

never forget it. This elevation of temperature falls somewhat towards the second and third day, when the eruption appears. This first elevation of the temperature is undoubtedly due to the efforts made by nature in its struggle to throw off the poisonous germs and the fall of temperature, coinciding with the appearance of the eruption over all the body, is of great importance from a diagnostic point of view. To me this symptom is pathognomonic of variola. On being called in consultation some months ago to one of our principal hospitals, this fact alone gave me the opportunity of making an early diagnosis and of isolating the patient. No other disease has this peculiarity in the temperature. But, unhappily, when we are called to make a diagnosis in this disease this symptom is often wanting, the temperature not having been taken for the three days. Sometimes, although very seldom, an eruption of scarlatiniform appearance takes place, and what may greatly contribute to make one believe that it is true scarlatina, is that the rash lasts but twenty-four hours.

Eruption.—Towards the third day after the starting of the disease the eruption appears with the lowering of the temperature. It is characterized, first, by a papule, a small red nodule, hard to the touch and which gives a sensation of roughness to the finger, as though in contact with sand. These papules grow gradually and towards the third day after their appearance they become vesicles, whose contents are either clear or yellow. This vesicle has a pearly color and is often umbilicated. It is surrounded by an inflamed areola, which is the seat of an intense itching; little by little the matter contained therein is transformed into pus; and, towards the sixth or the seventh day after the appearance of the papule, there is noticed a new elevation of the temperature, which rises from one to two degrees in mild cases and in the more serious cases reaches 104° , 105° , even 106° and 107° . It is the ordinary manifestation of reaction provoked by suppuration. Eight or nine days after the papule is observed the pustule ruptures, and from it escapes a sero-purulent liquid, sometimes tinged with blood. In some places, where the epidermis has become very much thickened by friction, such as the sole of the foot and the palm of the hand, the pustules dry up without breaking. It is then necessary to remove the epidermis and its crusts before discharging the patient, as there would still remain material which might be a source of infection. This eruption is not confined to the skin only, but appears also on the mucous membranes; sometimes the tongue, the palate, the tonsils, and the pharynx are all covered with it. The patient coughs very much and can hardly speak, deglutition is most painful and he cannot take any food, a fact that is liable to entail grave complications.