

cles may appear on some of the papules during the first day, increase in size, and reach their full growth on the second or third day, instead of on the fifth, as in the unvaccinated. They may appear in consecutive crops, so that on the same patient you may find the eruption in all the various stages of development—another marked modification. They are round, often small, generally dome-shaped or conical, not flattened or depressed on top; if depressed, that depression is minute. Many medical men have doubted whether the present epidemic was smallpox, simply because the vesicles did not present this depressed appearance. On the face of the patient the vesicles may be irregular in outline, not round. The fluid in the vesicles is at the first clear, but on the second or third day, as they reach full size, it becomes opaque, and many of them abort, as it were, dry up, the contents never becoming pustular, or the eruption may pass rapidly and imperfectly through the several phases of development, producing more or less dwarfed forms. Again, many of the papules never vesicate at all. When they become pustular, many of the pustules merely dry up without bursting, forming brownish crusts, thinner and smaller than those seen on the unvaccinated. The skin not being deeply involved, the scabs fall off sooner and leave merely stains, no pits, and these stains soon disappear. In the vaccinated the mucous membranes are not so often affected as in the unvaccinated. In the vaccinated the course of the disease is more rapid, its duration is shorter than in the unvaccinated; but you every now and then meet with cases where vaccination has had little modifying effect. Vaccine will take after smallpox, but it is rarely tried.

*The Location of the Eruption in Smallpox.*—In both the vaccinated and the unvaccinated it is more abundant on the face and the extremities, less so on the body, more abundant on the back than on the chest and abdomen. It is usually present on the palate, the fauces, and the tongue, in direct proportion to its abundance elsewhere.

*The Temperature.*—The temperature is high in the initial stages, but it begins to fall as the eruption appears, and, as a rule, becomes normal when the eruption is fully out, to increase again when the pustular stage arrives. In severe confluent cases it may never fall under 100 degrees F. It must be admitted that the diagnosis of smallpox in the eruptive stage is often extremely difficult, consequently many mistakes occur. In this eruptive stage it is more often taken for chickenpox than any other. In chickenpox it is extremely rare to have any of the initial symptoms which are characteristic of smallpox.

I repeat these initial symptoms, so as to emphasize them :