

haematemesis and meleana may be noticed. Bleeding into the pock in the vesicular stage may also occur. The earlier the haemorrhage, the poorer the prognosis. I had no cases that could be called distinctly haemorrhagic, although in two of them bleeding into the pocks on the hands and face occurred. Otherwise these patients were not different from the others.

With the severer cases a most troublesome complication is involvement of the eyes. Vesicles appear on the conjunctiva of the under surface of upper and lower eyelids, and may appear even on that of the eye-ball. A catarrhal and purulent conjunctivitis is the result, and it may go on to keratitis, with ulceration and perforation.

More frequent even is the sore throat. This is really a symptom rather than a complication, for in all ordinarily severe cases the buccal mucous membrane has vesicles upon its surface as elsewhere. These may involve the pharynx and larynx as well.

Boils may make their appearance during convalescence. In two of these cases they were present and were very troublesome, keeping the suppurative fever from falling as rapidly as it should.

Delirium may be present. In children it is usually limited to the first or initial fever. In adults, that of the early fever may persist, continuing on into the suppurative fever stage, as in two of these cases. It may even become violent, and finally end in coma and death, as in one of these cases.

Usually, early in the third week the pustules begin to break, allowing the pus to exude and dry into crusts, which later fall off. This commences on the face and travels to the rest of the body precisely in the same order as the eruption appeared. In mild cases the secondary fever subsides, and encrustation is complete in the third week. In severe confluent cases it may require one or two weeks longer. Especially slow is this process in the tough epidermis of the hands and feet.

The disease is contagious from the first appearance of the eruption; and possibly earlier. The virus is reproduced most strongly in the skin lesions, but is present also in the secretions and excretions, as well as in the exhalations from the lungs. The virulence of the contagion is said to be in direct relationship to the severity of the attack, although it is well known that severe attacks may result from exposure to varioloid. Probably a great deal depends upon the degree of susceptibility of the person exposed. Merely entering a room for a few seconds where a small-pox rash is present will often suffice to cause an attack, while again others may live in the same house with a case for weeks before developing it, or may even never develop it.