have only relied on the fact of his being a skilled bacteriologist, though quite new to Egyptian practice and experience, and a Sanitary Institute has lately been established, but with a staff which leads one to suppose that it will be a mere laboratory for bacteriological researches. Moreover, in the article of THE LANCET it is stated that the Egyptian Government has recently requested the Pasteur Institute to send a mission to Cairo to make experiments with a view of anti-cholera prophylaxis, and it is observed that the provision for bacteriological studies and researches alone is not the fault of the present distinguished and enlightened chief of the sanitary administration, but it is to be ascribed to an erroneous interpretation of the value at present attaching to the pathological knowledge of micro-organisms and in consequence makes one to suppose that the misleading influence exercised by foreign scientists on the native governmental authorities of Egypt, who are too prone to follow European tendencies instead of adapting their conduct to the peculiar wants of the Egyptian people. Bacteriology has already too many able researchers in old Europe to want the special help of researches to be made in Egypt, where there is scarcely a special disease that fails in the domain of the bacteriologist which cannot be studied even better in any other country than Egypt. Indeed, taking a glance at the diseases which are ascertained or supposed to be originated by micro-organisms some are cosmopolitan and common alike in Egypt and in many other warm countries, as cholera, diphtheria, typhus, enteric fever, pneumonia, influenza, and so on; others exist in Egypt as well as in many other warm countries, but their frequency being much greater in the latter than in Egypt there is in such countries enough to study oneself in the case of diseases like lepra, ainhum, and beri-beri.

Of the great plagues of man, oriental pestis, or bubonic pestis, has not been for more than half a century seen in Egypt, and only cholera is a periodical visitor, though, as I have said, not a frequent one. Perhaps of the diseases that in Egypt originate from micro-organisms only bilious fever claims particular attention as regards its importance, gravity, and the frequent occurrence of epidemics of it, while it is a disease peculiar to Egypt and other warm countries. Elephantiasis, though its bacteriological origin has been sought, is, in some of its forms at least, certainly connected with filaria. Chyluria, chylous hydrocele, lymph scrotum, and other kinds of lymphorrhagia, all diseases very common in Egypt, are certainly caused by filaria in the vascular system which pours its embryos into the blood circulation. It is probable that more than one species of filaria sanguinis exist in Egypt, if number of individuals who come from Nubia, and probably those species that up to now are not indigenous in Egypt may become so in time for want of due attention to their influence on the existence of epidemics of it, while it is a disease peculiar to Egypt and other warm countries.

It is well known that mitral regurgitation from valvular disease appears to be much more frequent at the bedside than the post-mortem room would lead one to suppose, and yet there is possibly little idea in the minds of the majority of the practitioners of medicine how uncommon the examination of necropsy records proves it to be. Mitral regurgitation from valvular disease conveys the idea of leakage due to deformity of the flaps of the mitral valve, presumably mainly of the large anterior flap, since the posterior division is so small. More thickening of the flaps to a slight extent cannot be a lesion of sufficient importance to account for death, since there is in such cases a reason why without dilatation of the left ventricle.

Before referring to the results of the examination of post-mortem records one or two clinical facts bearing upon the subject of mitral regurgitation may be considered. A systolic murmur heard at the apex of the heart we know may not uncommonly appear during a first attack of rheumatism, yet possibly we are not always justified in saying there is endocarditis present, or at least that the systolic murmur produced by an endocarditis that has caused deformity of the flaps of the mitral valve. Deformity must take some time to develop, yet so soon is the murmur sometimes audible that it seems more reasonable to suppose that dilatation of the left ventricle has occurred. If in an attack of rheumatism in which a systolic murmur has been heard pericarditis supervenes and carries off the patient, we may find evidence on post-mortem examination of the existence of endocarditis in the presence of a row of fine, bead-like vegetations lining the flaps of the mitral valve, but the flaps themselves will be as well shaped and as supple as in perfect health. One can hardly suppose that the minute, bead-like bodies have interfered with the competency of the valve, and there is certainly no deformity that can have led to regurgitation. Although it is not easy to estimate small degrees of dilatation of the left ventricle in the post-mortem room, it is reasonable to conclude, in the absence of sufficient lesion of the flaps of the valve to give rise to a regurgitant murmur, that the dilatation present has been sufficient to occasion the murmur. Dilatation of the left ventricle occurring during attacks of rheumatism, while probably sufficient in amount to give rise to a systolic apical murmur, need not necessarily be so great as to give definite signs of its existence at the bedside. Yet there is one clinical fact that has some bearing upon this point. It is the free moving of a systolic murmur audible over the pulmonic area. The existence of this murmur (the frequency of which any not familiar with the fact may easily prove for themselves) can hardly be ascribed to endocarditis of the pulmonic valves, while probably sufficient in amount to give rise to a systolic apical murmur, need not necessarily be so great as to give definite signs of its existence at the bedside.
bears out Dr. Foxwell's view, and in passing an example of dilatation may be mentioned. In a necropsy upon a case of splenic anæmia in a young man over whose heart loud basic murmurs during life had been audible the dilatation of the right ventricle in the region of which had been so defined might well have been supposed to account for the enlargement. We have said that an aneurysm was present. We have mentioned that the murmur ought to disappear with the recovery of the patient. It seems to me that hospital patients are generally discharged before the heart has time to return completely to its normal condition, and consequently the disappearance of the murmur is not noted. I intended to look up several cases some time after they had left the hospital in order to see whether the murmur had disappeared. A paper, however, by Dr. Caton seemed to render this work scarcely necessary. He treated several patients suffering from rheumatism, over whose hearts murmurwas audible in the region of the right side of the heart. For example, a case of right ventricular aneurysm occurring in attacks of rheumatism, and we have referred also to the discovery of a systolic apex murmur in patients who present no symptoms of heart disease. It follows, therefore, that after an attack of rheumatism we shall look for clinical signs of obstruction of the mitral orifice; the edges of the flaps are drawn together and later in a deformity that occasions only regurgitation of blood through the mitral orifice. Examination of a large number of these records shows that death from uncomplicated mitral regurgitation may be described as rare. Thus, excluding cases in which other lesions were present such as general adhesion of the pericardium in children, and disease of the aortic valves, in twenty years of the Bristol Royal Infirmary post-mortem records there were only eleven cases of deformity of the mitral valve leading to regurgitation without any associated stenosis of the orifice, and ten years of the Guy's Hospital records gave only five cases; a fact briefly referred to in my paper on Hypertrophy of the Heart without disease of the aortic valves in children. It is reasonable to suppose that some dilatation of the left side of the heart follows that a valvular lesion causing regurgitation exists. It seems to me that attention to this point will probably show that mitral stenosis, but a systolic murmur persists, it probably does not follow that a valvular lesion causing regurgitation exists.

Mitral stenosis the above statistics have shown to be the common sequence of rheumatic-endocarditis, affecting the mitral valve, and this lesion is a serious one, since the majority of cases end fatally before the age of thirty-five. It follows, therefore, that the finding of a systolic apex murmur in patients who present no symptoms of heart disease, does not indicate that the flaps of the mitral valve do not suffer in consequence of rheumatic-endocarditis. They undoubtedly become inflamed, yet the inflammation leads not only to a protrusion allowing more regurgitation, but to thickening and approximation of the flaps—in other words, to stenosis of the mitral orifice. Thus, excluding cases in which other lesions were present such as rheumatic-endocarditis, affecting the mitral valve, and disease of the aortic valves, in twenty years of the Bristol Royal Infirmary post-mortem records there were only eleven cases of deformity of the mitral valve leading to regurgitation without any associated stenosis of the orifice, and ten years of the Guy's Hospital records gave only five cases, a fact briefly referred to in my paper on Hypertrophy of the Heart without disease of the aortic valves in children. It is reasonable to suppose that some dilatation of the left side of the heart follows that a valvular lesion causing regurgitation exists. It follows, therefore, that after an attack of rheumatism we shall look for clinical signs of obstruction of the mitral orifice; the edges of the flaps are drawn together and later in a deformity that occasions only regurgitation of blood through the mitral orifice. Examination of a large number of these records shows that death from uncomplicated mitral regurgitation may be described as rare. Thus, excluding cases in which other lesions were present such as general adhesion of the pericardium in children, and disease of the aortic valves, in twenty years of the Bristol Royal Infirmary post-mortem records there were only eleven cases of deformity of the mitral valve leading to regurgitation without any associated stenosis of the orifice, and ten years of the Guy's Hospital records gave only five cases, a fact briefly referred to in my paper on Hypertrophy of the Heart without disease of the aortic valves in children. It is reasonable to suppose that some dilatation of the left side of the heart follows that a valvular lesion causing regurgitation exists. It follows, therefore, that after an attack of rheumatism we shall look for clinical signs of obstruction of the mitral orifice; the edges of the flaps are drawn together and later in a deformity that occasions only regurgitation of blood through the mitral orifice. Examination of a large number of these records shows that death from uncomplicated mitral regurgitation may be described as rare. Thus, excluding cases in which other lesions were present such as general adhesion of the pericardium in children, and disease of the aortic valves, in twenty years of the Bristol Royal Infirmary post-mortem records there were only eleven cases of deformity of the mitral valve leading to regurgitation without any associated stenosis of the orifice, and ten years of the Guy's Hospital records gave only five cases, a fact briefly referred to in my paper on Hypertrophy of the Heart without disease of the aortic valves in children.

As a field for testing the value of inoculation the tea factories of India possess many advantages. The labourers being under contract, the after-history of those inoculated is easily followed up. Each morning the adults are paraded on those gardens under my personal observation. The following tables summarise the results. With them are included statistics of Burnie Braes, which, though not under my care, were kindly communicated to me by my manager. A number of newly arrived coolies, who contracted cholera whilst still in quarantine or shortly after their arrival on the estates, are excluded from the table. None among them or their fellows were attended by inoculated dressers and chaukidars during their illness. There is also excluded the case of a lad who contracted a fatal attack of cholera twenty-nine hours after...