not successful, his temperature was higher, and on its fall a number of shot-like papules presented themselves, which underwent development into vesicles and pustules. If the vaccination in Dr. W.'s case had been at all successful, the diagnosis would have been much more difficult, if not impossible.

The diagnosis between varioloid and varicella, although generally not difficult, may occasionally give rise to a good deal of doubt. In New York State, some years ago, an epidemic of varioloid was mistaken for varicella until two or three undoubted cases of small-pox made their appearance.

The severe constitutional symptoms and the prolonged character of the stage of invasion are the principal means of diagnosis until the eruption appears, which, in varioloid, presents the peculiar shot-like feel. The soft character of the papules, the very superficial vesicles, and their appearance in successive crops, are very characteristic of varicella.

Measles are sometimes mistaken for small-pox, and instances have not infrequently occurred in which actions for damages have been taken for sending patients suffering from that disease to the small-pox hospital. The greater severity of the constitutional symptoms in the stage of invasion, the absence of marked catarrhal conditions, and the presence of the hard, shot-like feel to the papules, will be sufficient in most cases.

Then, as Dr. Savill remarks, the element of time is an important one in diagnosis, so that the age of the eruption should be carefully noted. At the end of twelve hours the papules of measles begin to fade, those of small-pox get harder and larger, and after an interval of two days, become vesicular, whereas varicella is vesicular almost from the very commencement.

In these days, when vaccination is so generally practised, the majority of cases of small-pox are mild—some so mild as to be mistaken for acne. In the mildest cases of varioloid, however, there are some constitutional symptoms, and in acne the age of the spots and the presence of comedone are sufficient to make a distinction.

Some years ago, when an *interne* in the Brooklyn City Hospital, a patient was admitted in a partially comatose condition, and before a history of his case could be obtained he died. His body was in many parts covered with a rash, which strongly resembled confluent small-pox. In such a case the want of knowledge of the previous history of the patient may make the diagnosis somewhat uncertain.

I have not spoken of the peculiar odour as an aid in diagnosis, [illegible] developed until all doubt is past as to the nature of the disease.

My experience in the recent, as well as in former, outbreaks teaches me that cases of varioloid occur in which a diagnosis is almost impossible, even when the disease is fully developed, and that the proper management of such cases require complete isolation, and at the same time their not being exposed to the virus of the disease while any doubt exists. A special ward for such doubtful cases should exist in connection with the Isolation Hospital.

The expectant plan was followed in the treatment of [illegible] conjunctivitis the following solution was used: Atropia sulph., grs. ii.; resorcin, grs. v.; acid boracic, grs. x.; aq. distillat, ℥ i. At the same time the eyes were bathed with a warm boracic solution. No local treatment was used to prevent pitting. Mild disinfectant sponge baths were used for the purpose of cleanliness and sterilization.

As to the pathology of small-pox, little has been added to our knowledge in recent years. It is probable that it, as well as the other exanthems, are examples of germ diseases; but the micro-organism peculiar to it has not yet been discovered.