absent. There is little or no pitting. (3) As regards com­plications and injurious results, these are rarely seen and the risk to life is insignificant.

Various circumstances affect the mortality in ordinary smallpox and increase the dangers attendant upon it. The character of the epidemic has an important influence. In some outbreaks the type of the disease is much more severe than in others, and the mortality consequently greater. Smallpox is most fatal at the extremes of life, except in the case of vaccinated infants, in whom there is immunity from the disease. Again, any ordinary case with discrete eruption is serious, and a case of confluent or even semi-confluent character is much more grave, while the haemorrhagic variety is frequently and the malignant always fatal. Numerous and often dangerous complica­tions, although liable to arise in all cases, are more apt to occur in the severer forms, and in general at or after the supervention of the secondary fever. The most important are inflammatory affections of the respiratory organs, such as bronchitis, pleurisy, or pneumonia, diphtheritic condi­tions of the throat, and swelling of the mucous membrane of the larynx and trachea. Destructive ulceration affect­ing the eyes or ears are well-known and formidable dan­gers, while various affections of the skin, in the form of erysipelas, abscess, or carbuncles, are of not infrequent occurrence. Persons of enfeebled health, and those whose constitutions are impaired by intemperance, readily suc­cumb to attacks of smallpox, even of comparatively mild character, as do also pregnant women, to whom this dis­ease is peculiarly dangerous.

The most important of all the conditions tending to affect the mortality from smallpox, alike in the individual and the community, is the protection afforded by Vaccina­tion (*q.v.).* During the first decade of life, if vaccination has been fully and successfully accomplished in infancy, the risk of death from smallpox is *nil* ; but, should the disease be caught—which is improbable—it will in all likelihood show itself in the mild form of varioloid. As regards revaccination, it has been found in all smallpox hospitals that the attendants and nurses escape the disease when revaccinated. In the experience of the late Dr Waller Lewis in the case of an average of 10,504 persons permanently employed in the General Post Office, London, all of whom had to be revaccinated on admission, it was proved that in the ten years 1870-79 not a single fatal case of smallpox occurred, and only ten mild cases were seen during a period embracing two epidemics.

*Treatment.—*The treatment of smallpox is conducted upon the same general principles as that for the other infectious diseases (see Cholera, Diphtheria, Measles, Scarlet Fever). The establishment of smallpox hospitals separated as far as possible from populous localities, and the prompt removal of cases of the disease where practi­cable, as well as the diligent prosecution of vaccination and revaccination, are among the first requirements. The plan introduced into several large towns of compulsory notifica­tion of infectious diseases has much to recommend it. The special treatment applicable to a person suffering from smallpox includes in the first place the providing competent nurses, who, together with all others in the neighbourhood of the patient, should be duly protected by recent vaccina­tion. The patient should lie on a soft bed in a well-venti­lated but somewhat darkened room and be fed with the lighter forms of nutriment, such as milk, soups, &c. The skin should be sponged occasionally with tepid water, and the mouth and throat washed with a solution of chlorate of potash, Condy’s fluid, or other safe disinfectant. In a severe case, with evidence of much prostration, stimulants may be advantageously employed. The patient should be always carefully watched, and special vigilance is called

for where delirium exists. This symptom may sometimes be lessened by sedatives, such as opium, the bromides, or chloral. With the view of preventing pitting many applications have been proposed, but probably the best are cold or tepid compresses of light weight kept constantly applied over the face and eyes. The water out of which these are wrung may be a weak solution of carbolic or boracic acid. When the pustules have dried up the itching this produces may be much relieved by the application of oil or vaseline. Complications are to be dealt with as they arise and the severer forms of the disease treated in refer­ence to the special symptoms presented. In cases where the eruption is tardy of appearing and the attack threatens to assume the malignant form, the writer has seen marked benefit attend the use of the wet pack. Disinfectants should be abundantly employed in the room and its vicinity, and all clothing, &c., in contact with the patient should be burnt.

*Inoculation.—*Previous to the introduction of vaccination the method of preventive treatment by what was known as inoculation had been employed. This consisted in in­troducing into the system—in a similar way to the method now commonly employed in vaccination—the smallpox virus from a mild case with the view of reproducing the disease also in a mild form in the person inoculated, and thus affording him protection from further attack. This plan had apparently been resorted to by Eastern nations from an early period in the history of the disease. It was known to be extensively practised in Turkey in the begin­ning of the 18th century, when, chiefly through the letters of Lady Mary Wortley Montagu, it became known and was speedily adopted in England. There is no doubt, both from the statistics of the Smallpox and Inoculation Hospital, London, and from the testimony of physicians throughout the country, that this practice made a marked impression upon the fatality of the disease, and was itself attended with extremely little risk to life. The objections to it, however, were great, for, although usually conveying the smallpox in a mild form, it not unfrequently took effect severely, and, while death might be averted, the disfiguring results of the disease remained. Further, each inoculated person upon whom the operation took effect became for the time being a possible source of infection to others, and in point of fact the practice tended to spread the disease and so to increase the general mortality. Although inocu­lation continued to be practised for a number of years subsequently to Jenner’s great discovery, it gradually be­came displaced by that vastly superior and safer preventive. In 1840 an Act of Parliament was passed rendering small­pox inoculation unlawful in England. (j. o. a)

SMART, Christopher (1722-1771), English poet, was born at Shipbourne in Kent on 11th April 1722. The dis­covery that Smart was anything more than an unfortunate Bohemian of letters who wrote much uninteresting verse of second-rate 18th-century quality is quite recent. After one or another of his superseded translations or ineffective exercises in heroics had in turn been assigned the place of honour as his representative literary work, his real master­piece was discerned in a poem which, except for a reprint issued in 1819, had been singularly overlooked, and even omitted from the collected editions of his poetry. The history of this poem, *A Song to David,* is somewhat re­markable. It was written in the saner moments of con­finement for a fit of insanity, and was, it is said, on not unimpeachable authority perhaps, indented with an iron nail or a key on the wall of the cell in default of other means of writing. The real facts of the case would seem to be that the unfortunate poet inscribed one or two stanzas in the manner asserted, and that he either dictated or was given the materials wherewith to write the rest of the poem.