

with some foreign body in it seemed, perhaps, sufficient to account for the disease that caused his death. But the long line of deadly cases that followed in such quick succession soon dissipated this mistaken theory. I had the opportunity of seeing one of the last of these cases, and found it one of the most violent attacks of general peritonitis, coming on suddenly in perfect health, with much pain and tenderness of the entire abdomen, rapidly assuming a most intense tympanitic form and not reaching convalescence for about fourteen days. There was in this case, as in others, considerable epistaxis. Dr. John Stalker, one of the most careful observers I know, writes me that he saw a number of these patients and failed to satisfy himself that the inroad of the virus had been by way of the appendix, and that the suddenness of the transition from perfect health to extreme danger seemed too rapid to admit of the theory, of which he is a strong disciple.

In all of the fatal cases, so far as I can now learn, the course of the disease was very rapid, sometimes not continuing past the second day. As to the question of its epidemic character I may only add that the number of cases occurring in this small district within sixty days was very much greater than all that have happened in the eight years since, and that the condition of the entire community was for a time one of extreme panic.

A year later a similar outbreak occurred in the county of Essex, forty miles away, and which seems to have been absolutely identical with that already described. Dr. Dewar, who saw much of this attack and was so impressed with its unusual importance as to report it in the *Canada Lancet*, writes me that he attended eight cases within one month, all in a small area of country: that in every case there was nose-bleed, that the onset in all was sudden and severe, that the fatal cases lasted not more than four days, and that fifty per cent. of his patients died.

I regret that I can tell you so little of the pathology of such a profoundly interesting series of cases, but a consideration of the few facts we are in possession of is quite sufficient to satisfy me of some outside source of infection, and quite enough to make a doubt as to whether some wandering germ may not be the origin of many an isolated peritonitis, and whether the gentle colon bacillus may not after all be the harmless agent of real utility it was intended to be, this crime of manslaughter being often laid to its charge because of its presence on the devastated premises.

These are the utterances I ventured to make on this subject three years ago. Since then I have seen the question asked, Why the