

should be given to the health authorities to protect the public from these frauds, many of which are a source of danger to life and health.

Statistics collected by the speaker show that five sixths of the inhabitants of cities in this country have no facilities for bathing except such as are afforded by a pail and sponge, or an easily accessible river, lake or other body of water. The establishment of public baths is urgently recommended both as a sanitary as well as moral measure. Tub or pool baths are objectionable both on account of expense and lack of privacy in the latter. The spray baths in use in the German and French army barracks are recommended. These are not expensive, either in first cost or administration, and allow each bather absolute privacy and the opportunity for a thorough cleansing in clean water. Public baths should be open the year round, and not only during the summer.

A number of instances are grouped together showing how the enforcement of appropriate sanitary measures has saved life. In Michigan the saving of life from one disease (scarlet fever) has amounted during the last

eleven years to 3,718 or 338 per year. In 1886, appropriate sanitary measures saved the lives of 298 persons who would have died of diphtheria, if such measures had not been enforced. In England and Wales, the average annual saving of life due to sanitary measures has amounted in the five years ending 1885, to 62,000. In Baltimore, a marked reduction of deaths from infectious diseases has followed the enforcement of certain sanitary precautions. In Memphis the death rate has been reduced in six years from 35 per thousand to 23.80 per thousand. In Chicago the reduction in mortality in the last five years has been from 25.69 per thousand to 19.46 per thousand a net saving of 17,214 lives in that city in that period.

While all advances in sanitary administration have doubtless contributed to produce these good results, the main influence is to be attributed to the three factors. These are *compulsory notification of infectious diseases; prompt and effective isolation of the sick and infected, and thorough disinfection of all infected articles and sources of infection.* These must be the watch-words of the practical sanitarian of the future.

NEW INSTRUCTIONS TO VACCINATORS IN ENGLAND.

THE Local Government Board of England, have recently issued new instructions to public vaccinators, to supersede those of sixteen years ago. We have written for these instructions, but they have not yet come to hand. The "Annals of Hygiene" writes of them in this wise: The alterations, which are wisely conceived, relate specially to ensuring the better performance of the operation of vaccination, and to the avoidance of septic

poisoning. For the former, it is ordered that the insertions of lymph shall be such that the total area of vesiculation on the same day in the week following the vaccination should be not less than half a square inch; for the latter, a caution is given against the use of any means of protection or "shield" that cannot readily be destroyed and replaced whenever it becomes soiled. Public vaccinators are also required to enter in their