

illness rather being an instance of the spontaneous origin of a distinct set of symptoms common to all, the necessary outcome of the reciprocal play of definite intrinsic and extrinsic conditions.

But as the question of contagion often arises in respect of enteric fever and its congeners, it will be necessary for me to say a few words on this subject. There are two diseases, syphilis and variola, in which we recognize a specific poison, capable when inoculated, of reproducing its kind; and this fact has taken such a hold upon the mind that whenever one or other of these diseases presents itself we have no hesitation in concluding that it has originated in contagion, and the idea of its origin *de novo* is not entertained. To my mind this seems very superficial and unreasonable, for it denies the uniformity and universality of the laws of nature. For the reason that I have stated in the earlier part of my lecture, endemic disease is continually apt to be regarded as contagious, and this is particularly the case with enteric fever. Dr. Collie, in his report of the Metropolitan Fever Hospital at Homerton for 1879, adduces evidence to show that the occurrence of four cases of enteric fever among the nurses was due to personal contagion from cases in the wards, but I am compelled to say that I regard his evidence as inconclusive.

The following case furnishes, I think, stronger evidence of the direct fecal convection of enteric fever than that contained in the above report. A girl aged nineteen, who had been in St. Thomas's Hospital for a month with gastritis, anæmia, and constipation, contracted enteric fever while still an inmate of the ward, the attack being of a severe character. Like most of our cases at St. Thomas's Hospital, there was constipation throughout, requiring the frequent use of enemata. She was treated by enemata the whole of the month before the enteric fever developed, and, there being but one instrument in the ward, it was used for this case in common with four enteric fever cases which often required it, and also occasionally for two or three other patients. That the disease was conveyed by the enema apparatus

was doubtful; the patient was certainly predisposed to an attack of enteritis, for obstinate constipation had existed for many weeks, and constipation is, I believe, the predisposing cause of many an attack of enteric fever; besides, none of the other three patients who used the enema apparatus were affected.

As I wish hereafter to speak of the relationship of enteric and scarlet fever, and as we are still considering the subject of contagion, I cannot refrain from narrating my own experience of scarlet fever in this respect. Scarlet fever is regarded on all hands as pre-eminently contagious, but although I have been endeavoring all my medical life to obtain proof of it, as yet I have failed to find it; but have acquired some evidence to the contrary. I have seen whole families affected, falling ill one after another, and I have witnessed, as I supposed, the operation of an endemic cause. I have never known imported cases propagate the disease, and I have never witnessed its spread, under the most favourable circumstances, among the convalescents in the fever hospital. During my connection with the London Fever Hospital I did not contract scarlet fever, though I had never suffered from it; but eight years after my connection with that institution ceased, I experienced a sharp attack at a time when I had not to my knowledge been in contact with any case of the disease. I am convinced that a chill was the sole cause of my attack, and I adduce it as an instance both of the spontaneous origin of scarlet fever and of its inability to spread, for neither my guests nor any member of my family caught the disease. Scarlet fever thus resembles common catarrh, springing up in households here and there, affecting some members simultaneously and others after intervals. The scope of these lectures will not allow me to pursue the subject of contagion further, and I hope I have adduced evidence sufficient to entitle me to keep this misleading hypothesis in the back-ground while I carry my inquiries into the etiology of enteric fever a little further.

Turning first to the histories of my own cases, I find that my clinical clerks have recorded the following cause: In fou