

of this character came under my notice many years ago. The housekeeper of a gentleman in the suburbs was admitted under my care suffering from black smallpox, from which she died. She had ridden in omnibuses and trams to a general hospital in the south of London, was admitted there, and was sent to me on the following day. I learned from her that her master had been ailing a little time before, and had been sent to the Isle of Wight for a week's change of air. I saw him some days after his return. He had had a mild attack of smallpox, the spots being ascribed to some digestive disturbance. I asked him to show me his feet, and under the thick skin of the sole of one foot I found an unruptured smallpox pustule.

General practitioners may be assured that they are not the only members of the profession who make mistakes in the diagnosis of smallpox; the physicians of general hospitals are mortal, and err in this way, and even the smallpox experts, with their special knowledge of the subject, are sometimes puzzled, and deem it advisable to keep cases under observation till time and the course of the disease resolve the doubt.

Mistakes in diagnosis are more frequent proportionately in times when smallpox is not prevalent. For instance, during the years 1898, 1899, and 1900, 176 cases in London were certified to be those of smallpox. Of these 98 were correctly and 78 incorrectly diagnosed. Why, it may be asked, do mistakes so frequently occur in the diagnosis of this disease? The answer is that smallpox is now so erratic and uncertain in its occurrence that many of the younger members of the profession have had little or no opportunity of observing it so as to familiarize themselves with its diagnosis. The result is that only a few men, having special knowledge and experience of smallpox, are to be found in London, and these are mostly in the service of the Metropolitan Asylums Board. Surely it is most desirable that in view of the great interests involved, facilities should be afforded to the profession for obtaining an expert's opinion in cases of doubtful diagnosis. I would venture to suggest that the Metropolitan Asylums Board should appoint a smallpox consultant, whose opinion in cases of doubtful or difficult diagnosis should be at the service of the general practitioner and of hospital and infirmary physicians. In this way many cases of smallpox that are mis-diagnosed as chickenpox, measles, and other diseases, might be correctly diagnosed and the untoward results of a mis-diagnosis be avoided, while the incorrect diagnosis of smallpox in many cases of chickenpox, measles, and other diseases might be obviated, whereby the patients would be saved much inconvenience and the physicians much worry.