disease may take on the pneumonic type.* For our present purposes, these cases, which are peculiarly fatal, may, I think, be neglected. The general history when the pestilence first reaches a country, is that the earlier cases tend to be mild and indefinite and of the bubonic type. This is well brought out in Defoe's classical account of the Great Plague in 1665, of which I here note a new and excellently printed edition in the now familiar "Temple Classic" Series. Like other epidemics this tends to begin insidiously, and as often the earliest cases of cholera appear to be nothing more than a somewhat more severe diarrhœa than normal, so the Plague may show itself first as a development of buboes, clearly non-venereal in origin, accompanied by little or but transient disturbance. As pointed out, I believe, by Cantlie, cases of slight fever accompanied by glandular enlargement were noted at Hong Kong before the plague was recognized there—and Simpson gives full details of similar cases in the Shropshire regiment which came to Calcutta from Hong Kong. The condition spread to other soldiers who had never been in Hong Kong and eventually terminated in cases of typical Plague.

It is not surprising that the heads of the Indian Medical Service refused to acknowledge that they were here dealing with the genuine disease. What I wish to point out here, is that cases of non-venereal bubo occurring in the out-patient room or in private practice, deserve now-a-days to be investigated and followed with particular care—more especially if those cases be accompanied by slight fever and a white coated tongue, red at the tip and edges. In short, any case of fever accompanied by marked glandular enlargements in either groin, axilla or neck, deserves thorough investigation.

The general experience of the Bombay epidemic is that buboes which

* Cantlie distinguishes the following varieties of type:

1. The *Bubonic* form, "as a rule the first outbreak of Plague in a community is bubonic in type whatever it may become afterwards."

2. *Pneumonic.*

3. *Intestinal*, in which an intestinal flux occurs consisting of diarrhœa at the onset to be followed later by the appearance of blood, mucus and epithelium in the stools.

4. The *Cerebral*, in which delirium, often apparently of a suicidal type sets in early, with twitchings, tonic and clonic spasms, especially in children, loss of consciousness and deafness are more than occasionally manifest.

5. *Puerperal*, in which uterine hæmorrhage and miscarriage are the prominent features.

6. *Pestis Siderans*, rapidly fatal cases in which the usual clinical signs have not time to develop.

7. *Typhus Type*, resembling malignant typhus; in the Tropics not unfrequently the symptoms of the two diseases are almost identical, even to the skin eruption.

8. *Pestis Ambulans.* A mild type of the disease frequently included under the heading of,

9. *Pestis Minor*, sporadic or even epidemic outbreaks of adenitis going on to suppuration with, however, little constitutional disturbance.