

Dr. Chas. Hodgetts, Secretary, Ontario Board of Health, read a capital paper on "The Diagnosis of Modified Smallpox."

Dr. Hodgetts employs the word "modified" to designate those cases where the course is in any way atypical, not to cases modified by vaccination—the so-called varioloid.

About five years ago the disease appeared in Essex County and Northern Ontario, and was variously diagnosed as chicken-pox, impetigo and syphilis. The spread of the affection and the fact that those unvaccinated were its victims, soon, however, established the nature of the epidemic. Since then the disease has continued from year to year, with the maximum number of cases in January and the minimum during the summer months. The virulence of the contagion has been variable, during the early stages (preceding pustulation), but slightly contagious, and in many mild cases the contagion seems slight throughout. The regulation incubation period of twelve days has been the rule, but many cases of fifteen, sixteen and eighteen days have occurred, necessitating the period of quarantine being extended to eighteen days.

The initial symptoms have varied all the way from a passing malaise to severe headache and backache, accompanied by nausea and vomiting. The initial temperature has been from 100 to 102 F. The mildness or severity of the onset, however, has been no indication of a mild or severe attack. The fever drops with the appearance of the characteristic rash in about seventy-two hours. The rash runs through its regular series of macules, vesicles, pustules and crusts.

The affection is most frequently mistaken for chicken-pox, impetigo and pustular syphiloderm, and in the differentiation the following points are important:

*Chicken-pox*.—1. A disease of childhood. 2. Runs a rapid course; lesions are papules, vesicles and scabs, all in twenty-four hours. All over in a week. 3. Premonitory symptoms slight or none. 4. Temperature appears with the rash. 5. Vesicles soft and irregular. 6. Eruption occurs on covered parts. 7. No scar or pigmentation left.

*Impetigo*.—1. No elevation of temperature. 2. No initial stage. 3. Begins as a vesicle or vesicular pustule. 4. Occurs on the face, hands and exposed parts. 5. Unsymmetrical and superficial, large blebs. 6. Crust friable, leaves no scar. 7. Finger-nails carry the infection.

*Pustular Syphiloderm*.—The large indurated base of the vesicle, which lacks umbilication, and the history and persistence of the symptoms should prevent mistake.