

quarantine in half the usual time. For example: A child aged five years was vaccinated a few days after exposure to his father, who was ill with smallpox. Thirteen days after such exposure there were marked prodromal symptoms of smallpox. Later four papules appeared upon the child's neck, and these increased in prominence for two days, then decreased for a like period of time, and disappeared without vesiculation.

"In other cases, after the severe prodromal symptoms, an eruption, thick set and hæmorrhagic, may appear. There may be marked prostration and delirium. By the fourth or fifth day of the eruption all symptoms may change for the better, and the patient's case progress as a typical varioloid.

"There were mild cases without previous vaccination, and hence mild in character independently of any influence from vaccination. There were still other cases with a mixed eruption. Thus M. and E., sister and brother, aged respectively eleven years and ten months, were ill. The histories of these two cases were practically the same. There was fretfulness, fever, malaise, sore throat, headache on the third day, a macular eruption of irregular size, and most marked on the head, hands and feet. From the centre of many of these maculæ there developed, within twelve to twenty hours, a small dome-shaped transparent vesicle, with thin top, which would break within the next twenty-four hours, leaving the usual flat, dry, dark scab, of irregular size, so characteristic of chicken-pox. But accompanying these typical prodromal symptoms of smallpox, with the rash of chicken-pox, was another eruption of papules going on to vesiculation slowly, as in smallpox, full and tense at the end of a week; mostly round, but occasionally oval; refilling quickly when emptied. These had thick tops and a hyperplastic base. There was an elevated ring left when the usual smallpox scale dropped off.

"The following complications were met with in one or more cases: Brachial palsy preceded by a neuritis; severe inflammation of the eyes, lasting from seven to ten days; suppurative otitis media; impetigo following the desquamation; facial erysipelas following the secondary fever (in one case); burrowing abscesses over back, sacrum and buttocks. There were small wounds of the skin, which showed no disposition to heal so long as the eruption was active. In one case the nails dropped off, and this was in progress when death occurred in another case. In one case there were bed sores. Many of the severe cases had a crop of pimples following the desquamation. Inflammation of the glands of the neck, of the groin or of the axillæ was noted in many of the cases. Accompanying this was chills, irregular temperature, and local pain. There was a marked variation in the size of these glandular and periglandular swellings, which advanced and receded from day to day. The