I doubt very much whether it be worth while to attempt any measures calculated to prevent the spread of the disease, for, in the first place, it is a trifling disorder; and, secondly, it would be difficult to prevent infection—almost impossible—during the progress of an epidemic, and needless in sporadic cases.

The diagnosis of varicella I hold to be important, and more particularly is it important that it should never be mistaken for small-pox, or *vice versa*. I have already referred to the bearing of the diagnosis on vaccination. I would further remark that it would be an unpardonable error to tell the parents of an unvaccinated child affected by chicken-pox that the case is one of small-pox, for that would be tantamount to depriving him of the protection he so sadly needs in a district infected by variola. Again, could a medical man ever excuse himself were he to expose a case of varicella to infection by variola by handing it over to the tender mercies of a small-pox hospital? It is possible, under some circumstances, to mistake chicken-pox for sudamina, but a piece of litmus paper will clear up the diagnosis, since the serum of the varicella vesicles is neutral or alkaline, while, as might be expected, the fluid (sweat) in the sudamina is acid.

I may, perhaps, be pardoned, in view of the object of this paper, if I refresh your memory by a short sketch of the differential diagnosis between varicella and variola. Small-pox has a premonitory stage, the eruption being preceded by severe pain in the back, rigors, vomiting, headache and high fever. In varicella almost invariably the first thing that attracts attention is the eruption itself. The small-pox eruption is first a pimple, feeling like shot under the skin, and it does not become vesicular until the second or third day. This vesicle is umbilicated, and seldom as large as a split pea. It is a pustule about the sixth day, and the scabs resulting from the drying up of the pustules persist until the fourteenth or fifteenth day and when they fall off leave cicatrices. The chicken-pox eruption, on the other hand, is first a "typhoid" spot, which, in the course of twenty-four hours, becomes a vesicle that is not umbilicated and may increase to the size of a five or ten cent piece, or become even larger. Becoming turbid on the second or third day, it shrivels up on the fourth or fifth and soon afterwards drops off, leaving a reddened spot—rarely a superficial cicatrix.

It is now well established that vaccination exerts no influence upon a predisposition to varicella, and children who have had varicella may be successfully vaccinated.

I have kept a record of two cases of chicken-pox, and I shall read them, hoping to call forth the experience of some of you in similar or allied cases:

Last year I was shown a child said to have been poisoned by some species of wild ivy. He had returned that same day from the country, and when I saw him had had a vesicular eruption on his nates, hands and head. The vesicles were about the size of a five cent piece, clear and rounded. The child himself, who, by way, had never had varicella, seemed lively and healthy enough. The mother explained that he had been playing in the fields just before leaving for town, and that on undressing him at night she discovered an eruption which the country people told her was caused by poison ivy. She returned home next day, after a week's absence, and I saw the child about twenty-four hours after the discovery of the vesicles. As there was no varicella, as far as could be ascertained, in the neighborhood of her residence in either town or country, since the child complained of some pain about the seats of eruption; as they had not noticed any red rash on him the day previous to the discovery of the vesicles, and above all since the eruption appeared on the most exposed parts of the body and consequently the situations most likely to be poisoned, and were not the usual seats of varicella I felt inclined to think it was really ivy poisoning, and not chicken-pox. The next two days, however, left us room for doubt, because, upon the child's chest, back and legs, fresh crops of vesicles had appeared, while the first lot had shrivelled—a fact that excluded the idea of his having been poisoned by "ivy."

The next case I watched carefully, as I considered it rather unique. W. N., aged 9 months, a fine healthy boy, was brought to me suffering from a slight attack of bronchitis. I saw him subsequently at his home, and was obliged to attend him regularly for some time, as he became very restless and ill, and there was much more fever accompanying the slight lung trouble than is usually found in such cases. On making w ha