

I intended should be my last visit, about five days from the time I first saw him, his mother showed me some reddish spots on his back and chest, also an eruption on his head, the last of which I could not make out very well, owing to the thickness of his hair. She said she had noticed them for the first time that day, and thought they might be chicken-pox, as two of her other children were recovering from an attack of that disease. I promised to call the next day, and did so, to find the child with a temperature of 102.6 F., pulse 146, and rather a copious eruption of well-defined varicella vesicles on his chest and back. He appeared so very unwell that I gave him a purgative dose of citrate of potash, and ordered him a five grain dose of quinine at night. To be sponged every hour if fever remain or increase. Next morning I found that the vesicles had enlarged to the size of a five cent piece, others were on the increase, and a few fresh crops had appeared on the extremities. The child had passed a restless night, and had vomited several times. Morning temperature 102° F., pulse 140. On examining the face I observed a few scattered pimples, which were unlike those I had hitherto noticed. Likewise on the hands I saw a patch of papules that were quite hard and elevated.

As the child was feverish and ill, I called again next day, but did not reach the house till near evening. The papules on the face and hands had become vesicular, but the vesicles, *strange to say, were small, irregular and umbilicated*. There were about thirty in all, small and discrete. Child's temperature was then 102.25° F., pulse 138. I saw him next morning about ten o'clock, and found the first vesicles on his back shrivelled and drying up. The second crop of varicella vesicles on his lower extremities had become large and rounded, but on one knee I discovered a patch of vesicles exactly like those on his face and hands—small, discrete, rather irregular in shape and umbilicated. He seemed better that day; his temperature had fallen to 100° and his pulse was only 115. I admit I was puzzled. However, I decided to keep my own counsel and wait.

In two days more umbilicated vesicles appeared on the child's neck and back, and I found that all the large rounded bullæ had dried up, and most of them had fallen off, while no change had taken place in the vesicles on the

child's face and hands, except that they had become milky—in other words, pustules. A week afterwards these pustules had dried into scabs, and in four or five days more fell off. The vesicles on the child's neck, back and lower extremities followed these changes in regular order, and in three weeks after their appearance I could distinctly make out half a dozen distinct pits in the face and hands, the seats of the umbilicated vesicles.

After carefully weighing all the evidence I could collect, I came to the conclusion that the child had suffered from simultaneous attacks of variola and varicella. Of course I am aware how rare such a combination is, and I should have thought that the umbilicated vesicles were varicellous had they shrivelled up sooner, been preceded by neither fever nor vomiting and, above all, had they increased in size. *Per contra*, I might even have gone the length of setting down the rounded vesicles and bullæ as variola, had they been umbilicated, remained longer, not increased to such a size and left pits behind them. Furthermore, I learned subsequently that the child had never been vaccinated, and that about two weeks previous to his illness he had been taken by a French girl—a neighbor—and laid for nearly half an hour upon a bed lately occupied by the girl's brother, who had been ill of small-pox. Bearing in mind, too, the diagnostic value of vaccination in such doubtful cases, I brought it about as soon as practicable, and had the satisfaction of finding that it had no effect. Though I used the freshest and most reliable vaccine lymph, no approach to a vaccinia vesicle formed on the child's arm, and now I feel safe in believing that the umbilicated vesicles were those of veritable small-pox, as I am convinced the earlier vesicles and bullæ were those of a true varicella.

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### Progress of Medical Science.

#### PERCHLORIDE OF IRON AS A TOPICAL APPLICATION FOR CHANCRE.

In an article on iron, in the *Dictionnaire Encyclopédique des Sciences Médicales*, M. Rollet gives the two following formulas for topical use in cases of chancre :

R.	Aquæ.....	5 vi	(24 grammes).
	Ferri perchloridi.	3 iij	(12 " )
	Acidi citrici.....	3 i	( 4 " ) .M.
and R.	Acidi hydrochlor.	} àà 5 i.	(4 grammes).
	Acidi citrici.....		
	Ferri perchloridi		
	Aquæ destillatæ..	5 i.	(32 " ) .M.