

that we see the extraordinary reduction that has taken place. Out of every 1,000 engaged in 1908 only a third of the number died that died in 1906, and half the number that died in 1907.

The death-rate among white males has fallen to 3.84 per 1,000. The rate among the 2,674 American women and children connected with the Commission was only 9.72 per 1,000. But by far the most gratifying reduction is among the blacks, the rate of which had fallen to the surprisingly low figure in 1908 of 12.76 per 1,000; in 1906 it was 47 per 1,000. A remarkable result is that in 1908 the combined tropical diseases—malaria, dysentery, and beri-beri—killed fewer than the two great killing diseases of the temperate zone, pneumonia and tuberculosis—127 in one group and 137 in the other. The whole story is expressed in two words, *effective organization*, and the special value of this experiment in sanitation is that it has been made, and made successfully, in one of the great plague spots of the world.

In the great centres of trade in South America, similar measures have been carried out with signal success. Dr. Cruz has recently told the sanitary story of the city of Rio de Janeiro. Annually, since imported in 1850, yellow fever has been endemic and the cause of a fearful mortality, ranging as high sometimes as nearly 5,000. Last year there were only four deaths from the disease, this year the city is practically free. The measures which have led to this extraordinary result have been based directly upon the experimental work of the American Havana Commission, and they are practically those which were carried out by Dr. Gorgas in Cuba.

In Italy, in India, in many parts of Africa, and in the United States the anti-malarial campaigns are being pushed with the same vigour and success, but time will not permit me to dwell upon any of these, or upon the brilliant success which has followed the work of Bruce and his colleagues in clearing Malta of Malta fever, but

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