## 548 INFANT FEEDING, INFANTILE DIARRHEA.

back to the sober fact that I have undertaken a task which I feel is too much for me. I can pretend to no very special knowledge of the subject beyond that which careful reading and conscientious clinical observation can produce, and cast myself upon your indulgence, with the request that the discussion to follow may be free, and with the hope it may be helpful both to myself and to us all. The selection of a subject was difficult, and I was influenced in my choice mainly by the fact that it is at this time the one specially prominent in practice. I can assure you that I feel my own limitations, and that, as may seem right and proper in the discussion of this particular subject. I have the mind "even of a weaned child."

The importance of the subject need scarcely be insisted upon before an audience like this, to whom the preventability of the "Slaughter of the Innocents," caused by diarrheal disorders, is coming to be known. I have pleasure in presenting to you the following tables, kindly prepared for me by Dr. D. McGillivray from statistics placed at my disposal by Dr. P. H. Brvce, of the Provincial Board of Health, to both of whom my thanks are due. These tables have reference to the city of Toronto and the Province of Ontario, and constitute a powerful argument for an educational campaign by this Association against public ignorance in the matter of infant feeding. Yet even among ourselves it may be well to look for the beam in our own eyes. I was struck recently by the forceful character of some of the remarks of Mr. Marmaduke Shield in a lecture given in St. George's Hospital, in London, "On the Management of Some Cases of so-called Simple Fracture." After expressing surprise and regret at the little importance attached by students. and "especially," he says, "junior practitioners" to the study of these common accidents, he goes on, with, I fear we must admit, great truth, to single out this very disorder, as follows:

"It is the same in medicine: obscure maladies, which usually terminate in pathological investigation and speculative methods of treatment, fascinate the modern student more than the treatment of pneumonia and infantile diarrhea. All must fly before they can swim. I regret to say that one cannot excuse teachers and examiners from complicity in fostering this hollow and foolish tendency in modern clinical education. It is most detrimental to after success in practice and reputation."

After undertaking the preparation of a tabulated statement of the incidence of infantile diarrhea, I found that only for the past two years has a satisfactory method been in vogue in the Registrar-General's Office. The Bertillon classification of diseases now adopted is very satisfactory, but previous to 1897 cholera infantum, diarrhea acuta and dysenteria acuta were so