

Pustular Syphiloderm.—Although few mistakes have arisen from the diagnosis of cases of smallpox for pustular syphiloderm, yet there is a greater resemblance between these two diseases than is generally supposed. This stage of syphilis is ushered in by fever and accompanying pains and aches, very similar to smallpox. There then follows the papular eruption, which subsequently ends in the pustule. The chief distinguishing points are: 1. The absence of the shotty feel of papules. 2. The formation of small vessels at summit of the papules. 3. The large indurated base of the vesicles. 4. The appearance of the rash in successive crops. 5. Umbilication is absent. 6. The tendency of some of the lesions to ulcerate. 7. Examination reveals other symptoms of syphilis. 8. A history of the initial syphilitic lesion is confirmatory.

Urticaria Papulosa.—In this disease the papules are small, the size generally of a split pea; in color a dull white. They attain their full size in one or two hours. The initial symptoms are absent.

Acne.—This skin affection occurs chiefly at puberty, and the chief points in the diagnosis are: 1. The absence of initial symptoms. 2. The pustules are acuminated with a black central dot or comedo. Base is indurated. 3. The face, shoulders and back are chiefly affected. 4. The rash will be found in all stages in the different portions of the body. 5. The chief diagnostic difficulty is found in the rash as it affects the face, as in these mild cases it often simulates acne. An examination of the whole body will assist in clearing up the diagnosis. There is no necessity to refer to the rashes which happen in the initial stage, for in this type of smallpox they seldom occur.

HISTORY OF THE DISEASE.

The first outbreak of the disease was that which occurred in Essex County in the fall of 1899, when 272 cases were reported, with one death, a mortality of 0.39 per cent., the disease in this instance having spread from the adjoining State of Michigan. In the following years the disease became more widespread, the infection in many instances being traceable to the United States. Although it became so general in this Province, yet the type did not on the whole become more severe, as shown by the mortality, although there were individual instances where the character of the symptoms approached more nearly to the text-book type.

In the winter of 1900-1 it appeared in the lumber shanties of New Ontario, having been brought there by shantymen from Michigan, one man, to my personal knowledge, being the cause of its breaking out in at least four different points, scores of miles apart. In these distant parts the disease made rapid progress before its presence became known, the hardy shantymen becoming a ready nidus for the disease from the fact that nearly all were unvaccinated, and living as they do huddled together in the shanties, one case soon spread it to the rest of the camp, and, as a matter of fact, camp after camp was attacked without one case being ill enough to call in the services of a physician. These men had suffered from "la grippe" when it was epidemic, and here was a disease in most instances not so severe; true, a few "pimples" appeared afterward, but on the whole they felt better and work was resumed—the pimples were of no account. And it was not until February, 1891, that a case reached the notice of physician, who recognized the true character of it, that the provincial authorities were apprised of the fact.

From New Ontario the disease spread to the older portions of the Province, and has remained with us ever since, although it was virtually wiped out in the place where it first began, for the few cases occurring during the