

become as large as a pea, pearly in appearance, and either filled or partially filled with serum. The more typical will be found to be multilocular and different to the others; will not collapse on being transixed by a needle. Some, but not all, of the vesicles will present umbilication.

The change to a pustule may begin as early as the fourth day, and usually, in most cases, is markedly noticeable on the fifth day. The rash on the face, sometimes shrinking and drying up into thin crusts, is shed from the face and neck often as early as the tenth day. Not so, however, is the course of the lesions on the other portions of the body and the extremities. It is here prolonged, and the pustules present a more typical appearance, and on the sixth to the eighth day of the eruption there will be found a circular pustule presenting a dome-shaped appearance, and surrounded by a marked areola. These pustules shrivel, and subsequently rupture or are broken, and the contents form a dry crust, or they become inspissated, presenting a brownish appearance. Particularly is this the case in the feet and hands, where the epidermis is thickened. The stage of incrustation continues for a longer period in the latter case than where simply thin crusts form. In the majority of cases there is no dermatitis, and if present, is but slight. Intumescence, if present, is not only slight in degree but is evanescent in character, and lasts for two or three days.

The average duration of this atypical form of smallpox is slightly under twenty-one days. Difficulties of Diagnosis. The chief difficulties met with have been as follows: 1. The frequently mild form of the onset. 2. The abortive character of the eruption, as observed chiefly on the exposed parts. 3. The entire absence of constitutional depression after the appearance of the rash, thus permitting of many persons resuming their usual calling. 4. The absence of secondary fever, even in more markedly typical cases. 5. The extreme mildness of the infection, as shown in many instances. 6. The brevity of the period of incubation as compared with former outbreaks. These, and possibly a few others of a minor character, have thrown many a physician off his guard, and led in the past to rather widespread outbreaks in some portions of the Province.

Of the foregoing, the abortive character of the eruption is the greatest source of diagnostic mistakes, for it is found that the eruption, once out, does not pass through the successive stages even in an imperfect manner, but it pursues an abortive course; given a case with a definite number of maculæ, there will be found to be an aborting of numbers of these, the remainder developing into papules, of which in turn, a number will also abort before becoming even slightly pustular. It will be further found that the papules have developed into solid conical elevations, crowned by small vesicles containing sero-purulent or sero-sanguino-purulent fluid, which vesicles desiccate early, leaving the solid portion which remains for some time as a warty-like excrescence of the skin. This is most frequently noticed on the face, but disappears without leaving any permanent disfiguration.

The size of the pustules or the aborted vesicles may be particularly noted. Usually circular in outline and of the size of a split pea, yet in many instances it is found that the greater number are smaller in size, some not larger than a good-sized pin-head. The apex of many will present a dark appearance similar to an acne, though without any marked dermatitis or intumescence. In such cases some few typical pustules will be found, possibly, on the abdomen or extremities or along the hair line. Again, early rupture of the vesicles or pustules produces, where such has occurred, an irregular outline, somewhat simulating chicken-pox.

*Differential Diagnosis.*—The affections with which smallpox of the present type has been, and unfortunately still is, most frequently con-