ments for conveying patient to the smallpox hospital, where he was placed under the care of Dr. Proudfoot.

January 28th. Temperature 102; pulse 93. Eruption vesicular upon the face and trunk, also upon mucous membrane of pharynx and buccal surfaces.

29th to 31st. Eruption umbilicated and pustular in places. Number of papules increasing and developing upon extremities, and upon palmar and plantar surfaces, where they were productive of considerable discomfort.

February 1st to 10th. Course of disease uneventful. Temperature, from time of complete development of pustulation, ranged between 98 and 101 degrees. Pustules gradually formed crusts and healed. Comparatively few papules became pustular. No eye complications developed.

Treatment: Isolation; rest in bed; regulation of excreta; aristol and vitogen for local antisepsis; borolyptol for mouth-wash; iron and quinine during convalescence.

The patient had been vaccinated in earlier life, which may in this case have ameliorated the severity of the disease and shortened its course. No exact data could be secured with reference to constitutional symptoms in early stage. Amount of secondary fever and delirium slight at any stage.

No doubt the mildness of the type of smallpox which has appeared in various parts of the province during the past year has in some measure at least been due to vaccination. Increased immigration and improved facilities for railway travel give greater prominence to the need for enforcement of the Act by local boards of health. This need is more especially manifest in outlying districts where vaccination has been systematically neglected for decades, and in the public schools and large factories of our more populous centres where contact with recent arrivals from infected districts is at all times likely to occur.