

representing the remnants of the previously distended and then, therefore, thin and transparent walls of the vesicle, now ruptured. The very fact that plentiful unruptured vesicles present themselves for examination is itself presumptive of smallpox, although this condition may be found in chicken-pox at times in the first day or two of the eruption. The presence of plentiful broken-down vesicles is itself strongly presumptive of chicken-pox. I have seen a plentiful crop of chicken-pox vesicles on the back which had been evacuated of their contents wholesale by rubbing the back firmly with oil or vaseline, at the height of the vesicular stage, to relieve itching. The oil or vaseline, rubbed in as the vesicles were emptied and smoothed down, had kept these "epithelial rags" in place and prevented them from drying out. The slippery oil prevented the examining finger from securing a foothold to dislodge the rag; and the vesicles, being already empty, could not be further emptied by pressure. This condition had led to the diagnosis of smallpox, on the ground that the "vesicles" were firm and resisted the efforts to break them down! It must be confessed that at a little distance the smooth, yellowish white caps, lying on the summit of the engorged bases of the vesicles, would have suggested at the first glance smallpox, but for their irregularity in size and shape. On close examination the differentiation was easy.

The reddened areolæ (halo) surrounding the pocks of the two diseases are often similar, but the smallpox areola (until secondary infection late in the disease may alter conditions) is generally narrow, and, since it surrounds a round lesion, is itself circular. The chicken-pox areola is usually wider, the depth of colour diminishes more gradually towards a more diffuse edge, and when the lesions are oval the areola corresponding to them is oval also. Finally the chicken-pox areola frequently, although by no means invariably, shows irregular flaming offshoots, which give the whole the appearance of a bright-red ragged star.

Some prevalent misconceptions concerning the differential diagnosis are:—

1. That chicken-pox occurs only in children. It is true that the vast majority of chicken-pox cases occur at or before twelve years of age, but cases in older children and even in adults are by no means uncommon. I have seen it in a woman of fifty-three; and in many young adults.

2. That smallpox does not invade the scalp. It is true that chicken-pox usually invades the scalp while smallpox sometimes does not, but the point is by no means final.