

Umbilication may be entirely absent or may be present in as high as 25 per cent. of the vesicles, but I have noticed that with an oblique light on the vesicles in early stage there is a distinct flattening of their summits, which is fairly marked in the majority of cases and represents an attempt at umbilication. The rash appears in most cases on the soles and palms, not so early as elsewhere, but can be felt before being seen.

There is very little inflammatory thickening of the skin even in cases where the rash is so extensive as to have the vesicles almost touching. An inflammatory halo can invariably be seen around the base of each pustule, but may be very faint. The thickness of the skin covering the vesicles on the backs of the wrists should be noted, as the deep-seated character of the eruption is there best seen. These vesicles are usually of a good size, very firm and tense, and pustulate much slower than those on the other parts of the body.

Contagion is not very great. Thus the first case, living in a hotel with isolation but imperfectly carried out, infected but four persons.

Several of the cases show slight pitting which may disappear eventually, but one case will have permanent marks.

The mortality is nil.

Formalin was used as an disinfectant with no failure, and is, I think, an ideal agent. Its acid fumes are readily neutralised by ammonia, either sprinkled on the floor or exposed in shallow pans in the rooms.