

The nurse, Miss C., who had also been in attendance upon the first case in Ward No. 5, was the next victim. She exhibited febrile symptoms, together with severe pain in the back and head on Sept. 26th, and the rash appeared on the 29th. This proved to be a case of varioloid. The pustules were more abundant on the face than on the body, but were nowhere confluent. In fact the rash was largely confined to the face. The temperature chart in this case was also quite typical of varioloid, and there is nothing specially to note in the history. The patient made a good recovery. A few superficial cicatrices remained on the face. She had been vaccinated during childhood.

Both of these patients were at first isolated in the attic of the Toronto General Hospital, and afterwards, on Oct. 7th, sent to the temporary small-pox hospital.

On Oct. 12th, Dr. W., the resident assistant physician, who had charge of Ward No. 5, in which the first patient was treated, and who had been more or less in attendance on the ward tender and nurse, was suddenly seized with chills, followed by high fever, with severe pains in the back and stomach. On the third day a scarlatinaform rash appeared, which spread over nearly the whole of the lower part of the trunk and lower extremities. On the fifth day the rash disappeared, and a few papules were noticed, about a dozen in number, which rapidly became pustular and soon underwent desiccation. As the papules appeared the constitutional symptoms entirely subsided. The temperature during the period of invasion ranged about 102° to 103° , and fell when the papular eruption appeared. Dr. W. had been vaccinated in childhood, and was again vaccinated on Sept. 26th without result. This case presented great difficulties in diagnosis.

The fever and severe pain in the bowels at first suggested peritonitis, then the scarlatinaform eruption suggested the possibility of the prodromal rash of variola, or perhaps the erythema accompanying some other septicæmic condition. The pustules were so few in number and disappeared so quickly that the case might almost be considered to have been one of variola sine eruption. Owing to the doubtful character of the attack the patient was isolated in the attic of the hospital, and was not sent to the temporary building erected for the small-pox cases. During the course of the disease I was in great doubt as to its true character, but after its full development, and upon taking all the facts into consideration, the only conclusion I could arrive at was that Dr. W. suffered from a very mild form of varioloid. If the vaccination done in Sept. 27th had been successful the difficulty of making a diagnosis would have been much greater, as is shown by the history of the next case.

Nurse M., who had spent a good deal of time with Nurse C. in the early part of her illness and who was vaccinated on or about Sept. 26th, was on Oct. 10th taken ill with chills and fever, together with pains in the back and limbs. Her arm was at the same time much swollen, and the skin as far as the elbow presented a reddened inflamed appearance. On the third day after the commencement of the fever a scarlatinaform rash appeared over the lower part of the abdomen and lower extremities, which ran its course in about three days. Upon the disappearance of the rash, the fever and other constitutional symptoms subsided and the patient, although a little weak, felt otherwise quite well. No papules or pustules appeared on any part of the body. The patient was isolated in the attic of the hospital until her recovery. The opinion generally expressed by those who saw her, an opinion in which I concurred, was that the fever and rash was due to the vaccination. It would, however, be extremely difficult to prove that the case was not one of variola sine eruptione.