

the most part. The pustules are acuminate, sometimes indurated, and they show a central dot. It is well to recollect that the eruption of modified smallpox on the face is sometimes not unlike acne, and it is desirable always to inquire as to the initial symptoms and as to the presence of eruption elsewhere than on the face.

*Rheumatic sudamina.*—In these cases there is the history of rheumatism attended by sweating with the sudden appearance of the eruption, which is most marked usually on the trunk. In the majority of cases the vesicles are small, of about the size of a large pin's head, and that, with the history of the case, is sufficient to exclude a diagnosis of smallpox; but in rare instances the vesicles are large and look not unlike modified smallpox vesicles. I have myself been deceived by an eruption of this character.

*Glanders.*—The initial symptoms in glanders are unlike those of smallpox, nor is the onset so sudden. The eruption is sparse, showing as red indurated papules, which rapidly increase till they reach the size of a pea, when they become pustules. There is fetid nasal discharge, and the constitutional symptoms are usually severe. The history of the case, the nasal discharge (an exceedingly rare thing in smallpox), and the fact that the severe constitutional symptoms are disproportionate to the amount of eruption, should negative the diagnosis of smallpox.

*Pyemic skin eruptions.*—Those eruptions which are mistaken for smallpox occur mostly in cases of ulcerative endocarditis. There is usually a comparatively sparse petechial and pustular eruption on the trunk and the extremities. The petechiæ vary in size from that of a lentil to that of a pea, and are irregular in outline. The gradual onset of the symptoms, the date of appearance of the eruption, the great prostration, and the severity of the constitutional symptoms, *qua* the amount of the eruption, should negative smallpox.

The foregoing are the most important, but not all the diseases that are mistaken for smallpox, and all those I have mentioned are instances of mistaken diagnosis that passed through my hands in the years during which I was in charge of a smallpox hospital and during the time that it was my duty to diagnose the cases of smallpox before they were sent to the hospital ships.

The difficulties in the diagnosis of smallpox in the eruptive stage are most marked in cases where the eruption is modified by vaccination, especially if there be a very sparse eruption. In smallpox the initial symptoms of headache and backache, rigors, and anorexia and pyrexia are almost invariably present. Indeed, the occurrence of at least some of the initial symptoms is one of the most constant features of smallpox, even of the mildest type,