

and exhibiting its innate and undiminished malignancy by prostrating its victims in a few brief hours. These localities have always been distinguished for their defective sanitary condition; they are the favorite haunts of typhus, dysentery and diarrhœa; and the inhabitants, as a general rule, are noted for uncleanly and dissipated habits. We have heard physicians express the opinion that, judging from its annual reappearance, Asiatic Cholera was becoming a local disease; and that, in all probability, it would diminish in fatality, and never again pass through the Province, carrying death and sorrow in its train. Similar opinions prevailed to some extent in Great Britain, but recent events have exhibited their utter groundlessness. An epidemic of cholera has, during the last year, been passing with slow but certain steps through the Eastern part of Europe. Russia, Poland, Denmark, Sweden, Prussia and England have been successively visited. From east to west, as heretofore, it has undeviatingly pursued its course. The shores of America will be invaded next spring, if it be true to its antecedents. Now this epidemic differs in no respect from previous ones. It is equally as fatal, the mortality amounting to fully 60 in every 100 seized; it is quite as uncontrollable by all forms of treatment as yet adopted, and it exhibits the same predilections for filthy, ill-drained places—filthy, ill-ventilated, over-crowded houses, and poor, miserable beings, with the vital powers below par.

If all the investigations into the nature and causes of cholera have been entirely barren of results, the observation of its progress and development, and the study of its history have made us acquainted with some important facts. In the first place, we have learned that *cholera can be arrested*. It is now admitted that the vast majority of cases of cholera begin with simple diarrhœa. When seen in this stage, and proper remedies administered to check the inordinate dejections, the chances are that the disease will not proceed to the stage of collapse. Secondly, That when it has advanced to the stage of collapse, the probabilities are that it will eventuate in the death of the patient. Thirdly, That hygienic regulations strictly enforced among communities, have a great influence in limiting the extent of its ravages. With a knowledge of these facts, and in the almost certain prospect of a speedy visit from this dreadful scourge, a fearful responsibility rests on our Provincial Government. Inaction, under these circumstances, becomes criminal. It is no time when the disease is in our midst, committing havoc in our families, to adopt measures to keep it out. The time of panic and confusion is not the time for well-directed and effective action. Besides, the duration of the epidemic is so short, measures adopted to diminish its virulence, on its first appearance, are scarcely brought to completion, ere the disease has expended itself. We are left to mourn our dead with the anything but consoling reflection that, had the same amount been expended and the