

these 442 are children from the Grey Nuns' Foundling Hospital. A large proportion of the balance would come under the heading of Still-Born or Dead-Born, in the Protestant Cemetery, but owing to religious scruples, I believe the Roman Catholics do not inter those who die without the sacrament of baptism in consecrated ground, hence all the children of this class are returned under the heading "*Ondoyés ou baptisés sur-le-champ*," instead of still-born.

I cannot conclude this portion of the subject under discussion without a reference to the suggestions thrown out at the commencement of this paper. I have endeavoured to lay before the reader the most prominent defects in the returns from whence the accompanying tables have been compiled, and in doing so my desire is to draw public attention to this all important subject, that measures may be taken to guard against errors in future. The great need of establishing immediate sanitary regulations cannot be questioned, and to arrive at reliable information in our mortuary tables stringent bye-laws should be enacted and enforced, compelling a correct return as to the cause of each individual case of death. This object can only be secured by obliging the keepers of cemeteries to refuse interment, unless the particulars of the fatal illness are correctly stated. In cases where a physician has been called in, his certificate should be required. The sooner this change is effected the sooner will the statistics of our city be reliable and of general benefit, and we will not stand alone, of all the large cities of this continent, as the one in which the well-being of its inhabitants in this particular at least, have been neglected. Although this paper appears in the pages of a periodical devoted to the advancement of medical and physical science, yet these remarks are intended for the public eye, and I trust if the suggestions here offered are deemed of as great importance as their nature deserves, that they will ere long be acted on, and an endeavour be made to remedy the defects which exist.

Again referring to the tables, it will be observed that the greatest proportion of deaths takes place in infants under two years of age; this fact is borne out by professional experience. The proportion of deaths of infants under two years of age bears a ratio to all deaths of about one in 2.73, equal to about 36.55 per cent. In this calculation I have omitted the still-born and all those registered as having died under one month; were these added it would give a ratio of one in 1.76 or equal to 56.60 per cent. The ratio of the mortality of children under 8 years of age is equal to one in 1.45, or 68.76 per cent. Between the ages of 8 and 15, the ratio falls off surprisingly, giving only a percentage of about 2.20. The next period of five years, or between the ages of 15 and 20, bears a ratio of deaths equal to 173 per cent. The ratio of deaths rise in the next decennial period; each succeeding period thereafter is characterised by a general diminution.

In calculating the expectation of life of the inhabitants of any district it is usual to draw comparisons between the actual population, the ratio of deaths at different periods, and a given number of births. When the births and deaths are equal, the rate of the annual mortality will express the expectation of life, or the average age of deaths. According to Dr. Price, in order to arrive at a true approximative estimate, in the absence of more correct data, we are to divide the actual population by a mean between the proportion of deaths and births.