

The vesicles and pustules vary in size from a good-sized pin-head to that of a split-pea. Usually circular in shape, and with an elevation about equal to the radius, so that they are really half-spheres. If there is a tendency to become confluent, these will present various shapes and those close together will unite and form larger ones, varying from the size of a nickel to a quarter, or even larger, in the very severe cases. The elevation does not increase with the size.

In the palms of the hands and the soles of the feet the vesicles may be from six to seven days later in appearing than on the rest of the body. This may not be mentioned elsewhere, but it obtained in these cases, especially in adults, and of those more noticeably in the ones with epithelium thickened from manual labor. A day or two before appearing apparent tightness and soreness is complained of, but later they give rise to a good deal of pain as well, and the patient is very particular to protect them from anything that might press upon them. The late appearance is probably due to the thickening of the epithelium and the pain to the tension resulting from the effort to get through.

Following the initial rise and the fall, which is usually on the fourth day, the temperature commences to rise again about the sixth or seventh days and may be long or short, according to the severity of the case. Often there is no stationary period whatever, the temperature rising again immediately as the initial fall is completed. This constitutes the secondary or suppurative fever, and with it the general symptoms return. This usually ranges from 101° to 103° , and lasts about five days or more. On the twelfth day pustules begin to dry and scale off. By the fifteenth day desquamation may be advanced. However, in one case the maturation fever attained to 104° and lasted about two weeks. The tenth day usually sees it at its height. The face and neck become greatly swollen, the latter practically disappearing in some.

The pustules instead of remaining discrete may become confluent. This rarely, if ever, occurs elsewhere than the face and possibly the backs of the hands. The cause is this, as above described, only more severe, both in initial and secondary symptoms. Delirium is likely to occur about the tenth day, but may earlier. Haemorrhagic symptoms may develop, and death occur, patient comatose previously, with pulse gradually becoming feebler and more rapid.

Text-books describe a form called haemorrhagic small-pox, or black small-pox. In the Montreal epidemic there were twenty-seven cases. In this the illness starts with the usual symptoms, but with more intense constitutional disturbance. Mucous and conjunctival haemorrhages occur. Hematuria,