

and not single as in varicella, and a careful examination and puncture would prevent mistaken diagnosis. The vesicles now become pustular and then umbilicated; the disease has now advanced about nine days since eruption began. The pustules now flatten and scab, which stage is followed by desquamation in from five to nine days, which process is generally complete in about six or seven days. In diagnosis you have, as a rule, only to consider scarlet fever, measles and varicella. Only confluent or semi-confluent variety should be mistaken for scarlet fever or measles, and the discrete or varioloid for varicella.

From scarlet fever you have more pain in the back, and the fall in the temperature when the rash appears; also the deeper red of the rash, not crimson, as in scarlet fever, the macular and papular form of the rash. The marking upon the soft palate, and in second day the defined strawberry tongue of scarlet fever, and it is in this stage that the error in diagnosis should be avoided.

From measles the peculiar rash and absence of coryza and cough should confirm your diagnosis.

From varicella in the confluent and semi-confluent variety a mistake should never be made, as the extensive rash and its history and peculiar macular and papular form should be ample for a differential diagnosis; but in discrete or varioloid a mistake might occur unless care be exercised in history of case and a careful examination of the vesicles, for it is at this stage that errors make their appearance. The careful examination of the vesicles, whether single or multiple celled, would confirm diagnosis. Also in varicella your crop of vesicles appear as such, and do not appear as maculæ and papulæ before becoming vesicles, and are as a rule pustular immediately upon coming on, and are seldom umbilicated.

As to Cuban itch, I never saw a case, and have noticed that all such cases proved to be smallpox, and have caused an immense amount of trouble by the erroneous diagnosis.

Treatment.—From the first support your patient by a liberal diet, keeping the secretions active, remembering that the skin is unable to perform its part, therefore the bowels and kidney must be active. I at once, after caring for the secretions, begin with calcium sulphide, $\frac{1}{4}$ gr. every three hours; also ferri et quin citrates 5 grs. every four or six hours; and by so doing have been enabled to secure perfect success with my seventeen patients treated under that manner. Should eyes become affected, look sharply after them; also examine the lungs for