of September. On the 3rd of November it first reached this continent and broke out in New York.

Early the following spring great preparations were made in Toronto and other Canadian cities to prevent its appearance and spread. Reports were made upon it, preventive measures suggested and stringent by-laws passed, and it is probable there was then such a general cleaning up as never had been before. This was certainly the case in Toronto it appears. There was no epidemic, hardly any if any cases of genuine Asiatic cholera in Canada at that time nor since.

The extension of cholera from Northern Arabia was next threatened in 1871, and there were then many deaths from it in Russia. In 1872-73 there were half a million cases of it in Poland and Hungary and seventy thousand deaths in Prussia. England escaped, though there were some cases of the disease in New Orleans. Since that time it has occurred several times amongst the pilgrims in the East, but has not established itself in Egypt nor prevailed in Europe.

GENERAL PRECAUTIONARY MEASURES.

Regarding these the Medical Times and Gazette gives the following :-- "A supply of pure water removed from all possible means of pollution is the first requisite for prevention, and a well-constructed and arranged sewerage provides an additional guarantee. duty of the local sanitary authorities is to remove promptly and frequently all deposits and accumulations of organic matter from dustbins, yards, markets, and streets; to inspect and order the cleansing of all closets and water-butts or cisterns, providing for the decent maintenance of the same; to flush, say weekly, not merely the sewers, but the drains of courts, small streets, and tenement dwellings, the gutters and surface of streets, courts, and yards in crowded quarters; to rigidly inspect markets, shops, and especially coster stalls for the sale of food; to look up all overcrowding and occupation of cellars; to offer facilities for the speedy and gratuitous treatment of diarrhœa; and generally to give greater discretionary powers and liberty of action to the parish surgeons, medical officers of health, and sanitary inspectors, such as, with frequent meetings of the sanitary authority, should minimise the friction and delay. Whether disinfectants are supplied to the public or not, they should be encouraged rather to complain of offensive emanations and seek the removal of their causes, than to trust to masking them by carbolic acid and like substances. In seaport towns the port medical