

feeding is of secondary consideration, but with this and improved sanitary conditions great improvements could be brought about in the death rate. It seems to me that the poverty of the inhabitants is an important factor. In these low lying areas the moisture and drainage would naturally flow down from the higher levels and be composed of deleterious and fermentable matter, and the children playing in and around this would naturally be the sufferers. Aside from the irritation of dentition of the first year, there is an additional cause in the presence of these microbes. In the lower levels, where there is moisture, there is also more or less fog; the heat there evaporates the water from the soil, and chill, especially at night time, causes this fog to hang over the area. So here is still another feature, and by taking the exact dew point you will find that a degree more or less enables these microbes to grow. In the disinfection of railway cars it has been proved that formaldehyde is absolutely useless unless the atmosphere is saturated at about 75 per cent. You have to deal with the temperature and saturation of moisture which enables these microbes to grow. When the high winds blow through these localities this mist or moisture is blown away, and you have fresh air which has again to be saturated with that moisture before these microbes grow again.

DR. GIRDWOOD: I should like to ask, if the death rate is a just criterion of this disease. From the districts indicated it would seem that the inhabitants of these properties are people who cannot afford to go to any expense in connection with curative measures for their children. Might not this disease exist in the same proportion in those better situated, who can afford to take their children away for a short time?

DR. ADAMI: I must congratulate Dr. Starkey upon having taken up this subject. Judged from every point of view this remedying of our terrible mortality is of the highest importance to us as a community, and I think Alderman Ames, who has done so much for the sanitary condition of the city by studies of a somewhat similar though more general character, will be pleased with the results Dr. Starkey has brought out this evening. With regard to work on the summer diarrhœas of children, one of our Montreal workers, Dr. Charlton, working under Professor Escherich, has communicated to the recent meeting of the Association of American Physicians at Washington a very interesting paper upon cases in the Ste. Anna Spital in Vienna, in which he shows the clinical confusion between mild cases of dysentery and these summer diarrhœas. The Shiga type of dysentery he found the most severe. In the Flexner type there is not quite so much tenesmus. He has worked out 68 cases of severe diarrhœa with com-