For the more careful study of the disease the accompanying illustrations are appended. The cuts are made from photographs taken in different portions of the Province during the past five years, and are fully illustrative of most of the types that have been met with.

Nos. 1, 2 were amongst the first cases quarantined at Sudbury on suspicion after the disease had been prevalent for some months though incorrectly diagnosed. No. 1 shows a few pustules on the exposed parts, while in No. 2 is illustrative of the disease of the discute type in the pustular stage and had been diagnosed as of specific origin—neither of the patients (1, 2) had been vaccinated and both contracted it from the same source.

Nos. 3, 4, 5 are of a shantyman (unvaccinated) in whom the disease ran a very severe course, the secondary fever running over 104° F. In No. 3 the rash is shown just as the vesicles are changing to pustules. No. 4 is that of the same patient in the stage of desquamation while the pitting is well seen in No. 5, taken the day the patient left the hospital.

The next three illustrations show the progress of the disease in the same patient (also unvaccinated). In No. 6 some of the vesicles are assuming the pustular appearance; in No. 7 the disease has advanced to the pustular stage while in No. 8 the inflammatory condition found in the stage of secondary fever is well illustrated.

The examples, 9 and 10, are father and son, both unvaccinated, who both contracted the disease from another member of the family—in whom it had been diagnosed chickenpox. The child had but few pustules, while in the father the disease was quite typical—they were both in the same stage of the disease.

The patient 11 and 12 was a shantyman, (unvaccinated), the first illustrates the vesicular stage which is shown very well on the face. And in the second the pustular stage is quite marked. The brooch on the pomum adami is interesting as showing how the discrete vesicles in 11 become confluent pustules at the late stage.

In No. 13 (unvaccinated) is seen a good example of the aborting of the pustules on the face, presenting a condition which has frequently led to a diagnosis of chickenpox. On the hands the disease is seen in as the well marked pustular form, some of the pustules being confluent.

The next illustration, No. 14, unvaccinated, shows in a very marked manner a common form for the eruption to assume. In this case the papules developed into elevated cones crowned with acne-like black spots which were accumulatives of seropurulent fluid. These subsequently descrated, leaving the solid portion like warty excrescences which, however, subsequently disappear. These "black heads" are seen more markedly on the head, some few can be seen on the back of the hand.

The next two Nos., 15 and 16, show the eruption as it appears on the twelfth day when the patient, an Indian (unvaccinated), had a secondary fever of 104° F. The general distribution on the face is well shown, while No. 16, taken the same day, is a good example of discrete smallpox as seen on the forearm and hands, though No. 17, (unvaccinated) is perhaps more typical of the general run of cases as they have been seen in Province. All of the last seven illustrations were of shantymen quarantined in the Government Hospital at Sudbury.

The next illustration No. 18, is that of a patient whose case was diagnosed at New Liskeard as suffering from impetigo contagiosa, and is given