

Smallpox.

A clinical description with twenty illustrations.

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The oft repeated occurrence of this disease in different and widely separated municipalities of the Province during the past few years and the failure on the part of many medical men to arrive at a correct diagnose, are in themselves sufficient excuse for again bringing before the notice of the medical profession and the local health authorities, some few facts regarding smallpox.

Before discussing the question from a medical standpoint, it may not be out of place to refer to some of the popular and common errors which are and have been advanced by "knowing ones" regarding this disease, the advocacy of which untruths has done much to prevent the authorities adopting those preventative measures which are essential to the prevention of epidemics and unnecessary outlay of money by local Boards of Health.

Perhaps the most common of false ideas regarding the disease is that which finds expression in the statements "it cannot be smallpox because no one is really sick, and those who have it are at work," or "they are ill for only a day or two."

This popular misconception of the disease no doubt is due to the following facts: First, in former epidemics, the type of the disease was severe, patients suffering severely from the onset, which was generally sudden, then during the few days immediately preceding the appearance of the rash, there is headache, pains in the back and limbs with accompanying nausea and vomiting, often incapacitating them from all work.

Second. With the abrupt cessation of these symptoms, the rash began to show itself in a pronounced manner upon the exposed parts, as face, neck, hands and wrists, whereas the present form of the disease in many cases presents but few pocks or pustules, and often their presence gives but little inconvenience even when numerous.

Third. The only sickness complained of is that noticed before the onset of the rash, the secondary symptoms being either very slight or entirely absent,—this being often characteristic of cases when scores or hundreds of small pustules are present.

Fourth. The frequent aborting of the disease at the visicular stage,—as seen more particularly on the face, either the absence of the secondary fever or the slight character of the same—permitting of the patients often following their usual occupations throughout the whole progress of the disease, which frequently does not exceed a fortnight.

The other common errors are based largely upon the foregoing clinical facts and have led to the disease being called chicken pox, Cuban itch, Philippine rash, elephants' itch, both by the laity and often by medical men, though, perhaps, the most common of professional mistakes has been to call it impetigo, contagiosa. Some few have thought it to be a new and as yet unnamed skin disease.

The experience of the past five years may be summed up briefly as follows: