

Dr. M., who had charge of the ward-tender and nurse while they were in the attic of the hospital, was vaccinated on Sept. 29th. The vaccination was not successful, and on Oct. 2nd he removed the dried blood with his finger-nail, inflicting a slight wound. The part shortly afterwards became inflamed, and in eight days from this date, on Oct. 10th, he was seized with chills and fever. At the same time the seat of the vaccination was occupied by a large characteristic pustule and a general subcutaneous cellulitis existed throughout the arm. The glands in the axilla were swollen and movement of the limb produced pain. For the first two or three days we were of opinion that the constitutional symptoms might be altogether the result of the inflammation of the arm. On the third day, however, the temperature fell nearly to normal and a number of papules, about 100, appeared on the face and upper part of the trunk, which presented a hard, shot-like feel. These changed rapidly to vesicles and pustules passing through the typical stages in a very short time. After the commencement of the eruption and upon the subsidence of the temperature the case was diagnosed as one of varioloid, and the patient was sent to the small-pox hospital.

The question might here arise, might this not have been a case of vaccinia, in which the pustule was delayed in development, and in which the eruption became general? The decision was given in the negative. It is a little doubtful if such a condition exists as a general vaccination. It is at any rate very rare. Many of the cases reported under this head have been the result of secondary inoculation or a simple pustular eruption. In this case the papules presented the usual marked shot-like feel, and ran the ordinary course of variola.

The patient made a good recovery, and a few indistinct scars were all that remained after the disease disappeared. Another interesting question arises in connection with this case. Might it not be possible that the patient inoculated himself when he removed the dried blood from the seat of vaccination. On Oct. 2nd he was then in close attendance upon the two small-pox patients, and might possibly have conveyed the virus on his finger-nails. The eruption appeared on the 10th, just eight days after inoculation, the time usually occupied by the stage of incubation in such cases. It is, of course, impossible to decide this point, as the Doctor was constantly exposed at the same time.

Dr. B., who practises in a suburb of Toronto, called to see the patients, the ward-tender and nurse, on Thursday, Sept. 22nd, and remained about fifteen minutes in the wards. The Doctor is a careful observer, and, no doubt, closely inspected the eruption. On Thursday, Oct. 6th, exactly two weeks after exposure, prodromal symptoms commenced, viz., an occipital headache, which gradually increased in severity on the following Saturday, the constitutional symptoms became intensified. He then experienced a feeling of pain and stiffness in the muscles of the back, constriction of the chest and sore throat. His appetite, however, remained good and he did not notice any loss of strength.

On Saturday, he experienced a slight anorexia, a peculiar irritable feeling over the whole body, difficult to describe, pain in the joints and in the lumbar region. He suffered from marked insomnia. Temperature at night, 102°.

On Monday, the pain in the back increased in severity, and was also felt in the region over the lower ribs, in the joints, especially the right knee and ankle. Headache continued, appetite gone. Pharynx very red and painful.

On Tuesday afternoon I saw the patient. We discussed the possibility of variola, but as the temperature had not been high and on account of the congestion of the