

DEATHS FROM DIPHTHERIA.

In order to show that this general reduction of the mortality of diphtheria has been universal throughout the world, I will present a table which gives the combined statistics of deaths and death rates from diphtheria and croup (*i.e.*, laryngeal diphtheria) in New York, Brooklyn, Boston, Pittsburg, Baltimore, Philadelphia, Berlin, Cologne, Breslau, Dresden, Hamburg, Königsberg, Munich, Vienna, London, Glasgow, Liverpool, Paris, Frankfurt, for the five years prior to the introduction of antitoxin and the ten years subsequent to its introduction:

1890.....	16,526,135	11,059	66.9
1891.....	17,689,146	12,389	70.0
1892.....	18,330,737	14,200	77.5
1893.....	18,467,970	15,726	80.4
1894.....	19,033,902	15,125	79.9
*1895.....	19,143,188	10,657	55.6
1896.....	19,489,682	9,651	49.5
1897.....	19,800,629	8,942	45.2
1898.....	20,037,918	7,170	35.7
1899.....	20,358,857	7,256	35.6
1900.....	20,764,614	6,791	32.7
1901.....	20,874,572	6,104	29.2
1902.....	21,552,398	5,630	26.1
1903.....	21,865,299	5,117	23.4
1904.....	22,532,848	4,917	21.8
1905.....	22,790,000	4,323	19.0

In other words, in these various cities, situated in various climates, in various portions of the globe, with the people living under various social and economic conditions, we have a gradual fall from 66.9 to 19.
—*New York State Journal of Medicine.*

PUBLIC HEALTH ACT REVISION.

Provides for division of Ontario into not more than ten health districts, with provincial officers in charge of each;

Reduces membership of local Boards of Health;

Makes local officer of health executive officer of board;

Provides for weekly reports to provincial board of all communicable diseases;

Prevents dismissal of local officer, except by consent of provincial board;