

than that above the sewage inflow, and who, moreover, rudely, indeed in a bullying style, attacks this JOURNAL because we mentioned the condition of the water supply source in our last issue. Fortunately sanitarians in Ontario in their efforts to promote the public health rarely meet with such persons. We have no time nor space to contend with such. The fact may be here noted that the record of deaths in Windsor during the last three years, ending with the 31st August, 1891, is, 119, 138 and 159, respectively; giving a mortality rate of about 13, 14.5 and 16 for the respective years, for each 1000 of population, an increase of about 23 p.c. in the three years.

THE QUALITY of the immigrants coming into this country should receive serious consideration. Canadians are apt to look only to the numbers which come in to occupy the broad fields of Canada, and are somewhat discouraged because the population has not increased to the extent which had been hoped for. A leading medical weekly in the States, referring to the influx of immigrants there, says: It scarcely needs comment to show the enormous influence that such immigration has upon the health, welfare and prosperity of this country. It is a notorious fact that the quality of this stream of humanity has diminished within the last decade, and in just about geometrical ratio with its increase in numbers. What a change from the days when men set out across the seas to escape persecution or to secure wider civil and religious liberty, to the time of "assisted" immigration, when men leave their country not for their own good, but the good of their neighbors. Can we estimate the amount of crime, ignorance and insanity that will be inflicted upon this country in the defective descendants of these wretched beings.

TORONTO CITY papers sometimes congratulate the citizens because their death rate is not very high notwithstanding all their defects of sanitation; although since the census returns it is found that the mortality was considerably higher than had been estimated. Now as we have before pointed out, the death rate affords little or no indication of the sickness rate. There may be a great deal of sickness, diseases, even zymotics, but particularly local diseases, may be very prevalent, and but comparatively few deaths take place. Toronto it appears supports a much larger proportion of practising physicians than any other city in Canada. And although it is best to save life, or to prevent premature death, so far as possible, sometimes one might as well die as to suffer with lingering, and eventually fatal illness. Besides, sickness with the unsanitary conditions which give rise to it,

depreciates the stamina of the people, not to say anything of the pains, anxieties and costs in time and money which invariably accompany it.

THE MORTALITY in Quebec, now that the almost phenomenal birthrate is shown by the recently published vital and mortuary statistics of the Catholic population of the province for 1889-90, appears not very much greater proportionately than in Ontario. In Ontario the chief cities return a birthrate of about 27 per thousand of population; in Quebec, about 47 per thousand. In Ontario, but little short of one-fourth of those born die before completing their first year of life. If we allow that the same proportion die in Quebec under one year, and deduct this from the total mortality, it makes a very material difference in the death-rate of those above one year as compared with the total death rate. Furthermore, of the three-fourths and over who in Ontario survive the first year of life, one-tenth die under five years; although much less than half this proportion die between five and ten years. We must expect at least the same proportion to die under five years in Quebec, and this makes a further material difference in the mortality after the fifth year as compared with the total mortality. Certainly some special effort should be made to lessen the high rate of infant mortality everywhere.

ON DIPHTHERIA, Dr. Alfred Carpenter, at the recent annual meeting of the British Medical Association, said: It was shown that fifty years ago the disease was unknown in this country, but for the last thirty-five years cases had been under his personal observation in country places. Between 1860 and 1870 cases were common in rural districts, and between 1870 and 1880 the towns became affected. The difference between the two cases was that in the rural districts the outbreaks were limited to one or two, whereas in the towns the number was more widespread. Some cases were caused by the distribution of infected milk, some by contagion in schools; while in some cases, when cesspools were cleared away and the basements of houses rendered dry and damp-proof the disease had disappeared. Warmth, moisture and absence of light were necessary agents for the propagation of diphtheria. Dr. Butterfield stated as his experience that diphtheria followed the conveyance of manure in the hop fields. It was possible that it existed in a latent condition in many districts in a smouldering form and was brought out by heat and damp.

A CASE of resuscitation extraordinary is mentioned in the New York Times of the current month. In Paris, a doctor was called to a woman who, with her child, had been suffocated. "They are both dead," he remarked, "we