3 years of age, who had been attacked twelve days previously. There had also been several cases of smallpox in the immediate vicinity. The diagnosis was still more fully substantiated by the fact that a boarder in the house became infected some twelve days after, and died of the disease.

The disease in the case of the child went through a regular course, the only peculiarity observed being that the crusts fell off early, leaving several well-marked and characteristic scars in various parts of the body.

The child recovered its health perfectly, and continued well until Friday, the 12th of April, when it began to be troublesome, as before. Presently vomiting began, which continued through the day and part of the night. On Saturday an eruption appeared, first on the face and gradually extending over the body and extremities. Dr. Crane saw the case the second time and pronounced the disease variola, and so reported it.

Through the kindness of Dr. Green, I visited the patient with him on the 16th. At that time the child was thickly covered with an undoubted variolous eruption of the confluent form. The old cicatrices, plainly distinguishable, were thickly surrounded by vesicles; and some of the latter even pushed up through the indurated cuticle of the scars themselves. There were three scars upon the face and one upon the left leg, all very prominent, and presenting the appearances above alluded to, the eruption being thicker around them than on other parts of the body.

The child, accompanied by its mother, was admitted to the Smallpox Hospital the same day, and an unfavorable prognosis given.

The disease ran its regular course. The eruption soon became confluent, and purpuric spots appeared on all parts of the body. On the 18th it refused to nurse, and died on the morning of the 20th, on the eighth day of the disease, during the secondary fever.

Dr. Green informs me that he has seen, the present year, seven cases, of which he has kindly shown me four, which have had variola the second time. They all presented marks of the second attack, but in all from fifteen to forty years had elapsed between the first and second infection.

The element which makes this case the more interesting is the remarkable susceptibility to variolous poison in a child previously healthy and well nourished; that

within the short space of five weeks it passed through one attack of variola, recovered, became infected the second time, enjoying good health during the period of incubation; and was again seized with the disease of a severer form, ending in death at the third stage.

#### MAINE GENERAL HOSPITAL.

Great as had been the recognized need for many years of a general hospital in Maine, the subject was never brought prominently before the medical profession until the annual meeting of the Maine Medical Association in June, 1867. In his inaugural address, the President, Dr. S. H. Tewksbury, of Portland, proposed that immediate steps be taken toward the establishment of such an institution, and a committee, of which Dr. J. T. Gilman, of Portland, was chairman, was appointed to take the whole matter in charge.

The next winter, the committee memorialized the Legislature for an act of incorporation and for a pecuniary appropriation in furtherance of the object. Financial considerations prevented a favorable response to the petition for money; but an act of incorporation passed both branches of the Legislature without opposition and received the approval of the Governor. As amended in 1870, it provides, in addition to the usual terms of such acts, that the Governor of the State, the President of the Senate and the Speaker of the House of Representatives, for the time being, shall be a Board of Visitors, whose duty it is to see that the design of the institution is carried into effect; also that the executive affairs and general management of the hospital shall be under the direction of a Board of nine Directors, six of whom are chosen by the Corporation, and three by the Board of Visitors.

The charter was accepted by the Corporation in the autumn of 1869, a temporary organization was effected and associate corporators were chosen.

In response to a petition signed by more than two thousand of the most prominent men in various parts of the State, the Legislature, at its session in 1870, passed a resolve by the provisions of which the lot on Bramhall's Hill, Portland, the site of the State Arsenal, was ceded to the hospital, with the condition that the grant should not take place until private subscriptions to the amount of \$20,000 were raised. It was also provided that the State should give