its appearance in Tours, and from that date it has been recorded by various writers as epidemic in France, Great Britain, Canada and the United States. In 1859, a series of questions were framed by Mr. Simon, then medical officer of health for the Privy Council of Great Britain, as points of enquiry for tracing the history of the disease, which resulted in much practical observation. These questions related to the general features of the districts effected ; to the duration, extent and novelty of the epidemic in each district; to the local and personal conditions predisposing to the disease ; to the degree of communicability of the affection ; and, lastly, to the symptoms and forms of treatment adopted. Such heads certainly are of great importance, if carried into operation in the various infected districts in this section of country. The disease was frequently found to be communicable to persons under the same roof. It was also observed to cling to houses once the seat of the disease. It was also considered that if the poison did not arise *de novo*, the material cause was capable of existing and moving from place to place independently of its subjects, and in some instances the transference of the disease was found to be very remarkable. Such also were the characteristics of this disease, as observed in the Ottawa Valley during the severe epidemic of 1860 and '61. In the early part of the present year, several outbreaks occurred—at the Desert, Gatineau, Hull, Papineauville, and the City of Ottawa, manifesting varied degrees of intensity. As is usual during such epidemics, a considerable amount of ordinary sore throat has prevailed, but not in any manner lessening the immunity from subsequent attacks of undoubted diphtheria. The country districts adverted to, in which this disease has recently been epidemic, have been known as healthy sections heretofore ; high and elevated ; well watered, and thoroughly drained. The few cases which came under my observation this winter, were in the best situations of our city, and in families where every possible degree of care and attention was bestowed upon the children attacked. So much has such been the case, that I have not been able to arrive at any definite conclusion concerning the etiology of diphtheria. I certainly incline to the opinion of Dr. Morrell McKenzie, that the exciting cause of this disease is a 'specific contagion.' My own observation does not lead me to favor the opinion so vigorously advocated by Oertel, that a 'minute fungus is the essential contagium' of the disease. The recent researches of Dr. Beale demonstrate beyond a doubt, that the presence of fungi in diphtheritic deposits, is not of importance, inasmuch as vegetable germs are present in almost every part of the body, in