

patient feels very ill, but has no symptom whatever to make us suspect small pox unless we have it in our minds. He is attacked, quite suddenly as a rule, with headache, and a severe pain across the loins, with a feeling of chilliness, or perhaps a shivering fit. His temperature is high, perhaps 103° or more, and he generally thinks that he has lumbago or influenza, if he thinks at all. He remains in this state for another day, and then—on the third day of illness, that is to say—he feels much better. Now it does not follow that he or anyone else will look at his face at this time, and so the rash of small pox may escape notice. It is there, however, in the form of hard, shotty, raised spots on the forehead and on the back of the wrists. With the appearance of the rash, the temperature usually falls to normal, and the patient not infrequently gets up and walks about. Two days later, on the fifth or sixth day of the disease, the spots soften and become filled with a clear fluid, which on the eighth or ninth day of illness has become converted into pus. With this supuration, the fever and general symptoms return for one or two days, but quickly pass off as the pocks dry up and are covered with scabs, which fall off about the end of the third or fourth week, when the patient is practically well.

Such is the history of an ordinary attack of small pox, and it will be at once apparent that, unless the disease is prevalent at the time, the illness may be very easily diagnosed as influenza, or, if the temperature be not taken, as lumbago, and others may be infected from the lack of the necessary precautions. I remember an example of this in one of the recent epidemics. A man of the tramp class came to a common lodging-house late one night, and the next morning did not get up because his back was painful; he vomited, and was rather confused in his mind, which latter symptoms were, of course, attributed to drink, which, as a matter of fact, he had not recently taken. On the third day, feeling much better, he got up, and made up for his previous abstinence by going the round of his favourite hosteleries. At the third beerhouse, the proprietor called his attention to some spots on his face, which, as it was not yet time for his weekly ablutions, had previously escaped the notice of the patient. After visiting two more public-houses, he returned to his lodging until the pocks began to suppurate, when he went to a general hospital, where the real nature of his illness was diagnosed, and he was removed to a place of safety in the small pox

hospital for the city. Now this man literally left a track of fresh cases wherever he went, for people not only in the lodging-house, but in every public-house that he visited, were infected, and ultimately about fifty cases were traced, directly or indirectly, to infection from him.

In addition to the ordinary kind of small pox, there are certain modifications of the disease which deserve notice: the first of these is the

Confluent type.—Here the symptoms of the onset are generally, though not invariably, more severe, and the eruption is rather more profuse, but no very definite difference is seen until the pustular stage sets in, when, instead of the pocks remaining separate, they run together, and the skin between them swells greatly, so that the face, and often the hands and feet also, are practically superficial abscesses; the fever is high, and the patient is delirious and semi-conscious. In fatal cases the patient dies of exhaustion usually on the eleventh or twelfth day of disease. If, however, he recovers, he is marked for the rest of his life by the scarring and pitting that results from the healing of the suppurating pocks; the skin of the hands and feet may be shed entire.

Another variety is hæmorrhagic small pox—the so-called black pox—which is invariably fatal. Here, after very intense symptoms of onset, a purplish rash, consisting of fine hæmorrhages in the skin, appears, at first in the groins, but soon spreads to the trunk and face. Bleeding takes place from mucous membranes, and the urine is full of blood, and there are effusions of blood into the eyes. The patient soon becomes plum-coloured all over, and death occurs from the third to the sixth day. There is another type of hæmorrhagic small pox from which a few recover (the mortality being about 85 per cent.), where the patient progresses as an ordinary case of ordinary small pox until the spots are just about to become pustular: blood is then poured out into the spots themselves, and from the mucous membranes, and death usually results on the ninth or tenth day from exhaustion.

The third type is known as modified small pox, or varioloid, and occurs only in those who have been vaccinated, but not efficiently. The onset may be severe, but only a few spots develop, and these only on the face, hands, or feet. They pass rapidly through their various stages without any fever or constitutional disturbance, and the patient is very soon well.

(To be concluded.)

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