

be excluded, and the extravasations took place in the vesicular stage.

Next to the occurrence of hæmorrhages the abortive nature of the eruption forms the most interesting feature. No patients under my care with an equal extent of eruption made such rapid recoveries. In all of them the skin was perfectly clear of of scabs in about two weeks, the extremes being 11 (case VI) and 14 days (case III). It is difficult to assign a cause for this early desiccation. On the legs and lower abdominal region it may have been directly due to the extravasation. A vesicle with a layer of extravasated blood about and beneath it is cut off, so to speak, from the circulation, and has to draw its nutritive supply from a distance. In many instances, also, the hæmorrhage occurred into the vesicles, and they quickly dried up to small dark scabs. On the face and other parts this condition was absent, or present to a very slight extent, so that this factor cannot here be taken into consideration. In three the retrogression of the pocks on the face produced typical examples of the form *v. verrucosa*; solid papules, like small warts, were left, which took a considerable time to disappear, even after the rest of the body was quite free.

An arrangement of pocks in clusters—*v. corymbosa*—was noticed in three cases. In case I symmetrical groups of exceeding by fine vesicles were present on the eyelids, and similar ones, though not so distinct, were on the cheeks. Case II presented several curious clusters, also of small vesicles, on the thighs and in the popliteal regions. In case V—the one above given—they occurred on the inner surfaces of the tibiæ, on the internal maleoli and on the inner sides of the soles of the feet. The individual pocks on the maleoli and soles fused together forming large blebs, which became filled with a sero-sanguineous fluid. This variety is usually regarded as very fatal, but in these cases the arrangement appeared to have no special significance.

The references I have been able to find to this variety of hæmorrhagic small-pox are exceedingly limited. The 35th case in Simon's articles* on prodromal rashes presented hæmorrhagic rings round the pocks. Cases 20 and 21 in Knecht's paper on

* Lo. Cit. p. 2.