

disappears upon stretching the skin. In measles it does the same. In smallpox it is only slightly, if at all, raised above the level of the skin; in measles it appears to be distinctly raised. (This is an important fact.) In smallpox this rash reaches its height within twenty-four hours, and fades quickly before, or soon after, the appearance of the characteristic eruption of smallpox, on the third day of illness. In measles the rash does not appear until about the fourth day of illness, and it takes about three days to reach its height. In smallpox this rash is not preceded by severe catarrhal symptoms, although you may have suffusion of the conjunctiva. In measles the rash is always preceded by catarrhal symptoms.

In smallpox, backache is a prominent symptom; in measles it is not.

In measles, if you examine the mouth closely, you will discover a number of small raised whitish dots, about the size of a pin's head, generally on a reddened base. They are usually discrete, but occasionally a confluent patch may be seen. They are nearly all located on the mucous membrane opposite the molar teeth, very few of them are opposite the other teeth. They disappear within one or two days after the measles eruption appears. Some of the best authorities say these are seen in every case of measles. You must carefully distinguish between these and the eruption of smallpox in the mouth.

Smallpox spots in the mouth are larger and are distributed generally over the palate, the fauces, the pharyngeal walls, and the tongue, whilst these are smaller, and confined for the most part to the mucous membrane opposite the molar teeth.

Besides scarlet fever and measles, there are many erythemas affecting larger or smaller portions of the skin which may puzzle you; but, in a general way, whenever you find a punctate rash showing in the groins, on the sides of the body, on the lower abdomen, on the inside of the thighs, or in the flexures of the arms and legs, accompanied with the initial symptoms of smallpox, you are justified in expecting smallpox, and temporarily isolating your patient.

In attempting to make an early diagnosis of smallpox, it is important to remember that these pre-eruptive rashes in smallpox are generally met with in adults, whilst measles and scarlet fever are diseases peculiar to childhood. Rashes produced by articles of food, by drugs, together with lichen and rothlen, are easily known by the absence of the initial symptoms of smallpox. In severe cases of influenza the symptoms resemble the initial symptoms of smallpox, but the depression is more complete from the first, whilst the pains behind the eyes and in the