

consequently, a matter of much importance. The lymph of varicella vesicles is seldom innoculable, and still less frequently is such innoculation followed by a general eruption.

Concerning the appearance of the vesicles, it may be noticed (1) their size varies from that of a pin's head to bullæ, whose diameter equals that of a ten cent piece; (2) their number is usually from thirty to forty, but there may be from two to three hundred; (3) they are discrete as a rule, seldom confluent in the sense that variolous vesicles are; (4) they are not umbilicated, but tense, clear, and rounded. Within twenty-four hours after they have reached this state, the contents of the vesicles begin to be absorbed, they soon become flaccid, and in a few days more dry up, leaving the skin superficially reddened, or sometimes slightly scarred. Cicatrices are, however, the exception, and if the child has not been allowed to scratch the eruption, there is seldom more than half a dozen "pits." It will be noticed, also, that varicella scars are soft and superficial, and may entirely disappear in a few years, while small-pox "pits" are hard, deep and persistent during the life of the patient.

The falling off of the slight scabs and crusts left by the dessicating vesicles takes but a few days, and the healing of the underlying surfaces from which they fall, but a short time longer. It is doubtful whether there is a distinct period of incubation in chicken-pox.

When, as in most cases, the appearance of the vesicles is the first sign of the disease, we are without that assistance in estimating the length of the incubation period which precursory symptoms give. Thomas believes there is a distinct stage of incubation, and places it between thirteen and seventeen days. He also says that while this stage lasts we may frequently observe those general symptoms present during the corresponding period in the other exanthems.

The chest and back seem to be the favorite primary seats of the eruption, and from these positions it spreads to the lower part of the trunk and to the extremities.

At the same time, or soon afterwards, the eruption may be found on the head, which I have known to be thickly covered. The face generally escapes altogether. The mucous membrane of the mouth and nasal passages,

and sometimes the conjunctiva, are also seats of varicella vesicles. In one case I saw, the child, five months old, suddenly refused to take the breast, and as he did not appear sufficiently unwell to account for this disinclination to take nourishment, I examined his mouth, and found the tongue, cheeks and throat reddened and excoriated—a state of affairs that precluded nursing with any comfort. The eruption does not show itself altogether and at once, even in the same place, for, in the midst of well-formed vesicles, one is almost certain to find faint points, not unlike typhoid spots, that soon develop into clear vesicles, while the first crop has begun to shrivel and dry up. Towards the finish of the eruption a few scattered vesicles appear upon the palms of the hands and the soles of the feet. At the end of a week, however, very few or no vesicles remain, and most of the scabs have fallen from the skin.

The fever is seldom high, and the temperature rarely exceeds 100° or 101°. Probably, if all the eruption came out at once, a higher degree might be reached; but, as it is, from two to four days only the thermometer shows an abnormal increase of heat. Defervescence, such as we find it, is rapid.

As I said before, it is seldom on account of actual illness that a medical man is summoned to a case of chicken-pox, for most children are not all disturbed by the slight fever and other general symptoms that accompany the disease and, as a rule, they steadfastly rebel against confinement to bed or even to their room. It is not always so, however, for I attended, not long ago, two cases, that commenced with vomiting and headache, while want of appetite, lassitude and rather high fever were present during the first four days of the disease.

The prognosis is, of course, altogether favorable, and the continued disturbance of health that sometimes succeeds the attack may usually be traced to some cause independent of the varicella. It is only rational, it seems to me, notwithstanding this, to insist that the child should be carefully protected from cold and especially from draughts. The treatment should be dietetic rather than medicinal, but, if the attack be a severe one, small doses of the effervescing citrate of potash or magnesia will be found quite sufficient.