

the 17th and 19th he had diarrhoea, with a pulse of 100, but fair in volume, was exceedingly thirsty; could swallow but little fluid, the greater part of that taken into the mouth returning by the nostrils—the last symptom being, as far as I have seen, a premonitory one of an early fatal issue, and was probably caused by ulceration of the fauces and larynx. The neck became greatly swollen—inflated, this being apparently caused by emphysema. Delirium was present, and, if not closely watched, he would be out of bed in a minute. On the evening of the 19th passive (lypstatic) congestion of a great part of the lungs was noticed, and he died early next morning. Vaccinated when young, but the cicatrix was exceedingly faint.

17. Nov. 15. A young man, aged 20, from same house at No. 7, and a street-car conductor also, admitted in second day of confluent. He had been a frequent visitor at the boarding-house of No. 5, Richmond Street West. He had been vaccinated on the 5th, on account of the illness of No. 8, as up to that time he had not been vaccinated, and the crusts (three) were well formed and characteristic. He nevertheless had a most serious attack of confluent; which, as he was for days in a highly critical state, could not have been greatly modified by the vaccination. A few years ago it was insisted upon by some eminent members of the profession in Europe, that if persons infected with small-pox were vaccinated early in the disease, the vaccination would greatly modify or ameliorate the attack. It may, probably, have aided in saving this man's life; but certainly, beyond the fact that he did not die, there is nothing to show that it was of the least service.

About six years ago a negro was admitted into the hospital, suffering from confluent of the worst type. On his left arm he had three as characteristic crusts as I have ever seen, having been vaccinated in Stratford some fifteen days before. As he died, it would be hardly right to infer that the recent and perfect vaccination had been of any benefit to him.

Patient No. 17 had gonorrhoea, which disappeared as the eruption progressed, but returned with severity when desquamation was nearly completed. This is a common occurrence. The other occupants of the ward and the attendant stated that he was "subject to fits," which, according to their description, seemed to be of a hystero-epileptiform character.

Up to this time, notwithstanding every effort had been made, it could not be ascertained how the disease had been introduced into the house in which Nos. 7, 8, 10 and 17 had become infected; but the landlord and boarders very generally

insisted that No. 8 had introduced it. It proved in this case, however, that circumstantial evidence is not always to be relied upon. Not being satisfied with the evidence adduced against the unfortunate No. 8, I examined the remaining inmates of the place, and found marks of recent pustules on the bodies of the landlord and a boarder. They could then remember that a sick immigrant, by the same steamer as No. 1, with a slight eruption on his face, arms, &c., and who said he had a bad cold, had boarded there for upwards of a week, that after he left they were poorly, and had some "pimples and spots;" and that No. 8 took ill as they were getting better. In the face of these facts, this obstinate jury absolutely refused to bring in a verdict of acquittal in favour of No. 8. They acted like some members of our own profession, who, not observing that a man they had been examining was minus an eye, might obstinately assert that therefore he had two eyes—a curious application of deductive philosophy. With your permission, I will place the immigrant first spoken of as No. 4, the boarding-house keeper as No. 5, and the boarder as No. 6, that seeming to be their proper order. It will be seen in the sequel that several persons were contaminated, directly and indirectly, by this immigrant, and that some of them lost their lives. It will be observed, too, that a great proportion of the cases in this city was traced to immigrants by the same vessel, and it is not altogether improbable that many of those whose history could not be elicited originated from the same source. But it was not in Toronto alone that the immigrants disseminated disease and death; but around London, in West Zorra, away in the North Riding of Victoria, and most likely in other places where they may have travelled or settled. It says little for the lax system observed in the inspection of vessels at Grosse Isle, when passengers, from vessels on board of which such a contagious disease existed, should have been allowed to scatter all over the country without having first passed through a regular quarantine.

18. About the same time it was learnt that a brother of No. 16, aged 9 years, had been taken ill with small-pox. His father, thinking that because his elder son had died in the hospital, patients were not properly treated there, sent him to a pious old lady about a mile beyond the city limits. Her recommendations were—denunciation of hospital treatment, of which she knew absolutely nothing; her professions of knowing how to treat the disease better than all the doctors in the country; and an assurance that she would cure the lad in a few days. The second or third day after he had been taken to her house he died.