

Easy Circumstances on Longevity," and brought out many interesting facts which should be profitably utilized. Tubercular diseases, for example, cause 65 per 1,000 of all deaths among the rich and 250 per 1,000 among the poor. Diarrhœal diseases would probably be found to cause a not unlike proportion of the deaths among the rich and the poor in Ottawa. Preventable or filth diseases are usually vastly more pre-

valent among the poor than among those who are in easy circumstances.

In all cities and countries where much sanitary progress has been made, voluntary, philanthropic associated action has preceded and aided municipal effort. The votes of the ignorant masses (alas! for—almost—universal suffrage) will not sufficiently sustain municipal governments in such good and useful work.

THE PUBLIC HEALTH IN THE FIRST HALF OF 1886 AND 1887 COMPARED.

TWENTY of the principal cities and towns in Canada had commenced previous to January 1886, to make monthly returns of deaths to the Department of Agriculture in Ottawa. These twenty cities and towns then comprised an estimated population of about 600,000 people. They gave a record during the first half of 1886 of 7,795 deaths, or a mortality at the rate of about 26 per 1,000 of population per annum. These same cities and towns during the first half of 1887, with an estimated population of 640,000, made returns of 7,369 deaths, or 326 less than in 1886; a rate of mortality of about 23 per 1,000 of population.

In Montreal, during this period, there were 474 more deaths in 1887 than in 1886, and in Sorel, 3 more; while in every one of the 18 other cities and towns there was a smaller number of deaths recorded in 1887 than in 1886, giving in the 18 places a total record of 900 more deaths, or a mortality 20 per cent. higher, in 1886 than in 1887.

On another occasion, we purpose touching upon what may have been the causes of this great difference. Were all the deaths recorded in these

18 places in 1887? The record amongst a large number of people (nearly half a million, exclusive of Montreal) does not vary like this in other countries.

BINIODIDE OF MERCURY IN SCARLET FEVER.—Dr. Dukes, in Brit. Med. Jour., July, '87, calls the attention to an observation made by Dr. Illington that the biniodide of mercury is a specific in scarlet fever. Dr. Dudes also has tried the remedy in a number of cases with great satisfaction, claiming that it not only arrests the fever but prevents desquamation wholly or to such an extent that only a slight scurfiness of the skin of the hands and feet arises. He thus summarizes the theory of action: 1. If the bacilli of scarlet fever are only discovered in the blood for about three days: 2, if the bacilli, after this date, chiefly occupy the desquamating, cuticle; 3, if this desquamation can be prevented altogether by a medicine which destroys bacilli; 4, then in all probability, the infection of scarlet fever will only last a few days, and we are within a measurable distance of limiting the spread of scarlet fever, and of removing its fangs by preventing the sequelæ.