

particularly from warm to cold, and worse if the former have a high relative humidity, are potent factors in the establishing diseases of the mucous membranes. This is probably brought about by the chilling of the surface of the body, contracting the cutaneous capillaries, and viceral determination of blood, to the mucous membrane constituting the great area of the internal blood receiving organs, suffers to the greatest degree.

For this reason diseases of the mucous membranes can best be treated in an atmosphere least likely to afford sudden changes, and also where the relative humidity would remain low. Sudden changes from warm to cool seem to influence the gastro-intestinal track, while the reverse affect more the pulmonary. Booditch and Buchannan, working independently, successfully established the fact that there is a relation between dampness of soil and tubercular affections. Sir John Simon early observed, and others more recently that the draining of the soil diminishes the death rate from phthisis. Dr. Andrews, of the Chicago Medical College, has studied the geographical distribution of pulmonary consumption in the United States and Canada, and shows that it is most abundant near the sea, and diminishes as we recede from it. Tubercular disease seems to follow closely the moisture and temperature of localities. The combinations of damp soil, an atmosphere laden with moisture, and variable weather, are the most favorable, and the reverse of these the least favorable, for the dissemination of the malady.

Buccan and Mitchell's research (Meteorological Society, Scotland), have shown that the mortality from tubes follows very closely the temperature (curve), the maximum being from the middle of July to the middle of September.

Similar to the maximum of diarrhoea mortality, and, in fact, the deaths from tubes are mostly hastened by diarrhoea. The absolute minimum is from the end of December to the beginning of February.

The relation of phthisis to weather in a curve. The absolute minimum occurs in

the last week of September, after which it begins slowly to rise. In the middle of November it arises more quickly; during the last three weeks of December it falls a little, rises again in the beginning of the year, and remains steady until the second week of March, when it arises to the annual maximum during March, April and May.

From the middle of July to the middle of November it is below the average. This is one of the most constant curves in its main feature from year to year.

1st. It is well to remember that temperature, considered by itself, does not exert that marked controlling influence upon the development and progress of phthisis which has been attributed to it.

2nd. That the most important atmospheric condition for a consumptive is dryness.

3rd. The next to dryness in importance is an equable temperature, a temperature uniform for long periods, and not disturbed by sudden or frequent changes. A uniform low temperature is much to be preferred to a uniform high temperature. The worst possible climate for a phthisical patient is one with a long continued high temperature.

The climate of the fertile lands which skirt the eastern slope of the Rocky Mountains, north of the 47th parallel, are especially suited to persons suffering from tubercular disease. The climate is such the energy of the circulation and of the cutaneous functions is maintained by the substantial food they are able to take (after a short residence), and by the active mode of life which the bracing, tonic effect of the atmosphere enables them to adopt.

Here in Manitoba and the Northwest a greater yearly steady range of temperature than in any other part of the world that I am conversant with the history of, there is less cloudiness and moisture in the air than is the case with coast regions. (The average atmospheric pressure at St. Vincent is 29.963, and the relative humidity is 76.2.)

I consider the climate better for those