

explanation, which lies ready to hand in the accompanying Table No. VI., showing among other particulars, the average temperature for June, July, August and September for the five years to which the mortality tables apply. The exceedingly interesting fact is thus elicited that the July for which the mortality was so low, was preceded by a June in which the average temperature was only 61.3° F., nearly 4° F. lower than the lowest June in the series, and nearly 7° F. lower than the highest June of the series. This July of low diarrheal mortality, however, was itself much the hottest July of the series, 4.49° F. hotter than the average July in fifty-eight years. We find, consequently, that the August following had a mortality of 64, much the highest August in the series, and was followed by a September of exceptionally high mortality, 46. In other words, the epidemic of 1897 was delayed a whole month by the low temperature of June. The months of greatest mortality were August and September instead of July and August, and the net result was the same as in an average year.

Seibert's view as to the correspondence of the heat-curve with the mortality-curve is thus amply borne out by the data for Toronto, as is also his statement that an average of at least 60° F. is necessary for the development of the epidemic. And Holt's theory that the heat of June is the cause of the July mortality is strongly confirmed.

Jennings, of Detroit, in the Address in Medicine before the Michigan State Medical Society this year, tells us that "in Detroit, for the year ending July 1st, 1898, 35 per cent. of the total deaths were under the age of five years, and 25 per cent. under the age of one year. Most of the deaths under one-year are due to nutritive disorders directly or indirectly the result of improper feeding."

If further argument were needed, one might quote Emmett Holt in his address of last year to the American Pediatric Association, in which he states that during the past eight years, of 151 children left under his care during their entire infancy, not one had died, though only thirty of the number were breast-fed during the most of the first year, and ninety were entirely bottle-fed. From inquiry among physicians in New York in the same field of practice, Dr. Holt further concludes that "in the well-to-do classes, with the best care, the mortality from all causes during infancy does not exceed 2 or 3 per cent., as against a general mortality for this period among all classes of about 20 per cent. These are most healthful signs, and show the possibility of a very great reduction in infant mortality everywhere with a better understanding of all conditions, but especially of infant feeding."

As regards the title of my paper, I wish to say beforehand