ception of the second case which Mr. Simonds details, no mention of it is made. In that case he says, "the countenance, however, *was more animated than is generally seen*, even in the early stages of the malady." But if the symptom referred to be one which is "generally seen," its omission in his other cases and general summary is the more remarkable. On the contrary, he says, "the expression of the countenance does not denote much acute suffering." Among the first symptoms given in the first case, it is stated "there were tremors of most of the voluntary muscles." These "tremblings" affected the hind extremities most severely. The animal stood with back arched, and legs gathered under the body. *The head was extended*, ears lopped, and coat staring. She was remarkably dull, and greatly indisposed to move. On the second day she was dull and dispirited; and on the third day the conjunctiva uninjected, and the eyes somewhat intolerant of light; and on the fourth day her head drooped, and her eyes closed as in a state of drowsiness.

In the second case the animal stood with his back arched, his legs gathered under his body. There was a little turgescence of the conjunctiva, but no intolerance of light. On the second day the eyes are heavy, and when he is down he appears sleepy. On the third day "the eyes are drooping, and a thick jelly-like mass, of a pale straw-colour, has accumulated at the inner angle of the eyes, yet the vessels of the conjunctiva are not turgid with blood. On the fourth day the discharge from the eyes and nostril is augmented in quantity; on the fifth day, discharge from the eyes and nostrils the same." In the third case we have the trembling and spasms, with discharge from nose and eyes; and in the fourth case the discharge was also present, and there was excess of fluid in the ventricals of the brain and spinal sheath. In short, discharge of phlegm or mucus from the eyes is generally present, as stated in the foregoing letter; but we do not find in Mr. Simonds' description any mention of the inflamed gums, or the redness of their appearance. The change in the appearance of the coat is to be expected; and all agree that there is first diarrhœa, and then dysentery, producing death in from eight to twelve days.

In Professor Simonds' general summary we find that the "loser durre," or hard impactment of the third stomach, though it may be often present, is as often absent. That such appears to have been the case in some of the few cases which he examined, I have no doubt. In No. 1 he says there was no "loser durre." In No. 2, however, he says, "the contents of the omasum *rather dry from* retention, but no structural change had taken place in the stomach itself." Would Professor Simonds tell us in which of the many of the "twenty other diseases" in which hard impactment of the third stomach takes place, he has found a structural change in the stomach itself? In his third case he states that there was some "rather dry ingesta" in the stomach; a similar state of things was met with in both the reticulum and omasum, but no true "loser durre." But he has forgotten to tell us what he means by true "loser durre." In the letter from Memel it is stated that "the food will be found in the stomach a powdery dry mass;" and Professor Simonds says, that "we have seen men of ablility, who have been called upon to make *post mortem* examinations, hesitate to pronounce a decided opinion of the existence of the pest, when the third stomach has been found healthy." Professor Simonds says that hardness of the contents of the third stomach is not a specialty attaching to the affection; can he explain why the opinion so generally prevails? As two out of the eight cases he examined had such a dryness of the contents from retention as to require notice, the cause which led to that retention might have been investigated; and, after having travelled 1500 miles, it is to be regretted that he did not extend his journey a little farther, and make inquiry as to the cause of the frequent suspension of the functions of the third stomach. The cases he gives are in my opinion anomalous ones; and the absence of the impactment of the third stomach appears, in some of the cases, to have arisen from the spontaneous discharge of the contents by increased secretions from the stomach. It appears, from the imperfect information furnished, either that the experience of Professor Simonds has been limited, or that the disease presents a considerable variety of forms. But whether there is impactment of the third stomach or not, I think Professor Simonds will allow that, from whatever cause it has arisen, the disease is one in which the digestive organs are chiefly affected; and it becomes us, therefore, to inquire whence the irritation has arisen which acts with so much virulence on cattle. Professor Simonds says: "It is difficult to speak with certainty of the true nature of the Rinderpest; but *it is evident* that the morbific matter on which it depends, having entered the system through the medium of the organs of respiration, soon acts upon the blood, by converting some of the constituents of that fluid into its own elements, and that, while this process is going on, the animal gives no recognisable indications of being the subject of the malady. This period constitutes the incubative stage of the disease." But suppose that, instead of the *cause*, or causes, entering the system through the organs of respiration (of which there is no evidence), it or they were taken into the stomach—or if the usual articles of food necessary for exciting the healthy action of the digestive organs, were either not to be procured or were withheld—is there anything very mysterious in these organs becoming diseased, either in a chronic or acute form? Is it not most reasonable to suppose, that if the food of cattle is of an inferior quality, or deficient in quantity, that the organs of digestion should be the first parts of the body most likely