into the disinfection of wool and hairs infected with anthrax spores, and also into the practice and effective methods of preventing infection among flocks. It is to report on these subjects to the governing body of the International Labour Office in time for the consideration of the International Labour Conference in 1923. It is also to inquire into the possibilities of dealing with infection by anthrax from hides, skins, and other materials. The Committee is prepared to receive representations on these matters, which should in the first place be addressed in writing to Sir William Middlebrook, care of the International Labour Office, 26, Buckingham Gate, London, S.W. 1.

INSTRUCTIVE MISTAKES.

IT is admitted on all hands that it is a good thing to learn from our mistakes, and the meeting of the Surgical Section of the Royal Society of Medicine which will take place on Wednesday next, December 6th, at 5.30 p.m., will be given up to hearing from the President of the Section, members of its Council, and several other well-known surgeons, the story of a mistake in diagnosis or treatment. Each instance is to be related quite briefly, each must have befallen the surgeon himself, and the lesson to be learnt from it is to be pointed out. The details of these cases will not afterwards be published. It ought to be a most interesting meeting and we foresee a large attendance. Surgeons wishing to take part in the meeting by relating instructive mistakes of their own are requested to communicate with the Junior Secretary, Mr. Philip Turner, addressing him at the Royal Society of Medicine, 1, Wimpole Street, London, W.1. A good many years ago Mr. Ernest Hart, then Editor of this JOURNAL, established a column which he called "The Confessional," for the receipt of reports of mistakes. This column started fairly well, but it very soon became apparent that most of the contributors to it wished to relate the mistakes of other people, and after a short trial it had, on this account, to be given up. We wish the President of the Section, Mr. James Berry, success in the rather difficult task he has set himself of presiding at a "mistakes meeting."

SIR CLIFFORD ALLBUTT has recently accepted the position of President of the West London Hospital Post-Graduate College. In accepting the invitation and wishing success to the College, Professor Clifford Allbutt, whose interest in post-graduate education is well known and whose recent lectures at the College on "Kinds of pneumonia" and "Angina pectoris" attracted large and appreciative audiences, expresses his conviction that the future of medicine in Great Britain depends upon the continued development of general practice and its opportunities.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

Conditions in the Near East.—In the course of the debate in the House of Lords on November 23rd, on the address in reply to the King's speech, the Archbishop of Canterbury referred to conditions in the Near East. He was in closest touch with the Patriarch of the Orthodox community. There were at this moment a million and a half persons the great proportion of whom were not members of the poorer classes a little while ago, but were to-day literally without the means of subsistence or shelter or a home of any kind. The matter called for the thought of European statesmanship and the intervention of European funds if appalling dangers were to be stayed—dangers of pestilence which might spread to a degree that it was impossible to calculate. He was receiving constant accounts from the Piraeus and Athens, where the floors of the ordinary goods sheds and stations were covered with people sitting down on them without food or adequate covering. The conditions at the ports were almost beyond belief. He read a telegram giving an account of 50,000 persons who had been travelling on foot for ten days, the majority without food. The rain and cold increased the suffering and were causing many deaths. An utter lack of sanitation threatened cholera and typhoid. Scarlet fever had broken out. The services of doctors, nurses, and medicine were imperatively needed. The greatest suffering was occurring among the babies owing to lack of milk.

The Medical Group.—The four surviving members of the medical group in the last House of Commons have invited the nine newly elected medical members to dinner in the House next Monday, and from this gathering, doubtless, the group will again be constituted.

NOTES ON SMALL-POX.

BY

W. McCONNEL WANKLYN, B.A.CANTAB., M.R.C.S., L.R.C.P., D.P.H.

GENERAL OUTLOOK.

To keep himself posted in a general way about the current position of small-pox is an essential for every medical practitioner. A table giving the deaths from small-pox in England and Wales (London deaths recorded separately), and the admissions to the hospitals of the Metropolitan Asylums Board, from 1881 to 1921, together with the total cases certified for the years 1911–21, was printed in the JOURNAL of November 11th at page 943. The following figures give the number of cases recorded this year down to November 28th: Cases certified in England and Wales, 890 (approximately); total deaths, not yet ascertained; London deaths, 20; admissions to Metropolitan Asylums Board hospitals, 62.

All the 1922 London cases have occurred since the end of July; that is to say, for the first six months of the year London was clear of small-pox. How it was introduced is unknown. The first known case fell ill on July 1st and was overlooked until August 3rd, when he was discovered owing to the occurrence of a group of secondary cases; it is probable that infection came from the Continent, and possibly by means of a London resident returning infected from a visit there.

It will be noted that the death rate is over 30 per cent. London proper and parts of the home counties are inseparable so far as small-pox is concerned, for it occurs in them without respect of boundaries; the figures for the wider area are therefore of importance; they show 75 cases and 24 deaths for 1922. The rest of England, mainly the North, has had nearly 1,000 cases which have been proceeding steadily throughout the year. These have been of a light type, only one death having been reported in 700 cases. This latter type is often spoken of as "aberrant" or "atypical," phraseology not justified by the facts. Severe and mild epidemics of small-pox are equally classical, being recorded by Sydenham, van Swieten, Jenner, and many others; the mild epidemics have comprised cases which certainly must be reckoned in millions; the type is of equal interest in diagnosis, inasmuch as it displays the distribution which is characteristic of the disease.

Guiding Points in Small-pox Diagnosis, with Illustrative Cases.

If I were discussing the subject with junior assistants whom I wished to arm with sound equipment, I should beg each one of them first of all to do three simple things, which, in fact, I should make obligatory: (1) bring his own state of vaccination to date; (2) understand the few simple facts about the repeated invasion of small-pox into the country; (3) know exactly where he can get further information about small-pox. As a rule these last two points are ascertainable from the respective medical officer of health.

I should then counsel him most emphatically to place this question in his mental armoury for use during the rest of his life: "Can this case before me possibly be small-pox?" That is, he should use that test question, amongst others, in respect of every single case the diagnosis of which has not been positively made. I should tell him that while he might put this question one thousand times and have "No" for an answer, the one thousand and first case might be small-pox. That probably he would never see a case of small-pox in his life, but that the present position is such—it being now not to the point whether it be reasonable or not—but in fact is such that a single "missed" case may result in hundreds of deaths, and in hundreds of thousands of pounds sterling being spent; that in consequence of the mass of the community having divested themselves of their individual anti-small-pox protection—namely, their immunity obtainable from vaccination—an almost inconceivable strain is thrown upon our profession which is more than any human flesh and blood should be asked to undertake; that is the obligation for every one of us instantly to recognize every single case of small-pox which may be presented to him, a watch requiring an almost inconceivable degree of perfection, so that we are to be right one hundred times in one hundred. That is the task which is set us under pain of letting in a devastating and diabolical invader, an effort which we could hardly undertake to continue were it not that the laity, at last

perceiving the extreme gravity of the situation, is slowly coming to our assistance in the matter by means of the individual protection afforded by vaccination. So much it is necessary for us all to realize.

This, then, is our first and invariable item of equipment, "Can this be small-pox?"

I should then try to place my friend in possession of the questions with which I try to follow this up. Assuming that the case is small-pox and must be proved to be such, can a definite short illness be shown, not necessarily acute in the sense of being fulminating or even severe, but a definite short illness followed after about three days by definite blemish of the skin? Can this be shown? Can papules be shown, or less commonly an erythema, or a purpura? Can a relatively severe degree of initial prostration be shown? Does the rash, however scanty or dense, possess nevertheless a characteristic distribution? A characteristic depth in the skin? A characteristic maturation?

Those are some of the questions to be answered. I should further remind my audience that their position, happily for them, seldom requires an exact and final diagnosis, and they may be pleased to refrain from racking their equanimity to that extent; that what is usually required is a prima facie case with the clear grounds of their suspicion, which will warrant an appeal to their respective medical officer of health.

My readers may perhaps permit me to recite the features of two cases, both small-pox, which were recently presented to me.

The first was that of a young married woman, aged 28, who had eaten some unusual fish, part of a skate, on a Saturday and on the Sunday and Monday had had vomiting and a good deal of aching and pain in the back; a definite but not very profuse rash on the Tuesday, which was far from inconsistent with a papular urticaria. The elements were soft and hardly palpable, and there were some few irregular patches of erythema. I saw the case for the first time on the Wednesday, when the rash was stated to present much the same appearance as on the day before except that there was now more of it; the whole picture obviously and strongly suggested small-pox, but rather resembled the rare acute general papular erythema which is one of the cleverest mimics of small-pox there is. On this second day of the rash, assuming the case to be one of small-pox, there was a most remarkable delay in its maturation, there being no obvious commencing vesiculation.

The next day there was still, in the difficult half-light and natural hindrance to complete examination in a cramped room, no obvious vesiculation, an uncommon feature in my experience in an attack of small-pox of this degree of severity, as judged by the papules, which were numerous but discrete. At the same time more spots had appeared, both on the face and hands; the circumoral skin, for instance, which at first had been remarkably clear, though the skin in that region was irritated, was now showing papules. Evidently some spots had come out on the face and upper extremities on the Tuesday, others on the Wednesday, and others on the Thursday; on this Thursday, the third day of the rash, the spots were soft and insignificant papules, compatible certainly with the first day of a small-pox rash, but very uncommon for a third day; there was, however, one lesion over the sacral region which had excited suspicion from having somewhat the appearance of vesiculation, though it was hardly palpable. There were some erosions on the soft palate which, by the Thursday, had coalesced and presented a condition almost of ulceration. Generally speaking, the rash strongly resembled that of variola at the end of the first twenty-four hours, which had then come to a full stop.

Nevertheless, the case for small-pox could be sustained (*a*) by the relative distribution of the rash, which was characteristic, by its abundance on the face and forearms, and by its scantiness on the chest; (*b*) by the severe initial prostration; and (*c*) by very faint and yet unmistakable early signs of vesiculation among the lesions on one of the forearms. Accordingly she was certified, and so resulted.

So much delay in the maturation of the rash is uncommon; the rash itself could neither be called shotty, though it had a degree of firmness, nor had it that velvety quality occasionally seen in some ill-developed small-pox rashes and very severe attacks; this attack, as indicated by the number of spots, did not portend at first at least extreme severity.

The case illustrated once more three very well ascertained factors in diagnosis: the comparative unreliability of a "history," the reliable nature of early prostration, and also of the distribution of the rash. In my experience such anomalies of the rash as this case presented often depend on the individual constitution of the patient or the skin; I was not surprised, therefore, to hear the patient, who did not look robust, say in answer to a question that she had previously had an attack of enteric fever. She had never been vaccinated.

The second of the two cases mentioned, also small-pox, presented not the slightest impediment to diagnosis. She had been intimately exposed to infection on the 8th of the month, and had been vaccinated on the 13th. Most fortunately for her, the vaccinia had apparently run a rather more rapid course than usual, and the rash of small-pox which she developed on the 22nd of the month was discrete and benign in every way, being much modified by her vaccination. Nevertheless, the distribution of the twenty or twenty-five spots which she had was entirely characteristic and unmistakable, as was also the full vesico-pustular appearance of some of the pocks.

These two cases are an illustration of what I meant by saying (BRITISH MEDICAL JOURNAL, November 25th, p. 1045) that the vaccinal condition serves rather to facilitate than to obscure diagnosis, and that the most puzzling cases are more apt to derive their obscurity from some idiosyncrasy of the individual patient.

England and Wales.

A MEDICAL ART PATRON.

THE history of the royal borough of Reading, and particularly of its ancient abbey, owes much to the researches and archaeological enthusiasm of Dr. Jamieson B. Hurry. He has again put Reading in his debt by presenting to the town a picture, painted by Mr. Stephen Reid and exhibited at the last Royal Academy, representing the appointment of the Mayor of Reading, from among three burgesses nominated by the Guild Merchant, by the abbot of Reading Abbey, John Thorne, in 1460. As will be remembered by those who saw it at the Academy exhibition, the painting is a vivid reconstruction of an interesting historical episode. Reading was a town that had grown up around an abbey, and only after a bitter struggle for two hundred and fifty years did the burgesses, being under the authority of the abbot, acquire the privilege of self-government which other English boroughs were enjoying. Eventually peace was restored by King Henry III, who granted a charter of incorporation to the Guild Merchant, and an agreement was drawn up by which the burgesses acknowledged the abbot's right to appoint one of three burgesses selected by themselves to be the *Custos Gilde* or mayor, who should take an oath of fidelity to the burgesses as well as to the abbot. The scene of the painting is laid in the abbot's memorial hall, at the inner gateway of the abbey, which is still standing.

SMALL-POX IN LONDON.

Constant search for and vaccination of contacts, surveillance of them until the small-pox incubation period had passed, together with immediate hospital isolation of discovered cases, and free resort to vaccination on the part of an appreciable section of the general public, have had the effect of checking the threatened epidemic of small-pox, and of giving grounds for the hope that success in arresting the threatened outbreak of the disease may be achieved. It is particularly satisfactory that Poplar, the borough in which vaccination has been more neglected than anywhere else in London, and in whose workhouse the outbreak has taken place, should now be awake to its danger, and have taken much advantage of the offer of protection. But the danger is not at an end. It has been a frequent experience that epidemic small-pox has been slow in developing, that months have elapsed during which sporadic cases have occurred before the bursting of the storm. That was the London experience of 1901. As recorded in Dr. J. C. McVail's Milroy lectures in 1919, the following were the monthly admissions of cases to hospital—at the beginning of the year there was already one case:

January	2	July	14
February	1	August	82
March	0	September	167
April	0	October	272
May	1	November	438
June	5	December	761

In the great epidemic which unvaccinated Gloucester went through in 1895–96 the following was the course of events:

Month.	Cases.	Month.	Cases.
1st	1	9th	145
2nd	0	10th	604
3rd	3	11th	733
4th	1	12th	283
5th	3	13th	122
6th	7	14th	13
7th	12		
8th	52	Total	1,979

In Gloucester the pestilence was not stopped until it had become the best vaccinated city in England.

Dr. Seaton, in his book on vaccination published in 1868, pointed out that the stories of Cardiff and Sheffield in 1857