

within the bounds of possibility that, by passage, for example, the germ may have its virulence increased to a point at which racial insusceptibility becomes an absent quality. In the epidemic at Surat from 1684 to 1689, no Englishman was attacked, but in Bombay in 1690, of 800 Europeans only 80 were left, among them 6 civilians, 6 commissioned officers and not quite 40 English soldiers.

What it is that causes variation in virulence and effects we are still very far from knowing—we have, however, to recognize its existence in the Plague as in influenza, and, to give a very present instance, in small-pox. For in this respect nothing can be more instructive than the curiously mild epidemic of small-pox which is now spreading through the Northern States and has made its appearance in Ontario and parts of our own Province of Quebec. Nor again does the fact that two centuries and more have elapsed since the Plague visited Atlantic shores, afford any absolute indication that it has retired never to return. As Dr. Simpson pointed out at the last meeting of the British Medical Association, even in the crowded, painfully insanitary and peculiarly vulnerable eastern cities, while the Plague when once it enters may linger for several years, periods of a century or more may intervene between separate epidemics. Bombay itself was free for 184 years, Moscow, to come nearer home, for 150 years, figures which are not particularly reassuring.

As now the Plague has manifested itself in no uncertain way upon the Atlantic coast of Europe—in Portugal,—not to mention along the Pacific coast, from Japan to the southernmost parts of China; nay more, has assumed an epidemic type in parts of Brazil and the Argentine, we in Northern America must no longer live in a fool's paradise of assured freedom from danger. In saying this I do not wish to pose as an alarmist. As Müller and Pösch point out, in Marseilles in 1721, there were 86,000 deaths out of a population of 247,000, a mortality of 34.8 per cent., and in London in 1665, 68,596 out of a population of 460,000, a mortality of 14.9; Defoe, it is true, gives us the popular impression of his time that this figure is too low and that 100,000 is a true estimate, or a mortality of over 20 per cent. In Canton, on the other hand, in 1894, it is estimated that 140,000 died, or 5 per cent. of the inhabitants. In Bombay in 1896-7, with the more rigorous measures adopted there by the authorities, 19,849 died out of a population of 846,000, a mortality of only 2.3. If in a city so notoriously unsanitary as Canton, and among a people so predisposed to the disease as the Chinese (it is estimated that over 90 per cent. of the Chinese attacked in Hong Kong succumbed), the mortality was only 8 per cent., if again in the continuation of the same epidemic in India, the mortality was brought down by preventive measures to 2.3 per cent.; if again, as the rareness of