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CAUSES OF THE GREATER MORTALITY OF MALE CHILDREN, AND
THE RELATIVE PROPORTION OF THE SEXES AT BIRTH.

[Read by G. EMERSON, M.D., before the Philadelphia Co. Medical Society.]

UP to the 15th year, there is an excess of 15 per cent. in the number of deaths of boys over that of girls. This excess in the male mortality is commonly ascribed to the greater exposure, and rougher sports and amusements of the boys; an erroneous idea, the fallacy of which is shown in the fact that the majority of the deaths of the males takes place in early infancy, when no such exposure and danger consequent to said sports can possibly exist. The deaths of boys, too, from climbing, swimming, &c., equal those of the girls from scalding, domestic accidents, &c.

The particular diseases which give rise to death in the two sexes are very different in their nature and characteristics. Thus, males are attacked with violent inflammation of the brain, accompanied with serous effusions, convulsions, &c.; inflammations of the stomach, lungs, and other important organs; while females suffer from hooping cough, smallpox, measles, thrush, &c. In boys, the character of the disease is sthenic; in girls, asthenic. The diseases from which females suffer most are seated in the cutaneous and mucous tissues.

Of 100,000 deaths reported by the Registrar-General of England, 31,671 were under the 5th year; and of these, 15,006 were females, and 16,665 were males. Of the above, the number of deaths from inflammation of the brain was 2550 males, and 2081 females; of dropsy of the brain, 1481 males, 1151 females; smallpox, 213 males, 240 females; hooping cough, 1115 males, 1445 females; measles, 1048 males, 1028 females, &c.

From these and similar statistics the inference follows that the disproportion in the deaths of the two sexes, during childhood, does not arise so much from exposure to external circumstances as from differences in physical organization.

From the fact of boys succumbing so easily and so rapidly to diseases of a sthenic type, and females to those of an asthenic character, we deduce the practical hint of combating most energetically the inflammatory symptoms of the one, as soon as manifest, and preventing too great

exhaustion of the system when symptoms of depression begin to appear in the female infants.

The doctor then spoke of effects of the weather upon infant mortality, and more particularly of the limitation of the effects of hot weather, to the period of lactation. For interesting facts relative to this subject, he referred to statistics lately published by himself in the *American Journal of the Medical Sciences*.

During the first year of infant life, the season of the greatest mortality is the three hot summer months. The number 250 representing the mortality for May, we would have 836 as that for July. After the second year the deaths are more equally distributed throughout the months; the number seeming even less in the hot than in the temperate and cold seasons. The heat, which at an earlier period was inimical, would now appear to be friendly to infantile life.

Dr. E. next referred to the influence of certain agencies which changed the ordinary proportions of the sexes. The general preponderance of males over females at birth, is about $7\frac{1}{2}$ per cent. In 1833 the singular phenomenon of a reverse proportion was evident. There was not only a deficiency of male births, but moreover, in the months of April and May of that year, a decided female excess. Upon further investigations, this female excess was found to be the product of conceptions occurring in August and September of 1832. This, as is well known, was the period of the first invasion of epidemic cholera. Looking abroad for corroboration of this singular fact, it was found to hold good also, in the proportion of births occurring nine months after the epidemic had appeared at Paris. From this and other investigations, he arrived at the conclusion, that this change in the relative proportion of the two sexes at birth, was owing to the depressing influence of cholera. He has further observed that a tendency to the above result is always produced by the operation of any class of depressing agents, while circumstances that tend to high physical development increase materially the male excess.

In France and Prussia, where the mass of the people labor much harder than in our own country, and are poorly fed and clothed, the excess of male births is slightly under 6 per cent.; in England, 5 per cent.; in Philadelphia, 7.5 per cent.; and in our western country as high as 10 per cent.

Investigations into the comparative proportions of the sexes born in city and country populations, manifest the existence of a greater male excess in rural districts. This, from the foregoing observations, was to be expected, since in cities, foul and vitiated atmosphere, unwholesome diet, and other depressing agencies, operate much more strongly than in the country. Hence, the doctor observed, this proportion of the births of the two sexes may be considered as a sort of natural thermometer of the physical comfort and advantages enjoyed by a community.

The institution of polygamy may have originated in a scanty supply of food occurring at some former period in the community where such institution exists, and evincing its depressing tendency by a predominance of the female over the male population. Once established, it would foster itself.

The proportion of the two sexes being under such considerable control, it remains for the various legislative bodies throughout the civilized world to benefit and meliorate, by their wise enactments, the condition of the social cosmos.—*Med. Examiner.*

CASE OF CONGENITAL DEFICIENCY OF THE AQUEOUS HUMOR.

BY JOHN F. FRANCE, SURGEON OF THE EYE INFIRMARY, AND LECTURER ON OPHTHALMIC SURGERY AT GUY'S HOSPITAL.

OF the singular defect described in the subjoined case, I have been unable to discover in our standard English works any instance, or even notice. Von Ammon's and Himly's volumes are equally destitute of any example of it. The case is unique in my own experience, and is of a kind that, probably, from what has just been said, has hitherto escaped the observation of the profession.

Mary Hagan, aged two years and a quarter, was brought to the Hospital by her mother, residing at 43 Bermondsey street, Southwark, on October 26, 1848. Her birth had occurred at the full period; her health had proved undeviatingly good; and nothing particular had been remarked with respect to her, except that her eyes were admired as "fine," until shortly before her appearance at the Hospital. A cough, accompanied with some emaciation and susceptibility of fatigue, caused a medical man to be consulted a few days before this event; and he then first discovered a peculiarity about the eyes, and shortness of sight. The child's condition at the date above mentioned was as follows:—The general aspect was healthy, and the child playful; the head, perhaps, was somewhat large, but the fontanelles were closed; and with the exceptions already stated, nothing morbid was manifested. The degree of prominence of the eyes was normal; the conjunctival and sclerotic coats were healthy; the latter in respect of color, size and tension; the corneæ were a trifle more convex than usual (but conical); they were perfectly brilliant and transparent, exhibiting no trace of ulcer, cicatrix, or nebula. The irides were bluish in color, and otherwise quite healthy in aspect; instead, however, of presenting a plane (or, as is sometimes found in infancy, a slightly convex) anterior surface, they lay in accurate apposition with the internal surface of the corneæ; appearing, consequently, as convex as the latter structures, whether viewed in front or in profile. No anterior chamber, therefore, was discoverable; and no aqueous humor could exist, save just so much as, synovia-like, might lubricate the adjacent surfaces of the iris and cornea. For, notwithstanding the remarkable conformation just described, the irides were quite active, and free from adhesions; the pupils were clear, black and circular, retaining no vestiges of pupillary or of capsulo-pupillary membrane; and, lastly, vision was good, though myopic.

Catoptrical examination was rendered impracticable by the natural restlessness of infancy; and I was besides unwilling to facilitate it by artificial dilatation of the pupils, which, under the peculiar condition of the eyes, might possibly have been attended with injurious effects. It is evi-