semble chickenpox, especially in those who have been vaccinated. Always examine the whole eruption, and base your diagnosis upon the well-formed, typical vesicles, not upon the imperfectly-developed or ruptured ones. If you meet with an eruption looking like chickenpox in an unvaccinated child, take the greatest care in your diagonsis, for mistaking a case of smallpox tor one of chickenpox may result in a serious outbreak of smallpox. If you meet an eruption resembling chickenpox in an adult, be careful, as it nearly always turns out to be smallpox.

Confluent smallpox is not infrequently mistaken for measles, and *vice versa*. The physician is misled by the appearance of the eruption on the face, arms, and neck. In confluent smallpox the skin of these parts is often intensely hyperemic, swollen, and studded with raised pink or purple papules, accompanied by suffusion of the conjunctiva. The patient's aspect and the appearance of the eruption are very much like those of measles, but by drawing your finger across the forehead you will easily distinguish the hard, shotty feel of smallpox from the soft, velvety feel of measles.

Syphilitic eruptions, herpes, eczema, impetigo, pemphigus, and acne are all easily distinguished by the absence of the initial symptoms of smallpox and the history of the case.

The difficulties in the diagnosis of smallpox are most marked in cases where eruption is modified by vaccination; but always remember that in smallpox the initial symptoms are almost always present. The headache is one of the most constant of these symptoms, and is usually ascribed to the whole head; but if any particular point is designated, it is usually the forehead. The backache is a no less striking symptom than the headache. They both continue until the outbreak of the eruption. The occurrence of at least some of them is one of the most constant features in smallpox of even the mildest type, and the eruption appears in nearly every case after these symptoms have existed two or three days.

In smallpox, modified by vaccination, or by a previous attack, the course of the disease is more rapid, the papules more quickly become vesicles, the vesicles more quickly attain their full size; the vesicles more quickly become cloudy or pustular; the vesicles are smaller, and more or less pointed, not depressed or flattened. They bear little resemblance, except as regard to their round, circular shape, to the larger and clearer vesicles of unmodified smallpox.

In making a diagnosis of smallpox never forget (1) That the initial symptoms are most constant, both in the mild and severe cases, in the vaccinated and unvaccinated; (2) never forget to