

thousands must thus have been thrown into the river. It had been rumoured, too, that the fellaheen had sometimes eaten the bodies of animals that had died of typhus. It was the custom of the country that all the domestic animals should live in the hut with the family. The cess-pit system prevailed at Cairo, *i.e.*, holes were dug in the sand, but these were rarely cleaned or emptied, and the house pipes and cess-pits were in direct communication. Some attempt at a sewerage system had been made in Alexandria, but the contents of the sewers were emptied onto the beach, and though the sewers were provided with ventilators, these had been closed five years before his visit. Moreover, the privies were in direct communication with the sewers. Throughout the country grossly insanitary conditions prevailed, but he was happy to be able to state that the *Conseil de Santé* had been abolished. The prevalence of bowel disorders was very marked, and he had no doubt that under the head of diarrhoea were included many deaths from cholera. As a rule, no attempt was made to register the cause of death until after the burial. In one town, out of 40 deaths 26 were due to diarrhoea; in another, out of 174,93 were so caused, and at a later period in the same town, 57 out of 110. In Cairo, in 1882, out of 17,290 deaths, about 38 per cent. were due to some affection of the alimentary canal. In Bombay, in 1881, the mortality from bowel complaints was 2 per cent. Passing then to the events more immediately connected with the outbreak, he said that the campaign was very short; it took place away from the Delta, and the troops who came from India, and being picked, were healthy, began to suffer from diarrhoea directly they got to Cairo. Since 1831 there had been five epidemics of cholera in Egypt, excluding the one in 1865. In his opinion, no country was ever more ripe

for an outbreak of cholera than Egypt was. A commission, appointed immediately the news of the outbreak was given, decided that the disease was cholera, but could arrive at no conclusion as to its origin. Dr. Flood's theory of a stoker on board the *Timor* having brought it from India had been shown to be baseless, as the man was simply a drunken scoundrel, and did not arrive at Damietta until two days after the commencement of the epidemic. Ahmed Chaffey Bey and Salvator Ferrari had admitted, as the result of their investigation, that the insanitary state of Damietta afforded ample scope for the genesis of cholera. The other importation theories had also broken down: one was still under inquiry, *viz.*, that the disease had been introduced by stokers and firemen plying between Bombay and Port Said, but he was confident that it had no foundation. He then referred to Dr. Couvidon's report, the substance of which was given in an article in the *Times*, and also to a communication in the pages of a medical contemporary, against the theory of importation. For himself, he did not believe in the specific nature of cholera, and regarded the recent epidemic as an outcome of a disease that had existed endemically in the country. He then referred to the evidence he had been able to collect of the existence of cholera before last June, mentioning the two children at the Greek School at Damietta, and quoting extracts of letters from Dr. Dutrieux, Sonsino, and Sierra, all of which were given in his second report, and have already been alluded to in these pages. Dr. de Castro has supplied some account of suspicious cases that he had seen from time to time, but he was of opinion that though they resembled Indian cholera, yet they were not cholera, because they were less grave, and because the cases did not spread. Dr. Mackay had done some good work in this