

and the eruption appears in almost every case after the duration of initial symptoms of about 48 hours. The peculiarity of the eruption of modified smallpox is that its evolution is quicker than is that of the eruption of unmodified smallpox—that is to say, the papules quickly become vesicles and the vesicles soon show signs of pustulation, so that on the second day of the eruption there are definite vesicles, which by the third day are, in many instances, cloudy and opaque. The vesicles are often small and more or less acuminate, frequently not showing depressed centres, and bearing little resemblance, except as regard their circular outline, to the larger, bolder, and clearer vesicles of unmodified smallpox, which show flattened or depressed tops.

It has always appeared to me that many of the mistakes in diagnosis are due to disregard of the significance of the initial symptoms of smallpox. When a patient presents a history somewhat as follows: Headache, lumbar pains, anorexia, rigors, and perhaps vomiting and pyrexia, these symptoms lasting about 48 hours, when a papular shotty eruption appears on the face and the extremities, and to a less extent on the trunk, the temperature falling on, or shortly after, the appearance of the eruption, such a case is in all probability one of smallpox; but if a papular, vesicular, or pustular eruption appears on a person, and the initial symptoms just mentioned have been absent, then most probably such a case is not smallpox.

In the diagnosis of smallpox, the following rules should be observed: (1) It should never be forgotten that the initial symptoms of smallpox are most constant both in vaccinated and unvaccinated subjects. (2) When called to a case the practitioner should never take for granted that the eruption on the trunk is like the eruption on the face and extremities, but in every case he should examine the whole eruption. Disregard of this precaution leads to many mistakes. (3) It should not be assumed that because a case of smallpox has occurred in a house, therefore a vesicular eruption appearing on another inmate of the same house about the same time is smallpox. I have known cases of chickenpox and smallpox occurring simultaneously in the same house, and smallpox and enteric fever cases in the same family at the same time. (4) It should be remembered that in a very large number of vaccinated subjects smallpox is so mild that as soon as the eruption—consisting sometimes of not more than half a dozen spots—have appeared, the patient feels well. (5) Care should be taken to avoid ascribing the spots on the face in a mild case to digestive disturbances, and sending the patient to the seaside for a little change of air. This may not be the custom, but it is done. A very remarkable instance of mis-diagnosis