really to appreciate and to think on subjects of this character. The innate credulity of his nature breaks forth, becomes clamorous, and must be fed: to such a person, the truth would be no more acceptable than the doctrines of the Temperance Society would be to a spirit-drinker, because it would cripple and fetter the exercise of the darling faculty of credulity.

To this majority, however, in all ages, have sprung up men willing to gratify their tastes, and such men are often rewarded, from the Holloways downwards, by a short cut to practice and reputation, and they become rich; but do you know any instance where men of this kind have contributed anything whatsoever to physical science? Therefore, to persevere in the love and search of truth, despite the many temptations, to deviate from the straight and narrow path, we must be prepared by God's help to sacrifice self, and, if need be, fall short of the wealth which the charlatan possesses, with a noble consciousness, however, that we are doing our best, not for self only, but for the extension of science, and, therefore, for our fellow-creatures.

THE COMPARATIVE BIRTH-RATE AND NUMBER OF CONCEPTIONS IN CANTERBURY AT DIFFERENT PERIODS OF THE YEAR.

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It is probable that many obstetric practitioners have imagined, and yet have doubted, whether human births are more numerous at certain periods of the year than at others; but have been unable, from their individual experience, to come to a satisfactory decision. Nor can a much nearer approach to a satisfactory result be obtained from a perusal of the authorised register of births; for it will be found that, although a few births are registered within a week or two after their occurrence, many are not registered until after a delay of several weeks, and some not until after several months; consequently, the births of January are very frequently registered among those of February, March, April, May, and even June; and a recent registration act, with the laudable desire of preventing any births from remaining unregistered, allows, under some conditions, births to be registered at any period within a year of their occurrence. For many years, however, during which I paid considerable attention to the vital statistics of Canterbury, as a means of improving the sanitary condition of its inhabitants, I was under the necessity of reducing the births as well as the deaths into their order of daily occurrence; and am consequently enabled, at the request of Dr. Farr, of the Registrar-General's office, who informs me that he does not know of such another record, to prove the actual numbers at different periods of the year. I may observe that, during the twenty years from 1854 to 1873 inclusive, there occurred and were registered in the city of Canterbury 12,172 births; viz., 6,242 male births and 5,930 females, the average annual birth-rate being 33.33 per 1,000 of the average population. There was found, however, as the following table will prove, an excess of more than five per 1,000 in some months as compared with others; the month of December being the most prolific month, having an average birth-rate of 35.65 per 1,000, while the average birth-rate in June was only 30.27 per 1,000. There was also, as may be observed in the table, a considerable difference in the average birth-rate of several other months.

CANTERBURY.—Average Daily Number of Births in each Month in the Twenty Years 1854 to 1873.

[Note.—These are daily births in twenty years, and twenty times the actual daily births.]

Months of Conception.	Months of Birth.	Average daily Numbers.	Months of Conception.	Months of Birth.	Average daily Numbers.
April	January	34.84	October	July	32.71
May	February	35.33	November ..	August	30.58
June	March	33.45	December ..	September ..	34.97
July	April	32.80	January	October	34.10
August	May	32.23	February	November	33.70
September ..	June	30.27	March	December	35.65
March, April, and May ..	Dec., Jan., and Feb.	35.27	Sept., Oct., & November ..	June, July, & August	31.19
June, July, and August ..	March, April, and May ..	32.83	Dec., Jan., & February ..	Sept., Oct., & November ..	34.06

By dividing the year into the different seasons—of spring, including the months of March, April, and May; summer, including June, July, and August; autumn, including September, October, and November; and winter, including December, January, and February—it was ascertained that the highest birth-rate—viz., 35.27—was in the winter season; the next greatest birth-rate—viz., 34.06—was in the autumn season; next (32.83), in the spring season; and the lowest birth-rate was in the months of June, July, and August. And it may further be noted that, although the total number of male births, as is generally observed throughout the kingdom, exceeded the total number of female births, this excess was considerably in excess in the least prolific months, while there was an excess of females in the most prolific months. It is evident, however, that the number of births must be dependent upon the number of antecedent conceptions; therefore, if we assume that conceptions took place within a week after the menstrual period of two hundred and eighty days previously to the births, we shall be able, within a very little, to calculate when the greater number of conceptions happened. And, following out our table, it will be evident that the greatest number, viz., 35.27 per 1,000 inhabitants in Canterbury, was during the spring months; the next greatest number, viz., 34.06, was in the winter months; the third greatest number, viz., 32.83, in the summer months; and the least number, viz., 31.19, in the autumnal months of September, October, and November.

It may be suggested that probably the excess of marriages at some periods of the year would influence the birth-rate, particularly of first children, at nine or ten months subsequently; but from inquiries I have made of the registrars of marriages in this city, it appears that the excess of marriages takes place during the months of October, November, and December, and the least number of marriages at periods of nine calendar months antecedent to the excess of births. It is, therefore, difficult to account for the excess of conceptions in the months of March, April, and May, unless we assume, as is very probable, an excess of animal as well as vegetable vigour during these months; but why there should be an excess of females during the most prolific months, it is not easy to conjecture.

HYDATID DISEASE:

AS ILLUSTRATED BY SPECIMENS CONTAINED IN THE PATHOLOGICAL MUSEUMS OF THE METROPOLIS AND IN OTHERS ELSEWHERE.

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ONE of the most valuable contributions to our knowledge of the prevalence of hydatid disease affecting animals is that supplied by Dr. Cleghorn, from a statistical table constructed by the executive commissariat officer stationed at Mooltan. The record in question shows that out of 2,109 slaughtered animals, no fewer than 899 were affected with hydatid disease. This is equal to more than 42 per cent. In the majority of cases, both the lungs and liver were affected. Cysts were found 829 times in the liver and 726 times in the lungs. In a few instances they were present in the kidneys, and also occasionally in the spleen. The inference from all this is, that in India, if not elsewhere, the echinococcus disease is much less common in man than it is in animals. The explanation is simple enough, since cattle have more ready access to, and less scruple in partaking of, filthy water in which the germs or eggs of the *Tenia echinococcus* abound.

Those who have taken the trouble to peruse the foregoing data (giving a *résumé* of the wealth of our museums) will naturally desire to know whether these facts, taken along with others elsewhere obtained, afford us any assistance in determining the amount of injury that we, as a people, sustain either directly or indirectly from hydatids. On carefully reviewing all the facts that I have been able to gather, I may say that it is difficult to draw any very precise conclusions; albeit, it is not mere guess-work when I express the belief that in the United Kingdom alone several hundred human deaths occur annually from this cause. In many other countries the proportion is far greater; the oft-quoted case of Iceland, where the disorder is fatally endemic, still standing at the head of the afflicted territories.

Our Australian colonies are probably entitled to the next place of distinction in this respect. We have strong and recent evidence of the truth of this statement. Thus a writer in the *Australian Medical and Surgical Review* says, "This disease is becoming unpleasantly frequent, and at present we have no reliable mode of treatment, either theoretical or empirical". Another writer observes (*Melbourne Argus*, May