

Some had the "shotty" feeling of smallpox, but in 90 per cent. this symptom was absent. In some, the eruption appeared on the fauces, and in others, the mouth and throat were not involved. I saw no case where the cutis vera was affected, and no pits were left. In no case was there any secondary fever. Adults had a more severe eruption than children, and infants recovered at the vesicular stage, the vesicle blackening and drying up, the crust falling off from the seventh to the tenth day.

None of the cases had ever been vaccinated, and the disease did not attack those having thick skins and dark complexions more severely than it did thin skins and fair complexions. Vaccinated persons coming in contact with it did not contract the disease, and children vaccinated in the house where the disease was discovered, escaped it.

The outbreak was easily traced to the case of a young man coming to Walkerville from Cleveland at a time when that city was confessedly unable to cope with the epidemic. An eruption broke out on him and no doctor saw him. He slept in a hay loft and his friends carried him provisions. Then, without any sanitary precautions such as bathing or disinfection, he donned Her Majesty's uniform and went to camp in London, but so far as is known did not communicate the disease to the troops, although his trail was easy to follow in Walkerville and Sandwich East.

Hundreds of places in the United States and Mexico have had similar experiences with this vague outbreak, and in proportion as they neglected or adopted stringent measures to stamp it out, have they been successful or otherwise.

It is not the well-marked cases of yellow fever, cholera, smallpox, typhoid or scarlet fever or diphtheria from which epidemics spring, but it is the mild insidious forms of these diseases that escape detection in their early stages. Although some of the first cases of these diseases run a mild course, they seem to gather momentum as they go, and sometimes end with a fearful mortality.

I submit that in the cases under discussion, variola and varicella, a differential diagnosis is well-nigh impossible. A severe case of chickenpox and a mild case of smallpox or varioloid are as nearly alike as two peas, and I confess I am unable to tell the one from the other sometimes. In the stage of incubation or in the earliest stages of the eruption these exceptional cases will puzzle the most experienced diagnostician, for up to a certain point there is no pathognomonic symptom to draw the line at. Later on—when perhaps it may be too late—the diagnosis can be made, but with this counterfeit variety it can only be made absolute after watching the case for a few days.

There are some thirty or forty cases in the county at present, all said to be very mild, but smallpox is a winter disease, and the