Calculating cases from deaths is a good method, provided we know the deaths and the factors to be applied to them. Since we do not know the factors to be applied to them as a rule, it is absolutely worthless as a rule. We can only find the factors to be applied by dividing the cases by the deaths; we must know the cases in order to divide them; and if we know the cases there is no object in calculating them.

One of the by-products of this investigation is a complete demonstration that most of our fatality rates—*i. e.*, deaths to cases—are wrong and far too high.

Objections to the method usually take the following forms:

1st. That the mothers do not know the information asked, *i. e.*, what infections, and when, their children have suffered. A very little inquiry amongst any set of mothers will dispose of this objection at once.

2d. That the mothers would refuse the information asked. Table No. 1 indicates that the mothers in London, connected with the twenty-three schools concerned, responded for 74 per cent. of the school enrollment; in over one half the schools, the returns were 80 per cent. or over of the enrollment; and in only three schools did the returns fall below 70 per cent. of the enrollment; while in addition returns were made on nearly half as many more children, over and under school age.

3d. That the mothers would give frivolous or stupid answers. These returns showed frivolous or stupid answers in about 5 per cent. of the total; in 95 per cent. they were quite evidently straightforward, direct replies, consistent with themselves and with each other.

4th. That with the best will in the world, the mother's diagnosis would be fallacious. It is quite true that the average mother cannot recognize the infectious diseases with the swiftness and certainty of a trained expert, especially in the early stages of the attack. But this was not the task set the mothers. They were asked to record what their children had had, after the attacks had run their full course, generally years after; when opportunity for reflection and comparison with the neighbors' children had been afforded; and long after the diagnosis had been threshed out and settled. Remember also that the cases the physician does not see are often recognized by the laity, through comparisons with the cases he does see, as well as by consultation with the more experienced older mothers. Finally, these errors tend to correct themselves, for in large series of cases the diseases likely to be mistaken for each other are likely to be mistaken 50 per cent. one way, 50 per cent. the other.

TABLE NO. 1.—SHOWING

TABLE NO. 1.

This shows a total of 8,903 children returned, 1,778 under, 5,788 at, and 1,337 over school age (6–14). Of those over school age, 387 were attending the Collegiate Institute, and were of school age so far as the Collegiate Institute was concerned.