

in Norway the proportion of the population that reaches twenty survives nearly forty years, or four-fifths of the effective period, to contribute to the wealth of the community; while in Ireland the same proportion survives less than twenty-nine years, or considerably under three-fifths of the effective period.

When we speak of families that lie within our cognizance, we estimate the happiness of the families by the health they represent. If one out of every two of the offspring of the house have died, if some who have not died are mute to the world or otherwise stricken, we soon fall into a thoughtful mood, and say that this home is not a possible home for happy life. Pleasures there may be, happiness there cannot be.

What is true of family circles is equally true of nations. Rest, quiet of nations, repose for cultivation of refined arts and sciences, happiness derived from healthy and vigorous minds and intended for healthy, vigorous, and wholesome purposes, there cannot be, when one or two of life can only reach maturity with a survival of three-fifths of effective population. In such a national family there is persistent mourning. State physicians tender their remedies for such families of nations and call themselves curers, as if that could be cured which is Nature pursuing her merciless course towards her merciful dispensations, in correction of those who have outraged her.

I have named this discourse "The Seed-time of Health," and in the sentences foregone I have tried to strike a contrast, and thereby to give to sanitation a broader meaning as a practical science than is commonly connected with it as a system of details respecting ventilations, sewer traps, and the like.

I want to point to health as the all-in-all to man; the gate of health, leading to the truly good in politics, art, science, letters,—aye, and religion, not less than the least of everything. The strain of my argument is, that, unless we make the early life of our children a seed-time

of health,—unless we, from the root of life, so change the conditions which now exist,—all our other measures are practically valueless.

At this moment we have not, as a nation, got this notion set in our minds in such degree as even to accept it, basic as it is, as worthy of serious thought. We have no shame when our young fail and die. Grief we have, fond memories we have; but shame, none. We bury our young as if the act were natural, and erect memorials of it. We read obituaries of the young dead; we read the terrible obituaries of the Registrars General; we discuss in Congresses like these the cost of young life; but the shame of the Greek touches us not. The knowledge of the troubles which flow from the lack of the shame reaches us not.

We sanitarians are, however, only bound to treat of that which belongs to our own labors, and acknowledging the perils incident to early life, and it may be even recognizing the shame of them, have before us the question of their prevention from its health side alone.

That we may approach this task with intelligence, let us for a short time glance at the nature of the perils which beset the spring-tide of human life, and the period bounded by maturity.

The perils are of four kinds:—1. Those that are inherited; 2. Those that are incidental; 3. Those that are inflicted; 4. Those that are acquired.

*Inherited Perils.*—Foremost among the perils to life, in all its stages, but especially in its early stages, are the inherited. We may safely say that no one is born free from taint of disease, and we may almost say with equal certainty, that there is no definable disease that does not admit of being called hereditary, unless it be accidentally produced. To what is known as specific disease, the disease of diseases; to struma, or scrofula, and its ally, if not the same, tubercular affections; to cancer; to rheumatism and gout; and to alcoholic