

or a definite history of previous smallpox, practically eliminates smallpox, and therefore admits the possibility of a diagnosis of chicken-pox; absence of history of one or other or both of these does not, of course, eliminate chicken-pox.

4. No history of prodromes usually; if any, chiefly in adults, and for not over twelve hours preceding the eruption.

5. First signs of eruption *noticed* in first twenty-four hours of illness, i.e., the systemic disturbance is usually synchronous with or immediately precedes eruption.

6. Eruption beginning on back, chest, or face.

7. Eruption most profuse on skin covered by clothing, i.e., on the body.

8. Palms and soles may sometimes show lesions, less constantly and less abundantly than in smallpox, however.

9. Eruption appearing in successive crops, on successive or alternate days.

10. *Lesions round and oval*, with much variation in diameter, even at the same stages of development; margins often crenated (scalloped). Each crop passes quickly through the following stages:—(a) Macules, each lasting a few hours. (b) Soft, superficial papules (pimples), each lasting a few hours. (c) Clear, thin-walled, tense vesicles (blisters), each lasting a few hours. These are easily destroyed and leave then "cupped" or "pitted" elevations, raw, red, and weeping, but quickly crusted. When the vesicle is ruptured, without total removal of the cap, a white, opaque, shriveled rag of epithelium, lying more or less loosely over the pit, remains. (d) Theoretically, pustules follow. Practically, the vesicles are almost always destroyed before pustulation can occur. But I have seen a vesicle, on the back of a finger, and preserved from rupture by a plaster cast, develop into a tense, thin-walled, oval, half-balloon pustule, nearly a quarter of an inch long. (e) Crusts, lasting a shorter or longer time according to treatment, etc. Each crop completes its cycle in two to four days. In the first week macules, papules, vesicles, intact or broken, and crusts may be found together. Thereafter the earlier forms disappear, and in the second week crusts alone or in great predominance are found. The older lesions are very often complicated by presence of impetigo.

11. The pits are few and superficial, often oval. When extended by severe forms of the impetigo, which so commonly affects chicken-pox lesions during and after the second week, the pits may be irregular in outline.