

AC 901

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*Climate and season.*—The disease has continued from year to year, with a maximum number of cases in January, and a minimum in the summer months. The type presented no variation in the cold of winter as compared to those happening in the heat of summer.

*Contagiousness.*—It would appear that the virulence of the contagium is in direct relationship to the severity of the attack. During the early stages preceding pustulation, the infection is not as great as subsequently, and the mere entering a room or house wherein is a mild case during the pustular stage, is not always followed by an attack. Often persons live for weeks in the same house with a mild case before they develop it. I have not known of a case due to aerial convection; indeed, on this point I am somewhat sceptical.

*Incubation.*—The usual period of twelve full days from the date of one receiving the specific infection of smallpox is, as a rule, the correct one; but the exceptions have been so numerous during the past five years, where fifteen, sixteen and eighteen days have elapsed, that for mild cases the period may safely be extended. By reason of the prolonged incubation, the period of quarantine has been extended to eighteen days, and in some of the neighboring States three weeks is the statutory period.

*Initial symptoms.*—While in many cases the onset, although slight in character, is often sudden, yet many patients have suffered so little discomfort, that it has been hard for them to fix any time for the onset. Mild and insidious, indeed, have been the prodromata, from a passing malaise to headache, and backache, accompanied by nausea and vomiting; children and adults alike have had the same experience, and the latter have often followed their usual occupation throughout the whole progress of the disease. Many have described this group of symptoms as simulating la grippe more than anything else. The temperature has averaged from 100 F. to 102 F., while the instances have been as many below the minimum as above the maximum quoted.

The fever continues, as a rule, for twenty-four hours to seventy-two hours, although it frequently passes unnoticed by the patient; and often is noticed for from 1 to 12 hours; the temperature drops to normal or subnormal with the appearance of the eruption, and thus ends for many their sickness, and the usual occupation is resumed. Because the onset is severe it does not follow that the attack will be severe, nor does it hold true that the mild onset will be followed by a slight attack.

*The Eruption.*—This appears from a few hours to seventy-two hours after the onset, and consists, in the first instance, of minute red macules that disappear on pressure. They are not hard to the touch nor perceptibly raised above the surface. The distribution conforms very much to that of the more severe type of the disease, being more marked upon the face and extremities than on the trunk. Often within a few hours the maculae become papules, when the shotty feel is first noticeable. This is frequently the first stage noticeable in mild cases, and by this time some of them may show distinct signs of beginning vesiculation. Thus it is stated by the patient that they began as vesicles, whereas the correct way to state it would be, the eruption was first noticed when vesiculation began. This is a fruitful source of error in diagnosis, and leads the practitioner to call the attack one of chickenpox.

The rash may appear in one crop, but more frequently, even in very mild cases, from one to three days may elapse before it has fully come out.

During vesiculation, which continues for about three days, rarely five, as seen in previous outbreaks, the vesicles increase in size until many of them